



**Central Australian
Aboriginal Congress**
ABORIGINAL CORPORATION | ICN 7823

Submission on: Report on the Evidence: Parenting/caregiving practices and behaviours to promote the social and emotional development and wellbeing of infants.

September 2016

Thank you for the opportunity to provide feedback on the National Health and Medical Research Council (NHMRC) draft *Report on the Evidence: Parenting/caregiving practices and behaviours to promote the social and emotional development and wellbeing of infants*.

The Central Australian Aboriginal Congress (Congress) is the largest Aboriginal community-controlled health service in the Northern Territory, providing a comprehensive, culturally-appropriate primary health care service to Aboriginal people living in and nearby Alice Springs, including five remote communities.

A significant number of Aboriginal children in and around Alice Springs grow up in an environment marked by poverty, substance misuse and with parents who have low levels of formal education and school attendance coupled with economic marginalisation and social exclusion. As a result too often the care and stimulation they receive in the critical early years is too often not what it needs to be. Congress therefore has a strong focus on providing quality health services that will address the social determinants of health, including early childhood services.

We note that the scope of the draft Report is for various interventions for parents of infants aged up to 12 months, and the reported effects on measures of infant social and emotional development and wellbeing. The framework Congress operates within has a wider age range. The evidence-base to inform this framework however, is worth noting as it encompasses this age range as well. In the current fiscal climate is important to be very careful about not only considering which programs and services have an evidence base but of these which ones have the strongest evidence base and will achieve the best outcomes. Of the more than 70 parenting programs currently available in Australia, many with no evidence base at all, the Australian Nurse Family Partnership program has the strongest evidence base and needs to be universally available, at least for all disadvantaged families.

Congress early childhood services.

The fundamental components of the early childhood services provided by Congress include targeted primary prevention through nurse home visitation (Nurse Family Partnership Program) and centre-based services. Both programs work with caregivers and children before developmental problems arise, providing children with the stimulation, quality relationships and access to the services they need for healthy development. Screening in both services leads to the early identification of the much smaller number of children who have developmental concerns and referral to secondary prevention programs as needed. This integrated model for child and family services is illustrated in the table below.

	Primary Prevention		Secondary Prevention	
	Child Focus	Carer Focus	Child Focus	Carer Focus
	Targets children with no current problems but who are at risk of developing problems – identified risk usually based on low SES or maternal education level		Targets children with current problems identified early in life when most likely to respond to intervention and before gets worse – determined by screening or referral to services	
Centre Based Most work is done at a centre where child or families come in to access service	<ul style="list-style-type: none"> • Abecedarian educational day care • Immunisations • Child health checks • Developmental screening 	<ul style="list-style-type: none"> • Health advice to parents in clinic (e.g. nutrition, brushing teeth, toilet training) 	<ul style="list-style-type: none"> • Child-centred play therapy • Therapeutic day care • Preschool Readiness Program • Antibiotics 	<ul style="list-style-type: none"> • Filial therapy • Circle of security • Parenting advice / programs • Parent support groups
Home Visitation Most work is done in the homes of families where staff outreach to children and families	<ul style="list-style-type: none"> • Mobile play groups 	<ul style="list-style-type: none"> • Nurse home visitation • Families as first teachers (home visiting learning activities) 	<ul style="list-style-type: none"> • Child Health Outreach Program • Ear mopping 	<ul style="list-style-type: none"> • Targeted Family Support • Intensive Family Support • Case management models for children at risk • Parents under Pressure (PUPS)

Australian Nurse Family Partnership Program (ANFPP)

The ANFPP is based on the US Nurse Family Partnership Program (US-NFP) and focuses on the primary carer of the child, usually the mother. The primary carer is visited at home by the same Nurse Home Visitor and Aboriginal Community Worker throughout the program in order to be able to build a strong relationship. Frequency of visits is between weekly and bi-weekly, from no later than 28 weeks gestation until the child is 2 years of age.

The objectives of the ANFPP are to:

- Improve pregnancy outcomes
- Improve child health and development

- Improve parents' economic self-sufficiency

The ANFPP is accessing some of the most disadvantaged families in Alice Springs. More than 70 per cent of Aboriginal mothers who have accepted the program are significantly educationally disadvantaged. Eighty per cent are not working and have incomes of less than \$500 per week.

