



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Early Childhood Education and Care

Submission to the
Australian Productivity
Commission

June 2023

ABOUT NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islander people – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

1. The Inquiry and any initiatives arising explicitly align with the Four Priority Reforms of the National Agreement on Closing the Gap including:
 - a. Ensuring Aboriginal and Torres Strait Islander people are genuine partners in the co-design, development, implementation and evaluation of antenatal and early childhood education, care and development policies and programs (Priority Reform 1)
 - b. The Government invest in ACCOs to deliver high-quality, holistic, culturally-safe Aboriginal programs across antenatal care, early childhood education, care and development programs (Priority Reform 2)
 - c. Funding for the expansion of Aboriginal Community-Controlled health organisations to ensure appropriate continuity of care, strengthened referral pathways and culturally-safe screening, assessment and access for Aboriginal and Torres Strait Islander children to ensure they are able to meaningfully participate in early years and ongoing education.
 - d. Ensure the appropriate sharing of data to support local and state level participation in decision making, co-design and development of antenatal care, early childhood education, care and development programs.
2. Removing or simplifying the Child Care Subsidy Activity Test to allow all children in Australia to have greater access to ECEC
3. Universal, affordable and accessible ECEC for every Australian child
4. The development of culturally-safe trauma informed training modules for educators about neuro-developmental disorders. This training must be developed in partnership with the community-controlled sector in alignment with the four Priority Reforms.
5. Early support programs and services for children be developed and implemented in partnership with the community-controlled sector
6. Development of cultural awareness and trauma responsiveness of the Aboriginal and Torres Strait Islander and non-Indigenous child and family early support workforce working with Aboriginal and Torres Strait Islander clients.
7. Learning in-language for early childhood and primary school students.
8. Funding for adult language, literacy and numeracy (LLN) programs for parents to better support their children's education.
9. Increased support for greater representation of Aboriginal and Torres Strait Islander educators in the ECEC system across metropolitan, regional, rural and remote Australia
10. Increased investment for ACCOs and ACCHOs to recruit and maintain an appropriately skilled workforce that meets the needs of children and their families
11. Investment in culturally safe, trauma-informed higher education opportunities for Aboriginal and Torres Strait Islander people that support continuing connection to Country and Community
12. Increased funding for ACCRTOs to build local training pathways for the development of a trauma-informed, culturally-safe workforce in the ECEC sector
13. That early childhood education and care for Aboriginal and Torres Strait Islander centre the cultural determinants of health and wellbeing, to drive improved outcomes, including:
 - a. funding for and the implementation of bilingual education programs for Aboriginal and Torres Strait Islander students which would support English proficiency and align with the National Agreement on Closing the Gap
 - b. increased investment in community-led and run playgroups that promote both ways of learning. This approach supports education values and celebrates culture, with mainstream and Aboriginal learning complementing and strengthening each other.
14. Funding for services intended for Aboriginal and Torres Strait Islander communities to be delivered directly to the community-controlled sector rather than through PHNs.

Introduction

NACCHO welcomes the Productivity Commission's Inquiry into the Early Childhood Education and Care (ECEC) sector in Australia and appreciates the opportunity to contribute a submission to the Productivity Commission's review. The Sector Strengthening Plan on Early Childhood Care and Development¹ outlines transformative sector strengthening actions to support community-controlled ECEC with key areas for action including consistent funding, workforce, infrastructure, service delivery, governance and a peak body. The Sector Strengthening Plan was agreed-in-principle in 2021 by Joint Council.² In alignment with this plan, NACCHO notes that ECEC encompasses a broad range of educational and development support programs, including ECEC, child health services and family supports. To achieve meaningful and sustained improvements to the ECEC, this inquiry must also consider the impact of the child protection sector, justice health as well as early childhood support sector (e.g. disability, social and emotional wellbeing and maternal services).

