

Strengthening Families through the First 1000 Days Community Governance Symposium: Report

Kerry Arabena, Stacey Panozzo, Rebecca Ritte,
Leah Johnston, Jasmine Lyons

Opening Remarks by Aunty Diane Kerr, Wurundjeri Elder



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.



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Opening Remarks

Aunty Di Kerr opened the Community Governance Symposium and expressed the need for communities to come together to take leadership and control of the work required to strengthen our families. The true power in our families lies in the positive expressions of culture and in cultural protective factors. That is why I am pleased the Australian Model of the First 1000 Days is looking at ways to use culture as the foundation of our families and our future. Please read what is contained in this report and find ways to bring these cultural aspirations to life in our families and for our future.

Professor Kerry Arabena

Indigenous Health Equity Unit

Aunty Di Kerr shared the following:

I have the privilege of being a retired foster mum of 26 years. I have had a lot of children in and out of my life, and still have an open-door policy at my house. Anybody can come and stay, whether they be adult or child. I look after them until they're ready to go back home or find another place to live. I'm getting a bit older in my journey. I'm not too sure if I'm any wiser, but I'm finding that I need to work out why our communities are suffering. We do a really good job, but underneath sometimes we're really sad and hurt and I'm finding that our children are picking that up. Why aren't we healing? Why aren't things getting better? Why is there more family violence?

From my understanding, we have about one-third of our kids in out-of-home care. That's a high number and it's wrong. Sometimes it happens because of things that are out of our hands, but there are things that we can do to try and stop that. As an Elder of the Wurundjeri people, I see different things and although it's not at a crisis stage yet, it is nearly there. Things are bubbling away. We haven't reached that peak yet, but things are bad. I think we need to be honest and open and realise that. If we can't talk about it properly we'll never work together.

In considering the First 1000 Days of a child's life and their family, I want you to think about ceremony. We do ceremony as a family and we do it at certain

times of the year. It was always done that way. But it's missing today. In the past everything was taken away, our language, our ceremony, hunting, and fishing. Everything was taken away. So, from my grandmother's era there has been that protection of family and it continues on today. We protect our family, utmost and foremost. Yet, when we live in the suburbs and the city, it's very hard to find an area to do our 'business', our ceremony. It's important to continue these traditions.

To me ceremony is very important and I believe in doing it as much as I can. I go to different places where young ones are in out-of-home care or in foster homes or whatever. I go to them and I do ceremony with them. They love it. They love that connection to culture and Country. It's important to tell them, 'You fellas, be proud of who you are' – to give them a gift, to remind them that our ancestors for many years did what we are doing today. They need to remember that. They need to be proud of who they are and belong to the Country on where they are. If we don't look after our children, they're never going to know who they are. It's our responsibility to do that, each one of us. It's also our responsibility to make sure the communities in which we live are safe.

In celebrating ceremonies, we encourage our young people to stand strong for our future. If we don't stand strong, as Aboriginal people, we will assimilate. And the wider community will lose their First Nations people. To me that's tragic. We are the First Peoples. We are the oldest living and continuing culture in the world, not just in Australia, but in the world. We keep evolving. Our ceremonies can be contemporary, based on tradition.

I want to offer you my hand in friendship. I do this with cultural respect, dignity and love, so that we can all walk together. When we understand each other we live in harmony. When we live in harmony we eradicate racism and stigma. It's our children and up and coming future leaders that benefit from that. They can live in peace. They can walk the streets without fear of any harm. And that comes from us.

Aunty Diane Kerr

Wurundjeri Elder (Victoria)

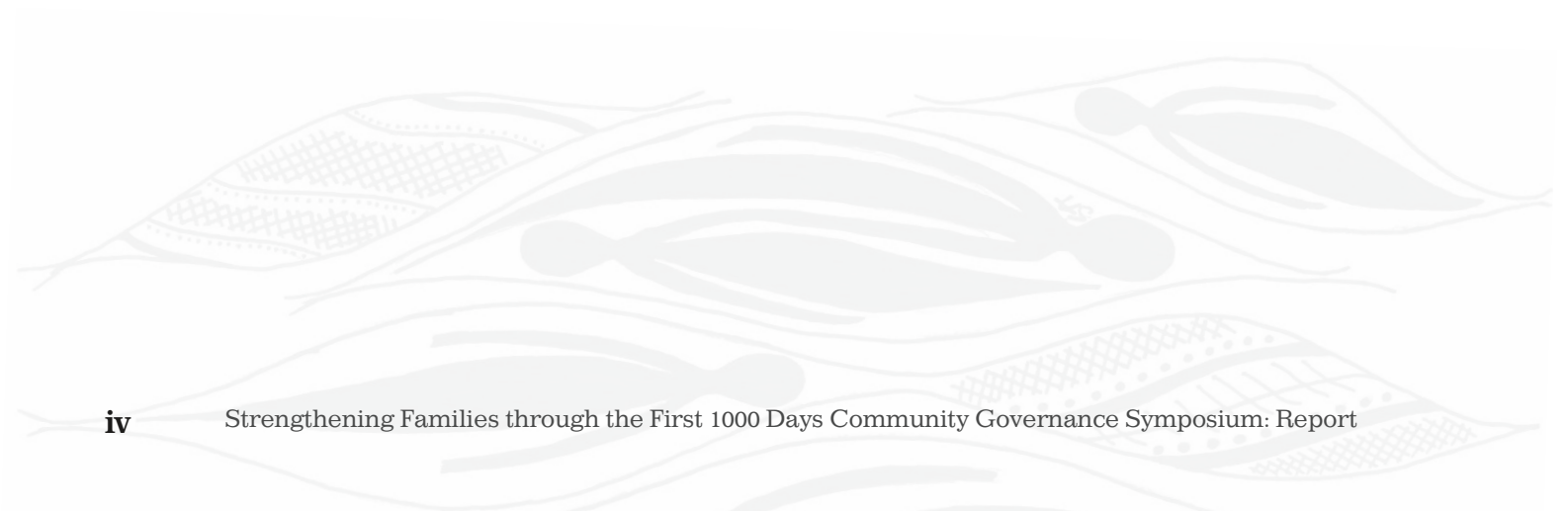


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Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisations
AEDC	Australian Early Development Census
AHCSA	Aboriginal Health Council of South Australia
GDM	Gestational Diabetes Mellitus
MCRI	Murdoch Childrens Research Institute
NHMRC	National Health and Medical Research Council
SNAICC	Secretariat of National Aboriginal and Torres Strait Islander Child Care
VACCA	Victorian Aboriginal Child Care Agency
STIs	Sexually Transmitted Infections

Terminology

In this report the terms 'Aboriginal' and/or 'Torres Strait Islander people' or 'First Peoples' are used to identify the First Peoples of Australia and to refer to and recognise the two unique Indigenous populations in Australia. The term 'Indigenous' refers collectively to the First Peoples of Australia, New Zealand, North America, and other countries around the globe. 'Non-Indigenous' is used to refer to those who do not identify as a member of the community of First Peoples of their respective countries.



Executive Summary

This report details the program, proceedings and outcomes of the Strengthening Families through the First 1000 Days Community Governance Symposium, the third of four symposiums to be held at, and led by, the University of Melbourne. The aim of the Symposium was to provide the opportunity for Aboriginal and Torres Strait Islander community people and organisations to focus on the development of community governance frameworks for the First 1000 Days research sites being negotiated across Australia. Further to this, the Symposium offered a forum for participants to explore the cultural determinants of health and wellbeing during the First 1000 Days, and consider ways in which to engage with and support families, to take and use strengths-based approaches, and to identify key methods for engaging fathers and extended family members in both modelling activities and the early years workforce.

The focus on the First 1000 Days is important because while the family life of Aboriginal and Torres Strait Islander people is predominantly centred around complex kinship systems and clan structures, with clear lines of rights and obligations to others, an increasing number of our children are vulnerable and at risk. We recognise that, until recently, the education and socialisation of young children took place within the rhythms of family life, the extended family and their Country. We also recognise the intrinsic value of children within our communities.

However, we also acknowledge that these ideals have been radically disrupted for some families, particularly those who have suffered the separation of their children, the destruction of extended family networks, and decades of living in oppressive circumstances – as evidenced by poor health and early deaths, sub-standard housing, poor educational outcomes, high unemployment and large numbers of Aboriginal and Torres Strait Islander people in custody. Despite these hardships, family remains the primary and preferred site for developing and protecting culture and identity in our children.

We also acknowledge, then, the importance of family-strengthening initiatives, the crucial role played by men in raising children and the importance of the First 1000 Days to the future prosperity of Aboriginal and Torres Strait Islander societies. By initiating an early and continued investment in the next generation, we can mitigate connections between adverse early experiences and a wide range of costly problems, such as lower educational achievement and higher rates of criminal behaviour and chronic disease. The First 1000 Days focuses on reducing the burdens of significant adversity on families with young children.

About the Community Governance Symposium

The First 1000 Days Community Governance Symposium was held at Graduate House on The University of Melbourne's Parkville campus on Thursday 27 August 2015. More than 60 participants representing 26 different institutions across six Australian States and Territories were present at the Community Governance Symposium, which was chaired by Professor Kerry Arabena (Chair of Indigenous Health and Director of the Indigenous Health Equity Unit in the Melbourne School of Population and Global Health at the University of Melbourne).

The presenters, all of whose presentations are included herein, provided key insights from experience in frontline community services and organisations with insights into strengthening good governance, getting research and policy partnerships right and examples of cultural protective factors for health and wellbeing during the First 1000 Days. Ms Sue-Anne Hunter provided a keynote presentation on the eight priorities in early life services developed by the Secretariat of National Aboriginal and Torres Strait Islander Child Care (SNAICC). Ms Rachael Ham (Apunimpima Cape York Health Council) and Ms Donna Weetra (Wardliparringa Aboriginal Health Unit) provided participants with insights

into examples of Aboriginal and Torres Strait Islander research governance committee's and/or advisory groups that strengthen good governance, partnerships and ensure the research agenda is driven from the community perspective. Examples of cultural protective factors for health and wellbeing included:

- A Coming of Age Ceremony for young girls and the journey to reinvigorate connection to ceremony, culture, Country and place presented by Aunty Di Kerr, Wurundjeri Elder;
- Ms Rose Gilby, Ms Jill Antonie and Uncle Jim Berg shared about the Welcome Baby to Country Ceremony established in Mildura providing a sense of connection and belonging for mothers, fathers and families through acknowledging and welcoming young infants and children to Country;
- Mr Joe Coyte and Mr Glen Collis provided participants with an insight into the work of The Glen Centre, a Central Coast residential drug and alcohol rehabilitation centre for men, rebuilding hope through recovery and helping men to embrace their culture and a new start to life; and
- Ms Mary-Ellen Blackburn shared about the Together–Reading Together program provided by Melbourne's Kangan Institute and Centre for Corrections Education for incarcerated fathers to keep dad's connected to their children through recorded reading and sharing of children's stories sent for their children to enjoy.

Engagement with research questions: First 1000 Days Ecological Framework

The Symposium also provided the opportunity for participant group discussions to provide feedback on the preliminary research questions that had been developed the day before during the Researchers' Forum (see First 1000 Days Researchers' Forum Report). Key recommendations emanating from these research questions are included below.

Community governance

- Instigate shared governance and respectful collaboration between researchers, research/ other institutions, and Aboriginal and Torres Strait Islander communities and leaders.
- Implement community governance through the appointment of an Aboriginal and Torres Strait Islander steering/advisory committee (e.g. Community Governance Committee) comprised of community leaders, members, Aboriginal and Torres Strait Islander health care workers and researchers. This will ensure a community-driven, relevant research agenda to enable community decision-making, ownership, direction and development of the First 1000 Days program.
- Establish a 'cultural safety framework' is needed to guide and review the First 1000 Days research and interventions, which must include, among other important factors, the acknowledgment and protection both of culture and the intellectual property of Aboriginal and Torres Strait Islander voices.
- Ensure a clear benefit for communities from research and interventions.
- Capacity, and develop leadership and reciprocity for Aboriginal and Torres Strait Islander leaders, community members and researchers.

Increasing antenatal and early years engagement

- Identify the most effective and acceptable preconception interventions to improve outcomes for young women and men.
- Translate the design and implementation of interventions to ensure cultural appropriateness and safety.

Family environment

- Embed cultural protective factors (such as knowledge, safety and ritual) for mothers, fathers and children during the First 1000 Days through a strong connection to culture, Country, community and family.
- Ensure the inclusion of fathers and the significant role they play in the First 1000 Days.
- Provide men with a choice of working with both male and/or female service providers.
- Advocate for continuity of funding in provision of these programs.

Service use and provision

- Ensure a holistic approach to the provision of services in the First 1000 Days, including around culture, Country, identity and kinship.
- Build workforce capacity and a case management approach to provide a continuity of service provision and care for mothers, fathers and families during the First 1000 Days.
- Establish an integrated model of care (including tertiary, primary, community and family-based services) to address possible silos and fragmentation of services.
- Evaluate successful programs so as to provide models of best practice and to identify barriers and enablers both to the provision of, and access to, services.

Data for evidence

- Instigate a cohort study of Aboriginal and Torres Strait Islander children.
- Adopt a positive focus with a shift away from a deficit model.
- Implement research and interventions that build research capacity for community organisations.
- Articulate a clear argument and justification of the need for biomarker testing and ensure the protection of privacy, and respect for cultural safety, beliefs and historical experiences surrounding biological samples must be observed.

Interventions

- Incorporate traditional knowledge and health practices into current contemporary contexts for the First 1000 Days research and interventions.
- Develop methods of sharing First 1000 Days information, programs, outcomes and resources.

Community governance and cultural protective factors

In addition, participants discussed cultural protective factors, the cultural determinants of health and wellbeing, and how to empower families through the First 1000 Days. Discussions highlighted the following themes, which are outlined below.

