The 'First 1,000 Days':

Implementing Strategies across Victorian Government Agencies to Improve the Health and Wellbeing Outcomes for Aboriginal Children and their Families

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The 1,000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape healthier and more prosperous futures.

(1,000 Days 2014)

We know that a healthy start to life sets up good health throughout life. (DoH Victoria 2012:16)

Our challenge is to join up the efforts of the many delivery and intervention agencies to ensure services move outside of the traditional silos to an earlier and more proactive engagement of vulnerable children.

(DHS Victoria 2014:2)

Indigenous children are the most vulnerable group of children in Australia and disparities with non-Indigenous children in some outcomes have widened in recent years. (COAG 2009)

1 The importance of an early focus

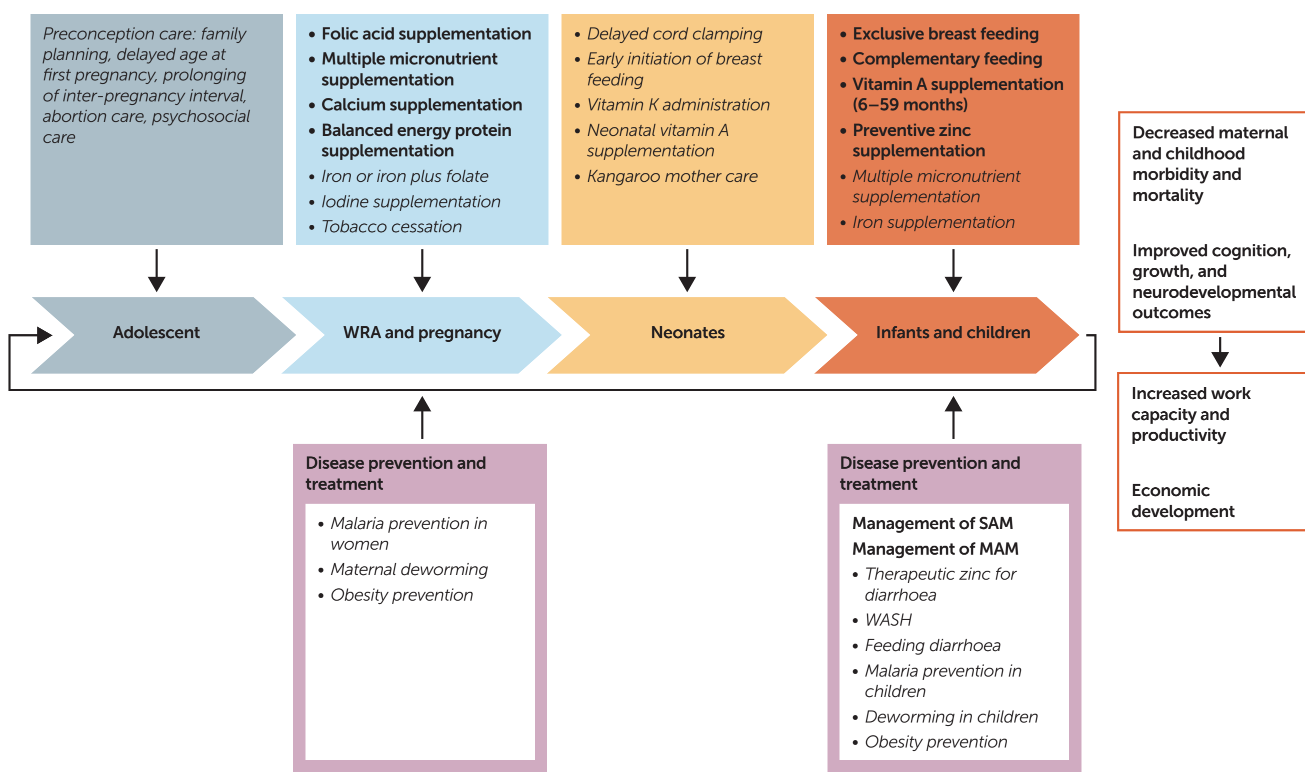
1.1 The 'First 1,000 Days' approach

'1,000 Days' was launched by then-US Secretary of State Hillary Clinton and the Irish Minister for Foreign Affairs Micheal Martin in September 2010. The organisation is an advocacy hub that champions new investment and partnerships to improve nutrition during the critical 1,000 days between conception and a child's second birthday as a way to achieve long-term progress in global health and development. Its mission is to promote:

> ... *targeted action and investment to improve nutrition for mothers and children in the 1,000 days between a woman's pregnancy and her child's 2nd birthday when better nutrition can have a life-changing impact on a child's future and help break the cycle of poverty* (1,000 Days 2014).