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

The Federal Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets through implementation of the Priority Reforms. This represents a shift away from focusing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

¹ [Sector Strengthening Plan: Early Childhood Care and Development \(closingthegap.gov.au\)](https://closingthegap.gov.au)

² [Joint Council on Closing the Gap | Closing the Gap](#)

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

NACCHO recommends

The Inquiry and any initiatives arising explicitly align with the Four Priority Reforms of the National Agreement on Closing the Gap including:

- a. Ensuring Aboriginal and Torres Strait Islander people are genuine partners in the co-design, development, implementation and evaluation of antenatal and early childhood education, care and development policies and programs (Priority Reform 1)
- b. The Government invest in ACCOs to deliver high-quality, holistic, culturally-safe Aboriginal programs across antenatal care, early childhood education, care and development programs (Priority Reform 2)
- c. Funding for the expansion of Aboriginal Community-Controlled health organisations to ensure appropriate continuity of care, strengthened referral pathways and culturally-safe screening, assessment and access for Aboriginal and Torres Strait Islander children to ensure they are able to meaningfully participate in early years and ongoing education.
- d. Ensure the appropriate sharing of data to support local and state level participation in decision making, co-design and development of antenatal care, early childhood education, care and development programs.

Background

NACCHO appreciates the Government’s recognition that Early Childhood Education and Care (ECEC) is ‘an essential part of Australia’s education system’ and ‘provides the foundation for a child’s future well-being and success’.³ The availability and resourcing of appropriate culturally-safe ECEC services for Aboriginal and Torres Strait Islander children and families are key to meeting the early childhood targets under the National Agreement on Closing the Gap. NACCHO views investment in the workforce of the community-controlled sector as an opportunity for all Governments to meet their obligations under the National Agreement. This is supported by the acknowledgement of the Productivity Commission that investment in workforce, which would allow for parents and carers to achieve their preferred level of workforce participation, underpins the success of ECEC in Australia.²

Pre-birth and the first years of a child’s life are critical periods, during which a child’s development and lifelong health and wellbeing are shaped by the interrelation of physiological, genetic, socioeconomic and environmental conditions. Aboriginal and Torres Strait Islander children are also impacted by Australia’s history of dispossession, marginalisation, intergenerational trauma, disconnection from culture, racism and the impact of Government policies since colonisation, resulting in profound inequity for Aboriginal and Torres Strait Islander families and communities across generations. Disproportionately high rates of poverty among Aboriginal and Torres Strait Islander people take place against a background of structural impediments to full participation in Australian society and are evidenced across multiple drivers and measures of inequality. This inquiry and subsequent measures for the ECEC sector needs to consider this additional burden on Aboriginal and Torres Strait Islander children and families.

In order for this inquiry to make recommendations that truly support ‘affordable, accessible, equitable and high quality ECEC’ for every child in Australia,² state and territory-based systems must be both

³ [Terms of reference - Early Childhood Education and Care - Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/research/other/early-childhood-education-and-care)

consulted and appropriately resourced to provide care that meets the needs of families and children. This cannot occur without genuine consultation in every jurisdiction with the child protection sector, justice health, social and emotional wellbeing, maternal health services and the early childhood early support sector. This inquiry must genuinely consider the National Agreement and how it will ensure any initiatives that arise truly implement the priority reforms in a meaningful and sustainable way.

Affordability of, and access to, quality ECEC services that meet the needs of families and children

Affordability, service quality, cultural appropriateness, transport and geographical location have all been identified as barriers to ECEC for Aboriginal and Torres Strait Islander children and their families.⁴

Impact Economics' recent review of the Child Care Subsidy Activity Test highlights the lack of affordable ECEC services, broadening the socio-economic divide within Australian households. It creates uncertainty for parents in casual employment and the ability to engage in work, contributes a significant compliance burden and negatively impacts on the mental health benefits for parents and carers that is provided by child care.⁵ These burdens are compounded for Aboriginal and Torres Strait Islander families who are five times more likely than other Australian families to be limited to one day per week subsidised care.⁴ Removing this activity test would allow greater access for Aboriginal and Torres Strait Islander children as well as other Australian children from low socio-economic backgrounds, increased workforce participation by parents and carers and provide a foundation for reform that delivers universal ECEC for every Australian child. This in turn would benefit economic growth, particularly for women within the workforce and improved educational outcomes for children.³

NACCHO recommends

- Removing or simplifying the Child Care Subsidy Activity Test to allow all children in Australia to have greater access to ECEC
- Universal, affordable and accessible ECEC for every Australian child

Cultural Safety in education

Cultural safety for Aboriginal and Torres Strait Islander children in ECEC is critical. Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person. Cultural safety is met through actions from the majority position that recognise, respect, and nurture the unique cultural identity of Aboriginal and Torres Strait Islander people. Only the Aboriginal and Torres Strait Islander person who is recipient of a service or interaction can determine whether it is culturally-safe⁶. In this context, it is important to recognise that mainstream care and education systems have often excluded and been culturally unsafe for Aboriginal and Torres Strait Islander people. It is evident that the Australian care and education system was at no time designed for Aboriginal and Torres Strait Islander students. Culturally responsive care and