Cultural protective factors

Cultural protective factors and an individual's connection to culture, Country and community were also seen by participants to provide support, healing, care and protection, and physical, mental, social and emotional wellbeing.

Ceremonies

Participants reflected on the importance of traditional communication and wisdom, and the need for providing cultural context and meaning, with a more contemporary focus, bringing the past into the present and helping to build the future.

Key people/family members

Kinship and the role of connection with family and community were seen as essential for the empowerment of families during the First 1000 Days. Participants emphasised that being involved with strong social networks of family helped to provide positive role models, ensure empowerment and build identity for mothers, fathers and children. The significant role of Elders and other members of the community were also highlighted by participants as vital in providing strong role models and mentors for young women and men, parents and families.

Service support needs

Participant discussions revealed the importance of having culturally safe services for families during the First 1000 Days, including health, education, protection, outreach and other services. In particular, participants suggested a collaborative and responsive case management approach for the provision of health care services during the First 1000 Days to ensure continuity of care for families and to facilitate access and/or referral to services where appropriate. Discussions highlighted the need for capacity building to develop an Aboriginal and Torres Strait Islander workforce. Coordinated, pathway-directed services were also seen as important by participants, so as to engage all relevant service providers and develop a complete picture of service trajectory needs.

Parental support and education

Personal, parental and family empowerment was considered by participants to be an important mechanism in the provision of parental support

during the First 1000 Days. Participants indicated the need for more schools to allow young parents to continue their education. Educational opportunities (e.g. literacy, training, up-skilling) and support for employment of parents were also seen as crucial. Discussions emphasised the importance of support for parents through access to childcare and playgroups that are affordable, supportive and culturally safe learning environments for children while parents are at work. Practical support and education in budgeting and management of finances for parents and families was also considered valuable by participants. Discussions highlighted the need to support those families who have/are experiencing family violence, in addition to programs and education for individuals in the family/community who perpetuate violence.

Early learning

Encouraging a child's connection to culture, Country, community and family was considered of particular importance in building a child's knowledge and value of identity. Spending time together with Elders, family and community was also emphasised by participants as a means of building culture and providing traditional mentoring.

Where to from here?

The engagement and consultation process enabled through the Scientific, Researchers' and Community Governance Symposia have provided a practical underpinning for the development of an Australia Model of the First 1000 Days. The fourth and final Symposium will target policy makers and implementers to identify ways in which policy processes can respond to the evidence generated from First 1000 Days sites, and replicate these findings into other areas of activity across Victoria and nationally.

The Evidence

The First 1000 Days between a woman's pregnancy and her child's second birthday offers a unique window of opportunity to shape healthier and more prosperous futures (1,000 Days 2014). In recent years the perceived importance of the First 1000 Days has gained traction as new evidence emerges as to the impact of maternal nutrition on brain development, the neuroscience of infants, the long-term impacts 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 (Arabena 2014).

The evidence shows that:

- 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 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).
- A baby's social and emotional development is strongly affected by the quality of their attachment – that is, the bond between a baby and its caregivers (Malekpour 2007).
- Babies are disproportionately vulnerable to abuse and neglect. A number of our children are living in complex family situations, or at heightened risk in households with problems such as substance misuse, mental illness or domestic violence. Many of the statistics show that serious case reviews involve children under the age of 12 months (Morgan & Chadwick 2009).

When children have opportunities to develop executive function and self-regulation skills – which are crucial for learning and development – both individuals and society as a whole benefit. In vulnerable families, we need to build the capabilities of adult caregivers in order to achieve good outcomes for the children in their care. By supporting the development of children's and caregiver's self-regulation skills, mental health and executive functioning, we can improve the economic and social stability of the family, thereby maximising the health benefits that will positively impact on young children across their life-course (CDCHU 2015).

The First 1000 Days

A radical change is required in how we think about and enhance the early outcomes for Aboriginal and Torres Strait Islander children in Australia (SNAICC 2013). Too many children and young people do not have the start in life they need. As our understanding of developmental science improves, it becomes clearer and clearer that adverse events in a child's life lead to structural changes in brain development that have life-long and societal ramifications (TLRP [n.d.]). We now also know these ramifications are intergenerational (Lee & Macvarish 2014). Not intervening will affect not only this generation of children, but also the next. Those who suffer adverse childhood events achieve less educationally, earn less and have worse health outcomes – all of which makes it more likely that the cycle of harm is perpetuated in the following generation (Leadsom et al. [n.d.]).

The First 1000 Days Scientific Symposium was a call to consider the implementation of new interventions founded in rigorous science, and to consider the opportunities inherent in the 'critical window of opportunity' from conception to the age of two. International research shows that early intervention programs during pregnancy and in the early months and years of a child's life have tremendous positive impacts on health later in life. The physiological, educational and emotional environment of the child in this 'First 1000 Days' has been shown to exert a profound impact on long-term developmental and life trajectories (Illig 1998; The Lancet 2013; The Save the Children Fund 2013).

In our communities, pregnancy, birth and the first 24 months can be tough for every mother and father. Some parents find it difficult to provide the care and attention their baby needs (Arabena et al 2015). Participants at this forum also heard that this same time period can be a chance to affect great change as parents are usually receptive to offers of advice and support, and agencies are able to provide seamless services emphasising community leadership, workforce development, coordination of effort, partnerships and collaboration.

In the Australian context, early intervention support for mother and baby is not always available to Aboriginal and Torres Strait Islander children. As a result, they can be subject to poorer health and cognitive development than non-Indigenous infants. This has life-long health and wellbeing implications that impact at the individual, family, community and societal level (McHugh & Hornbuckle 2010). Thus, the First 1000 Days framework is being developed as an approach to improving health outcomes for Aboriginal and Torres Strait Islander children and to maximising the potential of all children. Coordinated by Professor Kerry Arabena and the Indigenous Health Equity Unit within the Melbourne School of Population and Global Health, the framework will focus attention on preconception, maternal antenatal and postpartum nutrition and healthy lifestyle strategies, and nutritional, social, environmental, educational and family supports for the developing infant and child (The University of Melbourne 2015).

Recent evidence demonstrates there are many areas that could be used to guide the development of targeted interventions for the Framework including:

- impact of maternal nutrition on brain development
- neuroscience of infants
- long-term impacts of early childhood experiences such as stress, which may permanently affect characteristics usually considered genetic ('epigenetics')
- capacity of infants to begin structured learning earlier than previously supposed
- building the capabilities of adult caregivers in vulnerable families
- developing executive function and self-regulation skills in the child.

This approach will also involve health care workers, community organisations and all levels of government to address local and systemic-level issues contributing to the growing gap in infant and parental health between Aboriginal and Torres Strait Islander and non-Indigenous Australians. These issues include preconception, maternal and child health, parental support, early childhood education, housing availability and quality, and poverty reduction.

The impact of capacity building in these areas can be global and enduring. For example, when children have opportunities to develop executive function and skills in self-regulation – crucial for learning and development – the positive outcomes and health benefits to the child extend to improvements in the economic and social stability of the family, and to society as a whole (Vimpani, Patton & Hayes 2004).

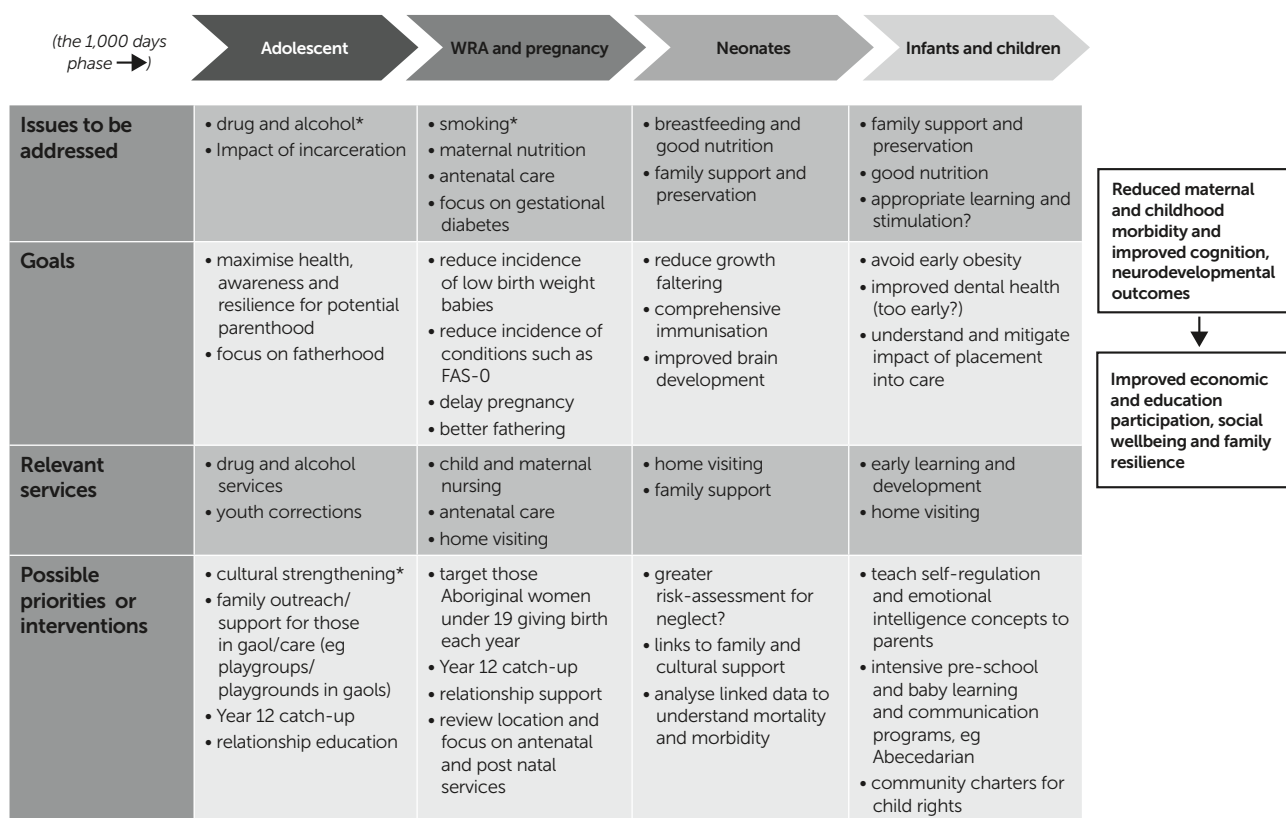
Furthermore, interventions in the First 1000 Days have already shown demonstrable and far-reaching outcomes (1,000 Days 2014), such as:

- saving lives
- significantly reducing the human and economic burden of communicable diseases such as TB, malaria and HIV/AIDS

- reducing the long-term risk of developing some non-communicable and chronic diseases including diabetes
- improving educational achievement and earning potential
- improving a nation's gross domestic product.

Figure 1 (next page) provides a summary of the possible actions under a First 1000 Days approach that focuses on Aboriginal and Torres Strait Islander Infants and those caring for them.

By giving children the best start in the First 1000 Days of life we are enabling them to develop to their full potential as psychologically and physically healthy, socially engaged, well-educated and productive adults. By contrast, adverse experiences for the child in this period can derail healthy development, and create learning, behavioural and health challenges that place a heavy burden at the individual, family, community, and national level.



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

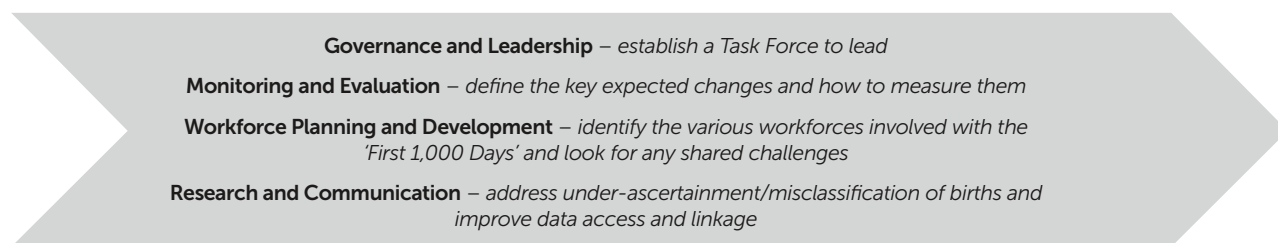


Figure 1: Summary of possible actions under a First 1000 Days approach for Aboriginal and Torres Strait Islander Infants and those caring for them

Overview of Presentations at the Community Governance Symposium

The following section provides a brief overview and summary of the presentations given at the Strengthening Families through the First 1000 Days Community Governance Symposium. They are grouped under the following headings:

- Good governance: Strengthening our work where the rubber hits the road
- Cultural protective factors: Cultural determinants of health and wellbeing.

Audio-visual clips of the presentations in their entirety are available on the Indigenous Health Equity Unit's website.

Good governance: Strengthening our work where the rubber hits the road

Eight priorities in early life services, case studies and interventions

Ms Sue-Anne Hunter, Victorian Aboriginal Child Care Agency (VACCA) and Secretariat of National Aboriginal and Islander Child Care, Melbourne

The Secretariat of National Aboriginal and Islander Child Care or SNAICC is a national non-government peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and families, with a mission to provide direct aid to and promote the rights, needs and aspirations of Aboriginal and Torres Strait Islander children and families. National executive leaders of community controlled Aboriginal and Torres Strait Islander child and family welfare and early childhood services oversee SNAICC, with community governance central to achieving better outcomes for children. SNAICC believes that communities, families, and cultures hold the answers, the capacity, and the

deep commitment needed to lead and improve outcomes for our young children and families.

