

The First 1000 Days: A Catalyst to Maximise Protective Factors in Aboriginal and Torres Strait Islander Families

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#First1000DaysOz



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- Importance of brain growth and development for healthy ageing
- Understanding policy drivers and decisions made by at-risk populations: S&RH
- Charing NATSIHEC – Abecedarian project
- Expanding view of an international nutritional intervention for Australian contexts
- Increase in young women represented in prison populations
- Invisibility of Aboriginal and Torres Strait Islander men and fathers in policy, interventions, science

First 1000 Days: A Key to Health and Longevity

- Childhood brain development can predict Adult health and Ageing: Mothers, parents, teachers, peers – work with genes to **GROW** children's minds and brains
- Adverse childhood events – stress, trauma, absent parenting etc. **impact on neurodevelopment causing defects in neural structure and function** – i.e. Attention, SEWB, Learning deficits and PTSD
- **Childhood neural defects** – plus added **social and educational disadvantage** – determine poor adult health outcomes and accelerate dementia onset in older Aboriginal survivors (65+)

Challenges for the First 1000 Days Work

- Addressing brain growth in vulnerable families:
 - Identify and embed measurable outcomes of First 1000 Days proposal across sectors and regions.
 - Address issues of vulnerability in pre-conception.
 - Address issues of criminality through relationship and family strengthening activities.
 - Create a workforce that covers from conception to age 2.
 - Tackle ELS (separation, poverty, childhood stress).
 - Intensively treat children with existing structural/functional brain deficits.
 - Provide up-market early education, health services, schooling and jobs.
 - Ensure institutional responses are appropriate.

Functions of the First 1000 Days Group

- **Transitional interventions** within and between services, between institutions and outreach
- **Create scientific evidence** to use in strategies to support vulnerable parents
- **Design, implement and evaluate** pre conception, early childhood and parental support **interventions**
- Implement **knowledge exchange** strategies
- **Evaluate** new initiatives and service innovations under the banner of the First 1000 Days

Functions of the First 1000 Days Group

- **Workforce development** – re-orientate toward the First 1000 Days
- **Develop curriculum** – short course, graduate certificate, Masters Degrees
- Focus on **life span** approaches in regions
- Engage, convene, support **develop capacity of partners, end users** and scale as appropriate
- **Seed monies for First 1000 Days** initiatives with hospitals, State and Commonwealth departments and Industry partners

Overview of Presentation

- Development of National Aboriginal and Torres Strait Islander Health Strategy emphasis on Early Childhood.
- Focus on the First 1000 Days: Scientific Symposium Outcomes.
- Optimising health and equity outcomes for parents and children.
- Protective factors in families.
- Core service requirements in regions.
- Service level integration: benefits from across the country.
- Shaping evidence, policy and resourcing environments.



First 1000 Days: A Catalysing environment for Aboriginal and Torres Strait Islander children

January 2014: Abbot Government set a target of bridging the gap in school attendance between Indigenous and non-Indigenous children within 5 years, by employing truancy officers in communities.

What about children who can't attend school full-time because of behavioural or developmental reasons?

Change the agenda: from one of school preparation to one that addresses developmental delays early so children are better prepared for school.

Overcoming Fragmentation

- Overcome fragmentation of local health, education, welfare, justice and other social services.
- Ensure services are under Aboriginal and Torres Strait Islander leadership.
- Need evidence to underpin programs focusing on early brain development AND social and community environments on children's development.
- Coordinate interventions that properly engage parents and vulnerable children with interrelated issues — maternal mental health, parental incarceration, racism and familial stress.
- Engage child protection and welfare systems.