⁴ [National Aboriginal and Torres Strait Islander Early Childhood Strategy \(niaa.gov.au\)](https://www.niaa.gov.au)

⁵ [Undermining+Child+Development+And+Parental+Participation+Report_FINAL.pdf \(squarespace.com\)](https://www.squarespace.com)

⁶ National Agreement on Closing the Gap 2020, <https://www.closingthegap.gov.au/priority-reforms> 2Closing the Gap, National Agreement. Retrieved from: <https://www.closingthegap.gov.au/nationalagreement/nationalagreement-closing-the-gap/12-definitions> 3 Australian Institute for Teaching and School Leadership. (2021).

teaching is critical in making sure that ECEC is culturally-safe for Aboriginal and Torres Strait Islander children. To support this, Aboriginal and Torres Strait Islander educators are key. Aboriginal and Torres Strait Islander educators have a deeper understanding of the local context, history, language and culture. Culture is central to understanding and shaping relationships across self, country, kin, community and spirituality.⁷

Developmental and educational outcomes for Australian children, including preparation for school

Developmental Delay

Developmental delay has a significant impact on Aboriginal and Torres Strait Islander children. Aboriginal and Torres Strait Islander children aged 0-14 years are more than twice as likely as other Australian children to have a disability. Addressing the physical, cognitive, social and psychological impacts of childhood developmental delay and disability can have life-long consequences including better health, ability to learn, pro-social behaviour, engagement with the education system and more productive and fulfilling participation in society.

Neurodevelopmental disorders

Whilst most Aboriginal and Torres Strait Islander children are developing typically, Aboriginal and Torres Strait Islander children are at higher risk of developmental and behavioural problems. In the Australian population overall, about 20% of children start school without the necessary developmental skills for success. This figure is estimated at 40% for Aboriginal and Torres Strait Islander children, recognising there are higher rates of disability. Moreover, Aboriginal and Torres Strait Islander children are known to have high rates of undiagnosed conditions such as fetal alcohol spectrum disorder (FASD) and other neurological conditions.

People with FASD are likely to have impaired motor skills, cognition, language, attention, memory and a variety of co-morbid conditions which may include mental and behavioural disorders, visual impairment, chronic otitis media, hearing loss, expressive and receptive language disorders and conduct disorders. Children who have FASD may present with developmental delays, difficulties adjusting to school, learning problems, attention deficit hyperactivity disorder (ADHD) and symptoms of poor social and adaptive functioning. It should therefore come as no surprise that children with FASD and other neurological conditions often experience behavioural problems which in serious cases may result in school suspension.

Educators and carers need to be aware their student may have FASD, in order to adapt teaching strategies and engage family members to work together in providing the best chance of success at school. Children can be successful at school with sound, FASD informed supports. Individual Education Plans (IEPs) are often recommended for students with FASD at school and requests can be made to the teacher for learning adjustments to be implemented. Additionally, it is important to identify a child's strengths and support (eg. music, sport, drama).

NACCHO has identified the need for a broad, multi-factorial cross-portfolio program to increase impact, and cultural safety of approaches to address FASD and other neuro-developmental disorders including autism spectrum disorder (ASD) and ADHD within education settings.

⁷ The impact of Aboriginal and Torres Strait Islander educators: Retrieved from: <https://www.aitsl.edu.au/research/spotlights/the-impact-of-aboriginal-and-torres-strait-islander-educators>

NACCHO recommends

- The development of culturally-safe trauma informed training modules for educators about neuro-developmental disorders. This training must be developed in partnership with the community-controlled sector in alignment with the four Priority Reforms.

Ear and hearing health

Ear infections can affect a child's long-term behaviour, development and engagement in education. Often the result of a virus, it is particularly difficult to prevent the progression of middle-ear infections without improved hygiene facilities, water infrastructure and living conditions. Children with ear infections can sustain hearing loss that has a negative impact on their ability to learn at school. Prevention of ear disease cannot be discussed without acknowledging the role of the social determinants of health. For instance, Aboriginal and Torres Strait Islander people are significantly more likely to live in overcrowded, poorly maintained housing than other Australians.⁸ Inadequate housing is a key indicator and driver of poverty and a critical social determinant of health.^{9,10} Living in overcrowded housing makes Aboriginal and Torres Strait Islander children more susceptible to acute or chronic ear infections.

