

Regional Initiatives: Building Health and Wellbeing in the First 1000 Days

Summary report

First 1000 Days Australia and The Australia-Indonesia Centre

Throughout 2016–2018 the Australia-Indonesia Centre, a joint initiative of the Australian and Indonesian governments, funded 13 project groups that together formed a Health Cluster to further the prevention of non-communicable diseases (NCDs). The report *Regional Initiatives: Building Health and Wellbeing in the First 1000 Days** and this Summary Report are the result of the work of one of these Health Cluster projects – ‘Family empowerment and non-communicable disease prevention through a healthy start to life (the first 1000 days)’.

The project involved two roundtable discussions, one in Indonesia and the other in Australia, to bring together policy makers, community workers, academics, service providers and representatives from non-government organisations to share and develop novel strategies for NCD prevention through a healthy start to life. The focus of the discussions were on antenatal engagement, the holistic prevention of NCDs, and building strong family environments to ensure that all children thrive, with a particular lens both on a child’s first 1000 days and on families in the Indigenous communities of Australia and Indonesia.

This Summary Report provides a brief rationale of the project, gives an overview of the Australian and Indonesian context, explores the main themes and concepts developed in the two roundtable discussions, and presents the recommendations for further research, education and policy.

Rationale

There is now a body of research that recognises the importance of a healthy start to life, particularly the first 1000 days from conception to the age of two, on an individual’s health and wellbeing throughout the life course. The influences on an infant during this time are increasingly shown to cause or affect the risk factors of NCDs in the future.

Also known as chronic diseases, NCDs are caused by non-infectious agents, are non-transferrable, tend to be of long duration, and are the result of a combination of genetic, physiological, environmental and behavioural factors. Examples of NCDs include autoimmune diseases, cardiovascular disease, cancers, respiratory diseases, diabetes and musculoskeletal disorders.

NCDs have major impacts on life quality as well as social and community costs, personal (discrimination and isolation) and economic impacts. NCD risk factors are complex, preventable and often the result of social inequity or multiple disadvantages, such as that caused by chronic stress, alcohol and drug misuse, smoking and poor nutrition. Therefore, addressing these risk factors requires holistic and population-level approaches that also address social inequities.

Australian health policy, however, has yet to focus adequately on the prevention of NCDs, despite chronic diseases being responsible for nine out of 10 deaths nationwide. Although policy language is changing to more preventative approaches, the substantial bulk of funding

*See *Regional Initiatives: Building Health and Wellbeing in the First 1000 Days* for details of all references supporting this Summary Report. Available at: www.first1000daysaustralia.org.au/resources.

and implementation remains focused on the treatment and management of NCDs. Thus, NCDs are also the primary cause of health system utilisation – in a system not equipped to manage long-term conditions.

Non-communicable diseases also became the leading cause of death in Indonesia between 2010–2012, overtaking communicable diseases. Increasing rates of NCDs in developing economies have been blamed on changes in diet, a decrease in physical activity or change in living environments, and shifts in cultural norms associated with Westernisation. The Indonesian Government approach to NCDs also remains fragmented and lacking in resources.

First 1000 Days models

While embodying different models in Australia and Indonesia, work focused on the first 1000 days presents a unique window of opportunity to set the foundation for a child's health throughout the life course and, in turn, for future generations. First 1000 Days of Life in Indonesia is conceptualised within the National Movement of Scaling Up Nutrition, part of an international commitment to achieve nutritional health, particularly in guiding interventions to reduce the number of children under the age of five who are stunted, which is currently at 37.2 per cent.

Aboriginal and Torres Strait Islander people in Australia have broadened the nutritional remit of the international 1000 Days movement to encompass a holistic intervention applicable to families experiencing vulnerability. The First 1000 Days Australia model seeks to build a healthy foundation for the life course by improving access to comprehensive primary health services, increasing early years and antenatal engagement, and building strong family environments. As a result of its multi-sectoral, collaborative and holistic nature, First 1000 Days Australia has the potential to be a key early life prevention strategy for non-communicable diseases.

Defining Indigeneity

The most prominent challenge faced during the project was the conceptualisation of 'Indigenous'. In Australia there exist distinct definitions and little contradiction on the identification of the nation's Indigenous populations (Aboriginal and Torres Strait Islander people). In Indonesia, however, there remains some ambiguity on the definition of Indigenous, creating a major barrier to narrowing the focus of the project.

Due to these contested definitions of Indigeneity in Indonesia, it was decided that the project would use the Indigenous-conceived of and led model First 1000 Days Australia to explore NCD prevention and programs in both countries. Other limitations included different approaches to culture, language barriers, and logistical barriers of collaborating internationally (contracts, exchange of finances).

