

# First 1000 Days Australia

*An evidence-based model conceived of and led by Indigenous people to foster resilience, leadership and innovation in Aboriginal and Torres Strait Islander families through focusing on the period from (pre)conception to the age of two.*



FIRST  
1000  
DAYS  
AUSTRALIA

First 1000 Days Australia – the Australian Model of the international First 1,000 Days movement – aims to provide a coordinated, comprehensive strategy to strengthen Aboriginal and Torres Strait Islander families so they can address their children’s needs from pre-conception to two years of age, thereby laying the best foundation for their future health and wellbeing.

First 1000 Days Australia is premised on the family remaining the primary and preferred site for developing and protecting culture and identity in Aboriginal and Torres Strait Islander children. As such, the work is guided by a First 1000 Days Council made up of Aboriginal and Torres Strait Islander Elders, researchers, community members, front-line workers and policy makers. The Council ensures First 1000 Days Australia endorsed work is led by Aboriginal and Torres Strait Islander people and employs Indigenous methods of knowledge generation.

Founded on partnerships to promote collective impact, the Australian Model takes a multigenerational view of the family and is guided both by a multidisciplinary Scientific Advisory Committee and by other Aboriginal and Torres Strait Islander scholars.

This overview describes what the First 1000 Days Australia Model looks like, the steps taken to develop and implement the work, and how to become involved.



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# Introduction

## Global movement

The internationally recognised **1,000 Days** movement was established to improve maternal and infant nutrition from a child's conception through to their second birthday. With a focus on reducing malnutrition – now well recognised as causing irreversible damage to a child's neurological, immune and physical development – as well as maternal anaemia during the first 1000 days, the movement combines evidence-based medical care and social support to address the **United Nations' Sustainable Development Goals**. Interventions emanating from this approach have now been implemented in the United States and throughout Asia, Europe, South America and Africa.

However, the health and wellbeing of Aboriginal and Torres Strait Islander children in Australia, as well of other indigenous child populations, cannot be addressed without also taking a broader, holistic and cultural perspective. Recognising this, the **University of Melbourne's Indigenous Health Equity Unit (IHEU)**, in collaboration with key stakeholders including Aboriginal and Torres Strait Islander organisations, community health groups, other research institutions and government partners, has developed an Australian Model of the 1,000 Days movement – **First 1000 Days Australia**.

## Why First 1000 Days Australia?

Every mother and father has a story about the beginnings of their child's life. Many of them are joyful, some are heartbreaking, but all of them are important. This is because the **First 1000 Days is a period of enormous potential, but also of vulnerability**.

Despite Australia's prosperity, early intervention supports for families and babies are not always available or accessible to families experiencing vulnerability (at-risk). As a result, infants born to these families can be subject to poorer health and cognitive development than those born to empowered and resilient families, and have life-long health and wellbeing implications that impact at individual, family, community and societal levels.

Among Australia's Aboriginal and Torres Strait Islander population, the education and socialisation of young children that took place within the rhythms of family life, extended family and Country have been radically disrupted for some families leading to a growing number now experiencing periods of vulnerability. This is particularly so for those who have suffered from policies that resulted in the separation of children from their families, 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.

As a result, and despite almost a decade of the 'Close the Gap' campaign in Australia, too many Aboriginal and Torres Strait Islander children are living in complex situations or at heightened risk in households experiencing entrenched disadvantage and seasonal variations in their capacity to live in sustainable, just and healthy communities. This is due to the high levels of family violence, un(der)employment, substance misuse, mental illness and/or disability – all often the result of generational trauma.

Thus, although **Aboriginal and Torres Strait Islander communities intrinsically value children**, more and more of our young are in need of protection and representation by community organisations that are strong advocates for their rights. Consequently, a nutritional intervention alone is an inadequate response for these children: a broader articulation of the First 1000 Days is required in the Australian context to ensure the life-long health and wellbeing of all Aboriginal and Torres Strait Islander children.