The evidence demonstrating the powerful links between housing and outcomes for health is abundant. Ensuring Aboriginal and Torres Strait Islander people have access to safe and affordable housing, and addressing overcrowding is key to reducing the burden of disease, such as otitis media, experienced by Aboriginal and Torres Strait Islander communities. Adequate, safe, and environmentally fit for purpose housing must be treated as a key primordial prevention measure for Aboriginal and Torres Strait Islander communities.¹¹

To date, there have been limited public health interventions addressing the role of broader determinants of health in ear disease, with almost all interventions adopting a biomedical and treatment-focused approach. Without significant and systemic improvements in key social determinants of health, responses to prevent and reduce ear disease will continue to fall short.

Aboriginal and Torres Strait Islander people face a range of issues that prevent them from accessing housing that is affordable, adequate, safe and sustainable. Overcrowding is increasingly prevalent, making household members, and especially babies and children, further susceptible to the burden of disease, psychological distress and other health and wellbeing issues, including rheumatic heart disease, trachoma and hearing loss. Overcrowding also impacts on children's ability to engage in education, including lack of sleep, lack of privacy to complete homework and challenging hygiene conditions.

Nutrition

Physical activity and nutrition are important factors to not only reduce the risk of co-morbidities and chronic conditions, but also as a key enabler for optimal learning. Maternal nutrition is foundational for foetal and early development.

⁸ AIHW, 2.01 Housing. Retrieved from: <https://www.indigenoushpf.gov.au/measures/2-01-housing#implications>

⁹ Australian National Audit Office. Indigenous Housing Initiatives: the Fixing Houses for Better Health program. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs; 2010.

¹⁰ Baker E, Mason K, Bentley R. Exploring the bi-directional relationship between health and housing in Australia. Urban policy and research. 2014;71–84.

¹¹ NACCHO, Core Services and Outcomes Framework <https://csof.naccho.org.au/>

Food insecurity is linked to overall poorer health in adults and children. It contributes to being overweight, to obesity, higher gestational weight gain, as well as to weight loss. Food insecurity can affect stress levels, mental health and lead to feelings of shame. Childhood development and learning can also be adversely impacted by iron deficiency and anaemia. Poor diet quality can also increase the risk of non-communicable diseases, such as type two diabetes and cardiovascular disease, which account for 80% of the mortality gap between Aboriginal and Torres Strait Islander people and other Australians.¹²

Immunisation

Immunisations protect our children and Communities against preventable conditions, and promote health across the life course. Aboriginal and Torres Strait Islander children have been historically a highly-vaccinated cohort, however to ensure this effectiveness is maintained, all Governments must ensure immunisation remains accessible, culturally-safe and responsive. Recent decreases in immunisation rates have anecdotally been linked to a lack of workforce able to carry out the vaccinations.

Justice Health

Aboriginal and Torres Strait Islander people are significantly overrepresented in the Australian prison system and make up 29% of the adult prison population, despite comprising just 3.3% of the general population. Aboriginal and Torres Strait Islander people are imprisoned at the highest rate of any people in the world, and more than 16 times higher than other Australians. Children with an incarcerated parent face a myriad of adversities that impact on full access and participation to early childhood education and care - disconnection and separation; familial and residential instability; poverty; exposure to violence; substance use and criminality.¹³

Maternal imprisonment can impact children prenatally and postnatally, and increase the risk of removal. While correctional centres can support families by providing opportunities to maintain or re-establish parent-child bonds, systems need to reform to significantly reduce the need for maternal separation.

Mothers in correctional facilities do not retain their entitlement to Medicare and the PBS while in custody, potentially diminishing the quality and continuity of care they need to be healthy.

