

Using the Wellbeing Monitoring Framework to strengthen children and young people's wellbeing

Policy brief – January 2015

The Health of Aboriginal Children and Young People in Western Australia

A snapshot

- The health and safety of children is a strong indicator of the value a society places on children and young people.
 - A healthy start to life contributes to good wellbeing for a child, encouraging participation in education and recreation.
 - Childhood health also has implications for health and wellbeing into adulthood.
- Most Western Australian children are healthy and their material and physical needs are well met.
 - However, many Aboriginal children and young people continue to experience ongoing and, at times, significant disadvantage across a range of measures including those related to health and development.
- Interventions need to start as early as possible to be most effective in improving health outcomes for children and young people.
- Successful programs build on existing family and community strengths; establish relationships and trust; and, are shaped by culturally valid understandings of Aboriginal health and wellbeing.

The Commissioner for Children and Young People WA acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society.

For the purposes of this policy brief, the term 'Aboriginal' encompasses Western Australia's diverse cultural and language groups and also recognises those of Torres Strait Islander descent.

What is the Wellbeing Monitoring Framework?

The Commissioner for Children and Young People Western Australia developed the Wellbeing Monitoring Framework to monitor and report on the wellbeing of Western Australia's children and young people.



Commissioner for Children and Young People
Western Australia

The Framework comprises two reports, the second editions of which were tabled in the Western Australian Parliament on 14 July 2014:

- *The State of Western Australia's Children and Young People* provides a picture of how children and young people in WA are faring according to 40 key measures of wellbeing.
- *Building Blocks* lists and describes best practice and promising programs from around Australia which have been shown to be effective in improving the wellbeing of children and young people.

This policy brief presents key information from the Framework reports related to the health of Aboriginal children and young people in Western Australia.¹

Why this issue is important

The health and safety of children is a strong indicator of the value a society places on children, and positive physical and mental health supports all aspects of life and all areas of wellbeing.² A healthy start to life contributes to good wellbeing for a child, encouraging participation in education and recreation.³

Aboriginal wellbeing

Wellbeing for Aboriginal people is a broad, holistic, **whole-of-life concept** that incorporates the importance of connection to the land, culture, spirituality, ancestry, family and community. As noted by the Australian Institute of Health and Welfare, Aboriginal wellbeing *encompasses not just the wellbeing of the individual, but also the wellbeing of their family and community.*⁴

What we know already

The data collected in *The State of Western Australia's Children and Young People* shows that most Western Australian children are healthy and their material and physical needs are well met. Generally, WA compares well against national and international data.

However, the report identifies some areas of wellbeing where Western Australian children and young people are behind national and international trends. Of most concern, the report identifies the ongoing and, at times, significant disadvantage which continues to be experienced by many Aboriginal children and young people.

Of the 19 key measures in the health and safety wellbeing domain in *The State of Western Australia's Children and Young People*, comparative health-related data about Aboriginal children and young people is available in the following measures:

- Birth weight
- Immunisation
- Infant mortality
- Ear health
- Smoking in pregnancy
- Hospitalisations due to intentional self-harm
- Births to teenage mothers.



These measures are important for the picture they provide of the current health of children and young people as well as for their implications for health and wellbeing into adulthood.

What does the evidence say?

This section presents data for the whole of WA, unless specified otherwise. There may be **significant regional difference** across many of these measures, as demonstrated below for rates of smoking during pregnancy for the Pilbara and Wheatbelt. It is therefore recommended that caution be exercised accordingly when interpreting the data, including recognition of the diversity that exists within and between Aboriginal communities.

The following data highlights the significant disadvantage experienced by Aboriginal children and young people in WA. However, what statistical data alone does not capture is the remarkable **strength and resilience** present in the stories of Aboriginal children and young people in our State. Rather than reinforcing a deficit-driven approach, the data should be considered in light of successful programs described in the following section which build on the strengths of individuals and communities to make a positive difference in children's health and wellbeing.⁵

As noted by Associate Professor Ted Wilkes, Ambassador for Children and Young People, it is important to recognise that *most Aboriginal West Australians are doing very well and have great family environments where Aboriginal children and young people have the support they need for their healthy development through to adulthood.*⁶

There are an estimated **36,000 Aboriginal children and young people** in Western Australia (6.7% of all WA children and young people aged under 18 years). Around 60 per cent of Aboriginal children and young people aged 0 to 19 years live outside the Perth metropolitan area compared to 22 per cent of non-Aboriginal children and young people.⁷

Smoke-free pregnancy – Smoking during pregnancy is associated with **poorer health for babies**, and is a preventable risk factor for pregnancy complications.⁸ Babies born at low birth weight are at greater risk of poor health as infants and throughout their lives.⁹

