

GREAT START GREAT FUTURE

Northern Territory Early Years Strategic Plan

2016-2020





Ministers' Message

The first eight years lay the foundations for a child's lifelong health, learning and development. All young Territorians deserve a great start in life and the opportunity to fulfil their potential and create a great future.

The Northern Territory Government understands the importance of investing in early childhood services including early childhood education, maternal and child health, family support and early childhood intervention services, to help give Northern Territory children the best possible start in life.

The Northern Territory Government's **Great Start Great Future – Northern Territory Early Years Strategic Plan** outlines key actions from 2016 to 2020 to continue to improve all children's outcomes.

The plan focuses on four building blocks to provide the best possible outcomes for Northern Territory children aged from birth to eight years old: healthy thriving children, quality learning, resilient families, and a quality service system.

Great Start Great Future recognises that the success of this plan relies on strong partnerships, coordinated effort and a shared vision of what we want for all Northern Territory children. The plan acknowledges that families provide children with the relationships, the opportunities and the experiences that shape their learning and development, recognising that some parents need additional support to fulfil this role.

The Northern Territory Government wants to ensure that all parents with young children, particularly working parents, can access quality services that incorporate health, early learning and care. **Great Start Great Future** builds on the current strengths of the early childhood education and services system and will make the Northern Territory an even better place for families to live and raise children.

Working together is the key to ensuring that we provide young Territorians with the best start for their future. We look forward to working in partnership with our ministerial colleagues, the Australian Government, non-government and private sector partners, and with families to pursue the vision outlined in this strategic plan.



Hon Peter Chandler MLA
Minister for Education



Hon John Elferink MLA
Minister for Health
Minister for Children and Families





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Vision

A great start is provided to all Northern Territory children up to the age of eight years to assist them to grow to be confident, successful and healthy lifelong learners, who actively participate in and make positive contributions to their communities and the Northern Territory economy.

1 – Introduction

The plan's focus

Life chances are heavily influenced by what happens in the first eight years of life.

This plan describes the Northern Territory Government's vision for the system that provides services to all children up to eight years of age in the Northern Territory.

In 2011, the Australian Census reported that there were approximately 32 656 children aged 0-8 years living in the Northern Territory's diverse communities.

Of these, approximately 42 per cent (13 763) were Indigenous. In comparison, in 2011 approximately 6 per cent of all Australian children aged 0-8 years were Indigenous.

Australian Bureau of Statistics (2013)

Getting the right start in life is essential for children's later success. It shapes a child's ability to thrive at school, stay healthy and socially connected and contribute to society - socially and economically.

For the purposes of this strategic plan, we are defining early years as up to 8 years old. This broad definition recognises the importance of pregnancy in influencing outcomes for children and that the transition into primary school is a critical period in children's lives.

Children learn from birth. Their learning and development at each stage of life forms the foundation for the next. Research tells us that a child's earliest years provide a window of opportunity to address inequality and improve outcomes later in life and that the potential benefits from supporting the early years range from improved growth and development to better schooling outcomes and increased productivity.¹ It also tells us that the environment where a child spends their early years strongly shapes whether or not they have strong foundations for their future health, wellbeing development and resilience.²

From an economic perspective, there is substantial evidence to show that investing in early childhood and improving educational outcomes are vital drivers of economic growth, productivity and social progress.³ In addition, quality long day care services mean more women can participate in the workforce.

Children who receive quality early childhood education and health services from birth have a positive attitude to learning when they start school, are more resilient and have better learning, development and health outcomes overall. They are more likely to complete secondary school and hold jobs. They are also less likely to rely on the welfare system and are significantly less likely to become involved in the judicial system.

Combating economic and social disadvantage in the early years requires:

- supportive social environments that build resilience, and encourage healthy development;
- positive social interactions;
- positive connections between family and community;
- community-based support for families; and
- programs that enhance children’s development.⁴

Families provide children with the relationships, the opportunities and the experiences that shape their learning and development. Families are children’s first and most important educators.

Great Start Great Future is based on the premise that all children have the right to an education and related enabling services that build a strong foundation for the rest of their lives, maximise their learning capacity, and respect their family and cultural backgrounds.

This plan focuses on four key building blocks to achieve better outcomes for Territory children in their early years. These are:

- Building Block 1 — Healthy thriving children - providing quality services that ensure children’s health and wellbeing;
- Building Block 2 — Quality learning - improving the early years learning and development outcomes, particularly in literacy and numeracy, of all Northern Territory children;
- Building Block 3 — Resilient families - increasing the capacity of families and communities to care for their children and respond to their health, development, safety and wellbeing needs;
- Building Block 4 — Quality service system - establishing and maintaining a quality service system which fosters integrated services delivered by a qualified and well supported local workforce.

Children aged eight years and under in the Northern Territory

The Northern Territory has the highest proportion of children aged 0-8 years in Australia at 14.1 per cent of the population, compared to the national average of 11.5 per cent.

The next highest are Queensland with 12.1 per cent and Western Australia with 11.7 per cent.



Australian Bureau of Statistics (2013)





Talking helps brain development

Talking with babies and children from birth builds their language and communication skills and better equips children to learn.

Research by Hart and Risley in 1995, and affirmed in later studies, found that the number of words a baby hears in the first years of life, and the tone in which they are spoken, affect fundamental circuits in the brain.

Raising Children Network 2015

2 — What we know

The pattern of a child's later life is set in the early years and even before birth. This is supported by a wide range of research evidence from education, health, justice and economic experts.

Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning in the prenatal period and extending throughout the early years.⁵

A child's family is central

The Effective Provision of Preschool Education study in the United Kingdom found that a child's family is the most powerful influence on their development and the single biggest predictor of their social, emotional and educational success in later life.⁶ Parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development.⁷

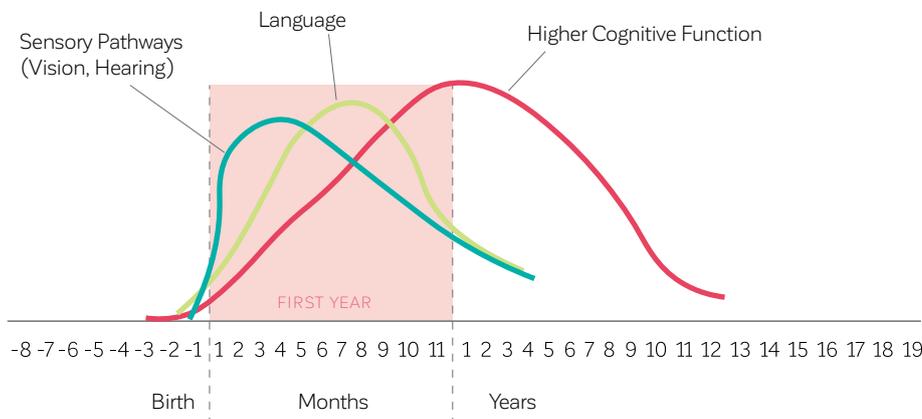
Babies and young children whose mothers have access to good ante and post-natal care, adequate nutrition before and after birth, and who reside in a caring, stable environment with ample opportunity to interact and form relationships with important people in their lives, are more likely to thrive.⁸ High risk behaviour during pregnancy and the early years, such as substance misuse, smoking and poor diet, can lead to low birth-weight babies and have a serious impact on a child's health, development and outcomes. Effective engagement with parents is an important first step.⁹