Opposite: Families as First Teachers, YTIrrkala, Northern Territory Australia

Themes and recommendations

The following are the themes and recommendations to arise from the roundtables, on enabling holistic approaches to addressing NCDs from the first 1000 days, particularly for Indigenous families.

Family empowerment

To improve a child's health and wellbeing outcomes throughout the life course, social inequities and the social determinants of health must be addressed. Participants at the roundtables considered approaches and strategies that build capacity for families, increase the even distribution of wealth and resources, support and empower parents and carers with education and skill development, and improve gender equity and intergenerational living conditions of optimal importance. Suggestions to tackle our society's inherent inequities included the implementation of universal health cover, building economic capacity and implementing a basic wage.

A broad, non-biological definition of family was found to be crucial, inclusive of any and all the immediate carers of a child, whether that be the 'mother' and 'father', the carer or nurse, grandparents, aunts and/or other family members in communal living situations.

Recommendations

- To identify the enabling factors – social, economic and cultural – that contribute to raising strong, healthy and resilient children across Indigenous populations in both Australia and Indonesia.
- To develop and invest in approaches that build leadership and capacity, and economically strengthen families so they are able to enact their own agency.

Gender

A gendered lens brings focus to the impacts of perinatal depression and other mental health conditions that impact on women before, during and after pregnancy. Domestic violence, while perpetrated by both men and women, predominantly impacts on women and more so



during pregnancy. These factors, often intertwining, have a substantial influence on the infant during and after pregnancy and need be considered in any approach to combatting NCDs.

There is a distinct need to avoid positioning the First 1000 Days as a model that places responsibility exclusively on women, and assumes they have intuitive knowledge about parenting. The role of male carers and fathers also influences a child's future health and wellbeing throughout the life course, with particular influence on mental health. Efforts to value men as fathers, care givers and role models, and to increase their capacity and role during the first 1000 days, will have positive impacts on the health and wellbeing of the child throughout the life course. Strengths-based programs for men that promote and model gender equity and appropriate behaviour in males are required from an early age.

Recommendations

- To ensure first 1000 days policies and approaches have a gendered lens so that women are not harmed or marginalised by this work.
- To instigate further research on the causes of perinatal anxiety and depression and on effective prevention strategies.
- To involve men and fathers in the first 1000 days – a new but growing area of implementation.

Cognitive development

Enabling all infants and children access to appropriate early learning resources and opportunities is critical for a strong start to life: for building cognitive, educational, social and communication foundations for development. Programs for children prior to school or kindergarten have shown to have immeasurable benefits.

The development of culturally relevant cognitive assessment tools will enable early identification of cognitive impairments, thereby assisting communities in providing their infants and children with the best possible support, especially in Indigenous populations. Participants noted the need for this to coincide with a shift in social attitudes to ensure that those children with disabilities or special needs are able to be supported without being stigmatised or marginalised. Educating carers, teachers and others involved will contribute towards this shift.

Recommendations

- To resource early learning programs and services so they can provide quality support to all children and their families, in particular those with special needs.
- To provide the workforce involved in early learning with education and training on cognitive impairments and how to support children with special needs appropriately and non-discriminatorily.
- To develop, pilot and evaluate culturally relevant assessment tools to identify cognitive developmental delays and impairment within the respective communities.

Preparing for parenthood

The impacts of the health and wellbeing of parents during adolescence are increasingly evidenced and known as setting the foundation for an individual's health and wellbeing throughout their life and their children's lives. Adolescence provides a window of opportunity for capacity building and empowering youth to improve their own health and wellbeing outcomes and, in doing so, that of any children they may have. Harnessing the energy and abilities of adolescents, who are also at the forefront of technology, will enable them to invest in and lead health and wellbeing approaches and strategies including health promotion activities. Adolescence is a time when social and environmental influences are particularly sharp and education and skill development during this time can determine and alter an adolescent's life trajectory.

Recommendations

- To develop educational and capacity building programs for adolescents that improve knowledge on health and wellbeing, and that equip them to lead implementation and health promotion strategies.
- To work with adolescents and young parents to explore what supports they require/d to improve the health and wellbeing of their children now and in the future.
- To explore the cultural and socio-economic reasons for early marriage and/or sexual debut.