The organisation has particularly emphasised the impact and cost-effectiveness of investing in proven, evidence-based interventions. For example, a recent report in *The Lancet's* Maternal and Child Nutrition Series presented 10 key interventions across the early life-course. These are highlighted in Figure 1 against the key phases in a woman's and infant's life (The Lancet 2013).

Figure 1: The Lancet's conceptual framework for interventions during the 'First 1,000 Days'



What is particularly significant about this framework is the emphasis on:

- the care and support from before the birth of a child; and
- an integrated approach across all sectors of government.

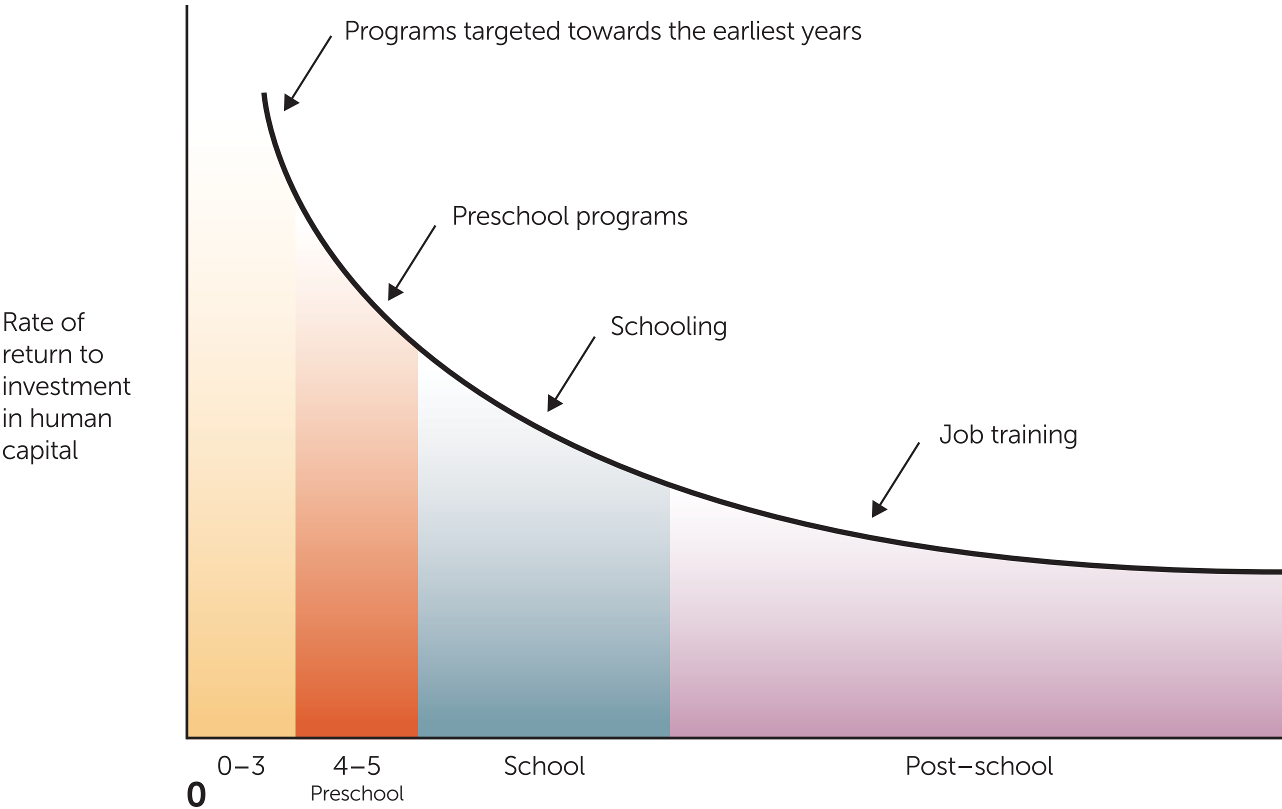
1.2 Why focus on the early months?

Growing up in disadvantage is now recognised as a major negative influence on life-course and outcomes but also one that can be addressed. A focus on the 'First 1,000 Days' is based on evidence that:

- children's early experiences influence brain development;
- adult health, wellbeing and capability have origins in environments of early child rearing;
- good preventive strategies and programs for children in their early years do work; and
- interventions in the early years deliver high returns (Silburn 2011).

