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Contents

- 4 The Australian Early Development Index (AEDI)
- 7 Better understanding trajectories of child development: opportunities for data linkage with the Australian Early Development Index (AEDI)
- 11 The Child Death and Serious Injury Review Committee: an opportunity for prevention
- 15 Ongoing National Nutrition and Physical Activity Survey
- 15 OPAL (Obesity Prevention and Lifestyle)
- 19 Overview of the NOURISH and SAIDI studies: investigation of the dietary intake of infants and children and trial of an innovative approach to obesity prevention
- 23 Promoting the wellbeing of young Aboriginal children
- 27 Whole-of-population studies of ear health and hearing in remote and urban Indigenous school-age children in South Australia
- 32 Impact of swimming pools in remote Aboriginal communities in Western Australia
- 37 The Epidemiology of Childhood Pneumonia
- 41 Increasing trend in caries experience of Australian children
- 44 The challenges of providing effective support for young children and their families: the Family Home Visiting program in South Australia and the Nurse–Family Partnership program in the United Kingdom
- 48 Supporting literacy-rich home environments for children from low-SES families: a health lens project
- 52 Child Health Clinical Network
- 54 National breastfeeding strategy
- 54 Communicable Disease Control Branch Report 1 April to 30 June 2010
- 61 Professor Frank Fenner: 1914-2010

Editorial

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For over a century, public health and child health practitioners in South Australia have understood the importance of children's health for society. Healthy children become healthy and productive adults, able to raise the next generation and carry society forwards. We have also come to realise that ensuring that our children experience happy, healthy childhoods is an important goal in itself, and that there is as much value in children 'being' as in 'becoming'. The right of children to enjoy childhood to the fullest extent possible is enshrined in the United Nations Convention on the Rights of the Child (UNCRC), which, in 1989, became the first legally binding international convention to affirm human rights for all children and young people aged up to 18 years. It is the most widely ratified of the international human rights treaties and is a unique and important tool for the advancement of children's rights and interests. It is also a framework for monitoring their wellbeing because it covers all the domains of children's and young people's lives, and emphasises the significance of the individual rights of each child and young person. These rights are indivisible and inextricably linked: all are important and all are essential to healthy development and wellbeing. Yet, children and young people are also politically disempowered as non-voters with no formal civic representation; they need others to advocate for them and to ensure that their rights—including the right to health—are protected.¹

In early 2006 the Council for the Care of Children was established by legislation to advocate for South Australian (SA) children and young people and their rights, and to help strengthen and improve the systems that are in place to support and protect their health, wellbeing and development. To this end, the Council's consideration of the rights and interests of children and young people in this state is framed by the UNCRC, and provides opportunities to assess where things are going well and where extra effort is needed. We have particular oversight of children and young people who are Aboriginal, living with disabilities, or under the guardianship of the Minister, as government has recognised that these population groups deserve particular attention.

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Promoting the wellbeing of young Aboriginal children

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Background

A number of inquiries and policy developments have focused on the absence of culturally appropriate assistance for Aboriginal children and families before parenting problems reach crisis point. These reviews and reforms have also noted the increasing role that child protection systems have been expected to play in responding to concerns about children's wellbeing rather than suspected abuse or neglect. Service providers and families in some states and territories are turning to child protection systems for support for Aboriginal children when their concerns could be prevented or would be much better addressed through family support responses.¹

In the Northern Territory (NT), for example, it is estimated that approximately three-quarters of notifications to child protection service were deemed to require support other than a child protection response.² Similarly, in South Australia (SA) it has been estimated that almost 60% of Aboriginal children born in 1991 had been notified to child protection services by the age of 16 years, and more than half of the Aboriginal children born in 2002 were the subject of a notification by the time they were 4 years old.³ While there may be many reasons for these high levels of notification (e.g. high levels of scrutiny of Aboriginal families and children, childrearing practices that may be poorly understood by non-Aboriginal reporters, intergenerational influences of trauma, child removal and disengagement with services), a focus on supporting Aboriginal families and communities in their parenting roles is obviously crucial.