The critical significance of the early years for brain development

A child's life chances are heavily influenced by what happens in the first years of life. The rapid pace of physical and brain development in the early years creates opportunity and risk.¹⁰

The architecture of the brain is formed through an ongoing process that begins before birth and continues into adulthood. However, the most rapid growth occurs in the first few years. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions (see Figure 1). Babies' brains require stable, caring, interactive relationships with adults for healthy development.¹¹

Figure 1: Brain development during pregnancy and the first years of life. Connections for different functions develop sequentially.



Source: *Center on the Developing Child (2007)*.

There is a significant body of evidence about the effects of maternal health and nutrition during pregnancy on a child’s physical and brain development and later life opportunities. Mothers and children need a continuum of care from before pregnancy, through pregnancy and childbirth, to the early months and years of life. They need safe and healthy environments, safe neighbourhoods, and protection against violence.¹² Chronic, unrelenting stress in early childhood, caused by extreme poverty, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain.¹³

Starting from infancy, routine assessment of a child’s development, social and emotional wellbeing, vision, hearing, oral health, language and communication skills are essential.¹⁴ Inadequate nutrition, coupled with factors such as poverty, housing instability, smoking, family violence, drug and alcohol use, and lack of access to quality education and support are strong predictors of poor child outcomes.¹⁵

Investment in the early years is an investment in the economy

Economic analysis of early childhood programs for three and four year old children of low income families indicates that these programs can be highly effective investments, repaying their costs, generating savings and producing returns to society.¹⁶ Over the life course, studies estimate that for every dollar spent on quality universally available early childhood education and care programs, seven to eight dollars are returned to individuals and society through increased tax revenues, and reduced school, health and criminal justice expenditure, compared to the return on investment of forty-five cents for every dollar spent on youth job training (see Table 1).¹⁷

The value of investing in the early years

Longitudinal research on children who participated in programs in the United States such as the Abecedarian program and the Chicago Child-Parent Centre shows that, as compared with their peers, these children had higher levels of secondary school graduation, higher tertiary education attendance, higher wages and more prosocial conduct as adults compared to the control groups.

McCuaig, Bertrand & Shaker (2012)



Early childhood education and care services in the Northern Territory

The National Quality Framework (NQF) raises quality and drives continuous improvement and consistency in Australian education and care services. Established in 2012, the NQF applies to most long day care, family day care, preschool and outside school hours care services. The NQF sets national benchmarks for early childhood education and care services in Australia.

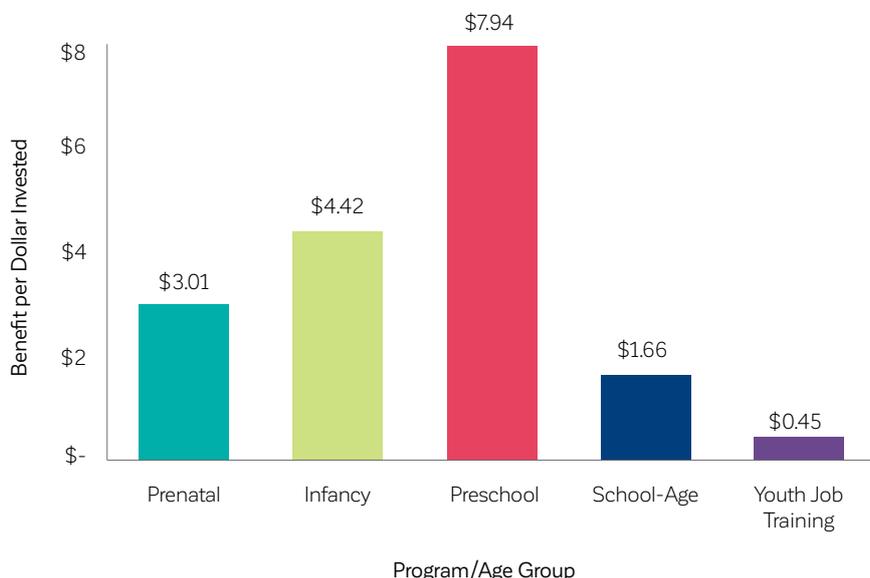
As at 31 December 2015, there were 225 approved services under the NQF in the Northern Territory:

- 85 Preschool
- 80 Long Day Care
- 7 Family Day Care
- 51 Outside School Hours Care
- 2 Three Year Old Kindergarten.

Most services (83 per cent) were located in the Darwin and Palmerston and Rural areas, and only 16 per cent in the Alice Springs and Barkly regions. Excepting preschools, the majority of early childhood services in very remote areas are unregulated.

National Quality Agenda Information Technology System (2015)

Table 1: Return on investment in programs from infancy to young adulthood, benefit per dollar spent



Source: Landry (2005)

Investment in quality early learning not only supports the development of cognitive, social, emotional, physical and motivational skills, but also drives later learning and achievement, which in turn contributes to the ‘human capital’ that underpins the economic wellbeing of the broader community.¹⁸ The UK Effective Pre-school, Primary and Secondary Education project (EPPSE), a major study into the impact of early years education beyond the classroom, highlighted that participation in high quality early childhood education and care over multiple years matters for both cognitive and non-cognitive gains.¹⁹

In addition to the effects on children, investment in quality universal early years services has long-term economic impacts for local and regional communities. Quality early learning services contribute significantly to the economy with their facilities, employment, training and consumption from other sectors, and enable parents to participate in the workforce.²⁰

Quality matters

High-quality early childhood education and care services provide children with early skills and knowledge to build on for the rest of their lives. Early childhood education and care services that are high quality:

- set high expectations for every child;
- engage children in experiences that encourage and extend their learning;
- have well-qualified, responsive educators;
- focus on the whole child;
- build collaborative relationships with families; and
- have effective leadership and service management, committed to continuous improvement.