The significance of childhood in shaping later life experiences and outcomes has been recognised for many years. As the World Health Organization states '... many challenges faced by adults, such as mental health issues, obesity, heart disease, criminality, and poor literacy and numeracy, can be traced back to early childhood' (WHO 2009). Indeed, a focus on 'the early years' is so common that it has almost become a cliché. As Figure 2 shows, investing in this period has been seen to offer the best return.

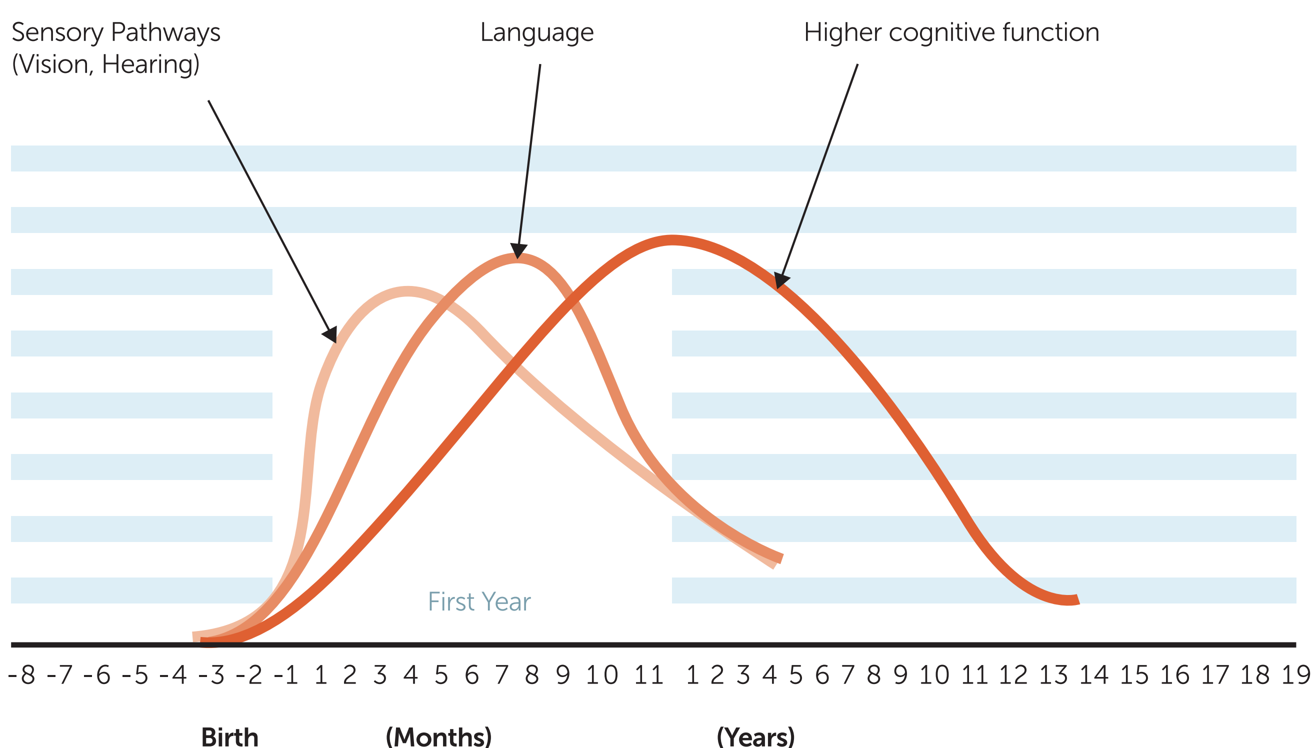
Figure 2: Rates of return to human capital Investment at different ages: Return to an extra dollar at various ages



In recent years the perceived importance of the early period of our lives has gained traction as new evidence emerges with regard to:

- the impact of maternal nutrition on brain development;
- the neuroscience of infants (see Figure 3);
- the long-term impact of early childhood experiences such as stress permanently affecting characteristics usually considered genetic ('epigenetics'); and
- the capacity of infants to begin structured learning earlier than previously supposed.

