



Collaborative focus on early childhood intervention

Context

- Investing in early childhood, particularly during the first 1,000 days of life from conception up until around the end of the second year of life, provides a unique window of opportunity to create lasting health outcomes for our children, whilst also promoting sustainability for the health system.
- Early life experiences set children on developmental trajectories that become progressively more difficult to change as they get older.⁽¹⁾ A child's earliest environments and the availability of appropriate experiences at the right stages are key determining factors in the development of a child's brain architecture. Largely preventable early life trauma and adverse experiences have been linked to poor physical and mental health in later life.⁽²⁾
- The return on investment during the first 1,000 days of life significantly exceeds the costs of addressing issues later in life through pre-school, school and job training phases.⁽³⁾
- Many submissions to the Sustainable Health Review (SHR) proposed possible measures for enhancing early childhood health. These measures all broadly align to the themes of coordination, partnership and integration of services both within the health system and between the health system and other agencies such as the Departments of Communities, Housing and Education.
- In the early years of a child's life, the health system plays a pivotal role and can be the first point of contact with Government services. It is uniquely positioned to coordinate care and identify care needs. It is therefore imperative for the health system to actively partner in a whole-of-government approach to support children to become physically and mentally healthy adults. This is particularly important for vulnerable children and their families who may be frequent users of a range of government services.

Data

- The lack of timely and cost effective access to whole-of-government data to design, target and monitor evidence based programs is a barrier to working effectively in partnership, and collaborating to deliver early intervention services.⁽⁴⁾
- Access to whole-of-government data is a key element of the recently developed Target 120 program. The program will provide early intervention services to avoid young people living their lives connected to the justice system. This multi-agency program will draw on data to inform and improve decision making. By sharing, linking and analysing data from a range of relevant sources, vulnerable individuals and their families can be identified earlier, and their needs better

understood and coordinated.⁽⁵⁾ A similar approach may be applied with regard to early intervention for child health and wellbeing.

- Data relevant to a child's health such as immunisation, general practitioner and hospital records is collected and held separately. Linking this data and making it more easily accessible is a key priority for delivering more effective childhood health services, particularly where a vulnerable individual's needs span a range of services.

Maternity

- The first 1,000 days begin at conception, and as a mother's health is intrinsically linked with child health and development.
- In addition, it is particularly important that the health system provide culturally appropriate programs to Aboriginal mothers. Aboriginal families are less likely than non-Aboriginal families to engage with child health services beyond initial contact and Aboriginal children experience significantly poorer outcomes than their non-Aboriginal counterparts.⁽⁶⁾
- There is compelling evidence that culturally appropriate maternity services provided to Aboriginal mothers and their babies will have a strong positive outcome on their health and wellbeing.⁽⁷⁾
- Improved integration of care for Aboriginal families through increased collaboration and communication between mainstream child health services and Aboriginal child health services could reap significant benefits for the health system and of course, for the community.

Fetal Alcohol Spectrum Disorder (FASD)

- FASD results in significant impairment. A FASD diagnosis means that a person has a 'severe impairment' in one of three domains: language; brain structure and neurology (e.g. resulting in seizures, cerebral palsy); motor skills; cognition; academic achievement; memory; attention; executive function (e.g. trouble planning, self-harm); affect regulation (e.g. anxiety, depression) and; adaptive behaviour (e.g. difficulty with self-care, relationships etc.).⁽⁸⁾
- A Canadian study on the costs of FASD found that the total direct healthcare cost of acute care, psychiatric care, day surgery, and emergency department services associated with FASD in Canada in 2008-2009 was about \$6.7 million.⁽⁹⁾
- In Australia, the economic costs associated with FASD are unknown. The exact prevalence of FASD in Australia is unknown due to a lack of data and therefore determining the associated costs is currently not possible.⁽¹⁰⁾ However, a Telethon Kids Institute study of FASD prevalence at Banksia Hill Detention Centre revealed 36 per cent of the sentenced youths had FASD (only 2 out of those 99 assessed had been previously diagnosed).⁽¹¹⁾
- The WA Department of Health's *Fetal Alcohol Spectrum Disorder Model of Care* recommends that an interagency FASD Strategy Group be formed, and that this group 'develop and coordinate an across Government statewide plan for FASD.' The Model of Care, published in 2010, must be reviewed and steps taken to implement outstanding recommendations of continuing relevance such as a whole-of-government approach.

