Regional Public Health
HAUORA Ā IWI KI TE ŪPOKO O TE IKA A MĀUI
Better health for the greater Wellington region

15 March 2019

Early Learning Strategic Plan Feedback
Ministry of Education
P.O. Box 166
WELLINGTON

Tēnā koe

Re: Draft Strategic Plan for Early Learning 2019-29

Thank you for the opportunity to provide a written feedback on this consultation document. Regional Public Health (RPH) are encouraged by the potential the draft plan brings for the opportunity to include health as part of learning outcomes for tamariki.

RPH delivers population and personal health services in the greater Wellington region. Our geographical area of service delivery spans Hutt Valley, Capital & Coast and Wairarapa DHBs. We deliver a range of population and personal health services, aiming to improve the health of communities throughout the greater Wellington region. In particular we focus on achieving equitable health outcomes for Māori, Pacific peoples, tamariki and young people, low income whānau and other people groups facing complex challenges.

Our work programme with early learning services ('services'), known as *'Healthy ECC'*, has advanced over the years through experience and feedback from our key stakeholders: services, provider organisations, private operators and the Ministry of Education (MoE). Our programme vision is that:

> *Every early childhood centre has an environment that supports the health and wellbeing of centre staff, tamariki and whānau.*

RPH provides health reports to our region's MoE senior advisors for licensing new and under-performing services. We also support services to manage outbreaks of infectious disease, develop rigorous health and safety polices, and design advice to create environments that support health and wellbeing. Additionally we provide *'Nurturing Mind and Body Wellbeing Seminars'* for teaching staff. Our programme recognises that:

> *…the preconception period and first 1000 days of life lay the foundations for life-long health and wellbeing for all people.*[1]

We work holistically to advocate for positive physical, social and spiritual environments for children in services.

[1] New Zealand College of Public Health Medicine Policy Statement: The First 1000 Days of Life, November 2017
https://www.nzcphm.org.nz/media/64578/2017_11_15_nzcphm_first_1000_days_of_life__reviewed_2017_.pdf

A Covenant for our Nations Children,[2] developed by Judge Carolyn Henwood of the *Henwood Trust,* assigns the responsibility to the people of Aotearoa for all tamariki, whoever they are and wherever they may be. Support for their emotional, social, physical and mental wellbeing will be given; education that acknowledges their individual needs and maximises their potential will be provided. We as health professionals take on that responsibility, and provide advocacy for our tamariki as they are one of the most vulnerable groups in our society.

Through long term effective, trusting relationships with both our regional MoE senior advisors and service providers in our region we are able to influence decision making and encourage safe, healthy environments; ensuring tamariki are engaging confidently in experiences, developing their self-worth, and identity.[3]

The following feedback to the draft strategic plan provides our public health perspective and experiences in the variable quality of service environments across our region. Our focus is on the goals relating to healthy environments and those impacting the health and wellbeing of tamariki and teachers.

We welcome the opportunity to collaborate further with the future strategic direction of this plan. For additional advice or clarification on any of the points raised in our written feedback please contact us.

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Nāku noa, nā

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[2] Henwood Trust, *A Covenant for our Nations Children*, http://www.henwoodtrust.org.nz/ and http://www.henwoodtrust.org.nz/wp-content/uploads/2016/08/ACovenantForOurNationsChildren_en.pdf
[3] Te Whāriki – Early childhood curriculum, P.6. https://tewhariki.tki.org.nz/assets/Uploads/files/Te-Whariki-Early-Childhood-Curriculum.pdf#page=24

Te Tiriti o Waitangi

In terms of public health, there is an aim to improve the health of the whole Māori community. It is driven by the *'right to good health'* that also takes into account the disproportionate health needs of Māori. This right to good health, as stated by *Te Tiriti o Waitangi* and legal expert Moana Jackson, acknowledged that Māori do not just have specific health needs but more fundamentally a right to be healthy.[4]

By meeting our obligations as a Crown agency under *Te Tiriti o Waitangi* we can operate as an active partner in supporting a fundamental Māori right to good health through a practice of equality and social equity. For clarity, *Te Tiriti o Waitangi* is an agreement between the Hapū (Iwi) and the representatives of the Crown and does not subscribe to multicultural realities or inclusivity of migrant children as stated several times through the plan. There is a clear omission of culturally responsive focus throughout the plan which does not support the obligations that the Crown must uphold.

Goal 1: Quality is raised for children by improving regulated standards

1.1 Regulating new adult:child ratios for infants and toddlers

We **agree** the current minimum ratios are unfavourable and that the regulated 'activity space' compares poorly internationally.