Aboriginal women are significantly more likely to smoke during pregnancy than non-Aboriginal women (54.9% of Aboriginal women in WA did not smoke during pregnancy, compared to 89.8% of non-Aboriginal women). Aboriginal women in the Pilbara region represented the highest proportion of non-smoking during pregnancy (64.4%) while Aboriginal women in the Wheatbelt region represented the lowest (39.2%).¹⁰



Birth and infant mortality – While there has been a slight drop in the proportion of Aboriginal babies who are born at a low birth weight, from 13.7 per cent in 2009 to 13.0 in 2011, Aboriginal babies continue to be more than twice as likely to be of low birth weight compared to all WA babies.¹¹ The infant mortality rate of 8.5 per 1,000 recorded for Aboriginal male infants for the period 2010 to 2012 was almost twice the rate for Aboriginal female infants (4.4 per 1,000) and three times the rate for non-Aboriginal male infants (2.8 per 1,000).¹²

Ear health – Hearing loss impacts on children's development and can lead to lifelong educational and social disadvantage.¹³ Aboriginal children and young people are more than twice as likely to suffer ear diseases and hearing problems as non-Aboriginal children and young people. Data collected by the Australia Bureau of Statistics shows that nationally 7.1 per cent of Aboriginal children and young people aged 0 to 14 years have an ear disease and/or hearing problems compared with 3.6 per cent of non-Aboriginal children.¹⁴

Other research has shown that on average an Aboriginal child suffers from otitis media and associated hearing loss for 32 months during childhood compared to three months for a non-Aboriginal child.¹⁵

Births to teenage mothers – Babies of teenage mothers are at greater risk of low birth weight and pre-term birth. This may be due to the age of the mother, but may also reflect certain risk factors which are more prevalent among teenage mothers.

These include socioeconomic disadvantage, single parenting, smoking during pregnancy and poor nutritional choices.¹⁶ Teenage mothers are also less likely to attend ante-natal care, which can be a protective factor against these increased risks.¹⁷

The teenage fertility rate for Aboriginal women aged 15 to 19 years increased over the last decade. Aboriginal women accounted for about 33 per cent of births in the up-to-17-years age group. The median age of Aboriginal women who give birth is 24.7 years, more than five years lower than the median age of all mothers (30.3 years).¹⁸

Injury – Aboriginal children and young people are considerably more likely to be hospitalised for injury than non-Aboriginal children and young people. Based on age-adjusted rates, between 2005 and 2012 Aboriginal children and young people were hospitalised at nearly twice the rate for transport accidents; over four times the rate for fires, burns and scalds; and double the rate for unintentional poisoning.¹⁹

Aboriginal young people are more likely than non-Aboriginal young people to be hospitalised for intentional self-harm. Aboriginal children and young people are more likely to be hospitalised for an injury and are ten times more likely to experience interpersonal violence.²⁰



Immunisation – For Aboriginal children in WA in 2013, the rate of immunisation at 12 to 15 months is significantly lower than for non-Aboriginal children (81.2% compared to 90.4%). By 24 to 27 months, the gap narrows (89.3% compared to 90.5%) and by 60 to 63 months Aboriginal children show a slightly higher rate of immunisation compared to non-Aboriginal children (89.9% compared to 89.7%).²¹

Programs that have been evaluated as effective

The Commissioner for Children and Young People Western Australia's *Building Blocks* edition one and two reports showcase 126 programs that have been shown to be effective at improving the wellbeing of children and young people or that demonstrate promise in this regard.

Common themes of programs which have been shown to be successful include meaningful community engagement, local design, reciprocity and strong and engaged leadership.

The following five programs are examples from editions one and two of *Building Blocks* that have been shown to improve the health of Aboriginal children and young people, or show promise in that regard.^{22 23} Some are designed specifically for Aboriginal children and young people and others are targeted more broadly but may have a component designed to address specific needs of Aboriginal children and young people.

- Australian Nurse Family Partnership Program – Edition 2, pages 87-88. An intensive home visiting program aimed at supporting vulnerable pregnant women and their families. This structured program starts during pregnancy and continues until a child is two years old.
- Best Beginnings – Edition 1, pages 16-17. A WA home visiting service that targets vulnerable families with infants aged 0 to two years. The program involves regular home visits by trained staff – including nurses, teachers, social workers, and psychologists – that provide support, advice, information, community connections and practical help to parents.
- Family Home Visiting Service – Edition 1, pages 17-18. Aims to provide children with the best possible start in life and to assist families to provide appropriate support for their children. Qualified child health nurses, supported by a multidisciplinary team of psychologists, social workers, Aboriginal health workers and family brokers, provide home visits to new parents. Those families identified with additional needs for support may be offered ongoing family home visiting up to the child's second birthday.
- Maternal and Child Health Program – Edition 1, pages 18-19. Aims to address the barriers experienced by Aboriginal women attempting to access child and maternal health care. The program includes antenatal health checks, postnatal infant health checks and an immunisation strategy.