The quality of early childhood programs and the fidelity with which they are delivered is a consistent and central feature of effective evidence-based programs.²¹ Quality early childhood programs depend on the development and maintenance of a high quality early years workforce that has access to pre-service and in-service training and specialised professional support and mentoring.²² Rigorous program standards, and continual quality assessment and improvement are critical to the ongoing effectiveness of large-scale programs.²³

Universally available, high quality inclusive early childhood education and care services are beneficial for all.²⁴ McCuaig argues that quality in early childhood programming is essential if the mid-term and long-term benefits to children and society are to be realised. Educators well trained in early childhood development and adequately resourced to respond to the individual needs of the children are the prime determinants of quality.²⁵ The EPPSE project reported a direct relationship between the quality of early childhood services and children's intellectual and social/behavioural development. Children made more progress and had better social/behavioural gains in services that had staff with higher qualifications, and trained teachers.²⁶

The health care system has a pivotal role to play in the early years

Many challenges in adult society have their roots in the early years of life, including major public health problems, such as obesity, heart disease, and mental health problems.²⁷ Programs that facilitate good health care and adequate nutrition before and after birth are essential to improving childhood developmental outcomes.

Access to regular child primary health care can provide a platform for evidence-based parenting support and enable the early detection and treatment of developmental and health problems that can become much more difficult to manage once they become established.²⁸ Lack of food security, an emerging issue among Indigenous families,²⁹ is placing Indigenous children at increased risk of nutritional deficiencies, growth faltering, disease and early childhood obesity.

A mother's education level is a major determinant of infant health outcomes. Young mothers are less likely to complete their schooling, resulting in weak employment prospects, an increased risk of ongoing welfare reliance and significantly less earnings over their lifetime.³⁰

Hearing screening in the early years

Early detection of hearing problems gives children the best chance for good speech and language development, good communications ability, and future educational success.

Approximately one in every thousand babies in Australia is born with some degree of permanent hearing loss in both ears. While a profound hearing loss is often quite noticeable, mild and unilateral hearing losses can be more difficult to detect. Hearing loss that is not detected can have a significant impact on a child's development.

Clark and Metcalf (2014)



Teenage mums

In very remote areas of Australia 37 per cent of Indigenous girls have had a child by age 19. This compares to only 4 per cent of all other Australian teenage girls and 3 per cent of Indigenous teenage girls living in major cities.

The Northern Territory has the highest rate of births to teenage mothers in Australia, with 7.9 per cent of births in 2013 compared to 3.3 per cent for Australia as a whole.

Australian Institute of Health and Welfare (2015)

Indigenous girls in the Northern Territory are less likely to complete school than their non-Indigenous counterparts, with 15.3 per cent compared to 3.8 per cent attending school but not completing Year 9.

Li, Li, Guthridge and Hourigan (2014)

Teenage parenting is one of the major risk factors associated with early childhood development. It often means that schooling is interrupted, job prospects are limited and there is an increased risk of dependency on government assistance. Babies of teenage mothers are more likely to be of low birth weight and pre-term.³¹ Studies of early childhood development find that teenage mothers are less likely than older mothers to engage in emotionally supportive and responsive parenting. They tend to have less knowledge about child development and effective parenting, and often misjudge their infant or toddler's ability to adapt and learn.³²

Lack of hearing services in the early years can have major implications for a child. Hearing loss in early childhood affects speech and language development and contributes to poor social and emotional wellbeing and behavioural problems.³³ In 2011, the House of Representatives inquiry into Indigenous youth in the criminal justice system found that hearing loss was a significant contributing factor for Indigenous children's disengagement with the education system, and their later involvement in the justice system.³⁴



The effect of disadvantage on children's development

The Australian Early Development Census (AEDC)³⁵ is an important marker for achievement at school and in later life that was developed to assess how well children are developing in the year they enter full time school. Children who score in the lowest 10 per cent of the national AEDC population in each domain of the AEDC are classified as 'developmentally vulnerable'. These children demonstrate a much lower than average ability in the developmental competencies measured in that domain.

AEDC data is mapped to the Index for Relative Socio-Economic Disadvantage to show the relationship between developmental vulnerability and socio-economic disadvantage. The percentage of children developmentally vulnerable on one or more domains increases with the level of socio-economic disadvantage of a community.³⁶

Children from disadvantaged backgrounds are more likely to be developmentally vulnerable by the time they start formal schooling and are more likely to develop health, learning, behavioural and emotional issues. They are more likely to leave school early, be at higher risk of unemployment and suicide, and engage in substance misuse and crime.³⁷

In 2015, the AEDC highlighted that one in ten Australian children was vulnerable on two or more AEDC domains when they started school. It also established that Indigenous children were twice as likely to be developmentally vulnerable on one or more domain as non Indigenous children, at 42.1 per cent and 20.8 per cent respectively. Similarly, children living in very remote areas of Australia were twice as likely to be developmentally vulnerable on one or more domain as children living in major cities of Australia, at 47.6 per cent and 21.0 per cent respectively. In 2015, 37.2 per cent of Northern Territory children were developmentally vulnerable on one or more domain compared to 22.0 per cent across Australia.³⁸

Children in the Northern Territory have high levels of developmental vulnerability across all five AEDC domains.³⁹ While overall vulnerability increased across all domains between 2012 and 2015, levels of vulnerability were lower than reported in 2009, with the exception of the social competence domain.

In 2015, 35.2 per cent of Northern Territory children lived in the most disadvantaged areas compared to 18.3 per cent nationally.⁴⁰ Northern Territory children living in the most disadvantaged areas experienced more developmental vulnerability than other Australian children living in similar areas, at 58.6 per cent compared to 29.8 per cent nationally.

A child's level of development when they start school is a good predictor of their literacy and numeracy outcomes in primary school as measured by the National Assessment Program – Language and Numeracy (NAPLAN) assessments in Years 3, 5, and 7. Children who were developmentally vulnerable as measured by the AEDC are much more likely to have difficulties in reading and numeracy through primary school and not meet national minimum standards in Year 7.⁴¹



The Australian Early Development Census

The AEDC is a national measure of early childhood development that is completed every 3 years by Transition teachers for all Australian children in their first year of school. It measures the achievements of children across five key areas of development (domains):

- physical health and wellbeing
- social competence
- language and cognitive skills
- communication skills
- general knowledge.

The AEDC's domains have been shown to predict later health, wellbeing and academic success.

www.aedc.gov.au



3 — Great Start Great Future

Giving all young children in the Northern Territory a great start lays the groundwork for a future of active participation in later life, economic prosperity, healthy communities and successful parenting of the next generation.⁴² Investment in the early years will help to frame a great future for the Northern Territory.