We **support** the proposed increase ratios of 1:4 under two year olds and 1:5 for two year olds. This will have a positive impact on tamariki and teacher health and wellbeing as well as learning outcomes.

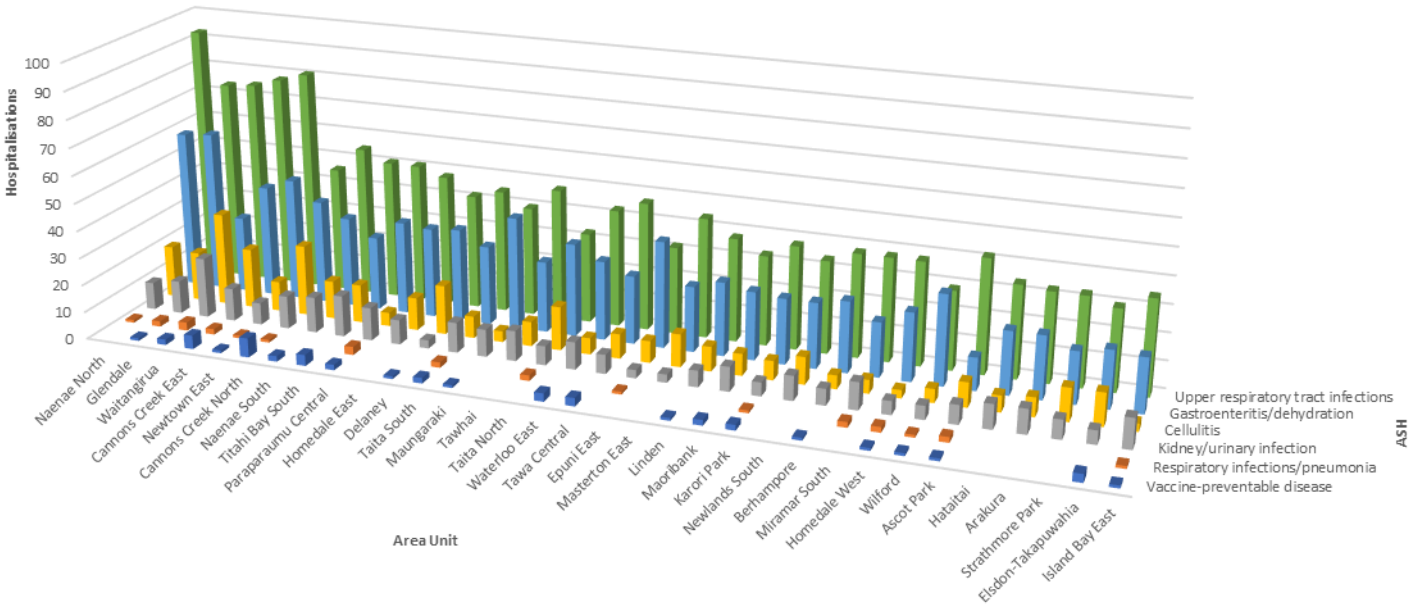
> *Optimising the first 1000 days for each New Zealand child means focussing on a healthy mother, a healthy pregnancy, and a healthy early childhood. Positive early childhood conditions, especially loving, responsive and secure relationships with parents/caregivers and whānau, lay the foundations for optimal development and lifelong health and wellbeing.*[5]
>
> *Adverse early environments increase the risk of health and developmental problems over the short and long-term.*[6]

[4] Regional Public Health, Māori Strategic Plan 2014-2017, 2014.
[5] Moore T, Arefadib N, Deery A, Keyes M, West S. The First Thousand Days: An Evidence Paper – Summary. Victoria, Australia: Centre for Community Child Health, Murdoch Children's Research Institute, 2017. (http://apo.org.au/system/files/108431/apo-nid108431-436656.pdf); Shonkoff JP, Garner AS, Siegel BS, Dobbins MI, Earls MF, Garner AS, McGuinn L, Pascoe J, Wood DL. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. Pediatrics 2012;129(1):e232-e46. (http://pediatrics.aappublications.org/content/pediatrics/129/1/e232.full.pdf); Kvalsvig A. Better health for the new generation: Getting it right from the start. In: Simpson J, Oben G, Craig E, Adams J, Wicken A, Duncanson M, et al., eds. The Determinants of Health for Children and Young People in New Zealand. Dunedin: NZ Child & Youth Epidemiology Service, University of Otago; 2016. (https://www.sialliance.health.nz/UserFiles/SouthIslandAlliance/File/PDFs/Determinants%20of%20Health%2020 14/6/2014%20Determinants%20of%20Health%20Indepth%20- %20Getting%20it%20right%20from%20the%20start.pdf)
[6] Ibid Moore T et al. Garner AS, Shonkoff JP, Siegel BS, Dobbins MI, Earls MF, Garner AS, McGuinn L, Pascoe J, Wood DL. Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health. Pediatrics 2012;129(1):e224-e31. (http://pediatrics.aappublications.org/content/pediatrics/129/1/e224.full.pdf)