While, Aboriginal and Torres Strait Islander people are severely overrepresented in the justice system, only a small number of ACCHOs have formalised programs within correctional centres. Additionally, where ACCHOs have justice health programs, the impacts on families and children are profound. An independent evaluation of Wuchopperen's Health Justice Partnership found:

- All clients improved their health and wellbeing
- Most clients were helped with 3 or more legal issues, simultaneously improving their health and wellbeing, housing, income and legal rights

281 wellbeing outcomes were achieved, including: improved financial resilience, reduced family conflict, increased ability to exercise rights, prevention of homelessness and support for victims of crime and historic injustice.¹⁴

¹² Australian Institute of Family Studies. Healthy lifestyle programs for physical activity and nutrition. Melbourne: Australian Institute of Family Studies; 2011

¹³ <https://www.indigenousjustice.gov.au/wp-content/uploads/mp/files/publications/files/intergenerationaleffects-of-incarceration-fa.pdf>

¹⁴ <https://www.lawright.org.au/wp-content/uploads/2020/11/LR-overview-of-WHS-HJP-evaluation.pdf>

Child Protection

It is the obligation of all levels of government, NGOs, ECEC services and families to do everything possible to keep children safe. Aboriginal and Torres Strait Islander children are 11 times more likely than other Australian children to be involved in child protection systems.¹⁵ This has been widely evidenced for decades and requires urgent and significant action in partnership with the community-controlled sector. *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031* highlights the need for better information sharing, data development and analysis across all levels of government. Early support for children is crucial to minimising adverse outcomes that greatly impact that child's life course. Early, targeted support for families that is culturally-appropriate and trauma informed must be adequately resourced and implemented. It is also paramount that non-Indigenous workers be supported in developing cultural awareness when engaging with Aboriginal and Torres Strait Islander children and their families. In alignment with the Sector Strengthening Plan on Early Childhood Care and Development;

NACCHO recommends

- Early support programs and services for children be developed and implemented in partnership with the community-controlled sector
- Development of cultural awareness and trauma responsiveness of the Aboriginal and Torres Strait Islander and non-Indigenous child and family early support workforce working with Aboriginal and Torres Strait Islander clients.

Literacy

The developmental gap between Aboriginal and Torres Strait Islander children and other Australian children is in the language and cognitive skills domain. In 2021, Aboriginal and Torres Strait Islander children were over three times more likely to be developmentally vulnerable in this domain than other Australian children (22.5 and 6.3% respectively).¹⁶ Low English literacy entrenches cycles of poverty and disadvantage and make children less engaged in the classroom. A key priority for Aboriginal and Torres Strait Islander children is access to culturally-safe and linguistically appropriate ECEC in every community. Language and culture are protective factors for Aboriginal and Torres Strait Islander children's health and wellbeing, and can support mainstream educational attainment and engagement in classrooms.

Learning language and becoming proficient in English are complementary. Bilingual programs strengthen English proficiency provided they are adequately supported and resourced.¹⁷ The National Aboriginal and Torres Strait Islander Early Childhood Strategy states that 'Aboriginal and Torres Strait Islander children should be supported to establish and maintain strong connections to culture, Country and language'. Funding for and the implementation of bilingual education programs for Aboriginal and Torres Strait Islander students would support English proficiency and align with Target 16 of the National Agreement: *There is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken by 2031.*¹⁸

If Aboriginal and Torres Strait Islander children are not supported to learn language during the early years, the gap with other Australian children continues to grow. A 2018 report from The Conversation estimated that at a national level, Year 9 Aboriginal and Torres Strait Islander students are on average three years behind other Australian students in numeracy, 3.4 years behind in

¹⁵ [Safe & Supported: the National Framework for Protecting Australia's Children 2021–2031 \(dss.gov.au\)](#)

¹⁶ [Department of Education Skills and Employment 2022](#)

¹⁷ Standing Committee on Employment, Education and Training Inquiry into Education in Remote and Complex Environments, November 2020.

¹⁸ [Closing the Gap targets and outcomes | Closing the Gap](#)

reading, and 4.2 years behind in writing. Poor literacy achievement is more common among students who do not speak Standard Australian English at home. While the 2011 Census reports that 83% of Aboriginal and Torres Strait Islander people speak English at home, many Aboriginal and Torres Strait Islander people use a distinct form of English that differs from the Standard Australian English used in educational settings.^{19,20} In 2021, the majority (84.1%) of Aboriginal and Torres Strait Islander people spoke English at home while 1 in 10 (9.5%) spoke an Aboriginal and Torres Strait Islander language at home.²¹

Low literacy starts in childhood, however research from the Literacy for Life Foundation has found that Aboriginal and Torres Strait Islander children are less likely to do well at school if their parents have low literacy.

This is a perpetuating cycle of poor childhood education outcomes which can lead to poor adult literacy, which in turn contributes to poor outcomes for the next generation of children. Evidence shows that improving adult literacy also improves child literacy as parents are better able to support their children's learning and engagement in classrooms, and have increased confidence to interact with teachers and the school system.