## Developing the Australian Model

The success of the global 1,000 Days movement in delivering positive outcomes for its target populations encouraged the University of Melbourne to undertake a nation-wide engagement process exploring whether the initiative would be appropriate for supporting those Aboriginal and Torres Strait Islander families at risk. Throughout 2015 the University hosted **four national Symposia** – Scientific, Research, Community Governance, and Policy and Implementation – to confirm the science on the importance of the First 1000 Days in a child's life, and to determine how such an initiative could inform and improve upon current approaches to supporting families experiencing vulnerability.

The Symposia linked Aboriginal and Torres Strait Islander families, Elders and representative organisations with scientific researchers, front-line workers (e.g. early learning educators, social workers, midwives and community workers), policy makers from local, State and Federal governments, health economists and representatives from NGOs. They revealed a consensus among participants for the importance of the First 1000 Days, and for the need to develop an Australian Model that Aboriginal and Torres Strait Islander communities would find appropriate and relevant.

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***A major strength of the engagement process to determine a Model for First 1000 Days Australia is that it has been led by Indigenous scholars in partnership with Aboriginal and Torres Strait Islander organisations, and has been constructed using Indigenous methodologies.***

# Implementing First 1000 Days Australia

‘A radical change is required in how we think about and enhance the early life outcomes for Aboriginal and Torres Strait Islander children in Australia...’

— Professor Kerry Arabena, The University of Melbourne

First 1000 Days Australia uses the period from (pre)conception to the age of two, as a time to:

- 1 Build resilience**  
Support families, organisations and communities to better prepare for, respond to and transform from disruption in Australia and elsewhere in the world.
- 2 Learn and innovate**  
Generate important new knowledge that addresses some of the most complex issues facing our families, and catalyse innovation through cross-cultural and interdisciplinary exchange.
- 3 Lead regional initiatives**  
Foster high levels of commitment to and alignment with the vision, values, resources and infrastructure to support family strengthening before and during the First 1000 Days.
- 4 Generate and use evidence for impact**  
Produce robust, applicable research evidence about what works, promote the implementation of high-impact and cost-effective programs, and enable the capacity to influence the adoption and scale of such interventions.

Through Memorandums of Understanding, the Indigenous Health Equity Unit will **engage partners to implement the First 1000 Days Australia Model nationally**, under the auspices of regional governance arrangements. A staged capacity building and implementation program will refocus and realign the current work of the early years services while building workforce capacity and investing in governance and data generation to support and strengthen Aboriginal and Torres Strait Islander children and their families.

Implementation involves three major interwoven features (see Figure 1 overleaf):

- **Holistic strategies for the life-course** that address antenatal and early years engagement while also building the capacity of both families and the health, education, child protection and social and emotional wellbeing workforce
- Multidisciplinary research generating **data for evidence** and integrating research that informs programs, services and people’s wellbeing into the future
- Maintaining **strong community governance** and fostering local leadership.