Need New 'Equity Building' Frameworks

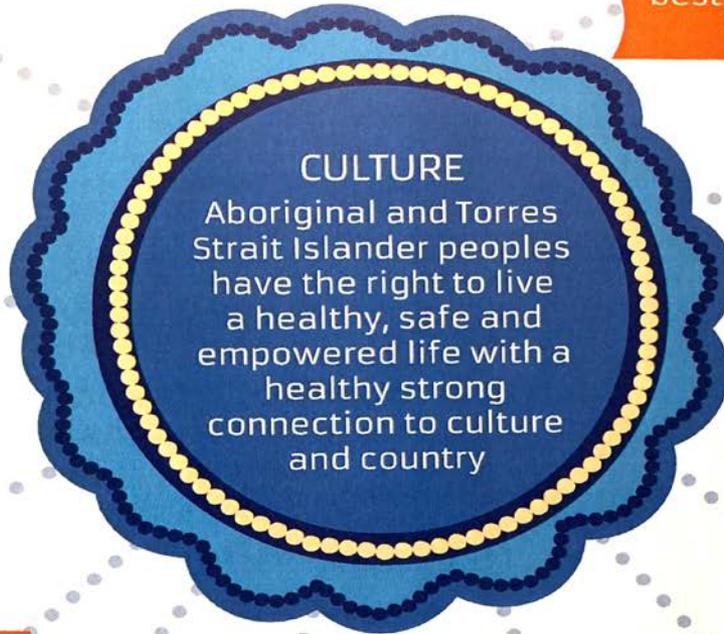
Promote multi-agency strategies that engage families to focus on the early period of child development, from conception to age 2 years.

- **Adolescents** — through healthy behaviour modification, delaying pregnancy and parenting education;
- **Women of reproductive age** — with preconception care, good nutrition, healthy lifestyle education and strategies to reduce gestational diabetes;
- **Neonates** — through promoting breastfeeding, good nutrition, and family support and preservation; and
- **Infants and Children** — with good nutrition, family support and appropriate learning and stimulation.

The First 1000 Days

- An enabling environment to support family and community responses to enhance growth and development.
 - Support inherent strengths and resilience in communities by bringing together disparate programs — home nursing, child protection and fathering support — with evidence-based very early learning programs.
 - Need to respond to the full impact of social determinants, improve access to comprehensive services and link those in need with local, Indigenous-led services. Only then will we be truly catalysing equity for our children and addressing one of the most critical issues of our time.

NATSIHP 2013 – 2023



continually striving to improve accessibility, appropriateness and impact

a robust, strong, vibrant and effective community controlled health sector

based on the best possible evidence

free of racism and inequality

supported by housing, education, employment and other programs focused on eliminating the causes of health inequality

individuals and communities actively engage in decision making and control

social and emotional wellbeing as a central platform for prevention and clinical care

older people are able to live out their lives as active, healthy, culturally secure and comfortable as possible

mothers and babies get the best possible care and support for a good start to life

growth and development of children lays the basis for long, healthy lives

youth get the services and support they need to thrive and grow into healthy young adults

adults have the health care, support and resources to manage their health and have long, productive lives

Culturally Protective Factors

“What are the cultural determinants of health during First 1000 Days?”

What are CPF?

- Maternal education
- Positive fathers
- Functional Kinship systems
- Stimulating environment
- Cultural knowledge and child rearing practices including birth spacing
- Community decision making & effective governance
- Language
- Transitions from breast feeding to solids.

Strategies to support CPF

- Narrative Accounts
- Partnerships
- Leadership and Control
- Elder Engagement
- Whole of person, whole of experience – ecological approaches.
- Cultural Safety and two ways learning strategies.
- Respect for the role of culture in the development and delivery of health care services.

Culture can influence:

- People's decisions about when and why they seek healthcare, their acceptance of treatment, the likelihood of adherence and follow-up and the likely success of prevention and health promotions strategies.
- Early childhood strategies need to restore and continue culture, providing both the reason for change and the pathway for securing it.

NATSIHP Principles

- Health Equality and Human Rights Approach
 - UNDRIP and other human rights instruments
 - Providing equal opportunities to be healthy through participation and progressive realisation.
- Community Control and Engagement
 - Involving people in the service planning, design and implementation of policies that support their health and wellbeing.
- Partnerships based on respect.
- Accountability
 - Ensure implementation is measured against indicators of success, with processes in place to share knowledge of what works.