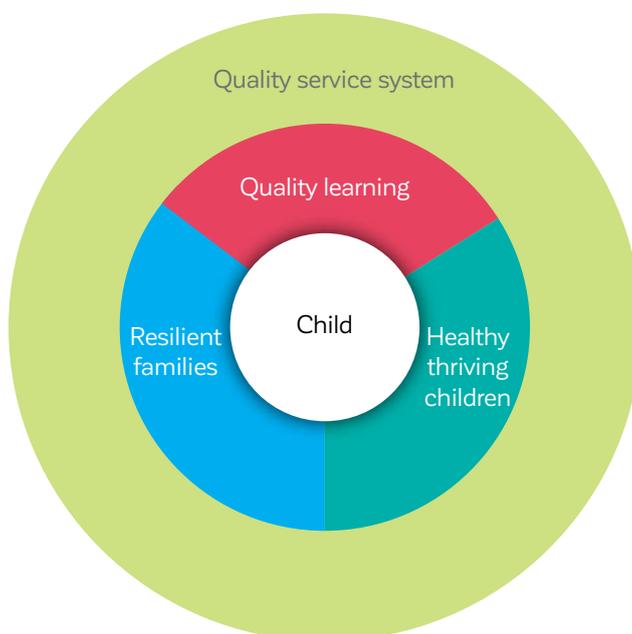
Great Start Great Future builds on our achievements, reflects local and international best practice, and seeks to develop a quality early childhood education and services system to maximise the capacity of Northern Territory children to be healthy, safe and ready to learn. It outlines a comprehensive system that works together to support and enhance the outcomes of our young children.

Great Start Great Future focuses on four key building blocks, each representing cross Northern Territory Government investment, to achieve better outcomes for Northern Territory children in the early years. It will do this by:

- providing quality services that enhance children’s health and wellbeing – healthy thriving children;
- improving the early years learning and development outcomes of all Northern Territory children – quality learning;
- increasing the capacity of families and communities to care for their children and respond to their health, development, safety and wellbeing needs – resilient families; and
- establishing and maintaining the enabling environment – a quality service system which fosters integrated services delivered by a qualified, supported local workforce – a quality service system.

The interaction of the building blocks that support a child’s developmental needs is shown in Figure 2.

Figure 2 – Great Start Great Future building blocks



The health of Northern Territory children

Northern Territory children have poorer health outcomes overall than other Australian children. High rates of anemia, growth faltering and infectious illness continue to be seen in children in remote areas of the Northern Territory despite frequent visits to health care centres.

Many determinants of health have their origins during pregnancy. Over half of pregnant Indigenous women in the Northern Territory smoke during pregnancy, which increases the risk of a low birth weight baby, which in turn increases the risk of ill-health. The Northern Territory has the highest rate of low birth weight babies in Australia – at 8.4 per cent of all births, rising to 10.6 per cent in very remote areas.

Australian Institute of Health and Welfare (2015)

Building Block 1 – Healthy thriving children



Healthy Under 5 Kids Program

The Northern Territory's *Healthy Under 5 Kids Partnering Families Program* is a comprehensive program that addresses preventative health and wellbeing and provides an opportunity for early identification and early response to emerging problems in young children.

Hearing services

The Hearing Services program provides early screening and diagnosis of ear disease and hearing loss to Indigenous children in remote and very remote communities. In addition, Newborn Hearing Screening performed on newborns before discharge from the Northern Territory's four birthing hospitals, enables identification of mild, moderate and profound hearing loss.

The Northern Territory's size and small population makes it challenging to provide timely screening, therapeutic interventions and support for children with complex and additional needs. Children who have healthy childhoods are more prepared to learn and less likely to experience health issues as they grow.

The Northern Territory Government is committed to ensuring that all young children in the Northern Territory have access to high quality services that enhance their health and wellbeing outcomes and the environments in which they are raised. We are also committed to developing integrated service models to respond to children with additional needs, including children with a disability, significant developmental delay and/or complex social, emotional and behavioural needs.

Priority actions

The Northern Territory Government will work towards improving children's health and wellbeing by:

- strengthening universal child and family health and development programs for fathers and mothers and make delivery more flexible;
- developing systems and capabilities in health and education agencies to enable shared management and rehabilitation for hearing loss in Indigenous children;
- developing a sustainable cross-agency framework to enable young teenage parents to complete secondary schooling with wrap around health, education and support services;
- improving support, service coordination and pathways across government for children with special and complex needs.

Measures

Our progress will be measured by:

- improved immunisation coverage rates;
- decreases in child morbidity and mortality;
- improved coverage rates for the Healthy Under 5 Kids Partnering Families Program across the Northern Territory;
- increased numbers of teenage mothers engaging in health and education programs and completing Year 12.

Building Block 2 – Quality learning

A child's life chances are heavily influenced by the environment in which they are raised in the early years. Children who grow up in language-rich environments are more likely to do well at school and prosper throughout their lives.

The Northern Territory Government is committed to improving the learning and development outcomes of children from birth to 8 years of age, particularly their literacy and numeracy outcomes, by ensuring they have access to quality early childhood education and care services. We will strengthen the quality of child and family centred education and care services to support children's learning and development to ensure that our children become learners for life.

Priority actions

To improve the literacy and numeracy outcomes of young children, the Northern Territory Government will:

- improve the quality and sustainability of early childhood education and care in the Northern Territory in line with the National Quality Framework to ensure all children have access;
- transform preschool delivery to better meet the needs of children and families (through the implementation of a preschool curriculum, fostering greater integration between preschool and care, and investigating the options for expanding three-year old preschool to all vulnerable and disadvantaged children in the Northern Territory);
- expand professional development for teachers and educators to enhance their capacity to support children with complex and additional needs;
- expand the Families as First Teachers program in remote, urban and rural communities across the Northern Territory.

Measures

Our progress will be measured by:

- increased numbers of children enrolled in and attending Families as First Teachers programs and preschool;
- a reduction in vulnerability of Northern Territory children as measured by the AEDC;
- an increase in the number of early childhood education and care services that meet the national quality standard;
- improved longer term results from NAPLAN assessments;
- the implementation of assessment tools to measure the effects of early childhood programs.

Families as First Teachers

The Northern Territory's Families as First Teachers program is building strong partnerships with health and family support services to develop and build adult-child interactions and improve the educational and health outcomes for vulnerable and disadvantaged children. Through the use of the Abecedarian Approach Australia, the program is encouraging parents to talk to their children every day about everyday things, thereby increasing children's language skills.