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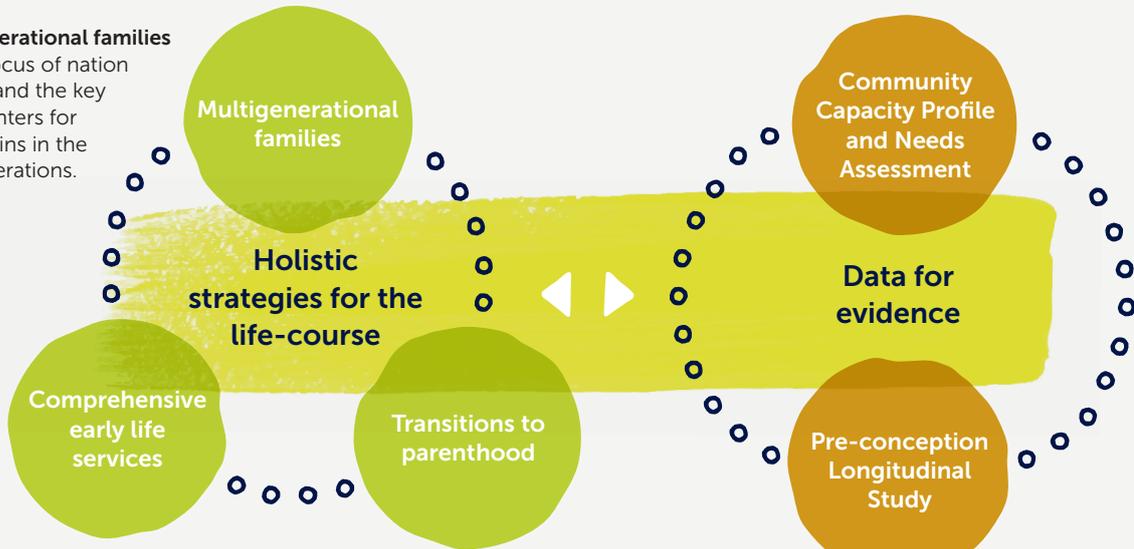
*First 1000 Days Australia aims for social transformation using an ecological framework to address the social and cultural determinants of health and wellbeing of Aboriginal and Torres Strait Islander peoples.*

**Figure 1** Implementing First 1000 Days Australia

## Strong Community Governance

First 1000 Days Australia increases opportunities to embed community leadership in agenda setting and decision making, and builds the capacity of service systems to meet the needs of Aboriginal and Torres Strait Islander peoples.

**Multigenerational families** are the locus of nation building and the key implementers for health gains in the next generations.



**Comprehensive early life services** bring together child protection, early learning, and health and wellbeing services to support infants and families.

**Transitions to parenthood** support men and women to choose when and how to parent through culturally informed parenthood strategies.

### Holistic strategies for the life-course

The first and primary feature of the Australian Model is the identification, development and implementation of strategies that focus on health and wellbeing from (pre)conception to the age of two, using comprehensive primary health care and a life-coaching approach. Interventions will be developed under the auspices of First 1000 Days Australia and implemented at regional sites, such as Community Health Centres and/or Aboriginal and Torres Strait Islander controlled organisations, known as **First 1000 Days Australia Alliance Sites**, in urban, regional/rural and remote locations throughout Australia.

Where possible, existing best practice programs and strategies will be identified and, as appropriate, used or adapted, with gaps acknowledged and new initiatives developed by Alliance Sites where needed. They will be assisted in this by a **Parkville Precinct collaboration** led by the University of Melbourne's IHEU. In this way, strategies will be (re)focused on the needs and priorities specific to an Alliance Site's local area, but designed around the three priority areas – Multigenerational families; transitions to parenthood; and comprehensive early life services.

### Multigenerational families

The underlying premise of First 1000 Days Australia is that the role of protecting children is best undertaken by the family – a multigenerational, non-biological and traditional model of family that includes mothers, fathers and/or care givers, grandparents and other relatives – using strengths-based approaches to raise resilient and confident children. Strategies will include family strengthening through stories, Country and kin; developing therapeutic cultural supports; undertaking a multigenerational family study and supporting innovative family-based entrepreneurial activities.

### Transitions to parenthood

Current antenatal and early years engagement focuses on incentive-based programs and home visits. First 1000 Days Australia will broaden this so as to address antenatal engagement between Aboriginal and Torres Strait Islander families and health service providers through a whole-of-service approach that incorporates counselling, early learning and education. This will include programs on choosing to become parents; supporting caring men and women; increasing antenatal and early years engagement; and developing supports for culturally informed parenting.