Figure 3: Sensitive periods for synapse formation development



Source: Silburn et al. 2011:6

1.3 Aboriginal children and their carers

> *They are our children, this is our community.* (Calma 2009)

The 'definition' of Aboriginality in Australia has a long and at times toxic history that carries on into current debates and discussions both within Aboriginal communities, the wider community and government bureaucracies. It is very easy to underestimate or discount Aboriginality when systems take a narrow approach. For example, a recent Victorian study found that previous identification procedures under-counted the number of Aboriginal babies born by 87 per cent (or 4,333) over the period 1999 to 2008 (Freemantle 2013:44).

A 'First 1,000 Days' approach needs to recognise that Aboriginality can flow from mothers and fathers, and that it continues whether the child is brought up by biological parents, foster carers or other members of an extended family or community network.

1.4 Health and wellbeing status of Aboriginal infants and their carers

> *Around 80 per cent of the Koori women in prison are mothers, so their imprisonment not only removes them from the community – it removes their children from them. This increases the likelihood of their children entering out-of-home care, which is in turn one of the biggest risk factors for them one day coming in contact with the justice system themselves.* (VHREOC 2013:4)

The disadvantage experienced by Aboriginal mothers and infants is well known, and includes lower socio-economic status, racism, lower levels of education and poorer housing quality. These circumstances can lead to a number of impacts including the following:

- Poorer health, with poorer maternal nutrition, higher rates of untreated infections, smoking and alcohol use and less access to antenatal and postnatal care (Eades 2004).
- A lack of engagement with children by fathers.
- Much higher rates of child neglect and abuse, which leads to high rates of placement of children in out-of-home care. While Aboriginal children and young people make up 1.2 per cent of the Victorian population, they constitute around 16 per cent of children and young people on care and protection orders and are nine times more likely to be in State care than others in the general population (Cummins, Scott & Scales 2012). A target of Victoria's Vulnerable Children Strategy is to reduce the gap between Aboriginal and non-Aboriginal child protection by 75 per cent by 2013 (DHS 2014:11).
- Much higher (and growing) rates of incarceration, including at quite young ages. In 2012 more than 80 per cent of Koori women entering Victorian prisons were mothers, leading to further fragmentation of families (VHREOC 2013).
- Conflict and grief during pregnancy – for example, in one study 40 per cent of women pregnant with an Aboriginal child had experienced the loss of a family member or friend during their pregnancy (Aboriginal Families Study 2013:4).
- Higher levels of stress (Eades 2004).

However, it is also important to recognise that disadvantage does not 'over-determine' outcomes and that well-designed and implemented services can help overcome them. While the sources of disadvantage (such as lack of economic participation, racism and historic dislocation) must be tackled there can also be gains made by improving the accessibility, quality and relevance of services and, in particular, supporting parents to provide better care for their children. As one report to the UK Parliament stated '… what parents do is more important than who they are' (Nossar 2012).

Responding to these challenges will require a multi-agency approach that brings together health, out-of-home care, education, corrections, housing and other community and government services to focus on this early period of child development.

1.5 Applying the 'First 1,000 Days' approach in Victoria

The impacts of severe malnutrition targeted in the 'First 1,000 Days' approach are not present in countries like Australia. However, the importance of this developmental period for future health, emotional and social outcomes has been recognised by governments for many years. In regard to Indigenous Australians there has been a major investment in early childhood services and children, through the Council of Australian Governments (COAG) National Partnership Agreement on Indigenous Early Childhood Development.

The Victorian Government, for example, has already put in place a number of individual programs and strategies including:

- reviewing child protection arrangements and issuing the strategy Victoria's Vulnerable Children: *Our Shared Responsibility;*
- including 'A healthy start to life' and 'Healthy childhood' as key priority areas in the Koolin Balit Aboriginal health strategy;
- implementing new services in early childhood education, such as two new 'Children and Family Centres';
- improving access to antenatal care, pre-pregnancy, and teenage sexual and reproductive health services as well as maternal and child health services; and
- establishing an overall Victorian Aboriginal Affairs Framework.

Even with these initiatives there are a number of advantages to establishing a formal focus on the 'First 1,000 Days' as an organising framework for interventions. These include:

- providing leadership to various interventions;
- being able to check that all relevant parts of the life-course are addressed and more easily identify gaps;
- minimising the risks of duplication or unexpected gaps or unintended consequences given the current volume of activity;
- streamlining the role and input of Aboriginal communities to minimise consultation overload; and
- identifying opportunities for cross-program initiatives and improvements, as well as barriers to implementation, and plan to overcome these (e.g., in the workforce area).