A new approach to child wellbeing and safety

More recently, a different approach to promoting child wellbeing and safety has been advocated. This approach includes a much greater focus on universal, secondary and tertiary prevention efforts and recognises the central importance of including Aboriginal families, communities and organisations in service design and

Public Health Bulletin

delivery.^{4,5} It utilises public health, developmental–ecological and responsive regulation frameworks to promote the wellbeing of children and enhance their safety.^{6–9} These frameworks suggest that there are supports and services which promote wellbeing and resilience as well as prevent child maltreatment. Incorporated in these models are universal systems that act as platforms for more targeted services and supports for families who might be vulnerable to future problems or who are experiencing difficulties in parenting.¹

Approaches that might be considered for intervention and support include:

- > parenting and family focused—ensuring that families are strong in culture; connected to other families; and free from substance abuse, mental illness and violence, by:
 - providing intensive family support services to strengthen parenting skills and provide respite
 - building social networks and services attuned to child development and connected to specialty care
 - building strong attachment through improved parent–child relationships and communication
 - addressing parental mental health, wellbeing and safety through provision of child-sensitive adult-focused services
- > community focused—ensuring that communities and neighbourhoods are safe, stable and supportive; and that vulnerable communities have a capacity to respond, by:
 - promoting strong community norms about the wellbeing of children and young people
 - helping communities to function well and support families within them
 - promoting community healing
 - providing opportunities for participation and the development of social supports
 - providing services and supports that target populations in communities with concentrated risk factors
- > child focused—ensuring that children and youth are nurtured, safe and engaged, by:
 - promoting early detection of and response to health, mental health and developmental concerns
 - providing high-quality childcare and schools
 - providing opportunities for youth to engage in civic and community life.^{9–11}

Support for parents

In recognition of the importance of providing a healthy and safe start to life for Aboriginal children, many states and territories have adopted some form of home-visiting initiative for women who are pregnant and/or for new parents. Many of these programs have a basis in the Olds model of home visiting, which has been shown to be effective at enhancing parenting and child development and in reducing child abuse and neglect.^{12a} In SA the Family Home Visiting program is offered from a universal platform after the birth of a baby. It has demonstrated particular success in engaging Aboriginal families by recognising and respecting the expertise that parents bring to the parenting role and using a model of care that includes Aboriginal and non-Aboriginal staff working in partnership.¹³ This service is offered to all mothers of Aboriginal children (with the exception of those with multiple and complex needs that mean they are unlikely to benefit from the program). It is now being linked to maternity care models that incorporate Aboriginal maternal and infant care (AMIC) workers operating alongside midwives to engage Aboriginal women early in their pregnancies and providing a continuum of high-quality, accessible care.¹⁴

Engaging children in high-quality, developmentally informed early education and care is also important for promoting positive development and facilitating a successful transition to formal schooling.¹⁵ These services can also provide respite and skills training for parents, but are frequently underused by vulnerable children and their families.⁹ Integrated child and family centres for Aboriginal children are being established across Australia as part of the Indigenous Early Childhood National Partnership, with the aim of combining a range of universal and targeted services including education, health and family support. Multifunctional Aboriginal Children's Services (MACS), which also offer integrated wrap-around services for young Aboriginal children, have been running successfully for many years. In NT staff who will be working in integrated child and family centres with Aboriginal families

are also being trained in approaches such as the World Health Organization / The United Nations Children's Fund Care for Development training package¹⁶, which provides training to promote parenting skills that stimulate play and parent-child attachment.

Some Aboriginal families may feel isolated from the current system because of previous negative experiences, lack of relevance of the service, shyness, social isolation, or a fear that service involvement may prompt child protection responses.¹⁷ The importance of actively reaching out is therefore particularly important for Aboriginal families. This means being able to support families wherever and whenever they may seek help, with 'no wrong door' (that is, services and supports can be accessed through healthcare settings, schools and community-based organisations).⁹

Let's Start program

One example, the Let's Start program which has been running in the Tiwi Islands (and other NT sites) for several years, includes parallel and combined sessions for parents and children to focus on improving parenting skills and promoting parent-child attachment for children with behavioural problems. The program has a strong focus on active outreach, including basing workers in remote communities on a part-time basis, taking a partnership approach, engaging families through home visits and follow-up sessions, and providing transport.¹⁸

Programs for fathers

The benefits of engaging fathers and fathers-to-be in parenting is protective and health promoting for children in many ways. Effectively supporting fathers in the lives of their children provides children with positive male role models, provides strong attachment figures and helps both parents to share responsibility, knowledge and parenting tasks.¹⁰ A range of programs and resources have been developed for Aboriginal men and fathers. For example, the Hey Dad! For Indigenous Dads, Uncles and Pops program has been run in a number of settings including correctional centres¹⁹ and the Newcastle Family Action Centre's resources for Aboriginal fathers.²⁰ Programs such as those being run through juvenile justice and health centres in Adelaide focus on the roles of Aboriginal young men in their communities and families, promote positive relationships with others, and help to heal the mind, body and spirit of young people. These programs show definite promise in preparing the next generation of fathers.²¹

