The Australian Model of The First 1000 Days program: Building health and wellbeing outcomes for our families and communities.

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Overview of Presentation:

- The Australian First 1000 Days Model
- Catalysing Environment and Design Principles
- Journey so far and Challenges
- Preparation work
- Engaging with Cultural Protective Factors
- What works in regions
- Harmonising Data, Community Governance and Policy and Influencers Symposiums
- Role of the University
- Where to from here?
Definition in this presentation:

“Aboriginal health” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community.
• Impetus for First 1000 Days focus:
  – Chair of NATSIDAG: Importance of Brain growth and development for healthy ageing. ‘...Pregnancy is the new public health intervention for healthy ageing...’
  – Understanding policy drivers and decisions made by at-risk populations: S&RH, Adolescents
  – Chairing NATSIHEC – FASD, 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, and science.

What about children that cannot 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.
3 February 2015: Open Letter from Aboriginal Children’s Commissioner:

“...2015 Report on Government Services notes the number of Aboriginal babies and children in Victoria being placed into statutory care rose by 42% in just 12 months to June 2014.... Increase of 386 children rising from 922 to 1308 children.”

• Cannot improve lives of vulnerable children by applying Band-Aid solutions
• Significant system deficiencies in respect of cultural connections
• Male perpetrated family violence and alcohol and drug abuse present in 90% of families where children were removed.
• Children in out of home care make up significant number of children in youth justice, they are disconnected from education. Many have contact with criminal justice system and later incarceration.
First 1000 Days: Design Principles

- Australian model of the First 1000 Days is based on the principles of transparency, accountability, honesty and the recognition of the role that the Aboriginal family and community in the development and implementation of policies.

- Advocates for a state-wide strategic response to improving the lives of vulnerable Aboriginal babies, children and young people with child protection, youth justice and child homelessness as well as children’s trauma and mental health at its core.

- Facilitates a collaborative approach in which the Aboriginal families and communities are empowered and exercising their responsibilities and obligations.
The journey so far:

• Onemda being defunded by VicHealth.
• Wrote an ARC grant, unsuccessful.
• Wrote an article for MJA: ‘Catalysing equity outcomes during First 1000 Days’ and a consultation document on what the intervention could be.
• August 2014: Met with Departmental Secretary of Education and presented information to VEAPAH.
• October 2014: Promising meeting with 3 Departmental Secretaries (Education, Health, Human Services) and others, government change.
• October 2014: Started to build First 1000 Days into industry RAPs.
• October - April 2015: Presentations and Scientific Symposium
• April – August 2015: Seminars, Grant: Shepparton and Co Health, AIC
• August 2015: RA position for 6 months, Harmonising Data Collection and Community Governance, Scientific Symposium Report Launch, Pitch to Giving Circle.
• 5 November 2015: Policy and Influencers meeting.
Challenges for 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 in pregnancy 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.
Challenges for First 1000 Days work

• 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.
Adverse Life Stressors

• Losing a family member or friend was reported by 42% of respondents and was highest (58%) in remote areas (AIHW 2009). This was 2.4 times the rate for other Australians.

• Serious illness or disability affected 28% and was highest (30%) in major cities. This compared to 23% of other Australians who reported a serious illness and 7% a serious disability.

• Alcohol related problems impacted on 20% of respondents and was highest (24.1%) in remote areas. Only 7% of other Australians reported alcohol or drug related problems in the General Social Survey (2006).

• Drug-related problems were reported by 16.4% of Indigenous respondents and were highest (19.2%) in major cities.

• Approximately 15% of Indigenous respondents had witnessed violence in the last twelve months. This was five times the rate of other Australians.
Adverse Life Stressors

- Gambling problems were reported by 13.5% of respondents and the rate was highest (19%) in remote areas. This was four times the rate reported by other Australians (3.2%).
- Trouble with police was reported by 16% of Indigenous adults, compared to 3% of other Australians.
- Being subject to abuse or being a victim of violent crime was reported by 10% of Indigenous adults, compared to 3% of other Australians.
- Being a victim of physical or threatened violence in the last 12 months was reported by 20% of Indigenous respondents, compared to 9% of other Australians (AIHW 2009).
- Having a serious accident was reported by 9.4% of respondents and was highest in remote areas (46%). This was almost twice the rate of other Australians (5.2%).
Aboriginal women on welfare are being used as "cash cows" by having children for government payouts: former QLD Labor MP Gary Johns.