2 Toward a 'First 1000 Days' approach in Victoria

There is currently a large government effort to address the causes and child-related symptoms of Indigenous disadvantage. Individually, the various programs are generally, to a varying extent, appropriately managed. However, the risks of a 'siloed' approach are well known. Rather than try to merge various programs into one mega-program, a 'First 1,000 Days' approach offers a way to bring greater cohesion and coordination to the current patchwork of programs, and take a cross-programmatic, cross-regional approach. The following sections present an outline of what such an approach might look like.

2.1 Goals

The overall goal of a 'First 1,000 Days' approach could be:

> *To provide a coordinated, comprehensive intervention to address the needs of Indigenous children from conception to two years of age, thereby laying the foundation for their future health and wellbeing.*

2.2 Approach and principles

Such an approach could focus on:

- design – conducting light reviews of programs (or encouraging self-reviews) to ensure that each individual program or activity reflects the latest and most robust evidence;
- engagement – encouraging a steady, systematic and coherent relationship with Indigenous communities and services;
- priorities – working with agencies and clients to ensure the focus is on the most important areas;
- responsiveness – taking a proactive approach to maximising protective factors in families, and to promote the reform of systems to build capacity in the seamless management of social determinants and other health issues affecting the health and wellbeing of children and their families;
- integration – considering how the various activities could be connected with common philosophies and approaches, such as the New Zealand Whanau Ora framework (Ministry of Social Development 2014);
- accountability – by having an overall view of the programs, minimising the risk that poor performance will be obscured by unclear attribution; and
- laying the groundwork for later interventions – such as transition to child care and schooling.

2.3 Leadership and governance

To guide the implementation we suggest a 'light' set of governance arrangements consisting of:

- a Task Force of the Secretaries' group to guide implementation;
- the allocation of lead responsibility to a single agency, providing secretariat/planning support;
- an advisory or engagement group with key Aboriginal agencies and representatives;
- support from Indigenous Health Equity Unit (IHEU) at the Melbourne School of Population and Global Health in regard to building capacity for joined-up services and for families with infants;
- assessing the overall capacity of the workforce and finding gaps; and
- providing assistance with the design, evidence generation and monitoring of coordinated services during the implementation of the 'First 1000 Days'.

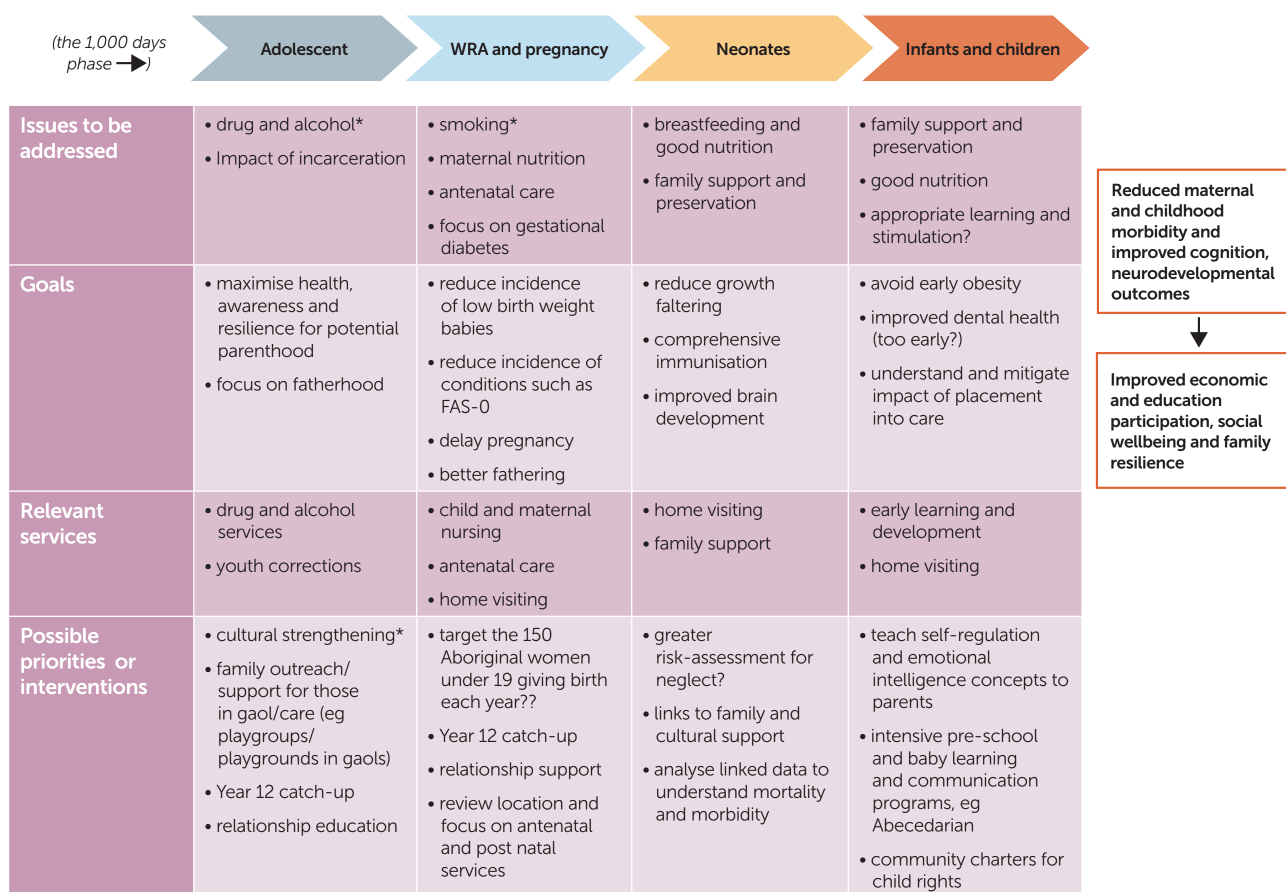
A simple implementation plan should be developed, which allocates some additional funding along with responsibilities across agencies and to the Indigenous Health Equity Unit.