SNAICC is informed and driven by a commitment to eight priorities informed by the knowledge and perspectives of Aboriginal and Torres Strait Islander child and family service leaders, providing a powerful framework for prioritising Aboriginal and Torres Strait Islander community leadership and improving child development and wellbeing outcomes. The following section provides a summary of SNAICC's eight priorities for Aboriginal and Torres Strait Islander children and families (summaries accessed from SNAICC 2011).

1. Support families to care for children

Aboriginal and Torres Strait Islander families provide children with a wonderful childhood that is enriched by family connections and cultural identity. Services engaging with families should aim to build on existing family strengths to assist them to develop healthy relationships to care for themselves and their children. Child care, healing services, parenting services, housing programs and employment programs are examples of the types of support that families need if they are to provide children with a happy childhood that will be the foundation for their future success in life.

2. Value and respect Aboriginal and Torres Strait Islander culture

Cultural identity and connection to family, community and Country/land are the birth right of every Aboriginal and Torres Strait Islander child and integral to what they need to prosper. Aboriginal and Torres Strait Islander children will grow, learn and excel when their cultural needs are met, valued and respected at home, school, child care and throughout all aspects of their lives.

3. Healing and reparations for the Stolen Generations

The National Apology to the Stolen Generations on 13 February 2008 was an important step in acknowledging the wrongs done to members of the Stolen Generations, their families and all Aboriginal and Torres Strait Islander people. Governments must now acknowledge that because injustice was inflicted, compensation is required. Services to heal, reconnect and preserve families, and prevent the removal of children in this and future generations, are also essential and must be provided.

4. Self-determination in child protection

Self-determination in child protection is a right. Recognising that Aboriginal and Torres Strait Islander communities are best placed to make informed decisions about the safety, wellbeing and protection needs of Aboriginal and Torres Strait Islander children ensures self-determination. Decision makers in child protection need strong trusting relationships with families and communities to ensure that decisions are well informed. Evidence shows that community-based models of child protection offer the best option for safeguarding children. Appropriate family and community members should be closely involved in all decisions regarding children's safety and protection to ensure risk and alternative care options are appropriately assessed. Each community must develop and run holistic, community-based child and family welfare services and child protection service models that meet individual communities' needs and capacities.

5. Thrive by five with culture alive

Meeting children's health, development and cultural needs through programs that value learning and respect for culture is the best way to ensure improvements in Aboriginal and Torres Strait Islander children's long-term wellbeing and educational achievements. A confident, ready-to-learn Aboriginal or Torres Strait Islander child starting school is one who is healthy, has strong family bonds, who knows

and is proud of his or her Aboriginal or Torres Strait Islander culture and who has participated in a quality early learning program. A high-quality early learning program is one that has supported the child to identify with and feel proud of his or her Aboriginal or Torres Strait Islander culture. This support must continue through their school years to ensure their confidence and success.

6. Real results take real planning

The future for Aboriginal and Torres Strait Islander people must be made by Aboriginal and Torres Strait Islander people. Plans only improve people's lives when they have been developed in close consultation with those people, and include clear short-, medium- and long-term outcomes that are properly funded, monitored and reported against. A National Action Plan for Aboriginal and Torres Strait Islander children's welfare and development that guides the initiatives and programs of the Federal Government and all States and Territories must be developed.

7. Building capacity builds communities

Aboriginal and Torres Strait Islander people know best what their children, young people and communities need and want. The role of governments is to support and sustain the ability of Aboriginal and Torres Strait Islander individuals and organisations to work in a culturally sound way that will improve people's health and education, strengthen families, improve connections to culture and build strong Aboriginal and Torres Strait Islander communities. Governments need to work more flexibly and supportively with Aboriginal and Torres Strait Islander agencies across all areas of the community sector. Rather than governments prescribing what local agencies do, they should support them to meet local needs.

8. Hope, wealth and prosperity for our children

All Aboriginal and Torres Strait Islander children, wherever they live, should enjoy a childhood that encourages them to aim

high and explore all of life's opportunities. They should be encouraged to dream like other kids of a happy and prosperous life and be supported to realise their dreams. Each and every Aboriginal and Torres Strait Islander child should feel safe in their homes and communities, be proud of their heritage and culture, and have the health care and educational opportunities that are available to other Australian children. This will enable Aboriginal and Torres Strait Islander children to share in and contribute to the wealth and prosperity of their nation.

The eight priorities of SNAICC provide a framework to help direct energies, assess plans and ensure that our efforts are on the right track to achieve real outcomes for our children. This framework can help inform and shape efforts to respond to the needs of our children and families in the First 1000 Days. It is through strengthened collective voices and collective efforts that community and community controlled organisations can take on the challenges that our children face, and advocate for the policies, resources and programs to support this path.

Research governance in public health care in Cape York: Apunipima Cape York Health Council

Ms Rachael Ham, Apunipima Cape York Health Council, Cape York, Queensland

Apunipima Cape York Health Council (the Council) is an Aboriginal Community Controlled Health Organisation (ACCHO) in Cape York, Queensland. The Council is committed to building relationships with organisations and institutions to support health research that is conducted substantially for, and provides direct benefits to, the Aboriginal and Torres Strait Islander people of Cape York. Through the development of a Research Governance Committee, the Apunipima Cape York Health Council has created terms of reference to ensure the research agenda within the Council and other associated organisations and institutions is driven from the community perspective.

The Research Governance Committee is comprised of nine members, with six Aboriginal and Torres Strait Islander members and a mix of both academic and non-academic members. In particular, two of the non-academic members include Apunipima community managers who are directly involved in health services and health care delivery in the community. This provides the Committee with a strong grounding in what occurs at the coalface and ensures that research plans, questions and discussions are developed in a meaningful, contextually relevant manner.

Interested research organisations and institutions can engage with the Council's Research Governance Committee regarding their ideas and plans for research with Aboriginal and Torres Strait Islander people in the local community and the wider region of Cape York. The Committee does not operate as an ethics committee, however, but it does seek to review the ethics applications and research protocols of organisations and institutions wanting to engage in research with the Council to ensure their research fits Apunipima's agenda. The Committee has designed a series of questions for research organisations and institutions to understand more clearly what their intentions are in the research they have planned. The Committee also encourages the inclusion of Aboriginal and Torres Strait Islander representation within research program(s) as chief investigators or associate investigators in order to build and strengthen research capacity across the community and the Council.

The Research Governance Committee is working to establish a research agenda, informed by community need rather than an acceptance of academic-led and designed research interests. The development of the Committee's research agenda is being accomplished through links with the primary health care services strategic direction.

To assist researchers and research organisations and institutions in approaching the Research Governance Committee to seek support (and support letters) for their research ideas, plans and further development

of these, the Committee has developed a guide for this process, which includes questions regarding, but not limited to:

- What will be the length of the study in the community?
- Will the results of the research provide short- and/or long-term benefits and outcomes for communities?
- What skills and knowledge will this research provide and leave with the community (e.g. research capacity building, leadership development, etc.)?
- What is the nature of involvement and participation of community members in this research (e.g. facilitation and connection)?
- How will community members be compensated for their involvement and participation (e.g. in-kind or monetary payment)?
- Does the research fit with and/or support other projects within the community?
- How will people's privacy be protected?
- What measures will be taken to ensure community members and communities are de-identified?
- How will you protect our cultural knowledge in the planning, conduct and reporting of this research?

Further to this, the Research Governance Committee is also working to develop an Aboriginal and Torres Strait Islander Cultural Intellectual Policy for Apunimpa Cape York Health Council and the communities to protect people's intellectual and cultural knowledge. The Committee also provides education and in-house workshops, which include basic introductions to research, research methodologies used, types of research undertaken, and the nature of ethics and the importance of ethics approval when undertaking research.

Aboriginal Family Studies: Getting the research and policy partnerships right

Ms Donna Weetra, Wardliparringa Aboriginal Health Unit, South Australia

The Aboriginal Families Study is a population-based study of women giving birth to an Aboriginal baby in South Australia between July 2011 and June 2013. The Murdoch Childrens Research Institute (MCRI) in Melbourne has conducted this study in collaboration with the Aboriginal Health Council of South Australia (AHCSA).

Planning for the study commenced in 2005, and began with an initial meeting between the MCRI and the AHCSA, prior to the development of a research protocol or the submission of any funding application to the National Health and Medical Research Council (NHMRC). The MCRI research team came to the meeting with a willingness to listen to, and a desire to collaborate with, the AHCSA in order to ensure that the subsequent research design was established on the basis of a reciprocity of knowledge, experience and expertise in identifying and seeking to better understand and address the issues affecting Aboriginal and Torres Strait Islander families and communities.

The Aboriginal Families Study was preceded by extensive State-wide community consultations with ACCHOs and other members of the community. This consultation process was assisted by the AHCSA and a newly established Aboriginal Advisory Group – comprised of Aboriginal community members, Elders, health and early child workers, and policy from urban and rural communities – to ensure that community knowledge both led and informed the focus and development of the research measures and methods to be used, and that Aboriginal voices and experiences informed research. This consultation process helped to determine:

- what the focus of the study should be
- how the research should be undertaken
- whether community support existed for the study to go ahead.

During the consultation and engagement process, a strong and repeated message from communities included the need for research to be 'sound' and that it 'must lead to improved services for Aboriginal families'.

Based on feedback from the consultation and engagement process, the partner organisations worked together with the Aboriginal Advisory Group to develop the study protocol and apply for NHMRC funding to conduct a population-based study of women giving birth to an Aboriginal baby in South Australia over a two-year period 2012–13. The key factors of success in undertaking this research included:

- strong partnerships between research organisations and community controlled sector
- strong Aboriginal leadership of the project via the Aboriginal Advisory Group
- Aboriginal researchers working with participants
- capacity exchange between the non-Aboriginal researchers and Aboriginal researchers
- preparation, consultation and planning
- flexibility in the research design process, ensuring listening, discussion and changing when needed
- time.

At the forefront of the Aboriginal Families Study, consultation and knowledge translation has occurred across the interface of research, policy and practice. In addition to the Aboriginal Advisory Group, the study also established an Aboriginal Families Study Policy Information Partnership Group, which brought together policy makers and health service managers to work with research teams. It is through these two groups that the Aboriginal Families Study ensured that mechanisms were in place to maintain a focus on community, policy and service provider goals from the very beginning.

Cultural Protective Factors: Cultural Determinants of Health and Wellbeing

Coming of Age ceremony

Aunty Di Kerr, Wurundjeri Elder, Marbeangrook Consulting, Victoria

Following the sharing of a Welcome to Country, Wurundjeri Elder Aunty Di Kerr gave a presentation describing a special Coming of Age ceremony for young girls to encourage a sense of connection and belonging to Country for each girl involved. The following summary provides excerpts from Aunty Di's description of the challenges faced by communities and young people and the journey to reinvigorate connection to ceremony, Country and place.

Recognising contemporary challenges:

...I've found in my journey... that I need to work out why our communities are suffering. And we do a really good job, but underneath sometimes we're really sad and hurt. And I'm finding that the children are picking that up. And, I'm sort of trying to answer my own question, you know, why aren't we healing?... I was at a place yesterday... and they told me that 12 months ago there was a thousand of our children in care. But yesterday, the number had gone up to 1300. So we have about 33% of our kids in care. That's a high number. And it's wrong. And sometimes, you know, it happens because of things that are out of our hands. But there are things that we can do to try and stop that. And this is what I'm trying to do with this, these ceremonies.

Journey to reinvigorate connection to ceremony, Country and place:

I've had a journey over the last few years with Wurundjeri women and two years ago in October we found [the birthing tree of] William Barak, who was our last Ngurungaeta, our last chief. So from there, we've been on this journey and ... we cleansed the area, did ceremony, re-vegetated just to protect that

tree... From there we went to another park down the road from there and did ceremony, but since then, we've... planted in the park and put in... a permanent fireplace, we have tree sculptures – as in plants that are shaped in the rivers and the creeks – and [we] planted a Women's circle... [During ceremony] a Wurundjeri woman teaches us language and so we spoke some language for the first time, all of us, sang songs in language and did a dance. And it was very, very special and... it's very important... You know we get a lot of backlash from doing our ceremonies. But I won't stop because we have to stand strong for our future. And if we don't stand strong, as Aboriginal people, we will assimilate. And the wider community will lose their First Nations people. And to me that's tragic.'

Using ceremony and traditional teachings to foster pride:

You know, they mightn't know where they come from, but it doesn't matter, as long as you tell them, 'You fellas, you know, be proud of who you are'... I'll say to them, 'Do you know your great-grandfather or grandmother was here 60,000 years ago and did what we are doing today?'. They need to remember that. They need to remember how proud we are and... when they're young, they just need to be proud of who they are and belong to the Country on where they are.

Contemporary coming of age ceremonies for young women:

[We] weren't allowed to do our business, you know. Our family wasn't allowed to do anything on Coranderrk. Everything was taken away. Our language, our ceremony, hunting, fishing, you name it, everything was taken away [but more recently] I had the privilege of being with all these young women, over two weekends. We did a Coming of Age ceremony for our young ones, and it was the first ceremony we've had since our family's come off the mission. So it was very important... The ceremony was not exactly traditional, this is why I can talk about it [here]. We did a contemporary one based on tradition... It's the family and extended family saying, 'We're

gonna look after you'... It's important that they know that they have someone for life. And it's something a lot of people sometimes can't get their head around. Because it's Aboriginal, and it's ceremony and all this thing. But to me ceremony is very important and I believe in doing ceremony as much as I can.