Adam Goodes, Racism on the Football field and Stan Grant’s response, national debate about whether what happened was racist.
Noel Pearson and Pat Dodson ‘Unsupported’ to consult with communities on Constitutional Reform. “Formulate a list of unreasonable demands....”

“Changing the marginal position in society of Aboriginal and Torres Strait Islanders people will need an approach that takes in the whole of life, starting with women of child bearing age, focusing on the care of infants and young children and proceeding through the life course…”

“Changing the marginal position in society of Aboriginal and Torres Strait Islanders people is not only the job of Aboriginal and Torres Strait Islander peoples but for all Australians. We need same opportunity without being made the same. We will need an approach that strengthens culture and takes in the whole of life, starting with women of child bearing age and their partners, extended family, and communities, focusing on the care of infants and young children and proceeding through the life course…”
Getting prepared for First 1000 Days programs:

- **Understanding adolescents are implementers of equity gain** in families in the next decade. They need skills to take responsibility.
- **Family violence is the main reason for out of home care.** Support for gender roles and healthy relationships is required.
- Young people will be thrust into parenthood without knowledge, skills or support.
- **New approach needed in health:** sexual health, reproductive planning, empowerment, reduction of violence and personal development.
- Need a nested approach (child, family, community) to education and social and emotional well-being.
- Need to draw sectors together – whole of government, whole of community approach.
New equity building frameworks are needed:

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.
• Parents of the next generation are implementers of equity gain in families in the next decade.
• Family violence is the main reason for out of home care. Support for gender roles and healthy relationships is required.
• Young people will be thrust into parenthood without knowledge, skills or support.
• New approach needed in health: sexual health, reproductive planning, empowerment, reduction of violence and personal development.
• Need a nested approach (child, family, community) to education and social and emotional well-being.
• Need to draw in other sectors to the educational community.
Goal of the First 1000 Days: To provide a coordinated, comprehensive intervention to address the needs of Aboriginal and Torres Strait Islander children from conception to two years of age, thereby laying the foundation for their future health and wellbeing.

Evidence

- Ensuring that the brain achieves its optimum development and nurturing during this peak period of growth is vitally important, as it enables babies to achieve the best start in life (Leadsom et al. 2014).
- From birth to 18 months, connections in the brain are created at a rate of 1,000,000 per second. A baby’s earliest experiences shape its brain development and have a lifelong impact on that baby’s mental and emotional health (O’Connell, Boat & Warner 2009).
- A baby or foetus exposed to toxic stress can have their responses to stress distorted in later life. Such early stress can come from the mother suffering from symptoms of depression or anxiety, having a bad relationship with her partner or from an external trauma such as a bereavement (CDCHU 2011).
- When a baby’s development falls behind the norm during the first years of life, it is then much more likely to fall behind even further in subsequent years than to catch up with those who have had a better start in life (AMA 2010).
Ecological Approach to The First 1000 Days

• Besides Access to Comprehensive Primary Health Care and Early Literacy programs (Aberciderian Approaches) and service coordination, Symposium delegates also wanted the model to include:
  1. Addressing family violence
  2. Early nutritional interventions
  3. Family mentoring
  4. Raising motivated children
  5. Developing a workforce focusing on family healing and First 1000 Days’ interventions
  6. Increasing antenatal and early years engagement
  7. Developmental pathways: Department linkage to improve policy and practice
  8. How to be the best parents we can be: What is good parenting?
Parenting Programs Research Questions:

