



**Central Australian
Aboriginal Congress**
ABORIGINAL CORPORATION | ICN 7823

20 June 2023

NT Preschool Review
Northern Territory Department of Education
GPO Box 4821
Darwin NT 0801

By email: policyreview@education.nt.gov.au

RE: SUBMISSION TO THE NORTHERN TERRITORY PRESCHOOL REVIEW

Dear Sir / Madam,

Please accept this as a submission to the Northern Territory Department of Education's NT Preschool Review. Unfortunately, Central Australian Aboriginal Congress (Congress) did not become aware of the review until after the official closing date for submissions on 2 June 2023; however, I understand that submissions are now being accepted until 21 June 2023. On that basis, I hope the following brief comments are able to be considered by the Review.

Our key recommendations are that, given the strong links between quality preschool education and health and social benefits throughout life, the Northern Territory Government should:

1. commit to providing universal access for all Aboriginal children in the Northern Territory to two years of quality preschool led by qualified educators at a minimum level of 20 hours attendance per child per week for 40 weeks per year. This includes every Aboriginal community with a primary school also having a pre-school;
2. fund culturally safe preschools with appropriate support services for delivery by Aboriginal community controlled organisations across the Northern Territory, focusing on those areas with high levels disadvantage and low levels of family engagement. Funding should be long-term and include resources for professional evaluation in collaboration with the service provider, preschools and families; and
3. develop a transparent funding model for preschools based on eligible preschool population, modified according to remoteness and other factors to ensure that the allocation of funding and resources is adequate to address community 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

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**Aboriginal health
in Aboriginal hands.**

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 (Docke River) and Imanpa.

The community-elected Congress Board of Directors has argued for many years for the need to address early childhood development and education as key foundations 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 health is well documented, including in the report of the World Health Organization Commission on the Social Determinants of Health which highlighted the strength of the relationship with data from many different countries, with results replicated in numerous settings around the world².

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.

It is therefore of great concern to us that, given the developmental vulnerabilities of many Northern Territory Aboriginal children, that the proportion enrolled in early childhood education in 2022 (69%) is significantly under the national target (95%) and is lower than it was in 2016³.

We note that this figure is for enrolments, not for attendance, and also does not address issues of quality.

The contribution of preschool

In order to improve cognitive and social and emotional outcomes for Aboriginal children that will last and benefit them through their education and into later life, the following minimum requirements should be met.

1. Two years of preschool

Two years of preschool, with consistent attendance of a minimum of 15 hours per week for 40 weeks (600 hours per year) is the minimum requirement to deliver lasting benefits to the child⁴. Congress argues that for Aboriginal children from disadvantaged backgrounds, that 20 hours per week should be considered the minimum.

Note that this will require reporting on attendance, and not just enrolments which by itself is an ineffective measure of children's access to preschool.

2. *Quality programs led by qualified educators*

In order to have long term effects on educational achievement, emotional regulation and health, programs have to be high quality³, delivered by tertiary qualified early childhood educators, in collaboration with Certificate level assistant educators. In accordance with the evidence base, when children attend preschool programs that are not provided by a tertiary qualified preschool educator, such attendance should not be counted as part of reporting on preschool attendance. To clarify reporting, preschool attendance led by a qualified educator should be reported separately to attendance in preschool programs not led by a qualified educator.

3. *Universal and free access*

Aboriginal families in Central Australia, especially in remote areas, bear a significant burden of poverty. Unfortunately, both poverty and inequality are worsening, with incomes falling and the income gap to non-Indigenous people widening⁵. Under these circumstances, any cost to Aboriginal families for preschool will be a significant disincentive to attendance.

4. *Resourcing culturally responsive and trauma-informed approaches*

The continuing processes of colonisation, intergenerational trauma, and dispossession make it difficult for some Aboriginal families to provide children with the best start to life. Engaging with these families requires organisational commitment and resourcing of cultural responsiveness and trauma-informed approaches.

The Congress Preschool Readiness Program (PRP) provides a successful model for such an approach, with Aboriginal family support workers, many of whom speak one or more local Aboriginal language, working alongside children and families to ensure that children receive culturally secure support, and that families are engaged. An evaluation of the PRP found that it was ...

... able to provide both practical support (transport and material support such as clothing for children) and long-term, relationship based support to help sustain day-to-day participation with families who might otherwise easily disengage⁶.

There is also a need to ensure that there are language speaking Aboriginal Family Support Workers employed within preschools as an important part of cultural safety and the capacity to have a bilingual approach to preschool for Aboriginal children who do not have English as their first language.

5. *Addressing transport needs*

Lack of transport prevents many families from sending their children to preschool. With funding from the Department of Education, Congress coordinates a transport service for Aboriginal children in Alice Springs targeted to children identified as having chronically low attendance rates. The service builds consistent engagement with families, strengthens relationships between schools and families, and bridges the gap in preschool access for Aboriginal children to enable successful transitions and long-term access to their future educational and employment pathway.

6. *A transparent funding model*

The ability to deliver improved engagement and thus educational outcomes is dependent on appropriate resourcing and funding mechanisms. 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 preschool education is appropriately and equitably funded, funding should be allocated on the basis of the eligible population, rather than on student enrolments or attendance. This means that preschool centres are funded to the capacity needed to meet the needs of their community.

Thank you for your consideration of these important issues. I would be very happy to discuss them should you wish. In the meantime, please contact Congress' Public Health Medical Officer, Dr John Boffa on 0418 812 141 or john.boffa@caac.org.au if you would like more detail on the matters raised here.

Yours sincerely



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Ag Chief Executive Officer

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

² 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.

³ <https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area3>

⁴ Fox S and Geddes M, *Preschool - Two Years are Better Than One: Developing a Preschool Program for Australian 3 Year Olds – Evidence, Policy and Implementation*, in *Mitchell Institute Policy Paper No. 03/2016*. 2016, Mitchell Institute: Melbourne

⁵ Markham F and Biddle N, *Income, poverty and inequality*. 2018, Centre for Aboriginal Economic Policy Research, : Canberra

⁶ Moss, B, Harper, H & Silburn, S 2015, 'Strengthening Aboriginal Child Development in Central Australia Through a Universal Preschool Readiness Program', *Australasian Journal of Early Childhood*, vol. 40, no. 4, pp. 13-20