NATSIHP Health Enablers

- A culturally respectful and non-discriminatory health system – free from racism.
- Health System effectiveness and clinically appropriate care – deliver cultural safe quality & responsive care.
- Evidence Based Practice – health policies and programs are informed by robust health research and data.
- Mental Health and Social and Emotional Wellbeing – integrated in all health care service delivery.
- Human and Community Capability – involved in health workforce and strategies to achieve wellbeing (invest in education, employment, SDH, health literacy)

Shift from Child and Maternal Health to Child and Family Health and Wellbeing

NATSIHP: Fathers influence the behaviours of mothers during pregnancy and should positively encourage access to services and earlier, throughout pregnancy.

Cultural practice and societal roles affect the roles that fathers and other male members play in the development of a child. Services need to acknowledge and include men in raising children in a culturally appropriate way.



First 1000 Days Scientific Symposium

AIM

To provide a coordinated, comprehensive intervention to address the needs of Aboriginal and Torres Strait Islander children and their families from conception to two years of age, thereby laying the foundation for their future health and wellbeing.

Targeting Community: Reality and Facts

Andrew Jackomos – Victoria's Commissioner for
Aboriginal Children and Young People

Cummin's Inquiry into Vulnerable Victorian Children (Cummins, Scott & Scales 2012), the State Parliament in 2012 rightfully recognised that there are far too many Koori infants and children who exist in vulnerable circumstances and in statutory out-of-home care.



Commission *for* Children
and Young People

improving young lives



A selection of parameters investigated as part of the joint taskforce into Aboriginal children in out of home care

- Factors contributing to ongoing placement and leaving care plans;
- The level and integrity of community input at time of removal and the integrity of these checks and balances, particularly in respect of the Aboriginal Child Placement Principle (Aboriginal Child Specialist Advice and Support Service (ACSASS) involvement)
- The child's genogram and identification of intergenerational trauma
- Identifying whether the child has a cultural support plan in place
- Assessment of the level of contact the child has with family, community and traditional lands
- Access to and frequency of Aboriginal Family Led Decision making conferences
- Educational plan
- History of involvement with police, youth justice system and incarceration
- Assessment of the adequacy of support services and systems and identification of areas for improvement.





Findings have been presented to multiple agencies:

- **What can we do differently and do better for this child?**
- **What has worked for this child and why?**

110 New Child Protection Jobs in Victoria

As you might be aware the 2015–16 Victorian State budget provided a huge boost to the child protection and family services system. As a result, the department is recruiting an additional 110 new child protection practitioners. We would like Aboriginal graduates with a social work, psychology or welfare qualification and experienced Aboriginal professionals to consider a career in child protection with the Department of Health and Human Services. These roles have a positive and lasting impact on the lives of vulnerable Aboriginal children and their families.

There will be a feature appearing in this week's *Age* newspaper. These ads called Rewrite Tomorrow, One Child at a Time, will also regularly appear in the *Koori* Mail.

More information is available at childprotectionjobs.dhs.vic.gov.au





Family Strengthening & Coordinated Services – Central Australian Aboriginal Congress

Australian Early Development Index measures five developmental domains: emotion, language and cognition, communication, physical and social has revealed the extent of the disadvantage that Aboriginal children have when they first enter school in language, cognitive and emotional domain.



Developing skills and abilities is the best way to solve the problem of economic and social inequality

- Importance of a holistic response to health care in children is dose response – more you provide the more they learn and grow.
- Preventative programs – Nurse Family Partnership Program and the Abecedarian Program.
- These programs emphasise the benefit of predistribution – targeting children at earliest stage of development in conjunction with more traditional concepts of redistribution and remediation to maximise potential.