The ANFPP in Alice Springs has better retention rates than the US-NFP partly due to the inclusion of Aboriginal community workers alongside the nurses. For instance, the attrition rate before the time the child reaching one year of age old of the FPP is 44.1 per cent, which is lower than the US-NFP at 49.5 per cent. Moreover, a preliminary analysis shows an infant mortality rate of 8.3 per 1000 live births for the 240 infants whose mothers have been on the Congress program, which compares favourably with the NT rate of 13.7 infant deaths per 1000 live births. A more complete outcome evaluation is currently being done in collaboration with the University of South Australia.

There is no other parenting program that can match this for effectiveness and the strength of evidence. The work of the Nobel Laureate, Prof James Heckman and others have demonstrated that the economic return to society over a lifetime from this program is more than \$5 for each dollar invested. It is important to make reference to such cost-effectiveness studies in your document as well.

Centre-based childcare

Congress operates the Ampe Kenhe Apmere Childcare Centre which utilises the Australian Abecedarian approach (3a) underpinned by a strong evidence-base. This centre includes a significant number of babies in their first year of life and this provides an important place for additional care and stimulation in this first year beyond the home.

The Abecedarian approach is an international evidence-based program which has shown a major impact on the developmental, educational and health outcomes across the lifespan for children from at-risk and vulnerable families. Positive results are already emerging at this centre, even with a limited program delivery, including developmental gains in expressive language and social skills.

Given these results, Congress is now scaling up this program and establishing an early childhood centre specifically for disadvantaged Aboriginal children from non-working families in Alice Springs as the current centre is only for working families. The Abecedarian approach will be adapted to the local context and culture, while maintaining the integrity of the program and its evidence-base. A rigorous monitoring framework will be developed and an external evaluation will determine achievement of the expected early outcomes.

Again James Heckman and others have shown a very strong economic return to society for this type of centre based, play centred childcare program beginning at 6 months of age. The return was just less than \$5 for every \$1 invested but this was calculated prior to the outcome of the 35 year follow up were published. At 35 years the children who had been through these centres were 50% less likely to have metabolic syndrome and 25% less likely to have hypertension. These outcomes will mean the return goes up to well over \$5.

Antenatal Care

Another key evidence based service in the table relevant to your target range includes quality antenatal care. It is clear that women need to access a minimum of 4 antenatal visits with the first visit in the first trimester to get the maximum benefit from antenatal care. Better outcomes are also being achieved by Midwifery Group Practises which are able to guarantee continuity of care through the antenatal, birth and postnatal period. There needs to be support for this particular model of antenatal care in spite of the opposition from some as the evidence is clear.

Accessible acute care

Accessible clinical care is also very important in the first year of life so that when infants get ill they get promptly treated and referred and admitted to hospital when needed. This has a major influence on infant mortality for common infections in particular and is probably the major reason for the decline in Aboriginal infant mortality in Alice Springs. When Congress began in 1973, infant mortality rates were at least 120 deaths per 1000 live births and they are now around 10 per 1000 live births. Access to high quality primary, secondary and tertiary care has made a major contribution to this improvement and this accords with the international evidence on what leads to declines in infant mortality. It is a measure of the effectiveness of access to quality health care. It is important to recognise that Congress being an Aboriginal community controlled health service has been able to address all of the usual barriers to good access including cultural barriers with many Aboriginal staff employed, gender specific access points and other policies to ensure cultural safety. There is also no economic barrier to access as the service is bulk billing and transport is provided reducing physical barriers to access. As part of this , the maternity care service is provided from within a specific, culturally safe Aboriginal women's health service set up by Aboriginal women for Aboriginal women. It is known as Congress *Alukura* by the grandmothers law.

Supporting documents

The attached documents provide more detail including rationale for action, evidence sources and strategies to establish further evidence to further develop, improve and embed these interventions. These include:

- 1) *A Proposal for the establishment of an Early Childhood Development Centre using the Abecedarian approach.* This includes a business case for change and supporting evidence for the Centre and approach. The Commonwealth Government has accepted the proposal and has provided funding to operate the Centre.
- 2) *Integrated Model for Child and Family Services and Submission for Centre Based approach:* This paper reviews the support needed to ensure vulnerable children experience a 'normal' developmental passage in the crucial early years of life, and, secondly, the Congress framework for a coordinated approach for effective services. This includes a substantial literature review to support the approach.
- 3) *Towards an integrated model for child and family services in central Australia.* This paper was published in the Medical Journal of Australia and outlines the Congress early childhood service framework and emerging outcomes.

Should you wish to discuss this any further please contact Dr John Boffa, our Chief Medical Officer Public Health on 0418812141 or john.boffa@caac.org.au.

Yours sincerely,

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