We believe current infant and toddler ratios play a role in the number of tamariki impacted by infectious illnesses. A large proportion of our work supports services during illness outbreaks so as to minimise the spread of infectious illness on their service, whānau and wider community. Tamariki, especially those under the age of two, are at greater risk of being effected by illness as their immune systems are still developing, their personal hygiene habits are still evolving and they maybe too young to be vaccinated against some diseases.

In the under-two year old environment, current ratios make it difficult for teachers to consistently put recommended public health measures in place that help minimise the spread of illness. This has resulted in prolonged outbreaks and larger numbers of tamariki, teachers and whānau becoming unwell.[7] Our analysis of Ambulatory Sensitive (avoidable) Hospital admissions (ASH)[8] across the greater Wellington region for under two year olds confirms that infectious diseases account for just over 80 per cent of all hospitalisations. The more deprived neighbourhoods experience higher levels of serious infectious disease (Figure 1).

Figure 1 - ASH under 2yrs - July 2009 - Dec 2018 for Greater Wellington Region - Top 30 Area Units



Tamariki are not the only ones affected by the current ratios. In 2015, we identified high levels of teacher sickness, anxiety and burnout levels. Many teachers stating that adult:child ratios, limited sick leave and poor working environments being contributing factors.

In response to these concerns, we developed and co-ordinated a full day *'Nurturing Mind and Body Wellbeing Seminar'* focussed on teacher wellbeing. Using the Mental Health Foundation's *'5 ways to wellbeing'*[9] as a framework to provide knowledge, tools, and resources to support teachers to make

[7] http://www.rph.org.nz/public-health-topics/early-childhood-centres/
[8] Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.
[9] https://www.mentalhealth.org.nz/home/our-work/category/42/five-ways-to-wellbeing-at-work-toolkit

informed decisions about their self-care and wellbeing, and in turn helping them to be positive role models for the tamariki in their care.

Several services attend these seminars as a team and provided feedback that not only have they made personal changes for their wellbeing but it has a huge impact on them as a team; they are more aware of supporting each other to take breaks, stay home when they are sick, use non-contact time and share their wellbeing knowledge with the tamariki.

Research shows that higher numbers of staff to children aged three to five years is associated with important learning outcomes including[10]:

- more extensive language skills through increased opportunities for conversations with adults
- increased literacy skills
- improved general knowledge
- more cooperative and positive behaviour with peers and adults
- better concentration and attention skills.

1.4 Developing advice on group size, the design of physical environments, and environmental factors

We **strongly support** the proposal for regulatory change around group size, design, physical environments and environmental factors. We also **support** the formation of a working group to develop best practice recommendations and update regulations in the *Licensing Criteria for Early Childhood Education and Care Services 2008*. We would like to be considered as a working group member as we believe we bring a wealth of information to the table.

Te Whāriki – Strand 1, Mana Atua states that:

> *All children have the right to have their health and wellbeing promoted and to be protected from harm.*[11]

To accomplish *'Strand 1'* a service needs to be supported with a healthy environment where the design provides effective ventilation, minimises noise, and has bathrooms, handwashing and nappy changes suitable for the age and stages of tamariki. There has to be policies and procedures that support and focus on maintaining the health of the environment.

Design of service environments plays a vital role in keeping a service healthy. A well designed centre will reduce the impact an illness can have on staff, whānau and tamariki. Services are now, more than ever, their own communities. As parents work longer hours, our tamariki are spending longer in the service environment. A fit for purpose environment supports tamariki health and wellbeing, and by extension their whānau.