Health and education have a reciprocal relationship throughout the course of an individual's life. Low educational attainment tends to poorly impact on health, reducing employment prospects and income potential²² while poor health is associated with lower educational attainment as well as social and learning difficulties. A quality education that meets the needs of the individual creates opportunities for better health, greater employment opportunities and income and the opportunity to break the poverty cycle. The achievement of social and economic outcomes influence an individual's access to quality health care and quality of life²³

NACCHO recommends learning in-language for early childhood and primary school students.

NACCHO recommends funding for adult language, literacy and numeracy (LLN) programs for parents to better support their children's education.

Economic growth, including through enabling workforce participation, particularly for women, and contributing to productivity

The presence of Aboriginal and Torres Strait Islander educators and teachers increases the attendance of Aboriginal and Torres Strait Islander children and families at ECEC services.² Despite this, in 2021 only 2.9% of total staff in the ECEC workforce identified as Aboriginal and/or Torres Strait Islander people.²⁴ A higher proportion of Aboriginal and Torres Strait Islander staff working directly with children in the ECEC had qualifications at the Certificate III or IV level compared to non-Indigenous paid direct contact staff. Lower proportions of Aboriginal and Torres Strait Islander direct contact staff have completed an Advanced Diploma, Diploma or Bachelor Degree and above compared to non-Indigenous paid contact staff.²⁸ Pursuing and accessing higher education for Aboriginal and Torres Strait Islander adults has been hindered by a lack of culturally appropriate training and education pathways as well as the physical barrier of geographical location in rural and

¹⁹ [Hall 2013](#)

²⁰ [Eades 2013](#)

²¹ [ABS 2022](#)

²² [2.04 Literacy and numeracy - AIHW Indigenous HPF](#)

²³ McGill N 2016. Social Determinants of Health: Education Attainment Linked to Health Throughout Life Span. American journal of public health (1971) 106:1719-

²⁴ [2021 ECEC NWC National Report.pdf](#)

remote areas. Limited opportunities to participate in higher education on Country necessitates relocation, incurring the significant burdens of housing and relocations costs. Further this social isolation and disconnection from families and communities may also be detrimental to social and emotional wellbeing. Meaningful improvement to support Aboriginal and Torres Strait Islander higher education pathways requires increased government resourcing, development of pathways in consultation with the community-controlled sector and acknowledgement of Aboriginal and Torres Strait Islander ways of learning.²⁵

Supporting Aboriginal and Torres Strait Islander children to thrive is not only the responsibility of early childhood educators. Well trained primary and allied health care professionals, including Aboriginal Health Practitioners and Aboriginal Health Workers, that have specialised knowledge about how to help children and families learn, grow and develop their skills are also critical. Non-clinical and cultural services and programs are also important key enablers of early childhood education, care and development.

91% of the ECEC workforce identify as female, and almost one quarter of this workforce has been at their current service for less than one year.²⁶ Attracting, developing and retaining a high-quality children's education and care workforce continues to be a significant and increasing challenge across the sector. In Australia, housing is the single biggest potential cost-of-²⁷ Appropriate and affordable housing underpins community stability and economic welfare and is critical in avoiding socio-economic divides between communities and enabling liveability for diverse groups in a region.²⁸ If appropriately skilled staff are recruited to available positions, security adequate housing for staff as well as clinic space and resources is often very difficult. At times positions go unfilled because of this. As at 1 July 2021, around 10% of services in outer regional, remote and very remote areas had a temporary waiver in place for one or more of the staffing requirements under the National Quality Framework, compared to around 6% of services in inner regional areas and major cities.²⁹

Early childhood education, care and development resourcing provided to ACCOs and ACCHOs to engage in the planning, development and leadership of health/education integrated service provision is limited. In order to ensure the community-controlled sector is sustainable into the future and able to reduce the burden of disease so our children can thrive, long term funding is needed to:

- improve staff recruitment and retention (including remuneration, and access to housing)
- recognise the importance of clinical, non-clinical and cultural care
- build local workforce and training pathways
- ensure staff are trained in technological advancements in care
- address racism and discrimination in the broader health, education and social sectors

NACCHO recommends

- increased support for greater representation of Aboriginal and Torres Strait Islander educators in the ECEC system across metropolitan, regional, rural and remote Australia
- increased investment for ACCOs and ACCHOs to recruit and maintain an appropriately skilled workforce that meets the needs of children and their families