Welcoming Baby to Country ceremony: The first 60,000 years

Ms Rose Gilby, Ms Jill Antonie, School of Rural Health, Monash University, Mildura and Uncle Jim Berg, Gunditjmara Elder

Aboriginal and Torres Strait Islander rituals and ceremonies involve the promotion of a sense of connection and belonging, acknowledge life phases, assign a task or challenge, and invoke the group with spirit (Moulton 2012). The Mildura Welcoming Baby to Country ceremony provides a sense of connection and belonging for mothers, fathers and extended family members and children, acknowledging and welcoming young infants and children to Country. This ceremony has been created through collaboration between a local Traditional Elder, research staff from the Monash University (Mildura campus), the Mildura Family Violence Prevention Service and the Mildura Arts Centre.

With social responsibility in mind, the Mildura Welcoming Baby to Country ceremony was shaped and designed, together with the community, with the purpose of bringing back culture to the people. The ceremony acknowledges that there is a need for people to come together and to re-gain and practise their Aboriginal and Torres Strait Islander culture that has been here for 60,000 years. The development of the ceremony in a contemporary setting has been informed by local community knowledge around how to create authentic and meaningful ceremony and ritual, in addition to the concept of re-emerging and re-imagining cultural content for local families.

The Mildura Welcoming Baby to Country ceremony is held once a year at the Mildura Arts Centre. This venue has been selected due to its historical connection to the local people prior to colonisation, with the aim of reclaiming this space for the

local Aboriginal and Torres Strait Islander people. Leading up to the ceremony each year, invitations are distributed throughout the community via several different agencies. The invitation includes a registration form allowing the organisers to design personalised Welcome Baby to Country certificates for those who take part in the celebrations on the day of the ceremony.

The ceremony ensures the inclusion of, and an invitation to, all Aboriginal and Torres Strait Islander children in Mildura. In addition, contact with child protection and early childhood workers makes sure that Aboriginal and Torres Strait Islander babies and young children receive an invitation to participate in this special ceremony. In addition, those children living with non-Indigenous families are also invited to participate, thereby ensuring, through ceremony, a provision for a lifelong connection to the Aboriginal and Torres Strait Islander community. Finally, a media release is provided locally to raise awareness of the significant ceremony and to extend a further invitation to the community to join in the celebration.

On the day of the event a Welcome to Country Ceremony is provided by Traditional Owners and then the babies and children, along with their families, are invited onto the stage. The babies and young children are officially welcomed by the Traditional Owners and receive their personalised certificate and a headband decorated in kangaroo skin made by local artists. The event concludes with the sharing of food, a very old tradition for Aboriginal and Torres Strait Islander people attending cultural ceremonies and gatherings, and another addition to the cultural protective nature of this program.

As an annual event, Welcome Baby to Country ceremony will continue to engage families, children and community in a contemporary celebration, based on ancient customs and practices, which recognises the Traditional Owners of the region, and ensures that all new Aboriginal and Torres Strait Islander babies are 'welcomed' both to Country and to their community.

Rebuilding hope through recovery: The Glen Central Coast Drug and Alcohol Rehabilitation Centre

Mr Joe Coyte and Mr Glen Collis, The Glen Central Coast Alcohol and Drug Rehabilitation Centre, New South Wales

The Glen Central Coast Alcohol and Drug Rehabilitation Centre (the Glen Centre), is one of six Aboriginal residential male-specific rehabilitation centres in New South Wales. The Glen Centre was set up by the Ngaimpe Aboriginal Corporation to try to get men – both Aboriginal and Torres Strait Islander and non-Indigenous – out of the criminal justice system and into treatment for their drug and/or alcohol addiction(s). The program provides residential alcohol and drug rehabilitation, offering a long-term program based on the philosophy of the Twelve Steps of Alcoholics Anonymous. Using this philosophy the Glen Centre seeks to equip clients to live a full life free of drugs and alcohol. The different program elements are based on Aboriginal and Torres Strait Islander values and spirituality, with a heavy emphasis on the individual and the consequences of the individual's choices.

The Glen Centre provides a treatment design for each client that is holistic and incorporates treating the person as a whole being – encompassing the spirit, mind and the physical body – rather than treating their addiction in isolation. The holistic approach employed through the Glen Centre involves tailoring the program to individual clients' needs with the aim of empowering them and enabling each person to take control of their life free from addiction(s). The program provides the tools to enable clients to recover from addiction and, in time, to become active members of their families and their community.

The program incorporates group work, individual counselling, physical work and exercise. A key component of the program is the fellowship of other recovering addicts and the mutual support this generates. The Glen Centre also provides a comprehensive medical program for each client. Part of the group work includes sitting by the fire every night, having a conversation (i.e. yarning) and getting

back to traditional Aboriginal and Torres Strait Islander values and practices, just as many generations have done for centuries before. The Glen Centre offers clients balance and supports them with reestablishing routine, such as waking up and brushing their teeth, attending to their personal hygiene and eating regular healthy meals. This is all part of re-programming from their addictive behaviour(s).

As part of its holistic approach, the Glen Centre program also focuses on aspects of parenting for young men and fathers. By providing parenting and other related courses, and engaging both Aboriginal and Torres Strait Islander (Awabakal Medical Service and Bungree) and non-Indigenous organisations (e.g. Bunnings), the program seeks to reinforce the belonging of each man to his respective family and the significant role he has. Going beyond other rehabilitation programs, the Glen Centre also offers clients the support they need to develop a future path of employment, which may include doing a trade, education or working in the community. The Glen Centre has established a transition program that provides an opportunity for men to enter the workforce as a significant part of undertaking their rehabilitation.

The ultimate goal of the Glen Centre is to support men in overcoming their addiction(s) in a holistic manner, to help them turn things around as they begin to embrace culture and a new start in life, and to support them in developing connections and reuniting with their families and communities.

Keeping dads connected: The Together–Reading Together program

Ms Mary-Ellen Blackburn, Centre for Corrections Education and Kangan Institute, Melbourne

The Together–Reading Together program was initiated at the Centre for Corrections Education, which has responsibility for delivering educational programs in prisons across Victoria, and delivered through Kangan Institute.

More than 67,000 children each year have a parent appear as a defendant in the Melbourne Magistrates

Court. In Victoria, 3000 children at any one time have a primary carer in prison, and in Australia 38,000 children experience parental incarceration each year. Indigenous people comprise almost 26 per cent of the prisoners in Australia, and 20 per cent of Indigenous children have had the experience at some stage of a parent, most commonly a father, being imprisoned. Australian and international research clearly tells us that parental imprisonment creates a significant risk for the inter-generational transmitting of offending.

Previous research clearly indicates that supporting family and community relationships reduces recidivism (De Claire & Dixon 2015). However, studies are only now beginning to look at the way in which prison affects a father–child relationship, with a number of prisons starting to introduce family-relationship programs. The Storybook Dads reading program, for example, was established in the United Kingdom to allow fathers in prison to record stories and have a package, containing both the book and the audio CD, sent to their children. Its goal was to support and maintain the father–child relationship, but studies have shown that the program does more than just maintain that relationship – it also helps the children’s literacy skills and enables prisoners to develop their own literacy skills: ‘... they can hardly believe it themselves; a room of grown men, sitting around reading children’s books to one another’.

Victoria’s Together–Reading Together program has transformational potential for both children and fathers. Prisoners often have a disrupted and unsuccessful educational history, so feel quite vulnerable and reticent when faced with an educational program. While a prisoner may feel threatened about sharing their lack of skills in reading and writing, many of them are prepared to face the issue in order to send a story, a bookmark or a card to their children. Even those fathers with low literacy skills have been able to participate, editing recordings so that prompts from the teacher were removed.

...they had never had their dad reading a story, because dad, actually, couldn’t read. But having this, meant that dad can read.

The whole enterprise of correctional education, and in particular the Together–Reading Together program, actually helps to humanise correctional facilities by cultivating positive and constructive activities, and, most importantly, maintaining critical relationships. Children suffer many feelings associated with parental incarceration – abandonment, shame, isolation, and an increase in learning difficulties – which often leads to further issues, such as poor performance at school. Programs that aim to support the children of incarcerated parents, by helping to maintain and foster their connection to that parent, have shown many benefits, including a reduction in harmful behaviour by the children. The profound strength of this program lies in its ability to protect vital parent–child relationships.

They come back from reading their stories, and they are emotional and moved, but delighted, and amazed and grateful.

The Together–Reading Together program incorporates culture in creative ways. Some fathers, and particularly Indigenous men, elect to add noise, music and art to their stories. A number of men have played the didgeridoo at the start and during their readings, while others have produced paintings for their stories that are included as part of the package sent to their children. The stories they write, and the way they write them, are as diverse as the men themselves. One father wrote a story about his country, incorporating didgeridoo music, kookaburra calls and amazing paintings: ‘They have never done anything like this, they never thought they would’.

Engagement with Research Questions: First 1000 Days Ecological Framework

The following section provides a description of each of the six themes of the First 1000 Days Ecological Framework, which have been informed and developed through the engagement and consultation process of the Scientific Symposium, Researchers' Forum and Community Governance Symposium. The six themes of the Ecological Framework are:

- Community governance
- Increasing antenatal and early years engagement
- Family environment
- Service use and provision
- Data for evidence
- Interventions.

Participants at the Community Governance Symposium were invited to review a sample of 25 research questions based around one (or more) of these six themes, as proposed by the attendees of the First 1000 Days Researchers' Forum (see Table 1 below). In their review, participants were asked to consider if these questions would actually offer opportunities for them to do their work better within and for communities – where the rubber hits the road. They were also asked to identify any further questions that would serve to assist front-line workers to understand where their organisation/work is making an impact in communities.

Following a description of each theme, research questions corresponding with that theme are listed and a summary of the Community Governance Symposium's group discussions and recommendations provided.

Table 1: A sample of 25 research questions as proposed by attendees at the First 1000 Days Researchers' Forum

<p><i>Community governance</i></p> <p>1. What are the principles of good community governance for research projects occurring within the First 1000 Days program?</p>
<p><i>Increasing antenatal and early years engagement</i></p> <p>2. Would embedding preconception interventions into the school curriculum improve outcomes for young women and men?</p>
<p><i>Family environment</i></p> <p>3. What kind of cultural protective factors need to be in place during the First 1000 Days for mothers, fathers and their children? Where can they get support with cultural protective factors? How do we build these in our communities?</p> <p>4. How can we ensure children in care (and out-of-home care) remain connected to culture?</p> <p>5. What is the effect of maternal/paternal incarceration on health and educational issues? How does it shape future outcomes for health?</p> <p>6. What do we know about engaging those communities in which kids are flourishing? What's the difference between these communities and ones in which kids are not flourishing?</p> <p>7. How do young men make the transition into being fathers? How and where do they get support for this transition? How do they engage with and work on developing trusting, loving relationships with their partners? What kind of health and wellbeing information do men require to be positive and effective partners and parents?</p> <p>8. How can we better include fathers in antenatal education? What are the benefits of including men in the First 1000 Days program?</p> <p>9. How do we nurture better relationships with men? What do men need to build, develop and maintain their relationships?</p> <p>10. What is fatherhood/motherhood, and how is it protective to your health?</p>

Table 1 cont...

Service use and provision

11. What multi-sectoral approaches (education, health, justice, child protection) are needed to impact positively on mothers and fathers, and on family health and wellbeing outcomes? How do families and communities define health and wellbeing outcomes in the First 1000 Days?
12. How can health equity be achieved through an integrated model of care for women, men and children during the first 1000 Days? Are these interventions working for the benefit of those engaged as end users? If so, how?
13. How can community design direct the development and implementation of these interventions?
14. Are there gaps in service coordination that impact negatively on families during this first 1000 Days? How can these be 'turned around'?
15. How are we collecting and responding to client satisfaction statements in the development and delivery of First 1000 Days programs? How will service providers know when people are satisfied (or not) with the services they provide, particularly given cultural differences?
16. What supportive structures do front-line health workers need from health services to increase engagement with families who are already using established services?

Data for evidence

17. Can we combine bio-marker tests (saliva tests, hair and nail collection) to identify stress with qualitative research and cohort studies to understand and respond better to the impact and influencers of stress?
18. What nutritional parameters are key indicators of mother and child health?
19. Which datasets need to be linked in order to answer research questions, e.g. Centrelink data with hospital and education data?
20. How do we design an ethical observation study? Is it ethical and/or appropriate to do purely observational studies?
21. How can we use key performance indicators, parallel data or informal data and incorporate this additional information to measure outcomes and influence government?

Interventions

22. What combination of social determinants strategies are required to underpin and support the health and wellbeing of families through the first 1000 days to reduce stress factors, such as housing, poverty alleviation, family violence, drug and alcohol addiction? What do new parents want so that they feel supported?
23. Does a health literacy intervention delivered by Aboriginal and Torres Strait Islander health workers have a positive impact on child and family health (mothers and fathers) during the First 1000 Days?
24. What programs would be effective to improve the preconception intervention for young women and men who are hard to reach? How can we measure this success?
25. What are the key components of incentivised, home-visiting, health-seeking behavioural programs that support women and men to engage in early pregnancy, antenatal and early life programs?

Community governance

Theme description

Community governance, engagement and partnerships with community are essential to ensure that research and interventions are led by and include Aboriginal and Torres Strait Islander people as co-designers, co-implementers and co-knowledge

translators of research and research outcomes. Community governance also ensures that research is designed to increase the number of opportunities for community leadership in agenda setting and decision making, thereby growing the number of Aboriginal and Torres Strait Islander leaders in this field, and the cultural responsiveness and capacity of health service systems to meet the needs of Aboriginal people.



Figure 2: Identified Ecological Framework themes and sub-themes relating to community governance

Research questions, participant discussions and recommendations

Symposium participants reflected on the following question within the overall theme of *community governance*:

1. What are the principles of good community governance for research projects occurring within the First 1000 Days program?

Discussions highlighted key themes such as the need for shared governance and respectful collaboration between researchers, research institutions and Aboriginal and Torres Strait Islander community members and leaders. Participants acknowledged that partnerships can be problematic, but that meaningful partnerships based on respect, acknowledgment of contribution, and inclusion of all knowledge bases are capable of enabling a far more relevant and impactful design and outcome for communities, governments and researchers.