[10] Early Childhood Australia, Evidence Brief on Staff to Child Ratios and Educator Qualification Requirements of the National Quality Framework, 2013.
[11] Te Whāriki – Early childhood curriculum, P.26. https://tewhariki.tki.org.nz/assets/Uploads/files/Te-Whariki-Early-Childhood-Curriculum.pdf#page=24

In our experience the licensing criteria regulations are frequently interpreted and used by service owners to achieve the minimum standards of the criteria and do not motivate service owners to strive for best practice. We regularly see:

- during the design process, some service owners fail to consider the location of the service and complexities of the demographic population they are serving, often adding to health and learning challenges experienced by tamariki (e.g. noise and environmental contamination from placement in industrial areas)
- design features that are practical for the age and developmental stages of tamariki are missed
- teacher health and safety has not been considered (e.g. there is no dedicated space for teachers to have non-contact time)
- poor consideration given to the layout and design of bathroom and nappy change areas
- premises with poor ventilation, excessive noise levels, surfaces that cannot be effectively cleaned or maintained and a lack of appropriate privacy measures

Internationally, New Zealand sits near the bottom of the developed world in children's health and safety.[12] Adverse early childhood environments are common and rates of potentially preventable conditions are high; large inequities in children's health persist.[13]

In our region, with the support of the MoE senior advisors, we no longer accept minimum standards in new services, we use our knowledge of the suburb/community along with illness statistics to help inform our recommendations for services to meet licensing requirements. It is vital that services create healthy environments that reduce and minimise the risk of the spread of infection, especially for vulnerable populations. When completing health report visits we consider the service as a community, our recommendations take into account the service location and demographic of the neighbourhood, alongside the design and physical environment for both tamariki and staff.

An area identified as missing, in the development of new services, is the role local councils play. We often see services opening in unsuitable industrial locations, and consent restrictions put on services in residential areas that we find detrimental to health and learning due to environmental issues such as noise, traffic, poor air quality. We **recommend** the development of a practice that includes collaboration between councils, MoE senior advisors and public health units at the very beginning of the set up process. By working together and having an understanding around consent and regulation requirements, alongside environmental health design best practice, the process of licensing a new service would be better supported and productive high quality, healthy learning environments.

[12] UNICEF Office of Research. Building the Future: Children and the Sustainable Development Goals in Rich Countries - Innocenti Report Card 14. Florence: UNICEF Office of Research - Innocenti 2017. (https://www.unicef.gr/uploads/filemanager/PDF/2017/Building-the-Future_Children-and-the-SustainableDevelopment-Goals-in-Rich-Countries.pdf)

[13] Simpson J, Oben G, Craig E, Adams J, Wicken A, Duncanson M, Reddington A. The Determinants of Health for Children and Young People in New Zealand 2014. Dunedin: New Zealand Child and Youth Epidemiology Service, University of Otago, 2016. (https://ourarchive.otago.ac.nz/bitstream/handle/10523/6383/2014%20Determinants%20of%20Children%20and%20Young%20Peoples%20Health%20in%20NZ_FINAL_20160418.pdf?sequence=1&isAllowed=y)

1.6 Preventing low quality service providers from opening additional services

Unfortunately, we have worked with several service providers with poor provision records, purchasing run down services/buildings and making the absolute minimum level of modifications to meet licensing criteria. As a result of our experiences, we **strongly support** the proposed requirement that service providers with existing services apply for 'authorisation to expand'. We **recommend** including ERO reviews and a restriction on the number of probationary licences a service provider can have at any one time. We believe that a provision to include public health advice regarding the service environment and location would reduce the number of poor quality services operating.

1.7 Increasing monitoring of services

We **strongly support** the development of a rigorous monitoring programme including unannounced visits by MoE and ERO. Again we **recommend** that public health is included in this monitoring programme.

> *In the first 1000 days of a tamariki life there is a rapid and crucial period of brain and organ development that is heavily influenced by the environment through many different pathways. Physical and social environments are both important and are often inter-related.*[14] [15]

Our region has over 600 services that we support with licensing health reports and reactive illness management; this differs with work undertaken by health protection officers who focus on communicable disease outbreaks. We **recommend** increased provision of public health resource to sufficiently meet the demand for high quality monitoring of early learning services.

Currently, public health units have no regulatory requirement for implementing a formal visiting programme. In our experience the lack of such a rigorous monitoring framework has resulted in services neglecting their premises and adopting poor health and safety practices, increasing the risk and impact of illness in those services and their communities.

We also support MoE by completing 'special' health report visits on request. These services are generally under-performing academically, have little or no governance structure and there are concerns about the physical environment. During visits to these services we have found physical environments neglected and low teachers' morale. In almost all instances we were personally shocked by the poor condition of the service environment and upset that tamariki were in attendance. Services that require 'special' health report visits are generally in areas of high deprivation and often children attending these services are amongst the most vulnerable.