The Abecedarian Approach Australia is an evidence-based program for literacy and numeracy learning for early childhood educators and parents to use with children from birth to five years.



Building Block 3 – Resilient families



Families matter

The family is the single most important determinant of child wellbeing. Parents decide what to feed their children and when to take them to the doctor. The home environment in which children are raised can be nurturing and warm, or harsh and cold. By talking to children, playing with them, reading or telling stories to them—or not—parents and other family members determine how much stimulation young children receive.

Berlinski and Schady (2015)

A child's family is the single biggest predictor of their social, emotional and educational success in later life. Young children experience their world through their relationships with parents and other caregivers. Safe, stable, nurturing relationships and environments between children and their caregivers are fundamental to brain development. Prevention strategies should be universally delivered and work to equip children with the skills to form healthy and respectful relationships in adulthood.⁴³

The Northern Territory Government is committed to improving young children's outcomes by fostering resilient families. We will seek to engage parents and the community in quality universal, targeted and intensive programs, and will increase the capacity of services to identify and respond to children and families affected by trauma and family violence.

Priority actions

To promote resilient families that are responsive to the health, safety, wellbeing and learning needs of their children, the Northern Territory Government will:

- enhance services and resources that provide high quality, culturally appropriate universal parenting and early intervention to families to improve their parenting capacity;
- strengthen targeted and intensive support programs that assist vulnerable families to address safety concerns and prevent future abuse and neglect;
- strengthen support services to families escaping domestic and family violence;
- develop and implement programs and supports to improve outcomes for children in out-of-home care by improving access to early years programs.

Measures

Our progress will be measured by:

- a reduction in the number of young children who are the subject of successive substantiations of abuse or neglect;
- increased participation of vulnerable children in preschool and other early childhood programs;
- improved educational outcomes for children in out-of-home care.

Building Block 4 – Quality service system

The early childhood service system in the Northern Territory is complex and service provision is inconsistent, particularly in remote and very remote communities. Services can be uncoordinated and operate as silos, leading to a lack of comprehensive and preventative case management.

The Northern Territory Government is committed to improving young children's health, socio-emotional and learning outcomes by strengthening service coordination and integration of education, health, family support and child protection services. We will continue to drive quality services through suitable fit for purpose infrastructure, and an emphasis on a skilled workforce supported by evidence and reliable data.

Priority Actions

To provide a quality early years service system, the Northern Territory Government will:

- develop a single identifier from birth to improve the capacity of information technology and data systems to capture and share data across Northern Territory Government agencies on the activity and outcomes of early years programs and services;
- develop an integrated services framework for sustainable early years services in the Northern Territory that support young children's health, socio-emotional and learning outcomes;
- develop and implement a Northern Territory early years monitoring and outcomes framework and provide ongoing support to Northern Territory researchers to aid the development of a quality service system;
- further professionalise the early years workforce to increase its capacity to deliver quality evidence-based programs;
- develop policies to ensure that physical infrastructure supports the provision of quality early years services.

Measures

Our progress will be measured by:

- an increase in the number of preschool and other early childhood programs delivered by qualified early childhood teachers and educators;
- greater integration of services in a range of available facilities including (but not only) in child and family centres;
- a decrease in the number of early years services in premises that are not fit-for-purpose and are below required standards.

Integrated services are more effective

The provision of integrated services that combine universal and targeted early childhood education and care, family support and health programs within a framework of interagency collaboration, are more effective in meeting the demands of diverse communities.

Eurydice (2009)





Great Start Great Future

Through **Great Start Great Future** the Northern Territory Government will map the progress of our children's outcomes and develop more integrated and innovative services that meet our children's needs.

4 — Making it happen – working across Government

Ensuring that Northern Territory children achieve the best possible outcomes can only occur through a whole of government effort. The building blocks in this strategy represent cross Northern Territory Government investment and activity under the one strategic plan.

The Australian Government is a key stakeholder in children's outcomes across the early years, particularly through its involvement in early childhood education and care. To ensure that our children have a great start and achieve a great future we will work jointly with the Australian Government and other state and territory governments to achieve long-term sustainable funding for early years programs and agree on new approaches that include investment in integrated early childhood services.

To ensure the cultural relevance and fit of programs and services, we will work closely with our private, non-government and community sector partners and with families to ensure that early years services are more integrated to better meet the needs of young children in the Northern Territory.

We will establish a high level cross agency group within the Northern Territory Government to:

- support and monitor implementation of the strategic plan;
- engage the academic, non-government, community and private sectors to improve early years services;
- make recommendations to government on investments in early years services; and
- report annually to government and the community on progress.

5 — Monitoring and evaluating our progress

By 2020, the aim of Great Start Great Future is for more young children across the Northern Territory to be healthy and thriving, living in supportive, resilient families, and actively participating in quality early learning.

Great Start Great Future outlines a clear pathway for the Northern Territory to improve the outcomes for young children by focusing on improving their health and wellbeing, by providing better support for parents and by promoting quality and innovative learning through the provision of integrated services. To ensure that government investment is effective, we will commission the development of a Northern Territory early years monitoring and outcomes framework to measure and track the results achieved by the strategic plan.

Improving outcomes will take time and we will implement the strategic plan in two phases — a three-year first phase and a two-year second phase — and evaluate each phase. We are committed to a process of planning, implementation and review to ensure that the proposed actions are achieving the desired outcomes.

The first phase evaluation (2016 – 2018) will examine the implementation and effectiveness of the strategic plan, and provide advice on the next phase of the strategic plan based on an assessment of the effect of priority actions and their contribution to overall outcomes.

Figure 3 – Implementation and evaluation timeline



Implementation Plan

All Northern Territory children aged up to eight years have a great start that will assist them to grow to be confident, successful and healthy lifelong learners who actively participate in and make positive contributions to their communities and the Northern Territory economy.

Building Block 1

HEALTHY THRIVING CHILDREN

Improve the accessibility and quality of healthcare services to improve children's health and wellbeing outcomes and the environments in which they are raised.

Develop integrated service models to respond to children with complex additional needs, including children with a disability, significant development delay and/or complex social, emotional and behavioural needs.

Priority Actions

1. Strengthen universal child and family health and development programs for fathers and mothers and make delivery more flexible.
2. Develop systems and capabilities in health and education agencies to enable shared management and rehabilitation for hearing loss in Indigenous children.
3. Develop a sustainable cross-agency framework to enable young teenage mothers to complete secondary schooling with wrap around health, education and support services.
4. Improve support, service coordination and pathways across government for children with special and complex needs.