Such communication and intentional effort by researchers and communities to work side by side will ensure that community members are able to inform, improve upon and govern all stages of research by steering and guiding the whole research process. In addition, there is a need for shared governance to allow for front-line community implementers and workers to benefit from research support, and evaluation of existing successful programs.

A 'cultural safety framework' within research ethics was also considered by participants to be essential to good community governance. This included the need for Aboriginal and Torres Strait Islander review processes within research to ensure the acknowledgment and protection both of culture and the intellectual property of Aboriginal and Torres Strait Islander voices. Participants further emphasised that this 'cultural safety framework' and governance should be provided through Aboriginal and Torres Strait Islander steering/advisory committees

comprised of community leaders and members. This would ensure a more strenuous applied ethics process, rather than a 'tick the box' [Participant comment] approach to research.

In addition, participants stressed the need for adequate time and funding to allow for the process of engagement, consultation and the development of relationships and connection between researchers and community leaders, organisations and members. Funders, universities and governments need to make sure that research projects have enough time and flexibility to allow for 'talking and listening and change when it's needed' [Participant comment]. This would enable appropriate processes to be followed by researchers and ensure that the research is peer reviewed by the community – 'you can't rush good business' [Participant comment].

Participants saw a contextualised approach as integral to the First 1000 Days program, with the need for researchers to focus on community-specific approaches. To do this, researchers must first seek to understand community needs, to identify what community members and leaders consider as important, and to ensure the research has a community-driven agenda and relevance. Consideration should also be made for a proactive approach, rather than reactive, and, where possible, for the research to continue and expand upon what has already been done within the community. Furthermore, there is a need to ensure a clear

benefit from the outcome(s) of the research, with research(ers) both 'giving back' [Participant comment] to the community and making a difference.

Finally, to ensure good community governance, the First 1000 Days research program needs to build capacity in communities and organisations to support growth and sustainability. Discussions by participants called for researchers firstly to identify the capacity of each community, both within Aboriginal and Torres Strait Islander-specific organisations and services and others in the community. Participants highlighted the need to identify the existing capacity, in all relevant organisations and services, in order for the researchers to focus on building and developing existing capacity rather than implementing programs that cause a depletion and/or loss of existing community capacity.

Capacity building and reciprocity was seen by participants as leading to the further development of skills, knowledge and the practice of research and good governance for Aboriginal and Torres Strait Islander leaders, community members and researchers. Funding for communities to host higher degree research students, and to develop other pathways for Aboriginal and Torres Strait Islander community members to become academic/non-academic researchers, were also seen as an important outcome of their involvement in the First 1000 Days program.

Key recommendations for community governance in the First 1000 Days include:

- Instigate shared governance and respectful collaboration between researchers, research/other institutions, and Aboriginal and Torres Strait Islander communities and leaders.
- Implement community governance through an Aboriginal and Torres Strait Islander steering/advisory committee (e.g. Community Governance Committee) comprised of community leaders, members, health care workers and researchers to ensure a community-driven, relevant research agenda.
- Establish a 'cultural safety framework' is needed to guide and review the First 1000 Days research and interventions, which must include, among other important factors, the acknowledgment and protection both of culture and the intellectual property of Aboriginal and Torres Strait Islander voices.
- Ensure a clear benefit for communities from research and interventions.
- Invest time and resources in the process of engagement, consultation and the development of relationships between researchers and community.
- Build capacity, and develop leadership skills and reciprocity for Aboriginal and Torres Strait Islander leaders, community members and researchers.

Increasing antenatal and early years engagement

Theme description

Poor antenatal engagement among Aboriginal and Torres Strait Islander women leads to poorer health at birth and throughout childhood. There is evidence that decreased self-efficacy results in health service avoidance, and cultural strengthening

improves self-efficacy. Interventions focused on increasing antenatal and early years engagement, and incorporating a case management approach, provide the opportunity for a measure of pre- and post-delivery outcomes for Aboriginal and Torres Strait Islander women and children. These include birth weight, maternal/paternal smoking rates, breastfeeding rates, attained height at age two years, and the impact of knowledge translation and delivery leading to increased antenatal engagement.



Figure 3: Identified measures and/or outcomes relating to increasing antenatal and early years engagement

Research questions, participant discussions and recommendations

Participant discussions reflected on the following question that is focused on the area of preconception within the overall theme of increasing antenatal and early years engagement:

2. Would embedding preconception interventions into the school curriculum improve outcomes for young women and men?

This question was seen by participants to have a useful and positive focus, as such an intervention(s) and research question would involve the design and implementation of improved education during preconception for young women and men. Participants highlighted that one outcome of such an intervention would be a reduction in the number of unplanned pregnancies experienced by young

women. In considering this research question, participants suggested the following change to reframe and/or expand upon the original question:

2. (revised): What is the most effective and acceptable preconception intervention to improve outcomes for young women and men? How can this be best translated?

Group discussions emphasised the need for identification of the most effective and acceptable preconception intervention, and to provide translation of this intervention to ensure it is culturally appropriate and safe. Participants expressed an interest in running such a program/intervention in the future, and also reflected on existing programs in this area (e.g. Core of Life). The difficulties of attaining appropriate and ongoing funding were also discussed.

Key recommendations for increasing antenatal and early years engagement in the First 1000 Days include:

- Identify the most effective and acceptable preconception interventions to improve outcomes for young women and men.
- Translate the design and implementation of interventions to ensure cultural appropriateness and safety.
- Find ways to overcome the difficulties in attaining appropriate and ongoing funding.

Family environment

Theme description

The context of the family environment in raising resilient and flourishing Aboriginal and Torres Strait Islander children is well recognised and was a priority identified by participants both at the earlier Scientific Symposium and throughout the Researchers' Forum. It also focuses on identifying and describing 'gaps', thereby making the collective research story about early childhood one of deficits within the Aboriginal and Torres Strait Islander community (Bowes et al. 2014).

Nonetheless, by addressing family violence, enabling family mentoring, understanding how to be the best parents, and learning how to raise motivated children the First 1000 Days' focus on the family environment can prevent any lifelong discrepancies in health outcomes, educational achievement and wellbeing (see Figure 4 next page). Building Aboriginal and Torres Strait Islander leadership in this area is important in creating a shift from child and maternal health services to 'maximising protective factors in families'. Effective services that engage and support families of Aboriginal children during the First 1000 Days will enhance outcomes of a child's engagement with school, promise of health equity and strengthening the resilience of families.

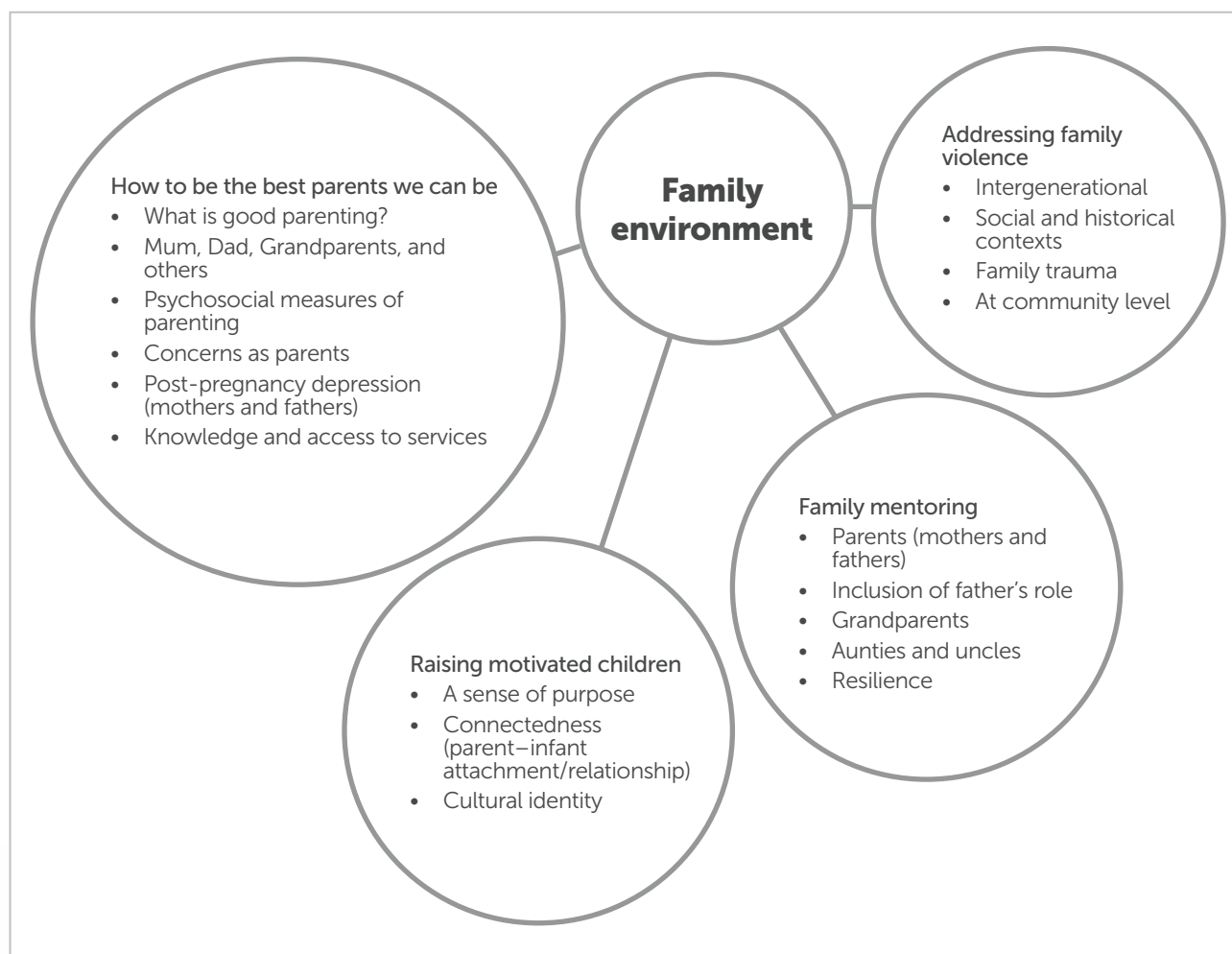


Figure 4: Identified measures and/or outcomes according to family environment

Research questions, participant discussions and recommendations

Participant discussions reflected on the following sample research questions focused on aspects of the *family environment* in the First 1000 Days:

3. What kind of cultural protective factors need to be in place during the First 1000 Days for mothers, fathers and their children? Where can they get support with cultural protective factors? How do we build these in our communities?
4. How can we ensure children in care (and out-of-home care) remain connected to culture?
5. What is the effect of maternal/paternal incarceration on health and educational issues? How does it shape future outcomes for health?
6. What do we know about engaging those communities in which kids are flourishing? What's the difference between these communities and ones in which kids are not flourishing?
7. How do young men make the transition into being fathers? How and where do they get support for this transition? How do they engage with and work on developing trusting, loving relationships with their partners? What kind of health and wellbeing information do men require to be positive and effective partners and parents?
8. How can we better include fathers in antenatal education? What are the benefits of including men in the First 1000 Days program?
9. How do we nurture better relationships with men? What do men need to build, develop and maintain their relationships?
10. What is fatherhood/motherhood, and how is it protective to your health?

Regarding the need for cultural protective factors for mothers, fathers and children during the First 1000 Days, Symposium participants thought that knowledge, safety and ritual were the most important factors during this time. They reflected on the loss of community cohesion, and the need to build on cultural strengths so as to ensure a strong linkage between families, knowledge holders and community Elders. Without strengthening these links, children were seen to be lacking in cultural knowledge. Participants suggested that children and families have a day each week to celebrate culture, connect with cultural business, and engage in community meetings and traditional art classes. These meeting days would both support a community's cultural protective factors and create an important opportunity for learning together. Aboriginal and Torres Strait Islander schools were also seen as places able to provide this support.

Kinship relationships were seen as critical for young men and fathers in enabling them to be the best dads they can be. Culturally appropriate and safe programs for young men and fathers that emphasise their rites of passage would equip them to assert their roles and responsibilities as men, fathers and parents and to work together with their families. Participants indicated that young men and fathers need to know that it's ok if they feel they can't parent, and for programs to provide the best information and support to help them learn to be better parents. Young men and fathers need an understanding and strengthening of their connection to culture, Country, community and family, particularly following periods of disruption and/or trauma (e.g. incarceration). Participants highlighted the need for (young) men and fathers to have places to go to rehabilitate and recalibrate following these disruptions. Discussions highlighted the need for more Aboriginal and Torres Strait Islander men to participate and in, and to inform discussions and reflections around, the First 1000 Days program and research questions.

Capacity building to develop and grow the Aboriginal and Torres Strait Islander health workforce (including family therapists) to include more men (and women) within the First 1000 Days program is needed to ensure that young men and fathers have a choice concerning the service provider(s) they engage with for mentoring and support. The names and language of services and programs also need to be changed to reflect the inclusion of fathers within the First 1000 Days and acknowledge the whole of family involvement. The inclusion of fathers within the Welcome Baby to Country (Mildura) was identified by participants as a positive example of involving dads in the First 1000 Days.

Participants highlighted the importance of having a cultural safety framework incorporated and practised in the out-of-home care of Aboriginal and Torres Strait Islander. To ensure that these children remain connected to culture and family, where appropriate, opportunities are needed for them to maintain relationships with family, community and Country, with reunification where possible. Funding models within out-of-home care need to be flexible for this additional, culturally appropriate work to occur.

Suggestions for changes or additions to research questions:

5. (revised): What is the effect of maternal/paternal incarceration on the rights of parents?