[14] Expert Advisory Group on Solutions to Child Poverty. Solutions to Child Poverty in New Zealand. Evidence for Action. Wellington: Office of the Children's Commissioner, 2012. (http://www.occ.org.nz/assets/Uploads/EAG/Final-report/Final-report-Solutions-to-child-poverty-evidence-foraction.pdf).
[15] Public Health Advisory Committee. The Best Start in Life: Achieving Effective Action on Child Health and Wellbeing. Wellington: Ministry of Health; 2010. (http://www.cpag.org.nz/assets/the-best-start-in-life-2010.pdf)

The photos below show a sample of what we have observed at these services. The environments do not meet premises or health and safety regulation criteria. Staff at these services often have little understanding of how the physical environment impacts the health of their tamariki, their teachers and increases the risk of spreading illness.

Worn wall behind tapes and cleaning means it cannot be effectively cleaned. Cleaning products are within children's reach.

Washing machine for the service was under the building and dangerous for teachers to access.

Laundry was in the kitchen right next to the stove top and workbench was being used to place washing and prepare food.

Paint was chipped right down to gib-board and plaster in the children's play space. Risk from paint chips as well as the surface not being able to be effectively cleaned.

Poorly designed bathroom, high risk of cross infection, no toilet that provides a sense of privacy.

Chipped paint at child height in the outside play space.

Mould growth on service window, chipped paint and dirt build up.

Incorrect storage of sleep mattress and linen, high risk of cross contamination.

We **recommend** the provision of proactive health monitoring, alongside MoE and ERO, to assess service environment and the impact of illness in tamariki and teachers in services. This would minimise absenteeism and be an influential role in education outcomes and achievement. A healthy service, healthy tamariki and teachers support the provision of high quality responsive teaching practice and supports tamariki to be actively engaging in all learning opportunities.

Goal 2: Every child is empowered through timely access to the resources they need to thrive

2.1 Ensuring equity funding supports children who need it

2.2 Co-constructing progress tools to support children's learning and wellbeing

2.3 Expanding the number of early learning services that facilitate wrap-around social services to support children and their whānau

A recommendation from the NZCPHM *First 1000 Days of Life Policy* states:

> *Lead, develop and implement a comprehensive and cohesive cross-agency plan for early childhood development based on principles from UN Convention on the Rights of the Child, Te Tiriti o Waitangi, and the Ottawa Charter for Health Promotion.*[16]

We also note both the relevance of the following covenant and declaration to this submission: *Covenant for our Nations Children*[17] and the *United Nations Declaration on the Right of Indigenous Peoples* with particular reference to *Article 14 and 15.*[18]

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[16] Turner N. The challenge of improving immunization coverage: the New Zealand example. Expert Rev Vaccines 2012;11(1):9-11.
[17] A Covenant for our Nations Children, http://www.henwoodtrust.org.nz/research-publications/a-covenant-for-our-nations-children
[18] *United Nations Declaration on the Right of Indigenous Peoples:* https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Article 14

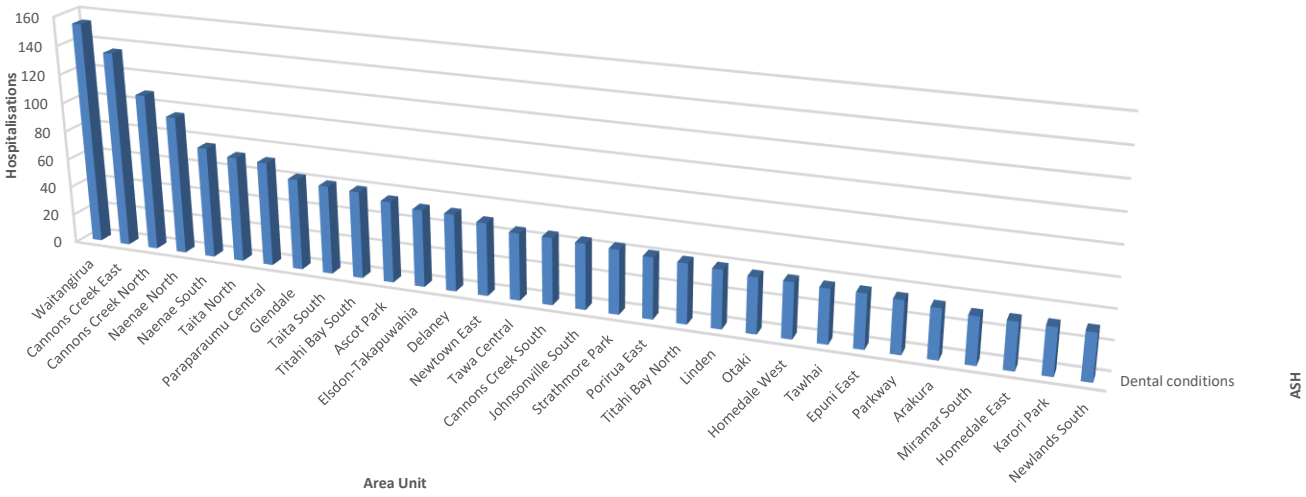
1. Indigenous peoples have the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning.
2. Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination.
3. States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language.