Community and culture

Considering context, history and culture means that good solutions will be place based, community controlled and self-determined so as to ensure they are relevant and appropriate, and that community are strengthened through the process. The influence of larger political decisions and strategies plays out in communities and, in turn, in the health and wellbeing of families and their children. Due to the historical and ongoing context of colonisation and dispossession, many Indigenous people have been separated from their own stories and cultural knowledge. Many of the solutions and answers, however, will lie within culture and the family, and the family needs to be positioned and supported as leaders with valuable cultural knowledge.

Recommendations

- To explore strengths-based cultural practices that could prevent NCDs and promote health and wellbeing in Indigenous communities throughout the life course.
- To employ innovative messaging techniques and communication technologies to deliver information that advances health and wellbeing, especially to families who struggle with literacy, or who speak a different language, and communities living in remote areas.

Workforce and education

Acknowledging and including the extended circles of carers involved in an infant's development, and their role in interventions to improve health and wellbeing, was viewed as important. Valuing carers' contribution appropriately was

also deemed crucial, especially considering many are part of an underpaid or volunteer workforce. People such as *cadres* in Indonesia, for example, are in prime positions to provide holistic models of care for families in the first 1000 days as they already play a vital role in the community by caring for families' health and wellbeing.

Recommendations

- To develop multi-sector, cross-disciplinary teaching programs embedded in tertiary and higher education to equip the future workforce with the knowledge required to improve health and wellbeing within the first 1000 days.
- To develop engaging, innovative, appropriate and adaptable training programs and educational tools and resources for the local leaders and workforce that will enable them to advance health and wellbeing within their respective communities from the first 1000 days.

Policy

A multi-sectoral, coordinated approach is necessary to address the complex causes and risk factors that lead to developing NCDs. The First 1000 Days provides a framework and rationale for the importance of collaboration across disciplines and sectors to address the social determinants of health and wellbeing during the early years. Policy disconnect, inconsistent and siloed funding and support are currently major barriers to coordinating, sustaining and scaling up ground-level solutions from community.

Recommendations

- To invest in and support the implementation of sustainable, place-based, evidence-driven, family and community-led approaches that build strong families and healthy children.
- To establish a Ministry or group within government to coordinate early infancy approaches involving education, health, wellbeing and other social determinants of health.
- To establish regional positions, or utilise one already in place, to coordinate organisational and service responses within a First 1000 Days framework.
- To map and analyse how programs and approaches become policy so as to position and further the impact of the First 1000 Days on policy and the health system.
- To identify and combat inequities in the health system, thus improving health and wellbeing outcomes for all children.
- To regulate the private sector and call for a commitment to prevent unhealthy advertising and incentivising, especially those campaigns aimed at pregnant women, young children and adolescents.
- To acknowledge, in both Indonesian and Australian societies, the racism that exists within health systems, and that underpins some institutions and programs, and continue to explore ways to combat its detrimental impact on people's health and wellbeing.

Research

When discussing health and wellbeing outcomes of interventions during infancy to prevent NCDs, long-term timeframes and outcomes are pertinent and measurements of success must be carefully determined to establish realistic and relevant shorter term indicators. Research needs to avoid individualising behaviours or placing blame and responsibility on individuals without considering structural circumstances and context. Strengths-based research was deemed important to empower those involved, along with evaluation and research translation to ensure continued funding and scale up of successful projects.

Recommendations

- To invest in qualitative, participatory, strengths-based research methods that educate, build capacity and, as such, enable families and adolescents both to have a voice and to take the lead in research.
- To continue to pilot and evaluate programs and approaches to build the evidence base on what works in the first 1000 days, and to help secure long-term funding, support and scaling up.
- To use strengths-based, participatory research indicators and outcomes when measuring health and wellbeing, and to avoid deficit comparisons that simplify and marginalise individuals or groups.
- To develop an accessible platform for sharing first 1000 days research between disciplines and sectors, and for widely disseminating research and resources to policy makers, funders and others working in the area.
- To pilot more radical, exploratory research, such as implementing a universal basic wage, that will combat the current inequitable way of thinking in which rules and regulations (e.g. conditional cash transfer systems) are imposed on people who have less.

Conclusion

Participants found common ground in the importance of holistic approaches to infant and child health, and agreed that a child's health and wellbeing benefits from a strong foundation in the parents' pre-conception health and family planning, quality learning opportunities and resources and strengthening family and community capacity. This valued project demonstrated the importance of bringing together stakeholders to provide a space for collaboration, to share learnings and to mobilise actions across sectors and nations. The roundtable discussions inspired conversation and pledges for action across sectors, around building health and wellbeing from the first 1000 days, and a commitment to continue working together into the future. Despite language barriers and diverse cultural and historical differences, people discussed innovative concepts, approaches, learnings and questions.

For more information

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