Key recommendations for the family environment in the First 1000 Days include:

- Embed cultural protective factors (such as knowledge, safety and ritual) for mothers, fathers and children during the First 1000 Days through a strong connection to culture, Country, community and family.
- Ensure the inclusion of fathers and their significant role in the First 1000 Days.
- Provide men with a choice of working with both male and/or female service providers.
- Implement culturally appropriate programs to encourage and equip men in their leadership roles and responsibilities as young men and fathers.
- Provide culturally appropriate programs for men (and women) in recovery/rehabilitation following periods of disruption and/or trauma.
- Advocate for continuity of funding in the provision of these programs.

Service use and provision

Theme description

Service use and provision will include the development of a First 1000 Days workforce through building the capacity of Aboriginal Health Workers and midwives in this area. A major focus will be directed towards developing a case management

approach to service provision so as to improve access to, and use of, comprehensive primary health care services for Aboriginal and Torres Strait Islander women, men and families in the First 1000 Days. Education, capacity building and further interventions will be informed through conducting needs assessments and evaluations of existing services, staff and users.

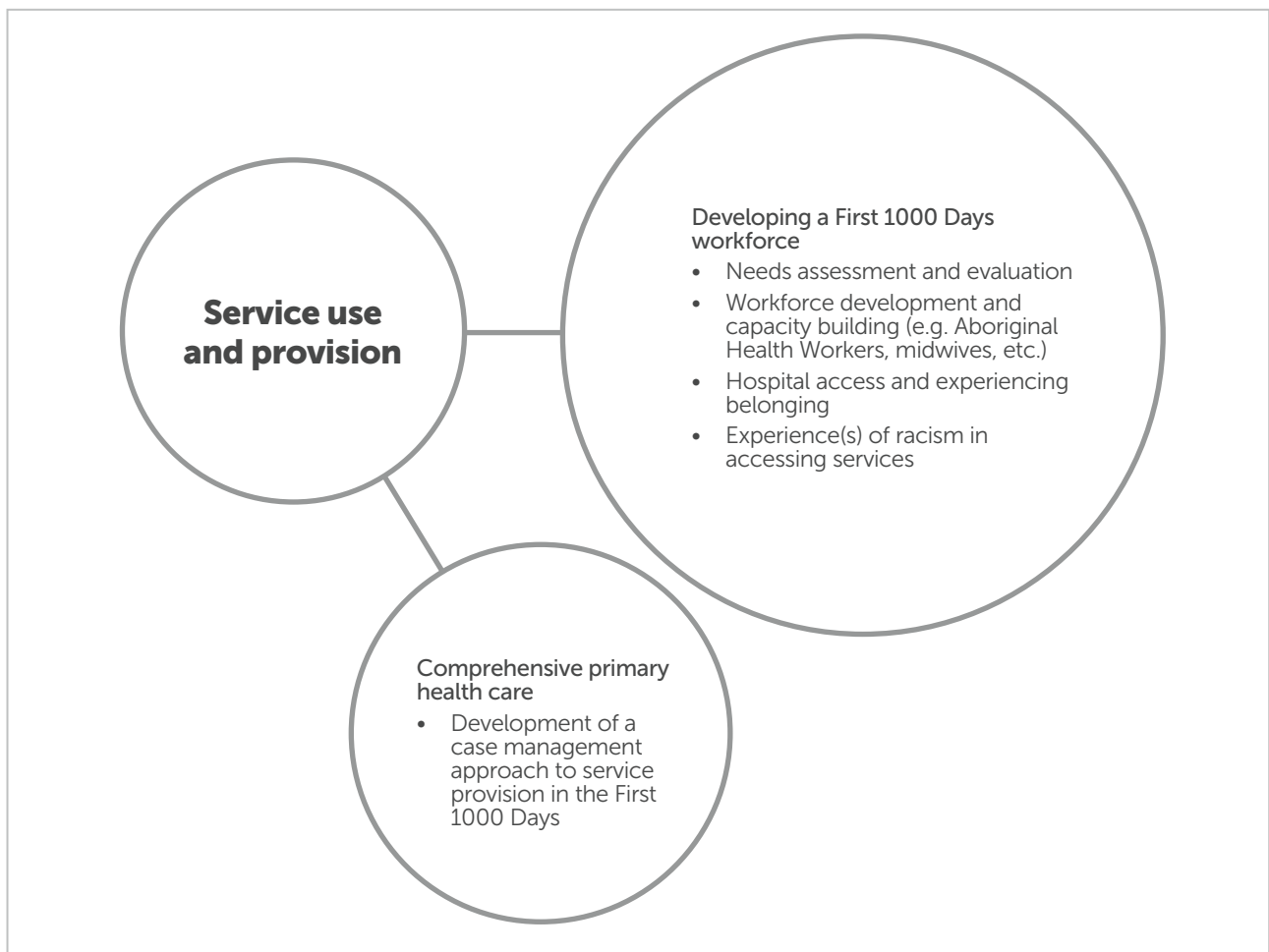


Figure 5: Identified measures and/or outcomes relating to service use and provision

Research questions, participant discussions and recommendations

Symposium participants considered the following research questions relating to *service use and provision*:

11. What multi-sectoral approaches (education, health, justice, child protection) are needed to impact positively on mothers and fathers, and on family health and wellbeing outcomes? How do families and communities define health and wellbeing outcomes in the First 1000 Days?
12. How can health equity be achieved through an integrated model of care for women, men and children during the first 1000 Days? Are these interventions working for the benefit of those engaged as end users? If so, how?
13. How can community design direct the development and implementation of these interventions?
14. Are there gaps in service coordination that impact negatively on families during this first 1000 Days? How can these be 'turned around'?
15. How are we collecting and responding to client satisfaction statements in the development and delivery of First 1000 Days programs? How will service providers know when people are satisfied (or not) with the services they provide, particularly given cultural differences?
16. What supportive structures do front-line health workers need from health services to increase engagement with families who are already using established services?

In considering research questions on service use and provision, participants emphasised the need to focus on culture, Country, identity and family/kinship in providing holistic services that engage with families and communities: for example, the significance of including culture, identity and language in early learning and education services so as to establish strong cultural learning and connections for young children. Discussions also highlighted the need for trauma-informed practices throughout services

and among community workers. Establishing a good relationship with the community was also seen as an important way for service providers and health workers to maintain strong connection, communication and identity with and within the community so as to engage families and positively impact upon mothers, fathers, children and other community members.

Discussions highlighted the need for building workforce capacity, including the appointment and development of both male and female health care workers, and ensuring a case management approach to enable continuity of care by following mothers and families through pregnancy, birth and up to two years of age. The importance of a holistic and circular approach to service provision – to ensure that education, health, employment and other community services do not exist in silos – was also discussed. Participants recommended that an integrated model of care be adopted that includes tertiary, primary, community and family-based services to address the possibility of silos and fragmentation of services.

The need for service providers to work collaboratively in developing strong connections with families was also debated, with participants pointing to issues of under-staffing and resourcing for Aboriginal Health Workers and the need for capacity building to develop and grow the existing workforce. They called too for support in ensuring continuity of funding and a political commitment that programs and service provision be evaluated, improved and expanded where needed.

To ensure that services are provided in a holistic and relational manner, participants recommended existing services and programs be evaluated from the perspective of both families and service users and service providers (e.g. health workers, teachers, program implementers, etc.). Such evaluations would enable the identification of existing gaps/weaknesses in services as well as the barriers to accessing services, and further identify aspects of successful delivery/strengths and enablers to accessing services for community members. Introducing debrief and reporting mechanisms would also provide the opportunity for ongoing evaluation, feedback and improvement.

Participants indicated that evaluation needs to occur at different levels – such as tertiary, primary, community and specific program-based services (including health, education, employment, justice, youth-specific, etc.) – to ensure that assessment of these services is focused and thorough. For example, evaluations specific to health could evaluate, among other things, what works when engaging families with health services in a positive way, and the supports needed by health workers and service providers to engage with families and provide best practice services.

Participants also suggested undertaking specific evaluations of successful programs so as to provide models of best practice. This could include establishing reference/advisory groups from communities in which services and community are working together to enable families and children to flourish, and that these groups could help to inform work in other communities. With service providers also taking a collaborative approach, evaluations and models of best practice could provide opportunities for services to learn from each other and build upon what works, rather than reinventing the wheel. This evaluation can also identify potential issues and gaps in service referrals and/or follow-up that exist within and between services and improvements can be made.

Suggestions for changes or additions to research questions:

11. (revised): What multi-sectoral approaches (e.g. education, health, justice, child protection and housing) are needed to impact positively on mothers and fathers, and on family health and wellbeing outcomes? How do families and communities define health and wellbeing outcomes in the First 1000 Days?
14. (revised): How can service coordination be improved to support families during this First 1000 Days? How can these be 'turned around'?
15. (revised): How are we collecting and responding to community feedback in the development and delivery of First 1000 Days programs?
16. (revised): What works in engaging families with health services in a positive way? What support structures work to support front-line health workers?

Key recommendations for service use and provision in the First 1000 Days include:

- Ensure a holistic approach to the provision of services in the First 1000 Days, including around culture, Country, identity and kinship.
- Build workforce capacity and a case management approach to provide a continuity of service provision and care for mothers, fathers and families during the First 1000 Days.
- Establish an integrated model of care (including tertiary, primary, community and family-based services) to address possible silos and fragmentation of services.
- Evaluate successful programs so as to provide models of best practice and to identify barriers and enablers both to the provision of, and access to, services.
- Advocate for continuity of funding and support to evaluate, improve and build upon existing and new services.

Data for evidence

Theme description

Data for evidence provides a focus for establishing data linkage and the collection of baseline and outcome measures (see Figure 6). To enable accurate reporting of the associated impacts, and to maintain researcher accountability to the development of an Australian Model of the First 1000 Days program, robust and rigorous measurements of the educational, health, cultural and wellbeing outcomes for Aboriginal and Torres Strait Islander children and families are required. To quantify the impacts of First 1000

Days interventions for Aboriginal and Torres Strait Islander people complete, accurate and consistent data will be needed. This will include improving the coordination, collection and monitoring of population data and working with governments and the Aboriginal and Torres Strait Islander health sector. It will also include assessing the process of implementing, initiating and recruiting at study sites in addition to ensuring the acceptability of the survey methods. A systematised data collection and analysis methodology will enable a comprehensive, rigorous and consistent empirical evidence base that will inform the social transformation needed to enable Aboriginal and Torres Strait Islander children, families and communities not just to survive – but to thrive.



Figure 6: Identified measures and/or outcomes relating to data for evidence

Research questions, participant discussions and recommendations

The following questions relating to the Ecological Framework theme of *data for evidence* were reviewed by symposium participants:

17. Can we combine bio-marker tests (saliva tests, hair and nail collection) to identify stress with qualitative research and cohort studies to understand and respond better to the impact and influencers of stress?
18. What nutritional parameters are key indicators of mother and child health?
19. Which datasets need to be linked in order to answer research questions, e.g. Centrelink data with hospital and education data?
20. How do we design an ethical observation study? Is it ethical and/or appropriate to do purely observational studies?
21. How can we use key performance indicators, parallel data or informal data and incorporate this additional information to measure outcomes and influence government?

Participants highlighted the need for research to be directed, determined and controlled by the community (community governance), with clear benefit for both individuals and the community as a whole. Discussions further recommended the development of a cohort study of Aboriginal and Torres Strait Islander children that can be linked to existing statutory datasets. This includes, but is not limited to, hospital, education and Centrelink data. Participants indicated that the full circumstances of families, including their social and cultural contexts, also need to be collected. Furthermore, the information should identify positive and protective factors and steer away from a deficit model, while still informing the research about family and domestic violence issues. Participant discussions spoke of the importance of managing research data in a culturally appropriate manner, while ensuring the data is complete, reliable, processed correctly, and with data integrity preserved.

Participants spoke of the need for First 1000 Days research and interventions to involve building research capacity in community organisations so as to ensure that both these organisations and health care workers know how to collect and analyse data, and be able to evaluate programs. Further to this, discussions revealed that participants viewed purely observational studies, specifically those without intervention(s), as having no direct community benefit.

In discussing the potential use of biomarker testing (e.g. saliva tests, hair and nail collection) within First 1000 Days research, participants emphasised that researchers must provide a clear argument and justification of the need for biomarkers when a qualitative self-reported descriptor would be sufficient (e.g. self-reported stress indicators versus cortisol). Participants also stressed the need for clear benefit to be demonstrated both for individual(s) and the community, and that the protection of privacy and respect for cultural safety, beliefs and historical experiences surrounding biological samples must be observed.

With regard to nutritional parameters as key indicators of mother and child health, participant discussions reflected on the nature of holistic nutrition sitting within a social and cultural context within the family. This social and cultural context may include, but is not limited to, education levels, affordability and availability of healthy food(s), antenatal care being accessed, who is cooking within the family, and what facilities are available for cooking (housing). Furthermore, although child outcomes can be measured by developmental milestones, participants reflected on the need for key indicators of health for mothers, clearer identification of support needs around diet and nutrition, and the specific information requirements of mothers, fathers and families in the First 1000 Days. Nutritional markers in blood were also suggested as a possible key indicator, but discussions again emphasised that a clear benefit must be established both for individual(s) and the community.

Suggestions for additions to research questions:

- What other data do we need to collect about the family so that we have the full circumstances of our families? How can we make services/government respond to our strengths and not our deficits?
- How can we make sure evidence is influential in policy and government frameworks in Australia?
- What long-term impact does self-regulation through cultural identity have for children aged 2–4 years?