Dental

- Providing sufficient childhood dental services is critical for system sustainability. Preventing or mitigating childhood dental issues provides a significant sustainability opportunity.

- Preventable hospitalisations due to childhood dental issues have increased by 40 per cent between 2006 and 2016, making it the second most common reason for hospitalisation for young children which could otherwise be prevented.⁽¹²⁾
- The Commonwealth Government's short-term approach to funding must be addressed, and dental programs must focus on prevention during early childhood.

Exemplars considered

A range of exemplars were identified throughout the course of the SHR in public submissions, Clinical and Consumer and Carer Reference Groups, Working Groups and in public forums. The following exemplars are indicative, however are not an exhaustive list of the exemplars considered throughout the SHR.

Moort Boodjari Mia program, WA⁽¹³⁾

- Currently being implemented by St John of God Midland, this program has seen the benefits of midwives working with Aboriginal staff to deliver antenatal and postnatal services at that hospital. Neonatal outcomes and maternal health have shown vast improvements over the course of the program's implementation.
- The service works predominantly with women at risk of receiving minimal antenatal care, and works with clients who are either low or high risk, clinically or socially. Some of the issues clients may present with include substance use issues, homelessness, family violence, smoking, difficulty accessing services, involvement with child protection cases and lack of family/community support.
- A key feature of the program is 'specific shared care pathways' that are individualised to each client and their needs, delivered by a team consisting of midwives, Aboriginal health liaison officers and Aboriginal liaison grandmothers.

Aboriginal Maternity Group Practice, WA⁽¹⁴⁾

- Aboriginal Maternity Group program also operates under a similar partnership model, employing Aboriginal grandmothers, Aboriginal Health Officers, and midwives to provide care in partnership with antenatal services at various sites in WA.

Fetal Alcohol Spectrum Disorder Strategy, Fitzroy Valley Marulu⁽¹⁵⁾

- This three-pronged approach to addressing FASD was launched in the Fitzroy Valley, guided by both elders and the evidence-based Marulu FASD Strategy and in consultation with the Telethon Kids Institute, the University of Sydney and the George Institute. The approach focuses on prevention, diagnosis and providing therapy support to affected individuals and families.
- Since the implementation of the Strategy, midwife-collected data has shown a fall in drinking in pregnancy in the Fitzroy Valley to below the rate of the general community in Australia from 65 per cent to 18 per cent.⁽¹⁶⁾

Metropolitan Aboriginal Family Birthing Program, South Australia⁽¹⁷⁾

- A key element of this Program is the unique role of Aboriginal Maternal and Infant Care workers (AMIC).
- AMIC workers are trained to care for a woman throughout pregnancy, birth and post birth and works in collaboration with midwives and other mainstream care providers to deliver care that accounts for clinical, cultural and social needs.
- Evaluations of the program, although limited by the data collected, indicate that AMIC workers help clients feel more comfortable and increase willingness to access maternity services. However, the extent to which the increased antenatal visits provided by midwives and AMIC workers in the program translate to improved overall outcomes will need monitoring over the longer term. Qualitative findings were also positive, demonstrating the mutually satisfying nature of intercultural partnerships of this kind.⁽¹⁸⁾



This background paper was developed by the Sustainable Health Review secretariat to inform the work of the Sustainable Health Review Panel. Every effort has been taken to ensure accuracy, currency and reliability of the content. The background paper is not intended to be a comprehensive overview of the subject nor does it represent the position of the Western Australian Government. Changes in circumstances after the time of publication may impact the quality of the information. Background papers are published in full at: www.health.wa.gov.au/sustainablehealthreview.