- Strong Women, Strong Babies, Strong Culture – Edition 2, pages 58-59. A promising program that utilises the knowledge and skills of senior Aboriginal women to help support young pregnant Aboriginal women and provides an opportunity for the sharing of cultural knowledge across generations.

The above programs all reflect a range of characteristics identified by the Australian Institute of Family Studies as being important to programs that ‘work’ in improving the healthy development of Aboriginal children and young people.²⁴

Among the features identified by the Australian Institute of Family Studies as important to programs’ successes are:

- a strengths-based, family-centred approach
- flexibility and sustainability
- tailoring to suit local needs, culture and context
- models of service integration and collaboration
- appropriate program implementation
- building trust and establishing relationships
- community support
- employment of local community members
- appropriate levels of ongoing training and support
- locating programs in places that are perceived as safe and where participants feel a sense of ownership and control.

Policy implications

Data from the Wellbeing Monitoring Framework demonstrates that the disadvantage experienced by Aboriginal children and young people starts before birth and can become entrenched into adulthood. The implications of this finding include that **interventions need to start early**, if possible before birth, to be most effective.

It is important that a focus on successful programs does not obscure the importance of **coordinated service delivery** and the benefits to service integration.²⁵ Many Aboriginal people continue to face ongoing challenges accessing appropriate health and other services across Western Australia. It is also important to acknowledge the specific challenges associated with delivering services in regional and remote areas.

There is growing understanding of the complex social and structural determinants of health, and recognition of the relationship between the social disadvantage experienced by many Aboriginal children and young people in Western Australia and their health.^{26 27}

Aboriginal people share a continuing legacy of resilience, strength and determination, however, factors such as dispossession, interruption of culture and intergenerational trauma continue to significantly impact on their health and wellbeing.²⁸



This policy brief treats the health of Aboriginal children and young people as a discrete topic in an attempt to provide useable information for decision makers. In many ways this is an artificial separation. In addition to the political, economic, social, cultural, environmental, behavioural and biological factors that all influence health and wellbeing, **health for many Aboriginal people also has important spiritual and cultural dimensions**. Although these are beyond the scope of this policy brief, the interplay between these factors is of significant importance to children and young people's health and wellbeing.²⁹

Improving the evidence base

This policy brief presents data relating to the wellbeing of Aboriginal children and young people from before birth to the age of 17 years. However, there is a shortage of data available relating specifically to the health of Aboriginal young people in WA, including data which is able to be disaggregated at regional and local levels. This is particularly important given the diversity of Aboriginal cultural groups and living circumstances across Western Australia. This lack of information presents a challenge to policy makers and service providers undertaking evidence-based decision making.

Despite ongoing government focus on improving the health of Aboriginal children and young people, including the investment associated with the Closing the Gap commitments of the Council of Australian Governments (COAG), it is clear there is **still scope for improvement in data collection and monitoring**.³⁰ Reliable, up to date, comprehensive and comparable information is essential for decision making, including longitudinal data and opportunities to better evaluate the effectiveness of programs and policies.^{31 32}

The State of Western Australia's Children and Young People highlights areas where improved data collection systems could be introduced to provide a stronger evidence base for decision making regarding policy development, resource allocation and service delivery.³³

¹ Australian Health Ministers Advisory Council 2004, *Social and emotional wellbeing framework: a national strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing: 2004 – 2009*, Australian Government Department of Health and Ageing, Canberra.

² Australian Research Alliance for Children and Youth 2013, *Report Card: the wellbeing of young Australians*, Australian Research Alliance for Children and Youth, cited in Commissioner for Children and Young People 2014, *The State of Western*

Australia's Children and Young People – Edition Two, Commissioner for Children and Young People, p.48.

³ Australian Institute of Health and Welfare 2012, *Australia's Health 2012, Australia's health series No.13, Cat. No. AUS 156*, Australian Institute of Health and Welfare, pp.11-13.

⁴ Australian Institute of Health and Welfare 2009. *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Cat. no. IHW 24*. Canberra: AIHW. See also: National Aboriginal Health Strategy Working Party 1989, *National Aboriginal Health Strategy*, Canberra.

⁵ Bowes J & Grace R 2014, *Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia. Issues paper no. 8*. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies p.5.