Building Block 2

QUALITY LEARNING

Improve the learning and development outcomes, particularly literacy and numeracy outcomes, of children from birth to 8 years of age.

Strengthen the quality of child and family centred education and care services to support children's learning and development to ensure that our children can become learners for life.

Priority Actions

1. Improve the quality and sustainability of early childhood education and care in the Northern Territory in line with the National Quality Framework to ensure all children have access.
2. Transform preschool delivery to better meet the needs of children and families (through the implementation of a preschool curriculum, fostering greater integration between preschool and care, and investigating the options for expanding three-year old preschool to all vulnerable and disadvantaged children in the Northern Territory).
3. Expand professional development for teachers and educators to enhance their capacity to support children with complex and additional needs.
4. Expand the Families as First Teachers program in remote, urban and rural communities across the Northern Territory.

Measures

Improved coverage rates for Northern Territory children fully immunised by age 5.

Decreased child morbidity and mortality.

Improved coverage rates for the Healthy Under 5 Kids Partnering Families Program across the Northern Territory.

Increased numbers of teenage mothers engaging in health and education programs and completing Year 12.

Increased numbers of children enrolled in and attending Families as First Teachers programs and preschool.

Reduced vulnerability of Northern Territory children as measured by the AEDC.

Increased number of early childhood education and care services that meet the national quality standard.

Improved longer term results from NAPLAN assessments.

The implementation of assessment tools to measure the effects of early childhood programs.

Governance

Establish a high-level cross agency steering committee of chief executives to champion, implement, monitor and evaluate progress of the Northern Territory Early Years Strategic Plan supported by a senior officials cross agency working group. The cross agency steering committee will:



Building Block 3

RESILIENT FAMILIES

Improve young children's outcomes by engaging parents and the community in quality universal, targeted and intensive programs that promote resilient families who provide safe, nurturing environments in which children can grow.

Increase the capacity of services to identify and respond to children and families affected by trauma and family violence.

Priority Actions

1. Enhance services and resources that provide high quality, culturally appropriate universal parenting and early intervention to families to enhance their parenting capacity.
2. Strengthen targeted and intensive support programs that assist vulnerable families to address safety concerns and prevent future abuse and neglect.
3. Strengthen support services to families escaping domestic and family violence.
4. Develop and implement programs and supports to improve outcomes for children in out-of-home care by improving access to early years programs.

A reduction in the number of young children who are the subject of successive substantiations of abuse or neglect.

Increased participation of vulnerable children in preschool and other early childhood programs.

Improved educational outcomes for children in out-of-home care.

Building Block 4

QUALITY SERVICE SYSTEM

Improve young children's health, socio-emotional and learning outcomes by strengthening service coordination and integration.

Continue to drive quality services through suitable fit for purpose infrastructure, and an emphasis on a skilled workforce supported by evidence and reliable data.

Priority Actions

1. Develop a single identifier from birth to improve the capacity of information technology and data systems to capture and share data across Northern Territory Government agencies on the activity and outcomes of early years programs and services.
2. Develop an integrated services framework for sustainable early years services that support young children's health, socio-emotional and learning outcomes.
3. Develop and implement a Northern Territory early years monitoring and outcomes framework and provide ongoing support to Northern Territory researchers to aid the development of a quality service system.
4. Further professionalise the early years workforce to increase its capacity to deliver quality evidence-based programs.
5. Develop policies to ensure that physical infrastructure supports the provision of quality early years services.

An increase in the number of preschool and other early childhood programs delivered by qualified early childhood teachers and educators.

Greater integration of services in a range of available facilities including (but not only) in child and family centres.

A decrease in the number of early years services in premises that are not fit-for-purpose and are below required standards.

- support and monitor implementation of the strategic plan;
- engage the academic, non-government, community and private sectors to improve early years services;
- make recommendations to Government on new investments in early years services; and
- report annually to Government and the community on progress.

Endnotes

1. The World Bank, Early Childhood Development Overview: 19 June 2014. Accessed: <http://www.worldbank.org/en/topic/earlychildhooddevelopment/overview>
2. National Scientific Council on the Developing Child (2004). Young Children Develop in an Environment of Relationships: Working Paper No. 1. Accessed: www.developingchild.harvard.edu .
3. Heckman, J. 2011. The American Family in Black and White: A Post-Racial Strategy for Improving Skills to Promote Equality. IZA Discussion Paper No. 5495. Bonn, Germany. Accessed 12/5/2015: <http://heckmanequation.org/>. See also Productivity Commission 2014, Childcare and Early Childhood Learning, Inquiry Report No. 73, Canberra.
4. Wise, S. 2001, Creating child-friendly communities: a strategy to reclaim children from risk. Australian Journal of Social Issues, 36 (2), 153.
5. Shonkoff, J. P., and Phillips, D. A. (Eds) (2000) From Neurons to Neighbourhoods: The Science of Early Childhood Development. Washington DC: National Academy Press. Quoted in Knusden, E., Heckman, J., Cameron, J. and Shonkoff, P. (2006) 'Economic, neurobiological, and behavioural perspectives on building America's future workforce'. Proceedings of the National Academy of Sciences of the United States of America. July 5, Vol 103(27):10155-62, 1.
6. EPPE Study at age 16, in Productivity Commission (2014). Childcare and Early Childhood Learning, Inquiry Report No. 73, Canberra, 152. See also Center on the Developing Child (2007). The Impact of Early Adversity on Child Development (InBrief). Accessed: www.developingchild.harvard.edu.
7. Center on the Developing Child (2010). The Foundations of Lifelong Health (InBrief). Retrieved from www.developingchild.harvard.edu.
8. Australian Medical Association. (2013) The Healthy Early Years – Getting the right start in life. Aboriginal and Torres Strait Islander Health Report Card 2012-2013.
9. The Scottish Government. (2008). The Early Years Framework. Scottish Government: Edinburgh, p. 7.
10. Shonkoff, J. P., and Phillips, D. A. (Eds) (2000).
11. Center on the Developing Child (2007). The Science of Early Childhood Development (InBrief). Accessed: www.developingchild.harvard.edu.
12. CSDH (2008). 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. Geneva, World Health Organization, p. 50. Accessed 20/12/2015: http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf
13. Center on the Developing Child (2007).
14. Halpern R. Early intervention for low-income children and families. In: Shonkoff JP, Meisels SJ, eds. (2000). Handbook of early childhood intervention. 2nd ed. New York, NY: Cambridge University Press, pp 361-386.
15. Australian Medical Association. (2013) The Healthy Early Years – Getting the right start in life. Aboriginal and Torres Strait Islander Health Report Card 2012-2013. Brooks-Gunn, & Duncan, G. J. 1997. 'The Effects of Poverty on Children', Children and Poverty, Vol. 2. Summer/Fall 1997.
16. Melhuish E., & Barnes, J. 2012, 'Preschool programs for the general population' in Encyclopaedia on Early Childhood Development.
17. Landry, S.H. (2005) Effective Early Childhood Programs: Turning Knowledge Into Action. University of Texas:Houston, US. [Accessed: http://www.childrenslearninginstitute.org/Library/Publications/documents/Effective-Early_Childhood-Programs.pdf] See also: Leslie J. Calman, Linda Tarr-Whelan, Legal Momentum Organization : U.S. (2005) Early childhood education for all: a wise investment: recommendations arising from the Economic Impacts of Child Care and Early Education, Financing Solutions the Future a conference sponsored by Legal Momentum's Family Initiative and the MIT Workplace Center. Legal Momentum:US. [Accessed: <http://web.mit.edu/workplacecenter/docs/Full%20Report.pdf>] Reynolds, A. J.; Temple, J. A.; Robertson, D. L.; and Mann, E. A. "Age 21 Cost-Benefit Analysis of the Title I Chicago Child-Parent Centers." Educational Evaluation and Policy Analysis 24 (2002): 267-303. Carniero, P., and Heckman, J. "Human Capital Policy." National Bureau of Economic Research Working Paper 9495 (February 2003).
18. Heckman, J. (2000). The real question is how to use the available funds wisely. The best evidence supports the policy prescription: Invest in the Very Young. Ounce of Prevention Fund and the University of Chicago Harris School of Public Policy Studies: Chicago. In PriceWaterhouseCoopers (2014). Putting a value on early childhood, 12. Accessed: www.pwc.com.au/industry/government

