

## AMSANT Submission to the review of preschool

AMSANT is providing a brief submission to this review. AMSANT is the peak body for community controlled health services and provides around two thirds of the total care provided in the Aboriginal primary health care system. Improving educational outcomes for our children is critical to long term health gains and closing the gap in life expectancy. We also endorse the submission provided by Central Australian Aboriginal Congress- noting that Central Australian Aboriginal Congress has developed considerable expertise in the area of early childhood and is currently implementing several relevant services and programs including the Preschool readiness service.

### Recommendations

1. Equity of outcomes should be a key principle for preschools in the NT. Funding should be directed so that higher need families and communities are provided with the level of service required to deliver equity of outcomes.
2. Aboriginal culture should be a central component of all preschools targeting Aboriginal children. Cultural and community leadership and governance are critical components of successful preschools.
3. Aboriginal staff should be included in all preschools. They should be well supported and valued for their cultural, language and community knowledge. Numeracy and literacy support should be accessible on country. Cadetships and scholarships should be available for Aboriginal staff who want to obtain formal qualifications.
4. Aboriginal community controlled organisations should be supported to provide preschools in remote communities with a priority for communities where engagement and attendance are currently poor.
5. Preschools in Aboriginal communities should be bilingual and use a two way learning approach.
6. Transport and provision of nutritious food should be part of preschool, particularly in very remote areas.
7. Preschool should be available to all Aboriginal children from age 3 for a minimum of 20 hours a week for forty weeks a year.
8. All preschools should employ tertiary qualified preschool educators. For staff working in MM6 and MM7 locations, salaries should be increased (with higher packages for MM7 compared to MM6) and with retention bonuses for those staying long term.
9. The CAAC preschool readiness program should be expanded to those health services that have the capacity to provide it.
10. Preschools should engage with health services to ensure that children who are developmentally vulnerable or who have health challenges are comprehensively assessed and provided with optimal management including access to the NDIS.
11. Aboriginal children /families who are at higher risk or live in remote communities should have access to quality early learning programs from aged 0-3 with the Abecedarian program having very good evidence of improving scholastic and social outcomes.

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## **Vision for the preschool system**

AMSANT believes that equity of outcomes needs to be a key principle of the preschool system in the NT. As outlined in the discussion paper, disadvantaged children have much more to gain from preschool than more advantaged children with the benefits increasing with two years of preschool compared to one year and 20-30 hours of attendance per week compared to lower weekly hours. Importantly, these benefits are only seen with high quality preschools with qualified educators. Again, as outlined in the discussion paper, Aboriginal children (who comprise 41% of the total population of preschool aged children in the NT) have a higher level of need as demonstrated by ADEC scores with only 16% of NT Aboriginal children being developmentally on track across all five domains compared to 32% of Aboriginal children nationally. Funding should be directed so that an appropriate level of service is provided according to need with Aboriginal communities requiring significantly more resources to reach the same outcomes given higher rates of disadvantage, developmental vulnerabilities, the need for a cross cultural approach, language support and the high proportion of Aboriginal children living in very remote communities where service provision is much more expensive.

The paper also states that attendance rates are much lower for Aboriginal children compared to non Aboriginal children, despite the higher need. The paper does not outline any reasons for this lower attendance. It is clearly critical to understand and address the factors causing lower attendance rates for Aboriginal children, so that preschool does make an optimal difference to academic and social outcomes. Research may be needed here but much is known about what works in other settings to improve engagement with Aboriginal families and communities.

## **Cultural safety and strength based approaches**

Krakoeur argues that Aboriginal families are still expected to enter into a western colonial space when they commence preschool, with little adjustment for their own cultural values and norms (Krakoeur J, 2016). The reasons Aboriginal children do not have good attendance is often framed negatively with a focus on the home environment and parental attributes such as poverty, attitude to education and low educational attainment as the key reasons for low rate of attendance at an early childhood centre or school. However, when parents are asked about their child's attendance, they often focus on negative relationship with teachers or the school environment (Krakoeur J, 2016). The voice of families and communities is often lacking in discussions about engagement with education. The emphasis on Aboriginal children being "ready" for school should be reframed into one of schools and preschools being "ready" to accommodate Aboriginal children and families. The education system including the preschool system needs to consider ways to incorporate Aboriginal governance and leaderships into their systems -e.g. through well supported School councils and increasing Aboriginal participation in the education workforce including in senior leadership positions.

## **Culturally appropriate and safe environments,**

Preschool aims to be a safe, fun learning environment for children. In order to achieve this, the school environment must be culturally safe for children and families. This will require two way and bilingual approaches with Aboriginal staff having a central and valued role as educators and cultural

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experts. For many Aboriginal children, English will not be their first language and so having language speakers at school will be critical. Aboriginal staff will also have invaluable cultural and community knowledge. Aboriginal staff will thus be central to preschool effectiveness. Every preschool must have adequate Aboriginal staff and they must have a clear well defined role that is understood and respected by their non Aboriginal colleagues.