Article 15

1. Indigenous peoples have the right to the dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in education and public information.
2. States shall take effective measures, in consultation and cooperation with the indigenous peoples concerned, to combat prejudice and eliminate discrimination and to promote tolerance, understanding and good relations among indigenous peoples and all other segments of society.

According to the 2013 census there were 31,518, 0-4 year old tamariki in the greater Wellington region. Māori children comprised of 6,780 while Pacific children were 4,305 (Statistics New Zealand, 12 March 2019). Inequitable health outcomes for these ethnic groups continue to be of concern. In particular, there are high Ambulatory Sensitive Hospital (ASH) admission rates for gastroenteritis, skin, dental and respiratory conditions. It is noted that tamariki who are provided with early interventions tailored to their individual needs have improved health and learning outcomes. [19] The greater the risk/need the more thorough the measures need to be.

Figure 2 - ASH under 2-4yrs - July 2009 - Dec 2018 for Greater Wellington Region - Top 30 Area Units



We **strongly support** goals 2.1, 2.2, 2.3 to gain equity in early learning services, wrap around social services and funding measures to increase health and learning outcomes comparable with the level of risk and need for tamariki. Within our region the services located in the Wairarapa, with a MoE equity index rating of 1-2, are provided with wrap-around support from a public health nurse (PHN).

[19] Ministry of Education, Early Intervention Services
http://www.education.govt.nz/early-childhood/teaching-and-learning/learning-tools-and-resources/early-intervention/

Our PHN has developed strong, trusting relationships with these services and their whānau by regularly visiting the centres in person. The value of *kanohi ki te kanohi* means staff and whānau who are unsure what to do when facing health problems can talk openly with the PHN and access the support they need.

The PHN uses a public health lens over their work in services and is often the conduit between the service, their community and various agencies to support and manage the complex needs of tamariki. The services provided by our PHN include development of plan of care, navigating the health system and other social services, and advocating for the rights of the tamariki. Examples of the health needs our PHN supports include: skin infections, hygiene issues, poor standards of nutrition which are reflected in Figure 2, social and behavioural concerns, and vision and hearing issues. Many whānau the PHN works with are facing multiple and complex challenges that impact on the learning and wellbeing of their tamariki. The PHN offers health education and promotion to children, whānau and staff, therefore building supportive learning environments and developing healthy personal skills.

An example of the impact that PHN visit can make:

> *A tamaiti was reluctant to eat their lunch and was referred to the PHN for a health assessment. The PHN identified a potential dental abscess and poor oral health. She liaised closely with the whānau, for those with English was a second language, and the Wairarapa Oral Health Service. The tamaiti and their whānau were supported by the PHN through multiple dental extractions and fillings. Information was able to be provided to the whānau in a format that was understandable for them.*

This demonstrates the value of a PHN involvement in early learning services and the gains made by PHN interventions to address health concern which pose a risk to a child's ability to learn and thrive.

The PHN is a valued resource for supporting the transition from early learning services to primary schools for tamariki and the whānau. The PHN can support the service to make sure the tamariki are school ready; meaning they are toilet trained, that health plans are in place for conditions such as anaphylaxis and are forwarded to the school, and that school staff are aware of any additional health needs that may need to be met.

Services in the Wairarapa speak highly of the work our PHN does in their service and community. The PHNs are a true investment for the tamariki and whānau of this community and we know PHN services in the wider greater Wellington region would benefit so many more.

Goal 3: Investment in our workforce supports excellence in teaching and learning

3.1 Improving the consistency and levels of teacher salaries and conditions across the early learning sector

3.2 Initial teacher education

3.3 Improving professional learning and development

We **agree** with the recommendations in Goals 3.1, 3.2 and 3.3. As discussed under goal 1.4, teacher conditions in services are variable. We know from conversations with teachers that a combination of the current ratios alongside poorly designed premises (some services having one office space for administration, teacher non-contact time, and staff room) contribute to teacher stress and illness.