Key recommendations for data for evidence in the First 1000 Days include:

- Instigate a cohort study of Aboriginal and Torres Strait Islander children.
- Adopt a positive focus with a shift away from a deficit model.
- Implement research and interventions that build research capacity for community organisations.
- Articulate a clear argument and justification of the need for biomarker testing and ensure the protection of privacy, and respect for cultural safety, beliefs and historical experiences surrounding biological samples must be observed.

Interventions

Theme description

The first and primary feature of the Australian Model of the First 1000 Days is the development of holistic interventions that will improve the health and wellbeing outcomes of Aboriginal and Torres Strait Islander children from (pre)conception to the age of two. These are best delivered through the

family environment, and by increasing antenatal and early years engagement along with service use and provision. Such interventions will have a primary focus that may include, but are not limited to, areas that address: preconception; improving nutrition; increasing engagement with services through a case management approach; parenting and mentoring; education and early life literacy; drug and alcohol use; justice and child safety; and building resilience (see Figure 7).

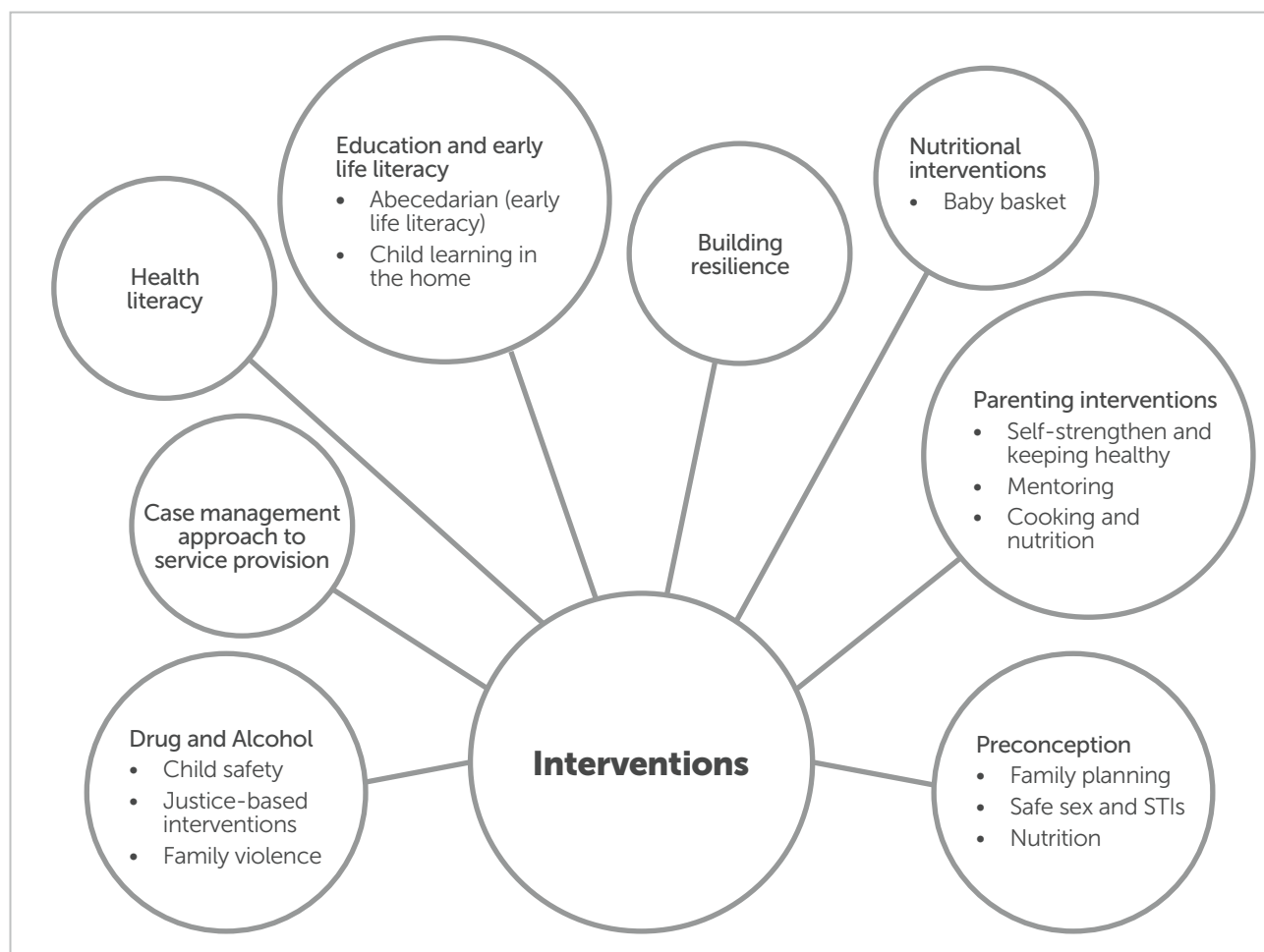


Figure 7: Identified measures and/or outcomes relating to interventions

Research questions, participant discussions and recommendations

Participant discussions reflected on the following questions focusing on the area of First 1000 Days interventions:

22. What combination of social determinants strategies are required to underpin and support the health and wellbeing of families through the first 1000 days to reduce stress factors, such as housing, poverty alleviation, family violence, drug and alcohol addiction? What do new parents want so that they feel supported?
23. Does a health literacy intervention delivered by Aboriginal and Torres Strait Islander health workers have a positive impact on child and family health (mothers and fathers) during the First 1000 Days?
24. What programs would be effective to improve the preconception intervention for young women and men who are hard to reach? How can we measure this success?
25. What are the key components of incentivised, home-visiting, health-seeking behavioural programs that support women and men to engage in early pregnancy, antenatal and early life programs?

Participant discussions again emphasised the need for capacity building and training programs for the First 1000 Days workforce to be developed and led by indigenous health professionals/researchers. Discussions focused on building workforce capacity, including the development of both male and female health care workers, and ensuring a case management approach to enable a continuity of care by following mothers and families through pregnancy and birth, and their children up to two years of age. Participants further highlighted the need to incorporate traditional knowledge and health practices into this contemporary context, and implement a case management approach (including in-home visits) both as a specific intervention and as an integral part of the role of capacity building.

Another issue identified by participants as a challenge, and in need of an intervention, was the long referral times for accessing services in speech pathology, audiology, nutrition, and/or housing.

First 1000 Days interventions and programs need to take into account the specific needs of the community and to build on, where appropriate, existing programs. Further to this, participants emphasised the importance of taking time to build trust and long-term relationships so as to be able to provide safe and supportive spaces for both families and health workers. Discussions indicated that the cultural protective factors included in First 1000 Days interventions need to awaken identity and empower mothers and fathers in their role of parenting, thereby positively impacting upon children, families and communities. The development of effective methods for sharing First 1000 Days information, programs, outcomes and resources was also considered important.

Participants suggested the inclusion of health literacy interventions for the First 1000 Days, with a possible focus on, but not limited to, breast-feeding, nutrition, clinical care and observation, and preconception. It was further suggested that aspects of preconception health literacy could, for example, address issues such as: what it is to have a baby; what happens if there is no planning; the responsibilities of parents; how the partner can provide support; and other life issues concerning finance, housing, employment, education etc. For all interventions, it was highlighted that the First 1000 Days program needs to ensure the inclusion of non-Indigenous family members.

Suggestions for changes or additions to research questions:

22. (revised): How can access to determinants strategies be improved to underpin and support the health and wellbeing of families through the First 1000 Days to reduce stress factors, such as adequate housing, poverty alleviation, family violence, drug and alcohol addiction? What do new parents want so that they feel supported?

Key recommendations for interventions in the First 1000 Days include:

- Incorporate traditional knowledge and health practices into current contemporary contexts for the First 1000 Days research and interventions.
- Incorporate cultural protective factors in interventions to awaken identity and empower mothers, fathers and families.
- Develop a case management approach to building the First 1000 Days workforce.
- Introduce health literacy intervention(s) for (expectant) mothers, fathers and families.
- Address lengthy referral times for specialist care.
- Develop methods of sharing First 1000 Days information, programs, outcomes and resources.

Cultural Protective Factors and Empowering Families through the First 1000 Days: Facilitating Individual and Family Governance

Symposium participants were invited to consider the cultural determinants of health and wellbeing during the First 1000 Days. Discussions provided an opportunity to reflect on the cultural protective factors inherent in Aboriginal and Torres Strait Islander culture, and how these are or can be supported within the First 1000 Days for mothers, fathers, children and families. In particular, participants reflected on how these factors, embedded within services and community organisations, can strengthen and empower our families, through the engagement of community and extended family within Aboriginal and Torres Strait Islander communities. In considering the specific timeframe of the First 1000 Days (see Figure 8), participants were also asked to reflect upon and discuss the concept of empowering and strengthening families throughout the First 1000 Days and how this can be achieved and facilitated through individual and family governance.

Cultural protective factors

Cultural protective factors were identified by participants as having an essential role in building a person's resilience through: reinforcing where they come from; knowing and experiencing the significance of being on Country; fostering pride in identity; and engaging in, learning from and respecting history and traditions, rituals, beliefs, language, knowledge, wisdom and ceremonies. Participants emphasised that recapturing wisdom and tradition was important in providing a sense of how to be and how to communicate as individuals, families and communities. Cultural protective factors and an individual's connection to culture, Country and community were also seen by participants to provide support, healing, care, protection, and physical, mental, social and emotional wellbeing.

Ceremonies

Participants also discussed the importance of ceremonies and community celebrations in creating a sense of belonging and connection to Country, culture, community and family. In addition, ceremonies were said to offer a healing and cleansing process for both individuals and the community as a whole. The role of Elder leadership and respect was also highlighted as a significant aspect of ceremony and celebration. Examples of ceremonies shared by participants included: welcome to Country; welcome baby to Country; coming of age; smoking ceremonies; sorry business (including funerals); anniversaries, graduations, and family reunions; and significant sacred spaces, gardens, spiritual initiations and rituals. Discussions highlighted the creativity and inspiration involved in, and stemming from, celebrations and ceremonies, with the inclusion of dance and performance, music, song, art and much more.

Participants reflected on the importance of traditional communication and wisdom, and the need to provide cultural context and meaning with a more contemporary focus, thereby bringing the past into the present and helping to build the future. Some participants expressed concern regarding the effects of social media on connection to Country, culture and community. Further discussion highlighted the need to celebrate the strength of single parents and to run camps for Aboriginal and Torres Strait Islander children and families so they can engage in ceremony and cultural traditions, and invite non-Indigenous friends, family and community to come along.

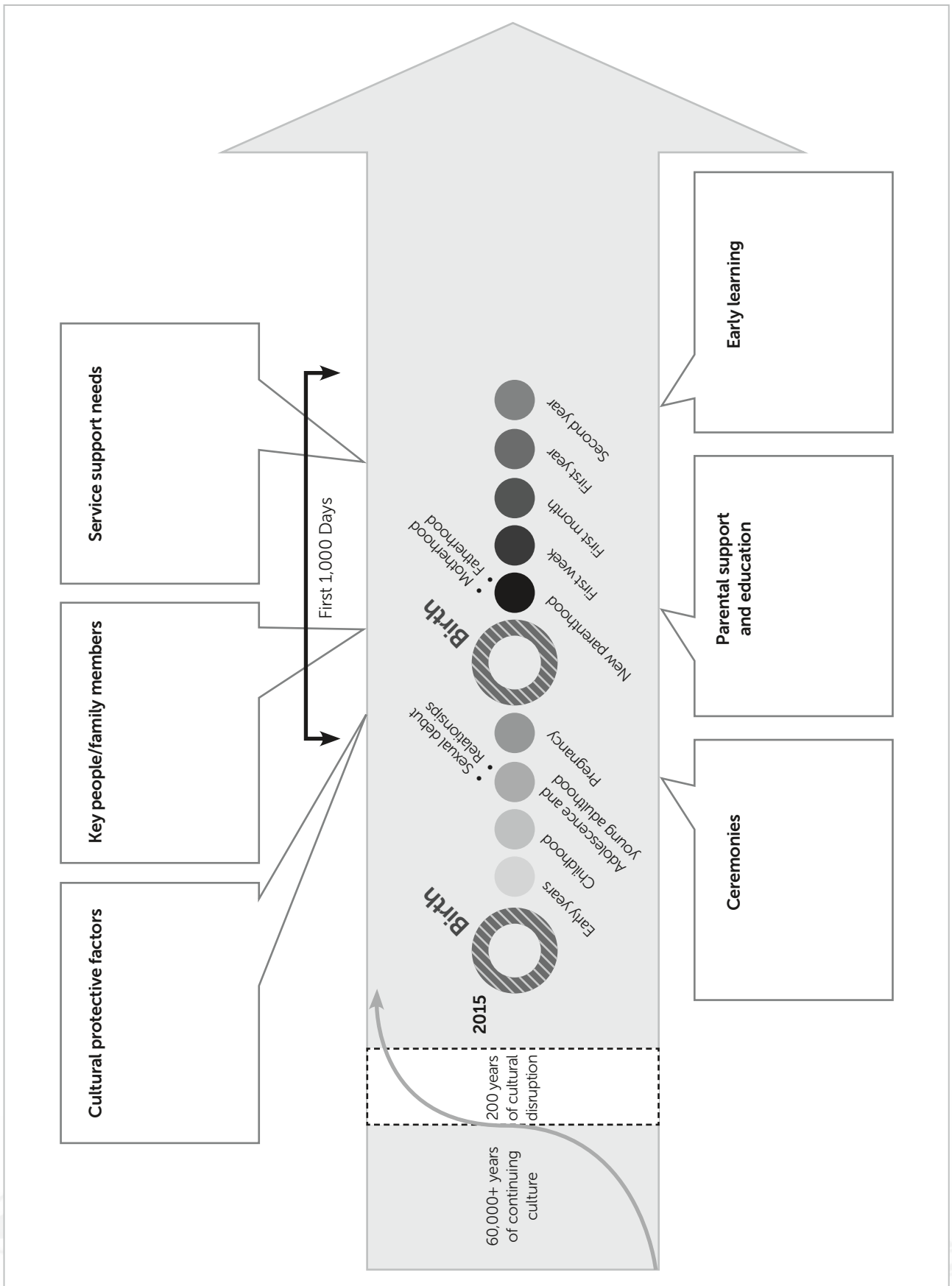


Figure 8: Strengthening families through the First 1000 Days: Timeline

Key people/family members

Participants indicated that kinship and the role of connection with family and community were seen as essential for the empowerment of families during the First 1000 Days. Participants described family as including mothers, fathers, grandparents, aunts, uncles, siblings, cousins, and other extended family members, and spoke of the shared parental roles of these significant others. Discussions highlighted that being involved in the strong social networks of family helped to provide positive role models, create a sense of empowerment and build identity for mothers, fathers and children.