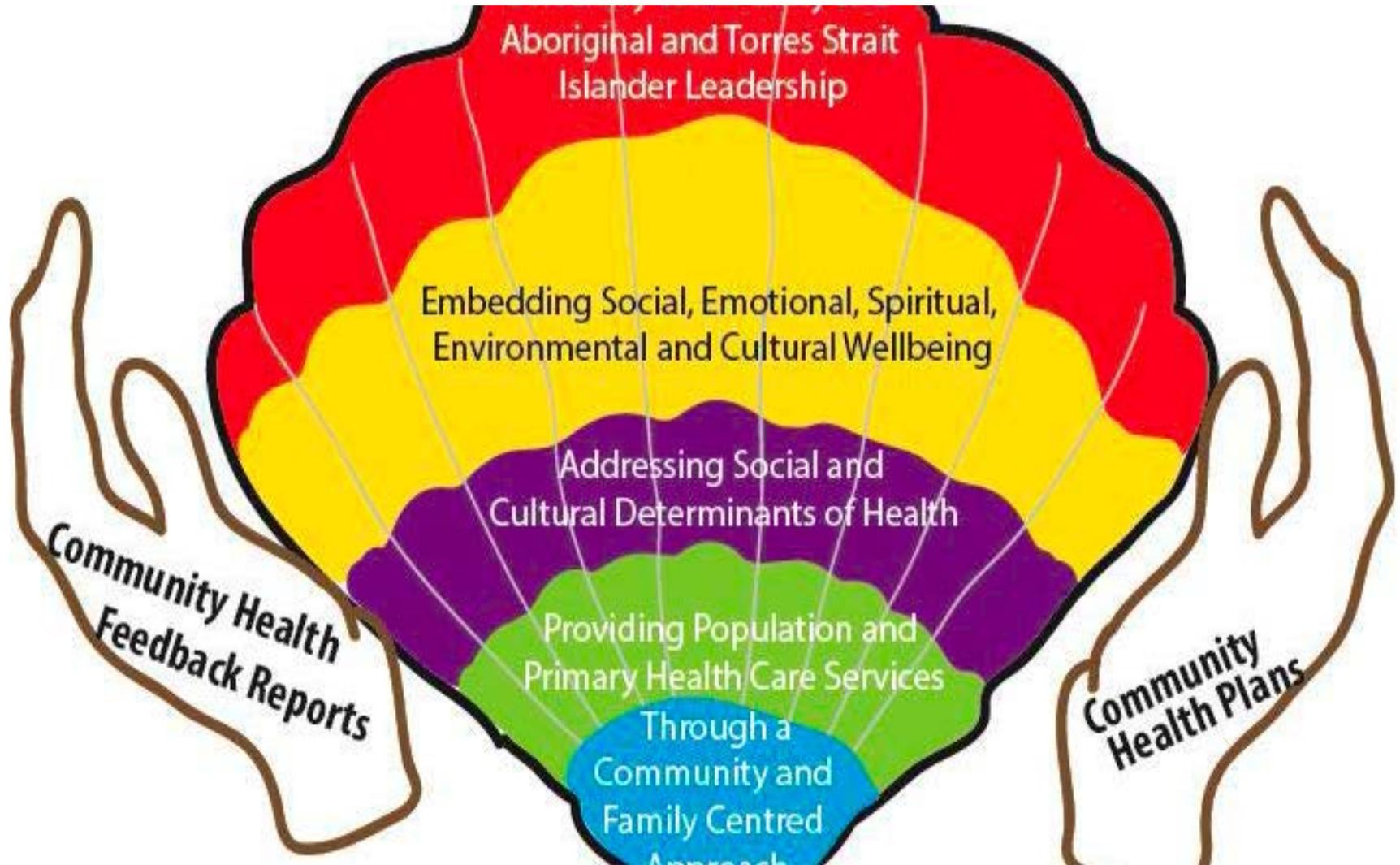


Apunipima Cape York Health Council: Baby One Program

Key findings of the Baby One Program

- More than 98% of Baby Baskets (BBs) were distributed with accompanied health information/advice on smoking, alcohol, nutrition and SIDS
- High proportion of women (79%) rated BBs as 'very useful'
- Cost study showed program delivery cost approximately \$874 per participant (based on 170 participants)
- Increased time and frequency of early antenatal presentations (based on One21seventy data)
- Reduced low iron levels in pregnant women (based on One21Seventy data)
- Declining trend of infants and children who are not thriving (based on One21seventy data)
- While quantitative data trend changes cannot be conclusively attributed to the BB program alone, it is both feasible and likely that the program has contributed to these trend improvements since 2009.

Apunipima Cape York Health Council PHC Model



First 1000 Days across the Lifespan: Adolescence

- Developments in the First 1000 Days and throughout childhood influence, and are consolidated in, adolescence. As such, investment is warranted in this early period to ensure the health of Aboriginal and Torres Strait Islander adolescents. Need to:
 - Consolidate gains made in child health and modify future health-related behaviours,
 - Influence socioeconomic development of the individual, the family and the community and, the role of young people as the future leaders.