- How do Aboriginal and Torres Strait Islander people define good parenting?
- What is the role of parenting in Attention Deficit Hyperactivity Disorder (ADHD)?
- How do effective parenting programs engage with vulnerable families?
- What gaps exist in the community regarding Aboriginal and Torres Strait Islander parenting?
- What gaps need to be filled in the current services for parents? What strengths-based approaches can be used to develop models of good parenting specific to Aboriginal and Torres Strait Islander contexts?
- How can we identify effective parents within communities and create enablers for them?
- What factors contribute to ineffective parenting, such as the Stolen Generation and child removal and institutionalisation?
- Can parenting programs be embedded in programs directed at children to facilitate engagement?
- How can there be an integration of services for parents and parents-to-be to ensure continuity for all stages of life?
- What are the cultural barriers and challenges?
- Can models be developed that are flexible enough to address the isolation of children from community?
Cultural Protective Factors

- Language
- Dance, Songlines
- Narratives, Stories
- Strong Families or a trusted adult - connectivity
- High functioning kinship structures
- Recognition of and action supporting identity
- Cultural practice
- Ceremonial continuity
- Visioning, Questing

- Capacity to celebrate
- Resourcefulness
- Working in teams
- Build each other up
- Relationship to country, getting out on and caring for country
- Comprehension of Lore
- Understanding spirituality and power relationships
- Have opportunities to excel
- ‘Porous’
Cultural Determinants of Health during First 1000 Days?

**What are CPF?**

- Maternal education, normal births
- Positive fathers
- Functional Kinship systems
- Stimulating environment
- Cultural knowledge and child rearing practices including birth spacing
- Community decision making & effective governance
- Language and Literacy
- 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.
Research: Activity Enablers

- Addressing Family Violence
- Early Nutrition Interventions
- Family Mentoring
- Raising Motivated Children
- Developing a workforce focusing on family healing an First 1000 Days interventions
- Developmental pathways: Department linkage to improve policy and practice
- How to be the best parents we can be: What is good parenting?

Coordination: First 1000 Days

- Comprehensive PHC
- Incentivised health seeking: pre-conception, adolescent health, antenatal care.
- Home visits: whole of family from conception to age 2.
- Case managed family wellbeing strategies.
- Early literacy support for children identified with cognitive delays
- Scientific Committee and Community Governance.
“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.

• 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.
“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.

Also Need:

• 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.
What works across regions?

• 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.
26th August 2015

- Regional Presentations:
  - Kimberley Region
  - Cape York Region
  - Baby 1000 Hunter Valley Region
  - South Australia
  - Western Australia
  - Yorta Yorta Nations (VIC)

- Birth Cohorts and Longitudinal Studies
  - Aboriginal Birth Cohort
  - Act Early Group

- Developing Research Questions to be answered in Early Life Studies.

- Creating the Ability to Compare
  - Harmonising measurements and outcome data
  - Generic Protocols and Core Outcomes Sets
  - LSIC and other Data sets
  - Preconception measures
27\textsuperscript{th} August 2015

- SNAICC Presentation
- Community Governance
  - Cape York
  - Yort Yorta
  - South Australia
- Cultural Protective Factors
  - The Glen: Using culture to rebuild lives
  - Mildura – Welcoming babies to country
  - Kangan Institute: Together reading together

- Review research questions
- Review governance – shift from organisational to family governance
- Building resilience: Cultural protection and family strengthening exercises.
- Launch the Scientific Symposium Report.
- \textbf{Final Symposium will be policy and influencers Symposium on the 5\textsuperscript{th} November 2015.}
• **Academic Convenors:** Bring together people to discuss issues of common concern, workshop facilitation, public speaking, meetings, advocacy, coordination, pilots, etc.

• **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.

• Facilitate novel **Birth Cohort Studies** (inclusive of fathers and grandparents with mothers and children)
• Workforce development – re-orientate toward the First 1000 Days

• Facilitate transitional Interventions within and between services, between institutions and outreach

• 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.
Where To From Here?

- Funding Support through RIC
- Paper on the Australian Model
- Harmonise data and outcomes measurements
- Confirm Community Governance, Family Strengthening and Research Questions in Early Life work.
- Negotiating with services on implementing birth cohort and other intervention studies
- Set up First 1000 Days Committee
- Write papers on process of developing this model and other outcomes.