⁶ Wilkes, T. 2014 'Opinion piece - Our Kulunga (children)', *The West Australian*, 2 June 2014, p.20.

⁷ Australian Bureau of Statistics 2013, *Estimates of Aboriginal and Torres Strait Islander Australians*, June 2011, cat. no. 3238.0.55.001, Table 'Estimated resident Aboriginal and Torres Strait Islander and Non-Indigenous population', Remoteness Areas, Single year of age, 30 June 2011, data cube: Excel spreadsheet, viewed 27 February 2014, <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.0.55.001June%202011?OpenDocument>

⁸ Li Z, Zeki R, Hilder L & Sullivan EA. *Australia's mothers and babies 2011*, National Perinatal Epidemiology and Statistics Unit. Perinatal statistics series no. 28. Cat. no. PER 59. Canberra: AIHW; 2013. Cited in National Health Performance Authority 2014, *Healthy Communities: Child and maternal health in 2009–2012*. www.myhealthycommunities.gov.au/Content/publications/downloads/NHPA_HC_Report_Child_and_maternal_health_July_2014.pdf

⁹ World Health Organization (WHO). Chapter 1.6. Provision of effective antenatal care in standards for maternal and neonatal care [Internet]. Geneva. [cited 2014 Jun 26]. Available from: http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/effective_antenatal_care.pdf cited in National Health Performance Authority 2014, *Healthy Communities: Child and maternal health in 2009–2012*.

www.myhealthycommunities.gov.au/Content/publications/downloads/NHPA_HC_Report_Child_and_maternal_health_July_2014.pdf

¹⁰ Data supplied by WA Department of Health, Maternal and Child Health Unit 2014, custom report (unpublished), cited in Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.50.

¹¹ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.58.

¹² Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.62.

¹³ Burns J, Thomson N 2013, *Review of ear health and hearing among Indigenous Australians*. Retrieved (02/09/2014) from <http://www.healthinonet.ecu.edu.au/other-health-conditions/ear/reviews/our-review>

¹⁴ ABS 2013, *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13*. OR Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.76.

¹⁵ WA Department of Health 2013, *Otitis Media Model of Care*, System Policy and Planning, Department of Health, Western Australia, p. 12 cited in Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.77.

¹⁶ Gaudie J et al 2010, *Antecedents of teenage pregnancy from a 14-year follow-up study using data linkage*, BMC Public Health, 10:63 [website], viewed 10 March 2014, www.biomedcentral.com/1471-2458/10/63

¹⁷ Australian Institute of Health and Welfare 2012, *A picture of Australia's children 2012*, Cat. No.PHE 167, Australian Institute of Health and Welfare, p. 50.

¹⁸ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.11.

¹⁹ Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.121

²⁰ Data supplied by Public Health Division, WA Department of Health, custom report, Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.119.

²¹ Data supplied by ACIR 2013, custom report (unpublished), Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.66.

²² Commissioner for Children and Young People 2012, *Building Blocks: Best practice programs that improve the wellbeing of children and young people*, Commissioner for Children and Young People.

²³ Commissioner for Children and Young People 2014, *Building Blocks: Best practice programs that improve the wellbeing of children and young people - edition two*, Commissioner for Children and Young People.

²⁴ Bowes J & Grace R 2014, *Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia. Issues paper no. 8*. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies pp2-3.

²⁵ Commissioner for Children and Young People Western Australia, April 2013, *Issues Paper 11 – Early Childhood*, Commissioner for Children and Young People WA www.cryp.wa.gov.au/files/resource/Early%20Childhood%20Issues%20Paper%20-%20April%202013.pdf

²⁶ Carson B, Dunbar T, Chenhall RD, Bailie R, eds. 2007, *Social determinants of Indigenous health*, Crows Nest, NSW: Allen and Unwin

²⁷ Australian Indigenous HealthInfoNet 2014, *Overview of Australian Indigenous health status, 2013*. <http://www.healthinonet.ecu.edu.au/health-facts/overviews>

²⁸ NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PLAN 2013–2023, Commonwealth of Australia 2013

²⁹ Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes T, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People. Perth: Telethon Institute for Child Health Research, 2004.

³⁰ The Senate, Community Affairs References Committee 2013, *Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"*, Commonwealth of Australia, p.48.

³¹ Bowes J & Grace R 2014. *Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia. Issues paper no. 8*. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies p.3.

³² For more detailed proposals on improving data about and for Aboriginal Australians see Biddle N 2014, *Data about and for Aboriginal and Torres Strait Islander Australians*. Issues paper no. 10. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

³³ For example, Commissioner for Children and Young People 2014, *The State of Western Australia's Children and Young People – Edition Two*, Commissioner for Children and Young People, p.76.