19. OECD (2013). *Education at a Glance 2013: OECD Indicators*, OECD Publishing: Paris.
20. McCuaig, K. (2013). Early childhood development as economic development. Presentation to the 3rd Nordic Conference, Oslo, Norway November 11, 2013. Atkinson Centre, University of Toronto. Accessed 8/1/2016: http://www.oise.utoronto.ca/atkinson/UserFiles/File/Presentations/McCuaig_Nordic_Conference_.pdf
21. OECD (2015) *Starting Strong IV: Monitoring Quality in Early Childhood Education and Care*. OECD Publishing, Paris.
22. Silburn SR, Nutton G, Arney F, Moss B. (2011). *The First 5 Years: Starting Early*. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Darwin:
23. Northern Territory Government, 22.
24. Center on the Developing Child (2007).
25. European Commission/EACEA/Eurydice/Eurostat, 2014. *Key Data on Early Childhood Education and Care in Europe*. 2014 Edition. Eurydice and Eurostat Report. Luxembourg: Publications Office of the European Union.
26. McCuaig, K. (2013).
27. Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I, Taggart, B. *The Effective Pre-School Education [EPPE] Project: Final Report. A Longitudinal Study funded by the DfES 1997-2004*, 71.
28. CSDH (2008).
29. CSDH (2008).
30. Australian Medical Association. (2013).
31. Jeon, S, Kalb, G & Vu, H 2011, 'The dynamics of welfare participation among women who experienced teenage motherhood in Australia', *The Economic Record*, vol. 87, 235–51.
32. Commissioner for Children and Young People WA. (2014) *The State of Western Australia's Children and Young People – Edition Two*. Commissioner for Children and Young People: Subiaco, WA, 277.
33. <http://www.urbanchildinstitute.org/articles/editorials/how-adolescent-parenting-affects-children-families-and-communities>, accessed 4/12/2015.
34. Nienhuys, T, Boswell, J, McConnel, F. (1994). Middle ear measures as predictors of hearing loss in Australian Indigenous schoolchildren. *International Journal of Paediatric Otorhinolaryngology*; 30(1): 15-27.
35. Previously the Australian Early Development Index.
36. What is SEIFA? 2033.0.55.001 – Census of Population and housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011. Accessed: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup>.
37. Commonwealth of Australia (2014), *The Forrest review: creating parity*. Accessed 24/12/2015 <http://apo.org.au/node/40734>
38. Commonwealth of Australia (2016). *Australian Early Development Census National Report 2015*. Department of Education and Training, Canberra.
39. Commonwealth of Australia (2016). *Australian Early Development Census National Report 2015*. Department of Education and Training, Canberra.
40. Commonwealth of Australia (2016). *Australian Early Development Census National Report 2015*. Department of Education and Training, Canberra.
41. Brinkman, S.A, Gregory, T., Harris, J., Hart, B., Blackmore, S., & Janus, M. (2013) Associations between the early development instrument at age 5 and reading and numeracy skills at ages 8, 10 and 12: a prospective linked data study. *Child Indicators Research*: 6 (4): 695-708. DOI 10.1007/s12187-013-9189-3.
42. Knusden, E., Heckman, J., Cameron, J. and Shonkoff, P. (2006). 'Economic, neurobiological, and behavioural perspectives on building America's future workforce'. *Proceedings of the National Academy of Sciences of the United States of America*. July 5, Vol 103 (27):10155-62, 1.
43. Campo, M. (2015). *Children's exposure to domestic and family violence: key issues and responses*. Australian Institute of Family Studies, Child Family Community Australia.