²⁵ [2.06 Educational participation and attainment of adults - AIHW Indigenous HPE](#)

²⁶ [2016 National Early Childhood Education and Care Workforce Census report - Department of Education, Australian Government](#)

²⁷ Curtin University, Senate Standing Committees on Economics *Affordable Housing*. Submission 41

²⁸ [RSIG Regional Analysis-Appendix-ABC_1122.pdf \(infrastructureaustralia.gov.au\)](#)

²⁹ [NQF-AnnualPerformanceReport-2021.pdf \(acecqa.gov.au\)](#)

- investment in culturally safe, trauma-informed higher education opportunities for Aboriginal and Torres Strait Islander people that support continuing connection to Country and Community

Aboriginal Community-Controlled RTOs

Aboriginal community-controlled RTOs are an established resource for Government across most states and territories. Community-Controlled RTOs are trusted in our communities and can help support the expansion of culturally appropriate, targeted literacy programs for local communities across their jurisdictions. They have skilled local Aboriginal and Torres Strait Islander facilitators who are able to support community-led literacy and other early years campaigns. NACCHO continues to work with Governments and advocate for adequate base funding for Community-Controlled RTOs to support culturally-safe participation in vocational education. NACCHO also advocates for Aboriginal and Torres Strait Islander employees to be leaders in the workplace, to provide access to structured development, ongoing training and mentoring programs that enable Aboriginal and Torres Strait Islander employees to build lifelong careers. NACCHO recommends increased funding to Community-Controlled RTOs to support growth in quality, trauma-informed early childhood education and care workforce.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031.³⁰ ACCHOs are the second largest employer of Aboriginal and Torres Strait Islander people nationally, with 52% of positions filled by Aboriginal and Torres Strait Islander people.³⁰ Therefore, ACCHOs are best place to receive Commonwealth support to help achieve the workforce target.

NACCHO recommends

- increased funding for ACCRTOs to build local training pathways for the development of a trauma-informed, culturally-safe workforce in the ECEC sector

Outcomes for children and families experiencing vulnerability and/or disadvantage, First Nations children and families, and children and families experiencing disability

Centrality of Culture

Aboriginal and Torres Strait Islander culture and self-determination are powerful protective factors. The National Aboriginal and Torres Strait Islander Health Plan 2021-2031 recognises culture as the foundation of Aboriginal and Torres Strait Islander health and wellbeing.

Early childhood educators and care providers have a responsibility to value, promote and embed a greater understanding of Aboriginal and Torres Strait Islander ways of knowing, doing and being across the Australian population. This is outlined in both Australia's Education and Care Services National Law and the National Quality Framework, and aligns with the National Agreement.

A key priority for Aboriginal and Torres Strait Islander children is access to culturally-safe and linguistically appropriate early childhood development education in every community. Learning language and becoming proficient in English are complementary. Bilingual programs strengthen

³⁰ [National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021–2031 \(health.gov.au\)](#)

English proficiency provided they are adequately supported and resourced.³¹ The National Aboriginal and Torres Strait Islander Early Childhood Strategy states that “Aboriginal and Torres Strait Islander children should be supported to establish and maintain strong connections to culture, Country and language”.

Further, children who grow up in a safe household and community where they have a sense of belonging are more receptive to learning and, later on, engaging with school. Evidence shows that children thrive when they live with their families in safe, inclusive communities. Well-developed community infrastructure, such as transport, decent housing, recreational and play spaces, and appropriately resourced early learning centres and schools create communities where parents/carers can support the social and emotional wellbeing of their children.

NACCHO recommends that early childhood education and care for Aboriginal and Torres Strait Islander centre the cultural determinants of health and wellbeing, to drive improved outcomes, including:

- a. funding for and the implementation of bilingual education programs for Aboriginal and Torres Strait Islander students which would support English proficiency and align with the National Agreement on Closing the Gap
- b. increased investment in community-led and run playgroups that promote both ways of learning. This approach supports education values and celebrates culture, with mainstream and Aboriginal learning complementing and strengthening each other.

Disability

The importance of early access to services for young children with a disability is crucial to help reduce future issues of social, emotional, and economic participation within society.