Overcoming poverty

Individualised programs, while effective for individual children and families at least in the short term, cannot be expected to overpower poverty and disadvantage in shaping a child's developmental outcome. While strategies to reverse poverty are not the focus of this paper, the importance of social policies that address disadvantage and promote cultural strengths cannot be stated too strongly. In 2008, data from the National Aboriginal and Torres Strait Islander Social Survey indicated that, in the NT context, approximately two-thirds of households with 0-14-year-old Aboriginal children needed more rooms, approximately one-third of homes had major structural problems and one-third had facilities that were either not available or not working.²² There are often no lockable rooms in housing and the overcrowding results in people (particularly children) being exposed to family violence with little respite. Without addressing some of these most basic needs, other initiatives will be limited in their abilities to provide lasting change for children.

Furthermore, parents of Aboriginal children are more likely to be exposed to multiple life stresses and cumulative risk than are parents of non-Aboriginal children. For example, the Western Australian Aboriginal Child Health Survey estimated that more than one in five Aboriginal children live in families in which between 7 and 14 life stress events have occurred in a 12-month period.²³ The average number of life stress events experienced by carers of Aboriginal children is more than three times that experienced by carers of non-Aboriginal children.²³

Community-focused approaches

Community development and healing approaches are essential. One example of a community-focused approach is the Homemaker Service in Amata, SA²⁴ initially developed to help Aboriginal families maintain their homes and provide safe and healthy care for their children. However, a more community-centred approach has been taken to engage families, including creating a centre incorporating creative engagement strategies and building on the community's cultural strengths. The centre's activities included the employment of local mothers to provide meals for elderly community members, while also preparing meals for their children and themselves; identifying the needs of families and providing relevant information and supports; establishing small business opportunities using traditional knowledge and engaging a range of community members; and providing playgroups and parenting supports.

Evaluation and monitoring

The implementation of any new service delivery frameworks must be accompanied by rigorous evaluation and monitoring of the wellbeing and development of children at a population level. Indicator frameworks that include a focus on the development, wellbeing and safety of Aboriginal children have been developed in a number of states including SA and Victoria. There is also now a far greater ability to measure population level developmental outcomes for children, with the first application of the Australian Early Development Index (AEDI).²⁵ This has provided detailed information about the development of Australian children in a number of domains in their first full year of formal schooling. The Footprints in Time study and the Aboriginal Families Study in SA will add more detail, including the outcomes and acceptability of service initiatives using representative samples of Aboriginal children and families. Using appropriate tools to disseminate the results of these studies can also impact positively on child development by increasing awareness of the importance of the early years, as well as suggesting strategies for improving children's wellbeing. For example, the Cultural Eye, developed by Anne Hanning from the Menzies School of Health Research, is being used to share the results of the AEDI and talk about the risk and protective factors within children's different ecological systems in Aboriginal communities throughout NT.

Conclusion

This paper briefly identifies some of the existing strategies for promoting the wellbeing and safety of young Aboriginal children in Australia. While it has been necessarily selective in its focus, the aim is to illustrate the range of activities that could be incorporated in a more integrated approach to supporting child development. Help and healing may not necessarily, and in fact may be unlikely to, flow through formal service delivery channels. Parents and caregivers will often seek support from other family members and friends before seeking professional help.²⁶ Building and supporting informal, as well as formal, networks of support could be one of the most powerful strategies available for supporting Aboriginal children and families.

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Whole-of-population studies of ear health and hearing in remote and urban Indigenous school-age children in South Australia

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Introduction

The longstanding and exceedingly high prevalence of middle ear disease and conductive hearing loss in Australian Indigenous children living in remote communities shows no sign of significant improvement. Prevalence data over more than three decades continue to document extraordinarily high levels of chronic suppurative otitis media (persistent bacterial infection of the middle ear with perforation of the eardrum and discharge) of 20–40%, with consequent conductive hearing loss in Indigenous children of all ages.¹ These levels mostly exceed those reported for other indigenous populations worldwide. A recent witness statement to the Australian Senate's report 'Hear us: inquiry into hearing health in Australia' from an audiologist working in Central Australia recorded that she had seen no improvements in Indigenous hearing health there in 15 years.²

Solutions to middle ear problems are thought to ultimately lie in wide-scale social and public health initiatives to reduce overcrowding in homes, and to effect improvements in general health and living standards for remote Indigenous families. However, interim strategies are needed to directly reduce the impact of hearing loss on Indigenous children. The low literacy and numeracy rates on national benchmark tests for children in remote Indigenous schools attest to the struggle that these children have with most aspects of schooling.³ The primary language of instruction, English, is rarely their first language and hearing loss is