## Comprehensive early life services

It is crucial for service organisations, associations and/or regions to recognise the heterogeneity evident throughout urban, regional/rural and remote settings – the diversity among nations, language groups, expressions of culture, experience of native title or connection to Country – and the individual experiences of families and times of vulnerability. To facilitate this, First 1000 Days Australia will work with Alliance Sites to explore alternative approaches that lead away from a purely clinical service provision.

This will be done in tandem with targeted education, both to engage and support the local and regional implementation of programs, and capacity building so as to develop a national network of trained practitioners. To achieve this First 1000 Days Australia will work with the Aboriginal and Torres Strait Islander community leadership to move away from a former dependence on welfare services, and instead maximise protective factors in families by providing effective information and support for using household planning, life coaching and mentoring approaches.

## Data for evidence

To ensure that First 1000 Days Australia has a positive impact and builds a robust evidence base for the future, a systematic research program is being undertaken to generate, collect, link and use data from Alliance Sites based on four overarching research objectives:

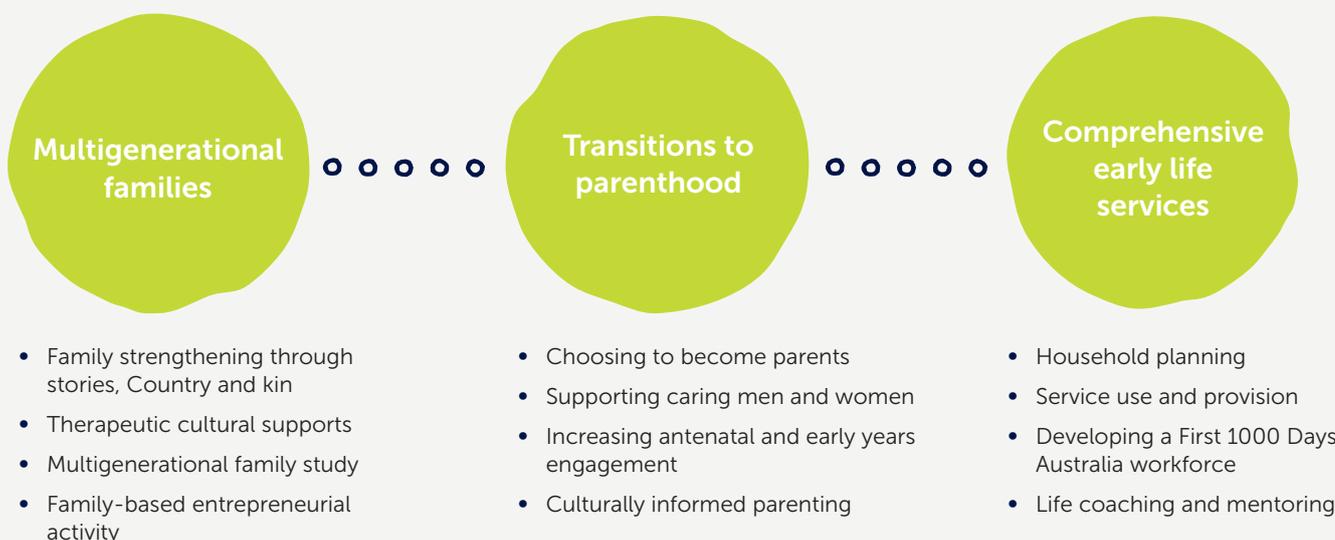
- 1 To understand and quantify the characteristics that constitute thriving, strong and resilient Aboriginal and Torres Strait Islander families.

- 2 To identify the key determinants of environmental, cultural, familial, maternal and paternal, newborn and child health, and the predictors of health and wellbeing outcomes at two years of age and again at school entry.
- 3 To evaluate and adjust health and wellbeing strategies implemented through First 1000 Days Australia so as to align with the needs of families and community.
- 4 To develop a research infrastructure legacy that is Indigenous conceived and led for future Aboriginal and Torres Strait Islander research and researchers to build upon.