Initial teacher education and professional learning and development can be strengthened in several areas. We **recommend** all early childhood teacher training courses include a health and wellbeing focused paper alongside placement opportunities with public health units being made available to trainee teachers as part of the degree.

Previously we provided a half day training for early learning teachers in their third year of study at *Victoria University of Wellington*. The training focused on best practice to support teachers to reduce the incidence and impact of illness in their future services and their wider community. Topics included infectious disease, immunisation, illness management, vision and hearing information as well as how to keep a service healthy. Over the following years the allotted time for the sessions decreased and then we were no longer requested to provide the training.

Since this time we have continued to provide professional development to services on health and illness using a variety of methods, including:

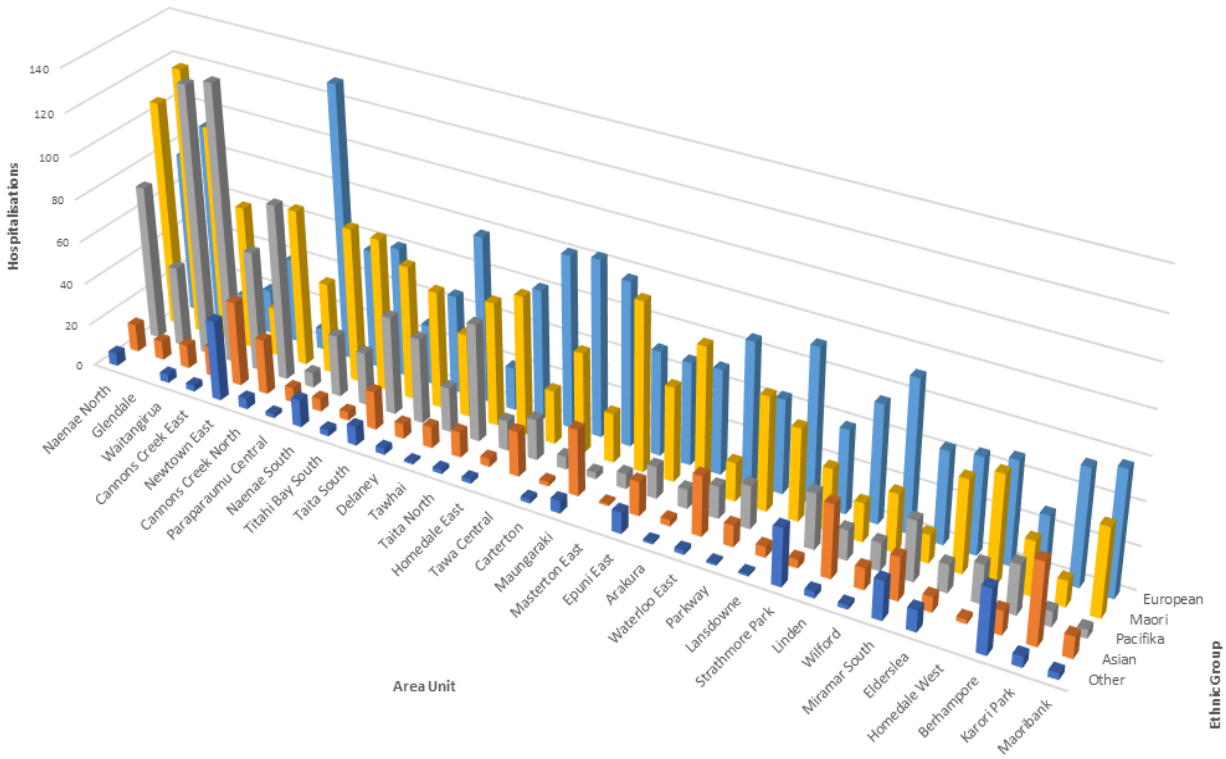
- meetings, evening workshops in services for teachers and whānau,
- half day workshop based at the hospital,
- one on one with service managers,
- meetings with regional managers,
- phone calls,
- fact sheets on infectious illness available on RPH website.

Even with this training and support in place, reactive work generated by illness and outbreaks continues to take a significant amount of our time. We identified the information provided through these methods was often not shared with all service staff and is easily forgotten, resulting in poor practices and ongoing illness and outbreaks continuing for months.