2.4 Possible priorities and projects

There are many areas in which interventions could be made to support a 'First 1,000 Days' approach (see Figure 4 for a summary of these, aligned against the broad phases of the approach). Generally, the interventions are intended to provide better support for those caring for Aboriginal infants and children. Such interventions could be:

- service specific innovations (e.g., better outreach support for women in prison, introduction of child care agencies);
- cross-service integration or coordination, such as via family centres and recognising the role of out-of-home carers as well as parents;
- focused on mainstream services (such as improving their cultural competency, having a specific focus on opportunities for action or reviewing antenatal and postnatal services) or Aboriginal-specific services;
- improving the data and evidence base, expanding the use of data linkage to enable agencies to coordinate actions, developing evidence-based policy papers and developing data profiles for regions and other actions as recommended in the recent Victorian Aboriginal Child Mortality Study (Freemantle 2013), or other research, monitoring and evaluation;
- improving the capacity of the system to respond, such as by strengthening the skills of the various workforces interacting with Aboriginal mothers, infants and carers;
- putting in place mechanisms to share lessons learned about best practice in working with those caring for Aboriginal infants or their carers (including non-Aboriginal carers);
- clarifying the goals and approach of services and interventions so impacts can be better demonstrated and non-effective interventions stopped or re-designed;
- understanding the impact of the child and family context on development during the 'First 1,000 Days', in particular, the effect of family separation (including incarceration and placement into care); and
- improving integration at the local/regional level to ensure support is equitably available regardless of location.

Figure 4: Summary of possible actions under a 'First 1,000 Days' approach for Aboriginal infants and those caring for them



(the 1,000 days phase →)	Adolescent	WRA and pregnancy	Neonates	Infants and children
Issues to be addressed	• drug and alcohol* • Impact of incarceration	• smoking* • maternal nutrition • antenatal care • focus on gestational diabetes	• breastfeeding and good nutrition • family support and preservation	• family support and preservation • good nutrition • appropriate learning and stimulation?
Goals	• maximise health, awareness and resilience for potential parenthood • focus on fatherhood	• reduce incidence of low birth weight babies • reduce incidence of conditions such as FAS-0 • delay pregnancy • better fathering	• reduce growth faltering • comprehensive immunisation • improved brain development	• avoid early obesity • improved dental health (too early?) • understand and mitigate impact of placement into care
Relevant services	• drug and alcohol services • youth corrections	• child and maternal nursing • antenatal care • home visiting	• home visiting • family support	• early learning and development • home visiting
Possible priorities or interventions	• cultural strengthening* • family outreach/ support for those in gaol/care (eg playgroups/ playgrounds in gaols) • Year 12 catch-up • relationship education	• target the 150 Aboriginal women under 19 giving birth each year?? • Year 12 catch-up • relationship support • review location and focus on antenatal and post natal services	• greater risk-assessment for neglect? • links to family and cultural support • analyse linked data to understand mortality and morbidity	• teach self-regulation and emotional intelligence concepts to parents • intensive pre-school and baby learning and communication programs, eg Abecedarian • community charters for child rights