The emphasis is on the generation of evidence that is relevant and has immediate use by First 1000 Days Australia Alliance Sites in improving service delivery, capacity building in families and family outcomes. This requires a research program with an operational and implementation focus.

The Australian Model will use a mixed methods quantitative and qualitative research methodology to explore specific themes around the family environment, transitions to parenthood and service use and provision. Close collaborations with governments and the Aboriginal and Torres Strait Islander health sector will ensure the acceptability of data collection methods, and **generate the evidence to catalyse improvements** in policy, practice, family empowerment, business and whole-of-government services. It is envisaged that the research program will also result in government department linkages to improve policy and practice.

**Figure 2** Holistic strategies for the life-course





Photograph courtesy of Sarah Bingle, Casey-Cardinia Library Corporation

## Strong community governance

Community governance is the most essential requirement for any research and interventions being carried out in Aboriginal and Torres Strait Islander communities. A national interdisciplinary **First 1000 Days Australia Council** has been established to oversee and ensure that all interventions developed and/or translated will also be culturally appropriate, safe and embed cultural protective factors (such as knowledge, safety and ritual) for mothers, fathers and children through a strong connection to culture, Country, community and family members/key people.

The Council – comprised of members of Aboriginal and Torres Strait Islander organisations, community representatives and Elders, and policymakers – will ensure that all First 1000 Days Australia initiatives are led by Aboriginal and Torres Strait Islander people as co-designers, co-implementers and co-knowledge translators of research and outcomes at national and local levels.

## Regional Implementation

The implementation of First 1000 Days Australia strategies will be based at Alliance Sites across Australia, ensuring representation from urban, regional/rural and remote Aboriginal and Torres Strait Islander Community Health Centres and/or Controlled Organisations.

Services, organisations, associations, entrepreneurs and/or regions wishing to implement the Australian Model will go through a **three-stage process of accreditation to become an Alliance Site**. This will include building the capacity of staff and undertaking a needs assessment to work out a program logic for developing and implementing First 1000 Days Australia strategies. It is also important for Alliance Sites to acknowledge that this is an Indigenous-led initiative, with implementation delivered through partnership models led by the Indigenous Health Equity Unit at the University of Melbourne.

A local governance process will be in place to determine the exact nature of **appropriate, community-specific interventions and capacity-building strategies** tailored according to the requirements of the Alliance Site and its respective community. Ultimately, community and family members will decide which local programs and strategies will be the most suitable for them.

# An Indigenous and Holistic Model

The Australian Model uses an ecological framework of social and family-based strategies targeting multiple levels and research methods to provide a **comprehensive, rigorous and consistent empirical evidence base**. It also provides a strong foundation in supporting Aboriginal and Torres Strait Islander children and families through:

- being an Indigenous-led, holistic initiative with interventions designed and implemented under Aboriginal and Torres Strait Islander community direction, with knowledge returned to the community
- engaging with young people, families and carers of infants, and strengthening their extended family and community networks
- involving 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

- supporting service providers to act on evidence and build service and regional level capacity to respond to stated need
- combining population-level approaches, political and advocacy experience, capacity building and knowledge exchange
- enhancing stability and resilience using family-based enterprise.

Furthermore, rather than comparing Aboriginal and Torres Strait Islander families to non-Indigenous families, First 1000 days Australia has been identified as being applicable to, and a benchmark for, **all families in Australia experiencing vulnerability and disadvantage**. As such, it will continue to evolve through the ongoing engagement processes embedded into its development.

**Figure 3** First 1000 Days Australia – An Indigenous and holistic model



## **Statement from Professor Kerry Arabena on the importance of First 1000 Days Australia**

A radical change is required in how we think about and enhance the early outcomes for Aboriginal and Torres Strait Islander children in Australia. 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. We now also know these ramifications are intergenerational.

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.

Australian Human Rights Commission 2015, *National Children's Commissioner Children's Rights Report*

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**For more information**

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