We continually review and evaluate our work programme and make improvements in areas that are not effective. It was clear that services needed another method to access illness information and support and as a result, five years ago, we developed the 'healthyecc.org.nz' website as a hub for services to find illness information and support easily. The website contains information on how to keep a service healthy, updates on current illnesses, infections causing hospitalisations see Figure 3 and regularly updated infectious illness factsheets. These fact sheets outline the responsibilities of services as well as parent responsibilities. Google analytic tracking results from our website show our pages have high traffic rates every month. However, more work needs to be done to support teachers' understanding of health promotion and protection in services. Trainee and current

teachers need to be supported to understand the role that a healthy service environment and the effective management of illness plays in preventing the spread of illness within the service and wider community.

Figure 3 - ASH infections under 5yrs - July 2009 - Dec 2018 for Greater Wellington Region - Top 30 Area Units



Teacher mental wellbeing and stress management are major concerns in services and should be included in a health and wellbeing paper. As mentioned under Goal 1.1, four years ago we developed a *'Nurturing Mind and Wellbeing Seminar'* that over 300 teachers have attended with evaluations showing how highly valued the seminars are with 100% of participants stating they would recommend the seminar to other teachers.

The inclusion of a health paper in the three year degree for early learning teachers would add valuable knowledge to their kete.

Goal 4: Planning ensures that provision is valued, sufficient and diverse

The goal states that success looks like *"Network planning ensures sufficient, valued, and diverse provision of high quality early learning services across all communities".* However, an omission within this plan, is the lack of a goal for the MoE to co-design an appropriate funding model with Pacific language centres/Aoga Amata. In our experience across our region, several of these services have required 'special health reports' with strong evidence that lack of governance and maintenance have been key factors in the cancelling of operating licences.

Our observations of Pacific language centres/Aoga Amata are that the challenge of bridging values, culture, language and learning gap with a 'Westernised' monetary/business model is largely at odds with their approach i.e. it is not about money-making.

Some Pacific language nests/Aoga Amata across our region have required a 'special' health report for MoE for the reason outlined in Goal 1.7. These services then invested money and time to improve their physical environment to meet the health requirements outlined in the health report. However their licence was still cancelled due to non-compliance in areas such as curriculum and governance. Early monitoring as outlined in Goal 1.7 which is inclusive of curriculum, governance and environmental health, especially for services providing specific valuable cultural experiences for our vulnerable communities, would prevent these services getting into such poor condition and cancelled licences.

4.1 Introducing a process to determine whether a new early learning service is needed

As highlighted in Goal 1.4, the development of a practice that includes collaboration between local Councils, MoE senior advisors and public health units would be beneficial for all organisations.

4.2 Providing governance and management support for community-owned services

We **support** the proposed development of new models of support to assist effective governance and management in community owned services. As discussed under Goal 1.7, governance and management play a key role in the upkeep and maintenance of the physical environment of a service. There are many community services that are not the primary business for providers/owners, and their understanding regarding their responsibility (governance) for maintaining the services facilities and premises is lacking, leading to run down premises and increased spread of illness.

4.4 The Ministry co-designing an appropriate funding model with Te Kōhanga Reo National Trust

We **support** the recommendation that MoE co-design an appropriate funding model with Te Kōhanga Reo National Trust and recommend that this design process should be guided by the findings of the Waitangi Tribunal claim WAI2336.

4.6 Consider setting up state-owned early learning services with an associated research programme

We **support** the proposed research programme in a state-owned service and would strongly recommend that tamariki and teacher health, wellbeing and illness be included in this research.

Goal 5: The early learning system continues to innovate, learn and improve

5.3 Support robust internal evaluation to ensure ongoing improvement

As outlined in Goal 1.7 we **strongly agree** a rigorous monitoring programme including unannounced visits by MoE and ERO is developed. We also **recommend** public health is included in this monitoring programme, to strengthen and support services with their internal evaluation with a lens on *Strand 1 Mana Atua* of Te Whāriki.[20]

Which recommendations will make the biggest difference?

All of the proposed Goals will make a difference to the experiences our tamariki gain from early learning services throughout New Zealand. From a health perspective, Goals 1, 2 and 3 will provide the greatest benefits for the health and wellbeing of our tamariki, teachers and whānau.

The implementation of our recommendations will result in service owners and teachers gaining robust health knowledge, alongside regulatory criteria that requires best practice across teaching ratios, service design/physical environments, and health procedures. The outcome will be high quality early learning experiences for all.

Is there anything missing?

As outlined throughout our feedback, the major element missing is the vital role health (environmental and physical) plays in early learning services.

[20] Te Whāriki – Early childhood curriculum, P.26-30. https://tewhariki.tki.org.nz/assets/Uploads/files/Te-Whariki-Early-Childhood-Curriculum.pdf#page=24