### **Support of Aboriginal staff**

Aboriginal staff may require country numeracy and literacy support and should have a career pathway up to and including tertiary qualifications. Aboriginal staff should be supported to study whilst working through scholarship programs and cadetships. However, some Aboriginal staff may wish to provide their cultural, language and community knowledge without acquiring tertiary qualifications- this should be respected. Inclusion of a senior cultural leader with responsibility for overseeing the cultural aspects of preschool and the orientation and mentoring of non Aboriginal staff should be incorporated into every school.

### **Transition to community control**

Aboriginal organisations will be able to engage families and communities more successfully than government services, and also have a better track record in employment of Aboriginal staff. Aboriginal organisations will also be better placed to develop a culturally safe and nurturing environment, that places Aboriginal values and culture at the core of the school. In line with the Close the Gap Principle on transition to community control, Aboriginal organisations should be supported to take over government preschools. Aboriginal communities where the current preschool has low attendance should be prioritized for transition. The Education Department should provide ongoing guidance and support but also needs to consider that some of their current policies may require adaptation given ongoing poor attendance.

### **Qualified staff**

Preschool only makes an optimal difference to long term outcomes if it is high quality including teachers with tertiary qualifications. There are well known issues with pay parity for tertiary preschool educators compared to primary and high school teachers that are causing acute shortages of early childhood educators, and which are now at least partly being addressed. Attracting and retaining well qualified educators to remote and very remote communities will be even more difficult compared to less remote areas. In the health setting, increased payments, retention bonuses and provision of high quality accommodation and support have all been proven to make a difference to retention and should be incorporated into packages for preschool educators. Retention and job satisfaction will also be improved by ensuring that there are appropriate structures for communities and families to have input into preschool and for Aboriginal employment and leadership to be well resourced.

### **Ancillary services – transport and food**

Many Aboriginal families, particularly in very remote communities, will not have reliable transport so provision of transport to and from school should be provided. Food insecurity is an ongoing issue with children under five having high rates of anaemia and failure to thrive . Provision of nutritious food at preschool would assist children to be more engaged and may also reduce nutrition related health issues.

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## **Duration of preschool**

As outlined in the discussion paper, two years of preschool at 30 hours per week has been shown to optimize the beneficial effects of preschool on long term outcomes. At least twenty hours should be provided to all Aboriginal families and higher need non Aboriginal families free of charge to ensure cost is not a barrier to access.

## **Engagement with other services**

The paper has stated that children and families should be supported by wrap around services from other government agencies as needed. In line with Close the gap principles on supporting the community controlled sector, the discussion paper should have acknowledged the important role that Aboriginal organisations play in supporting Aboriginal families. The community controlled sector has a high level of engagement with families of children aged 0-3 – children are seen frequently for routine care and monitoring, immunisation as well as acute illness. The health sector will know and be trusted by families with more complex needs where children will have the most to gain from regular attendance.

Community controlled health organisations are well placed to support improved attendance and engagement. The preschool readiness program developed by Central Australian Aboriginal Congress has effectively worked with higher need Aboriginal families to support preschool attendance, whilst also comprehensively addressing developmental and other health and social issues. The program was evaluated by the Menzies School of Health Research and was found to have effectively used the services well established relationship with children and families (including comprehensive medical information) to build an effective service model (Moss B et al, 2012). This program should be extended to other community controlled health services who wish to provide this service.

All children should be developmentally assessed using the ASQ Trak – a tool for assessing child development that has been adapted and validated for Aboriginal children. Those that are significantly behind should be comprehensively assessed and referred to the NDIS scheme as appropriate. Unfortunately, comprehensive neurodevelopmental assessment is not uniformly available across the NT and so many children are missing out on early intervention.

Children who are developmentally vulnerable /at risk will be more likely to succeed at preschool if they have had access to quality early childhood programs prior to preschool. The Abecedarian program has been shown to improve a range of long term academic and social outcomes for children from disadvantaged backgrounds. The program is comprised of four main elements 1) Language Priority, 2) Conversational Reading, 3) Enriched Caregiving, and 4) Learning Games. Central Australian Aboriginal Congress is delivering the Abecedarian program to higher need families as part of their early childhood services. The Abecedarian approach is also incorporated into the Families as First Teachers program although the variable way that the program is implemented across many remote communities may mean that higher risk families and children may not be receiving sufficient exposure to the program to make a difference (NTAHF 2017). The Abecedarian approach can be incorporated into preschool but needs to start at an earlier age (ideally in the first year of life) to make an optimal difference to long term outcomes.

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## References

Krakoeur J ( 2016 Aboriginal Early Childhood Education: Why attendance and true engagement are equally important. Australian Council for Educational Research

Moss B and Silburn S ( 2012).Improving developmental outcomes of Aboriginal children in Alice Springs. Centre for Child Development. Menzies School of Health Research

NTAHF ( 2017). What are the core key services needed to improve early childhood outcomes in the NT. Progress and possibilities.