For Aboriginal and Torres Strait Islander people, health is understood as social and emotional wellbeing (SEWB), which connects the health of a person to the health of their family, kin, community, connection to Country, culture, spirituality, and ancestry. The interconnectedness between Aboriginal and Torres Strait Islander people, their kin and community plays a central role in their identity. Aboriginal and Torres Strait Islander people support each other, including those with disability.

Research highlights concerns for the limited support for Aboriginal and Torres Strait Islander families looking after children with disabilities:

“[I] see a lot of mothers particularly because they’re the main caregivers in this areas with what I would call post-traumatic stress. We see that all the time.”

“Yeah, it took me a long, long time to get there, it took me a long time –there were nights where I would just cry my eyes out because I had no idea what to do with him, because nobody would help.”³²

Aboriginal and Torres Strait Islander children require access to culturally appropriate and responsive services so they can benefit from early intervention support no matter where they live across the country. The ECEC sector needs to ensure educators and care providers are providing culturally-

³¹ Standing Committee on Employment, Education and Training Inquiry into Education in Remote and Complex Environments, November 2020.

³² Lilley, Sedgwick & Pellicano. (2019). We look after our own mob: Aboriginal and Torres Strait Islander Experiences of Autism. Macquarie University: Sydney.

appropriate, quality services that meet the needs of every individual child at an appropriate time to ensure the child is able to engage in ECEC to support their development and growth.

The efficiency and effectiveness of government investment in the sector.

The current methods of resourcing and funding of the ECEC requires urgent review by all Australian governments, if they are to truly meet their obligations under the National Agreement and support the provision of culturally-safe, affordable and quality ECEC services for Aboriginal and Torres Strait Islander children and their families.

The commissioning of Aboriginal and Torres Strait Islander ECEC programs and services is disparate. While there are 145 ACCHOs nationally, funding of ACCHOs across and within jurisdictions is often inequitable, and most often insufficient.

Funding for ECEC services exists varying across different states and territories. New South Wales, Queensland and the Northern Territory have dedicated Aboriginal and Torres Strait Islander child and family centre programs that fund community-controlled agencies whereas other jurisdictions have now incorporated their services into mainstream funding.³³ This difference creates a large disparity in ensuring quality, culturally-safe ECEC services are provided that meet the needs of Aboriginal and Torres Strait Islander children, families and Communities.

In the ECEC sector, Aboriginal and Torres Strait Islander community-controlled ECEC services are uniquely placed to break down barriers to access and deliver culturally safe holistic supports to Aboriginal and Torres Strait Islander families.³³ These services are also uniquely positioned to provide vital integrated child development and family supports beyond mainstream childcare and early learning programs as they are trusted by families and the communities in which they operate.

Where early childhood care and intervention services are commissioned by Primary Health Networks (PHNs), PHNs tend to favour large organisations and peak bodies which will then subcontract to local community-controlled organisations to engage or deliver to Community, often with insufficient funding. PHNs also often hold unreasonable expectations of ACCHOs and ACCOs to consult with them on how to deliver services to Community, often with no remuneration. This approach can undermine the relationships and trust that the ACCHO/ACCO has with Community, particularly if the service delivery organisation is not providing culturally-safe or quality services and outcomes. There is a guidance document for PHN/ACCHO partnerships,³⁴ however there exists no accountability for engagement nor obligation for PHNs to operate in alignment with the National Agreement when commissioning services for Aboriginal and Torres Strait Islander services. KPIs for PHNs exist, but not in relation to distribution of funding. It is not clear how PHNs perform against the Guiding Principles or how they are responsible to Closing the Gap Priority Reforms or targets.

- **NACCHO recommends** funding for services intended for Aboriginal and Torres Strait Islander communities to be delivered directly to the community-controlled sector rather than through PHNs.

³³ [Sector Strengthening Plan: Early Childhood Care and Development \(closingthegap.gov.au\)](#)

³⁴ [guidance document for PHN/ACCHO partnerships](#)

Conclusion

Every child in Australia deserves the best start to life. Quality, affordable ECEC that meets the needs of a child, and their family is crucial to achieving this. For Aboriginal and Torres Strait Islander children, access to culturally-safe, affordable and effective ECEC is paramount to ensuring they reach their full potential and go on to contribute meaningfully to society throughout their life. Quality ECEC cannot be achieved without sustainable, flexible funding for the community-controlled sector to build a skilled, culturally-safe workforce across all sectors of a child's life that understands the importance of embedding culture and language at the forefront.