**Note: a number of issues will need to be addressed across all phases*

Governance and Leadership – *establish a Task Force to lead*

Monitoring and Evaluation – *define the key expected changes and how to measure them*

Workforce Planning and Development – *identify the various workforces involved with the 'First 1,000 Days' and look for any shared challenges*

Research and Communication – *address under-ascertainment/misclassification of births and improve data access and linkage*

3 Next Steps

This paper is a first step in defining what a 'First 1,000 Days' approach might look like in Victoria. Its further development should include consultation with relevant agencies as well as with Aboriginal organisational representatives to:

- ensure it is comprehensive, appropriate and feasible;
- set key priorities for action;
- discuss possible leadership and accountability arrangements; and
- identify key bodies to provide the supporting infrastructure.

3.1 What the Indigenous Health Equity Unit is seeking

To ascertain the efficacy of the 'First 1,000 Days' approach to improving health outcomes for Aboriginal children an equitable, forward funding commitment by government of at least seven years is needed. Such a commitment would enable the Indigenous Health Equity Unit to follow a cohort of Aboriginal infants from conception to the end of their first year at primary school.

Ideally, this commitment could be shared between those Victorian Government departments whose portfolios affect the health, education and welfare of our cohort, namely:

- Department of Education and Early Childhood Development
- Department of Health
- Department of Housing
- Department of Human Services
- Department of Justice
- Department of Premier and Cabinet
- Department of State Development, Business and Innovation
- Department of Transport, Planning and Local Infrastructure
- Department of Treasury and Finance.

Sustainable funding would also support the Indigenous Health Equity Unit's role in developing and delivering projects and building the evidence base in the area. It would enable us to consult thoroughly and respectfully with Aboriginal communities, to support the coordination of services across the 'First 1,000 Days' and to build the capacity of the workforce.

It will also enable the Indigenous Health Equity Unit to address the following issues:

New knowledge will be generated that will lead to improved health outcomes for Aboriginal children in Victoria. This will be done by implementing strategies that address some of the key health challenges experienced in the 'First 1,000 Days', especially modifiable health risks (e.g., smoking, STIs, experience of violence, incarceration, mental ill-health, drug and alcohol use, need for nutrition). The knowledge will be generated from pilot studies, data linkage projects, health economic assessments and coordination of services across sites. This is a new approach to looking at early childhood development in Australia.

There is no other region in Australia where the 'First 1,000 Days' is being trialled. Because it is setting a precedent, it will generate significant new findings thereby substantially advancing knowledge in this field. This new knowledge will lead to more effective strategies and methods to improve health-related behaviours in parents of young children with a social determinants focus in complex settings. The trials supported by this initiative will provide high-level evidence of the effectiveness of a wide range of health interventions with broad applicability – as well as those proven to be ineffective, as that is also valuable information.

The IHEU will appoint a communications officer dedicated to health promotion, education, knowledge transfer, and policy change, and to supporting team members' related research programs and public service-led initiatives. We will prioritise the translation of results into health guidelines, policies, public and private sector services, and the development of new products.

The IHEU will support an economic appraisal of investing in the 'First 1,000 Days'. Important for researching the merits of new interventions and policies for change is whether they are 'value-for-money', affordable and acceptable to stakeholders. The IHEU will be using the 'ACE' (Assessing Cost-Effectiveness) approach to assess the cost-effectiveness of the 'First 1,000 Days' model. ACE combines rigorous technical analysis with broader considerations that impact on policy decisions (e.g., equity, acceptability, feasibility), and has been successfully applied to assessments of cancer, heart disease, mental health, alcohol, obesity prevention, and non-communicable diseases.

The Indigenous Health Equity Unit will also develop strategies to generate new research and community leadership capability, mentoring and encouragement of further career development. The 'First 1,000 Days' program offers many outstanding community leaders, departmental staff and researchers training opportunities across a wide range of disciplines and levels. Not only will the IHEU **enhance the mentoring experience of staff and students** involved with the program, but we should also be able to **provide future work opportunities and career pathways** for people from community, students and early career researchers to engage with, and learn from, experts across a range of disciplines.

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