Kooris Growing Old Well Study

- Preliminary findings indicate that childhood trauma and poor parenting predict adverse late-life outcomes including an increased risk of dementia.
- These may also include direct impacts through impairment of brain growth in terms of structure and function, which will consequently affect educational and employment prospects, and acceleration of the dementia process.
- Indirect mechanisms may operate by determining mid-life risk factors for dementia including co-morbid mental health issues such as anxiety and depression, employment status and substance use.
- To Close the Gap, risk factors, which are similar for adverse ageing and the earlier onset of dementia, need to be addressed through social approaches with an emphasis on parents, parenting and early life.

Research Ideas from First 1000 Days Symposium

- Acceptability, feasibility and comprehensibility of the Family Wellbeing Program Pilot Trial in the First 1000 Days: The impact of violence on early childhood
- Good nutrition early and its impact on non-communicable diseases later in life
- How do social determinants translate into later stage disease: Family Mentoring Project

Research Ideas from First 1000 Days Symposium

- How do you mobilise a community to raise a child to have an aspiration in life: What do you want to be when you grow up? OR How does a community/society support individuals to flourish?
- Workforce development for Family Healing
- Interventions to increase Antenatal Engagement to improve Outcomes in Pregnancy and Beyond
- Developmental pathways: Department linkage pathways

Research Ideas from First 1000 Days Symposium

- Model of workforce required to assist implementation of evidence-based approaches
- How to be the best parents we can be: what is good parenting?
- How do we establish a network of early childhood research programs to develop commitment to gathering comparable data?

What Works across Regions?

“Best time to talk about pregnancy is when you are not pregnant!”

Preconception

Need a public health approach to pre conception for early aged adolescents – counselling for long-term contraceptive options, access to safe terminations, SRH education, quality relationships, empowerment and control over fertility options.

What Works across Regions?

- A case management approach by a stable workforce.
- Incentivised health seeking behaviour.
- Comprehensive services through PHC agencies with good links to secondary, tertiary and specialist services.
- Parenting support.
- Taking a whole of person, ecological approach to early childhood.
- Improving food security, education and health literacy while addressing access to alcohol and other drugs including tobacco.
- Partners not clients of services – integration of cultural knowledge and child rearing practices.

What Do We Need more of in Regions?

- Brief empathetic interventions by health care providers and others
- Rigorous research studies using comparison groups across Australia
- Nutritional supplements (access to nutritious food)
- Access to universal services and specialist services where required
- A deepening of understanding about cultural determinants of health and wellbeing provided by families during this critical time.

Scoping Session on Childhood Anaemia and Growth Faltering

- Workshop framed around 4 specific questions:
 - What do we know
 - What has worked
 - What we don't know
 - What has been tried and not worked
- Joined up activities across NT, QLD and WA

Approaches and Principles

- challenges
- gender equity
- core values
- strength based approach
- networking
- practical actions to takeaway
- training for workforce sustainability
- bring people in from communities
- one or 2 might like to volunteer to work with reference group
- holistic
- preventative
- strength based approach
- interdisciplinary and community focused
- all service providers
- strong indigenous voice
- accurate information – facts
- not just a northern Australian issue
- treatment as well as prevention
- culturally sensitive

Workshop Formation: November 2015

- Groups looked for:
 - concrete action plan to go forward with
 - cross sectional in social determinants of health
 - departmental representation
 - not reinventing the wheel e.g. Baby One program
- Key themes
 - Partnerships
 - Food Security
 - Horizon Scan for innovative ideas in the next 5 years
- What do we need to have to put action plan into action?
 - Training packages
 - Program outcomes process outcomes
 - What made a program successful
 - Home based vs community based
 - Program logic
 - Timeframes
 - Research questions
 - Clinical practice guidelines – coordinating not duplicating

Future Areas of Work: First 1000 Days

Graduate House, Carlton, Melbourne

- **27th August 2015** – Community Governance and Community Workshop and a Researchers' Forum to ascertain the data that can be collected and compared.
- **5th November** – Policy and Influencers Workshop – how do we maximise service coordination across health, education, justice, child protection, parenting support and other services?