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References

1. National Research Council, Institute of Medicine Committee on Integrating the Science of Early Childhood Development. From neurons to neighborhoods: the science of early childhood development. In: Shonkoff JP, Phillips DA, editors. Washington (DC): National Academies Press; 2000.
2. Australian Health Ministers' Advisory Council. Healthy, safe and thriving: National Strategic Framework for Child and Youth Health 2015.
3. Heckman JJ. Schools, skills and synapses. *Economic Inquiry*. 2008;46(3):289-324.
4. Department of Treasury WA. Submission to the Service Priority Review. Perth: Western Australian Department of the Premier and Cabinet; 2017.
5. Department of the Premier and Cabinet WA. \$20.5 million to target and reduce offending by young people Perth2018 [Available from: <https://www.mediastatements.wa.gov.au/Pages/McGowan/2018/05/20-point-5-million-dollars-to-target-and-reduce-offending-by-young-people.aspx>].
6. Australian Bureau of Statistics. Life Tables for Aboriginal and Torres Strait Islander Australians, 2015-2017 2018.
7. Nelson L, Kruit K. Aboriginal maternity group practice: a new initiative in maternity care for Aboriginal families in Western Australia. WA Aboriginal Health Sector Conference 2009: Developing New Health Leadership; Fremantle: Aboriginal Health Council of Western Australia; 2009.
8. FASD Hub Australia. Brain impairment in FASD 2018 [Available from: <https://www.fasdhub.org.au/fasd-information/understanding-fasd/what-is-fasd/brain-impairment-in-fasd/>].
9. Popova S, Lange S, Burd L, Rehm J. Health care burden and cost associated with Fetal Alcohol Syndrome. *Published Library of Science*. 2012;7(8).
10. National Indigenous Drug and Alcohol Committee. Addressing fetal alcohol spectrum disorder in Australia. ACT: Australian National Council on Drugs 2012.
11. Bower C, Watkins RE, Mutch RC, Marriott R, Freeman J, Kippin NR, et al. Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia. *British Medical Journal*,. 2018;8(2).
12. Department of Health WA. Emergency Department Data Collections. 2018.
13. St John of God. Moort Boondjari Mia Program [Available from: <https://www.sjog.org.au/our-locations/st-john-of-god-midland-public-hospital/our-services/maternity/moort-boondjari-mia>].
14. Bertilone C, McEvoy S. Success in Closing the Gap: favourable neonatal outcomes in a metropolitan Aboriginal Maternity Group Practice Program. *Medical Journal of Australia*. 2015;203(6):262.
15. Telethon Kids Institute. Making FASD history in the Fitzroy Valley 2016 [Available from: <https://www.telethonkids.org.au/news--events/news-and-events-nav/2016/may/making-fasd-history-in-the-fitzroy-valley/>].
16. Telethon Kids Institute. Serving communities: FASD in the Fitzroy Valley 2018 [Available from: <https://www.telethonkids.org.au/contact-us/our-people/f/james-fitzpatrick/fasd-in-the-fitzroy/>].
17. Stamp G, Champion S, Anderson G, Warren B, Stuart-Butler D, Doolan J, et al. Aboriginal maternal and infant care workers: partners in caring for Aboriginal mothers and babies. *Rural Remote Health*. 2008;8(3):883.
18. Stamp G, Champion, S., Zanet, P., Anderson, G., Taylor, J., Newbury, J. Regional Family Birthing and Anangu Bibi Birthing Program: a partnership model between Aboriginal maternal infant care workers and midwives caring for Aboriginal mothers and babies. Larson AL, D., editor. Canberra: Australian Rural Health Education Network; 2010.