Participants also discussed the significant role of Elders and other members of the community in providing strong role models and acting as mentors for young women and men, parents and families. Other key people and role models within the community included teachers, youth support workers, general practitioners, health workers, police officers, members of popular sporting teams, and other trusted people with whom individuals or families may connect and seek advice, guidance and support when they need it. Participants emphasised that a person is 'grounded' (Participant comment) through their connection with family and community, and reflected on the importance of kinship relationships in building resilience and confidence within the individual and in families.

Services support needs

Regarding service support needs, participants stressed the importance of having culturally safe services, including in health, education, protection, and outreach. Participant discussions indicated the need for these services to be respectful, relevant and accessible, both within mainstream and Aboriginal and Torres Strait Islander community controlled organisations. In particular, capacity building to ensure an Aboriginal and Torres Strait Islander workforce was seen as vital, in addition to a culturally educated workforce within mainstream and other services. Participants indicated that early learning centres and education services also needed to be culturally safe, and provide children with a connection to Country, community and family. Cultural children's programs and ceremonies – such as the Baby One

program and Welcome Baby to Country ceremony – were nominated as positive examples.

Coordinated, pathway-directed services were also seen as crucial in engaging all relevant service providers and developing a complete picture of service trajectory needs. Services discussed included those addressing health; employment and career assistance; housing; drug and alcohol rehabilitation and treatment; justice and legal aid; and family and domestic violence.

A collaborative and responsive case management approach to health service provision was seen as preferable during the First 1000 Days, so as to ensure continuity of care and to facilitate access and/or referral to services where appropriate. This was also thought to be beneficial for resource stability. In addition, participants highlighted the need for support services to be available for young couples and families during preconception, and to provide antenatal, birthing and postnatal care and early years engagement.

Services that empower both individuals and families were also seen as crucial during the First 1000 Days, including basic parenting education; access to education assistance; literacy (including health and financial) programs; sporting groups for connection with community (for adults and children); playgroups and measures of development milestones; young adult leadership; employment; and legal support. Best practice kinship care was also seen as important to enable sharing, to celebrating life and family, and to aid in the development and empowerment of individuals and families within the community. Discussions further emphasised a need to focus on the positives, rather than a deficit model or approach.

Parental support and education

Participants indicated the need for more school programs that would allow young parents to continue their education, in addition to more educational opportunities (e.g. literacy, training, up-skilling) and support in gaining employment. Discussions stressed the need for opportunities of flexible working arrangements, particularly for single parents, and for childcare and playgroups to enable a supportive, culturally safe learning environment

for children while parents are working. Access to additional tutoring for children, where needed, was also seen as important, along with supportive Aboriginal and Torres Strait Islander staff and strong parent–teacher relationships in early childhood centres and playgroups.

Discussions also highlighted the need for practical support and education in budgeting and the management of finances for parents and families, and for access to affordable housing and public transport. Participants noted that in their experience women were more proactive than men in accessing and using services. Furthermore, discussions identified the need to support those families who have experienced/are experiencing family violence, by making available women’s refuges and safe environments for them. Participants also saw programs and education for individuals in the family/community who perpetrate and perpetuate violence as essential.

In addition, personal, parental and family empowerment was considered crucial to the provision of parental support during the First 1000 Days. Participants suggested this empowerment could be grown through the building of strong networks (including children’s activities), connection and relationships to community (e.g. time for a yarn), supportive programs such as parenting groups, and support groups for young women and men, mothers, fathers and families. Participants also highlighted the need for overcoming isolation by providing both a nurturing environment and mentoring to build emotional and mental strength and encourage positive development (e.g. strong women, strong babies). Support for young and/or single parents was seen as important, with a need for identifying champions to help them build their esteem, identity and confidence. to believe in their ability to parent and learn coping strategies, and to develop self-planning support and capacity. Culturally appropriate services and programs with Aboriginal and Torres Strait Islander staff were seen as key to enabling this provision of parental support.

Early learning

Participants considered early learning centres and playgroups to provide a significant and

positive environment for children and parents, but emphasised that they needed to be accessible and to include Aboriginal and Torres Strait Islander learning in the curriculum. They also highlighted the significant role that centres, playgroups and childcare workers have in ensuring the development of positive cultural skills and safety that will encourage a child’s connection to Country, culture and family, and through this build a child’s knowledge and value of identity.

Early learning centres, playgroups and childcare workers and staff were seen to empower parents, children and families through the opportunities they created for connection and engagement. Participants reflected on the social network and support that both parents and children can receive in these environments through a sharing of home life with the centres/groups and vice versa. Discussions also highlighted that children are able to engage in fun activities and stimulating play and learning, while parents can gain a greater understanding of their child’s key developmental milestones/stages. There was a further recognition of the need and benefit of having programs for children that involved a few days/a week spent away together with Elders, family and community in order to build culture and provide traditional mentoring.

Early learning centres and playgroups were seen by participants as providing a positive environment for the development of early literacy through an understanding and supportive cohort of childcare workers, teachers and other staff. Participants reflected on the value of culturally safe centres and playgroups, and their role in providing key learning in the areas of early literacy and access to a range of books and opportunities for reading together; communication skills and respectful relationships; revitalising language and story telling; positive life skills and play activities; and further access to additional tutoring and learning services where needed. Participants also emphasised the importance of having health clinic involvement in early learning centres to provide assessments of things such as hearing, speech and nutritional intake. In discussing the positive role of sporting activities, participants reflected on the need for affordable sports fees and uniforms to give children the opportunity to participate and engage.

Moving the Agenda Forward

The engagement and consultation process with community front-line workers, researchers, scientists, policy makers and implementers that has been enabled through these four First 1000 Days Symposiums throughout 2015 provides a practical underpinning for the development of an Australian Model of the First 1000 Days. The Australian Model of the First 1000 Days involves two major interwoven projects. The first and primary feature of the program is the development of holistic interventions focusing on (pre) conception to the age of two to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander children through the family environment, increasing antenatal and early years engagement and, service use and provision. Interventions will have the primary focus of, but are not limited to:

- preconception
- improving nutrition
- increasing engagement with services through a case management approach

- parenting and mentoring
- education and early life literacy using the Abecedarian approach
- drug and alcohol education
- justice and child safety
- building resilience.

The second feature of the First 1000 Days program is the quantitative collection and measurement of the associated impacts of the First 1000 Days interventions. The quantitative arm incorporates the establishment of an Aboriginal and Torres Strait Islander prospective longitudinal birth cohort study following 1000 babies and their families from birth and, secondly, a baseline, mixed methods community profile at collaborating sites.

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Appendix 1: Program of the First 1000 Days Researchers' Forum

Time	Presentation	Presenter
8.30am	Coffee and Registration	
9.00am	Welcome to Country	Aunty Di Kerr Wurundjeri Elder
9.20am	The First 1000 Days: The Journey So Far – Symposiums, Scientific Symposium Tasks for the Day: Good Governance, Cultural Protective Factors and Family Strengthening	Professor Kerry Arabena Indigenous Health Equity Unit
9.30am	Key Note 8 Priorities in Early Life Services, Case Studies and Interventions	Ms Sue-Anne Hunter VACCA and SNAICC
10:00am	Session 1: Good Governance Strengthening Our Work Where the Rubber Hits the Road. What Do We Need to Know to Make Informed Decisions? Presentation 1: Apunipima Cape York Health Council – Research Governance Presentation 2: Aboriginal Family Studies: Getting the Research and Policy Partnerships Right	Ms Rachael Ham Apunipima Cape York Health Council Ms Donna Weetra Wardliparringa Aboriginal Health Unit
10.40am	<i>Morning Tea</i>	
11.10am	Group Work: Good Governance – Making Informed Decisions for the First 1000 Days Engagement with Research Topics and Questions Community Governance of First 1000 Days Projects	
12.10pm	<i>Lunch</i> <i>Launch of Making the World of Difference: The First 1000 Days Scientific Symposium Report</i>	
1:00pm	Session 2: Cultural Protective Factors: Cultural Determinants of Health and Wellbeing Presentation 1: Welcoming Baby to Country Ceremony: The First 60,000 Years Presentation 2: Rebuilding Hope through Recovery – Central Coast Drug and Alcohol Rehabilitation Centre Presentation 3: Keeping Dads Connected – Kangan Institute	Ms Rose Gilby and Ms Jill Antoine School of Rural Health, Monash University, Mildura Mr Joe Coyte and Mr Glen Collis The Glen Centre Ms Mary-Ellen Blackburn Centre for Corrections Education
2.00pm	Group Work: What Are the Cultural Determinants of Health and Wellbeing during the First 1000 Days? Case Studies and Discussion	
3.00pm	<i>Afternoon Tea</i>	
3.30pm	Group Work: How Do We Empower Families through the First 1000 Days? Facilitating Individual and Family Governance	
4.15pm	Moving the Agenda Forward and Closing Remarks	Professor Kerry Arabena Indigenous Health Equity Unit

Appendix 2: Strengthening Families through the First 1000 Days Community Governance Symposium Registered Attendees

Title	First Name	Last Name	Organisation/Institution
Professor	Kerry	Arabena	Onemda, The University of Melbourne
Dr	Rob	Grenfell	Bupa
Dr	Jacinta	Tobin	The University of Melbourne
Mrs	Belinda	Davison	Menzies School of Health Research
Ms	Carlina	Black	VACCA
Ms	Mary-Ellen	Blackburn	Centre for Corrections Education and Kangan Institute
Aunty	Di	Kerr	
Ms	Vicki	Horrigan	Department Of Health And Human Services
Dr	Simon	Graham	The University of Melbourne
Ms	Kate	Freeman	Royal Women's Hospital
Ms	Lisa	Thorpe	Bubup Wilam Early Learning
Ms	Kate	Jarvis	Department of Health and Human Services Victoria
Mr	Joe	Coyte	The Glen
Mr	Glen	Collis	The Glen
Mrs	Josephine	Southwell	Cohealth
Ms	Emma	Sydenham	SNAICC
Dr	Adrienne	Gordon	Charles Perkins Centre, University of Sydney
Ms	Michelle	Winters	St Vincent Health
Ms	Jasmine	Lyons	Onemda, The University of Melbourne
Ms	Sharon	Atkinson-Briggs	Onemda, The University of Melbourne
Ms	Jo	Luke	Onemda, The University of Melbourne
Dr	Jacki	Mein	Apunipima Cape York Health Council
Ms	Rachael	Ham	Apunipima Cape York Health Council
Ms	Leah	Johnston	Onemda, The University of Melbourne
Ms	Donna	Weetra	Murdoch Childrens Research Institute
Ms	Kate	Glenie	Department of Health and Human Services Victoria
Dr	Julia	Marley	Kimberley Aboriginal Medical Services
Mrs	Danielle	Dougherty	Mallee District Aboriginal Services
Ms	Selena	White	Royal Children's Hospital
Ms	Sharon	Mongta	Royal Children's Hospital Wadja Aboriginal Family Place

Title	First Name	Surname	Organisation/Institution
Ms	Barbara	Gibson-Thorpe	Echuca Regional Health
Mr	Alister	Thorpe	Onemda, The University of Melbourne
Dr	Chris	Lawrence	The University of Melbourne
Ms	Emily	Munro-Harrison	Onemda, The University of Melbourne
A/Professor	Jane	Freemantle	The University of Melbourne
Mrs	Moira	Rayner	Royal Children's Hospital
Ms	Ivy	Yarram	Yoowinna Wurnalung Healing Service
Mrs	Jenny	Sewter	Apunipima Cape York Health Council
Miss	Lorraine	Ahmat	Apunipima Cape York Health Council
Ms	Kylie	Berg	
Mr	Jim	Berg	
Miss	Kim	Davison	Gugan Gulwan Youth Aboriginal Corporation
Mr	Eddie	Longford	Gugan Gulwan Youth Aboriginal Corporation
Mr	Motu	Hindowa	The University of Melbourne
Ms	Terori	Hareko-Samios	Cohealth
Ms	Lavinia	Tambo	Cohealth
Mr	Rhys	Kinsey	Cohealth
Mr	Romlie	Mokak	The Lowitja Institute
Ms	Viki	Briggs	Indigenous Health Equity Unit
Ms	Jill	Antonie	Mildura Rural City Council
Ms	Virginia	Sitzler	Cohealth
Ms	Rose	Gilby	Monash University
Mrs	Anne	Lewis	Gugan Gulwan Youth Aboriginal Corporation
Dr	Stacey	Panozzo	The University of Melbourne
Mrs	Nicole	Mercer	Home duties
Ms	Ngaree	Blow	The University of Melbourne
Miss	Lauren	Arabena	Deakin University
Ms	Ngarra	Murray	Oxfam Australia
Professor	Stephanie	Brown	Murdoch Childrens Research Institute
Ms	Dianne	Couch	cohealth
Ms	Kate	Barry	Alannah and Madeline Foundation









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