References

- Australian Bureau of Statistics. (2013) 3238.0.55.001 – Estimates of Aboriginal and Torres Strait Islander Australians. Estimated resident Aboriginal and Torres Strait Islander and Non-Indigenous population, States and Territories, Single year of age, 30 June 2011. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.0.55.001June%202011?OpenDocument>
- Australian Bureau of Statistics (2015) 3101.0 – Australian Demographic Statistics. TABLE 57. Estimated Resident Population By Single Year of Age, Northern Territory. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Jun%202015?OpenDocument>
- Australian Government (2013). A Snapshot of Early Childhood Development in Australia 2012 –AEDI National Report. Australian Government, Canberra.
- Australian Institute of Health and Welfare (2015). Australia's mothers and babies 2013—in brief. Perinatal statistics series no. 31. Cat no. PER 72. Canberra: AIHW
- Australian Medical Association. (2013) The Healthy Early Years – Getting the right start in life. Aboriginal and Torres Strait Islander Health Report Card 2012-2013.
- Berlinski, S. Schady, N. (eds) (2015) The Early Years – Child Well-Being and the Role of Public Policy. Inter-American Development Bank. Palgrave Macmillan: New York.
- Binks M J, Cheng A C, Smith-Vaughan H, Sloots T, Nissen M, Whiley D, McDonnell J, Leach A J (2011), Viral-bacterial co-infection in Australian Indigenous children with acute otitis media. BMC Infectious Diseases; 11:161 DOI 10.1186/1471-2334-11-161.
- Brinkman, S.A, Gregory, T., Harris, J., Hart, B., Blackmore, S., and Janus, M. (2013) Associations between the early development instrument at age 5 and reading and numeracy skills at ages 8, 10 and 12: a prospective linked data study. Child Indicators Research: 6 (4): 695-708. DOI 10.1007/s12187-013-9189-3.
- Commissioner for Children and Young People WA. (2014) The State of Western Australia's Children and Young People – Edition Two. Commissioner for Children and Young People: Subiaco, WA.
- Campo, M. (2015). Children's exposure to domestic and family violence: key issues and responses. Australian Institute of Family Studies, Child Family Community Australia.
- Carniero, P. Heckman, J. Human Capital Policy. National Bureau of Economic Research Working Paper 9495 (February 2003).
- Center on the Developing Child (2007). The Impact of Early Adversity on Child Development (InBrief). www.developingchild.harvard.edu.
- Center on the Developing Child (2010). The Foundations of Lifelong Health (InBrief). www.developingchild.harvard.edu.
- Childcare Resource and Research Unit (2004). OECD Thematic Review of Canadian Early Childhood Education and Care: Highlights from the recommendations. Briefing Note, 25 October 2004. Childcare Resource and Research Unit, University of Toronto. http://childcarecanada.org/sites/default/files/BN_OECDhighlights.pdf
- Clark, E, & Metcalf, E. (2014). Ear, nose and throat health in early childhood. Community Paediatric Review. May 2014. Centre for Community Child Health publications: www.rch.org.au/ccch
- Commonwealth of Australia (2014), The Forrest review: creating parity. <http://apo.org.au/node/40734>
- CSDH (2008). 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. Geneva, World Health Organization. http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf
- European Commission/EACEA/Eurydice/Eurostat, 2014. Key Data on Early Childhood Education and Care in Europe. 2014 Edition. Eurydice and Eurostat Report. Luxembourg: Publications Office of the European Union.
- Eurydice (2009). Tackling social and cultural inequalities through early childhood education and care in Europe. Brussels: EACEA.
- House of Representatives Standing Committee on Aboriginal and Torres Strait Islanders Affairs. (2011). Doing Time- Time for Doing: Indigenous youth in the criminal justice system. Retrieved from: <http://www.aph.gov.au/house/committee/atsia/sentencing/report/fullreport.pdf>.
- Howard D (2005) Scoping project: Indigenous new apprentices' hearing impairment and its impact on their participation and retention in new apprenticeships. Darwin: Phoenix Consulting.

Jeon, S, Kalb, G & Vu, H 2011, 'The dynamics of welfare participation among women who experienced teenage motherhood in Australia', *The Economic Record*, vol. 87, pp. 235–51.

Knusden, E., Heckman, J., Cameron, J. and Shonkoff, P. (2006) 'Economic, neurobiological, and behavioural perspectives on building America's future workforce'. *Proceedings of the National Academy of Sciences of the United States of America*. July 5, Vol 103(27):10155-62.

Landry, S.H. (2005) *Effective Early Childhood Programs: Turning Knowledge Into Action*. University of Texas: Houston, US. http://www.childrenslearninginstitute.org/Library/Publications/documents/Effective-Early_Childhood-Programs.pdf

Li, L, Li, S.Q, Guthridge, S, and Hourigan, T, 2012, *From Infancy to Young Adulthood: Health status in the Northern Territory*, Darwin Northern Territory Government, Unpublished.

McCuaig, K. (2013) Early childhood development as economic development. Presentation to the 3rd Nordic Conference, Oslo, Norway November 11, 2013. Atkinson Centre, University of Toronto. http://www.oise.utoronto.ca/atkinson/UserFiles/File/Presentations/McCuaig_Nordic_Conference_.pdf

McCuaig, K, Bertrand J, Shanker, S (2012). *Trends in early education and child care*. Toronto, ON: Atkinson Centre for Society and Child Development, OISE/ University of Toronto.

Melhuish E., & Barnes, J. 2012, 'Preschool programs for the general population' in *Encyclopaedia on Early Childhood Development*.

NQA ITS (National Quality Agenda Information Technology System), Quality Education and Care Northern Territory, 31 December 2015, unpublished data extract.

OECD (2013). *Education at a Glance 2013: OECD Indicators*, OECD Publishing: Paris.

Pricewaterhouse Coopers. 2011. *A practical vision for early childhood education and care*. March 2011, Melbourne.

PriceWaterhouseCoopers (2014). *Putting a value on early childhood*, 12. Accessed: www.pwc.com.au/industry/government

Productivity Commission (2014). *Childcare and Early Childhood Learning*, Inquiry Report No. 73, Canberra.

Nienhuys T, Boswell J, McConnel F (1994) Middle ear measures as predictors of hearing loss in Australian Indigenous schoolchildren. *International Journal of Paediatric Otorhinolaryngology*; 30(1): 15-27.

Raising Children Network. http://raisingchildren.net.au/articles/talking_with_babies_toddlers.html

Scottish Government. (2008). *The Early Years Framework*. Scottish Government: Edinburgh.

Shonkoff, J. P., and Phillips, D. A. (Eds) (2000) *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Washington DC: National Academy Press.

Shonkoff JP, Meisels SJ, eds. (2000). *Handbook of early childhood intervention*. 2nd ed. New York, NY: Cambridge University Press.

Silburn SR, Nutton G, Arney F, Moss B, 2011. *The First 5 Years: Starting Early*. Topical paper commissioned for the public consultations on the Northern Territory Early Childhood Plan. Northern Territory Government: Darwin.

Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I, Taggart, B. *The Effective Pre-School Education [EPPE] Project: Final Report. A Longitudinal Study funded by the DfES 1997-2004*. <http://eprints.ioe.ac.uk/5309/1/sylva2004EPPEfinal.pdf>

Urban Child Institute. <http://www.urbanchildinstitute.org/articles/editorials/how-adolescent-parenting-affects-children-families-and-communities>

Warren, D, Haisken-DeNew, J.P. (2013). *Early Bird Catches the Worm: The Causal Impact of Pre-school Participation and Teacher Qualifications in Year 3 NAPLAN Cognitive Tests*, Melbourne Institute, University of Melbourne.

Wise, S. 2001, *Creating child-friendly communities: a strategy to reclaim children from risk*. *Australian Journal of Social Issues*, 36 (2). 153.

education.nt.gov.au