

# Western Australian Aboriginal Child Health Survey – Are there any policy implications?

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WESTERN AUSTRALIAN  
ABORIGINAL



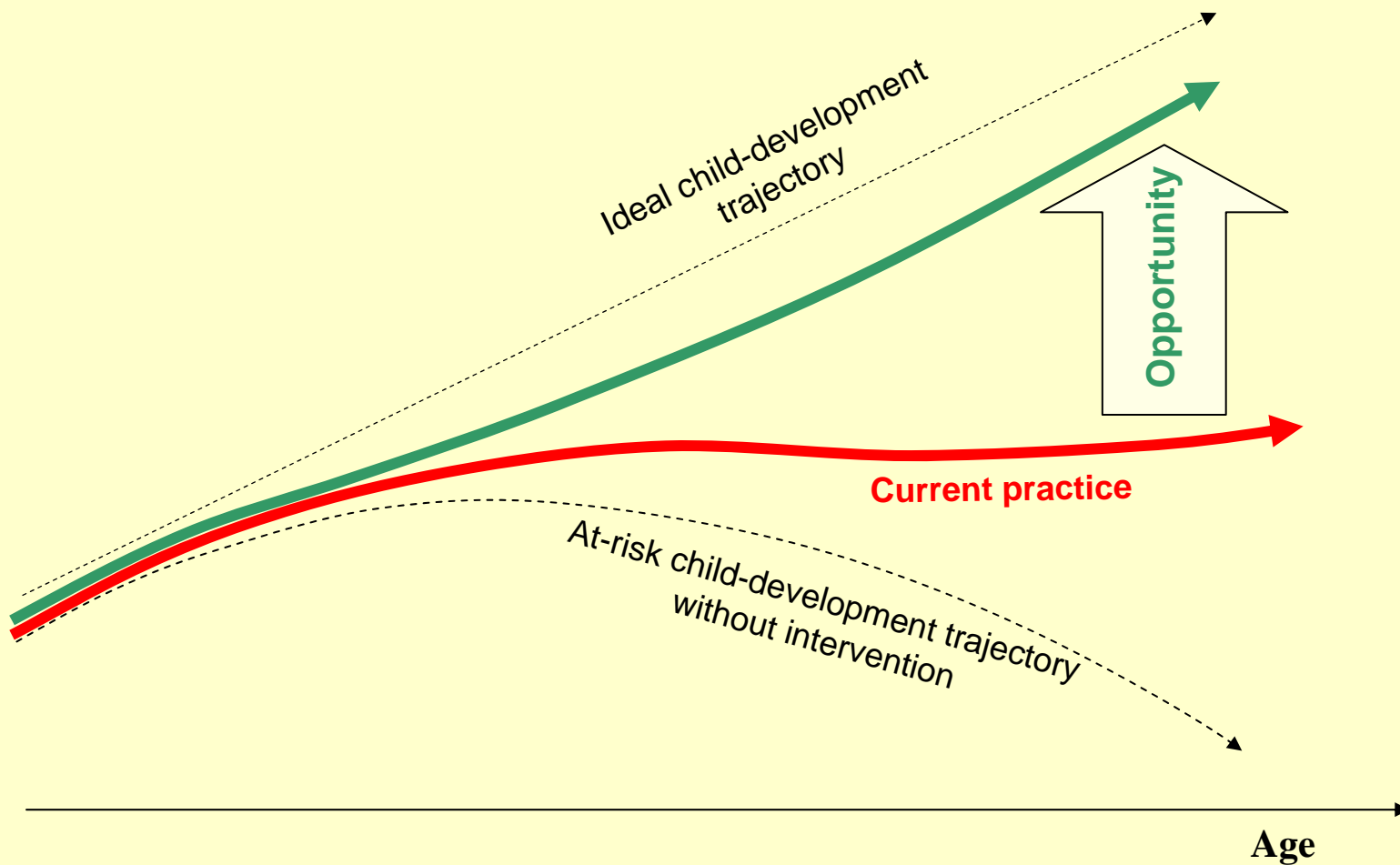
CHILD HEALTH SURVEY

Curtin  
University of Technology

TELETHON INSTITUTE FOR  
Child Health  
Research

Kulunga  
Research  
Network

# Why have we made such slow progress in reducing disparities between Indigenous and non-Indigenous child development outcomes?



# Overview of this presentation

## Western Australian Aboriginal Child Health Survey

Part 1. The survey, its methods & outputs

Part 2. Emerging policy themes

- Human capability expansion
- Population distribution and program reach
- Program exposure

Part 3. Developmental prevention policy



# The survey, its methods & outputs



# The survey, its methods & outputs

## About the word “health” - The survey is really a child *development survey*

Health in its “broadest” sense

Well being – emotions and behaviours

Participation

Social

Civic

Economic

Inter-relationships among these concepts

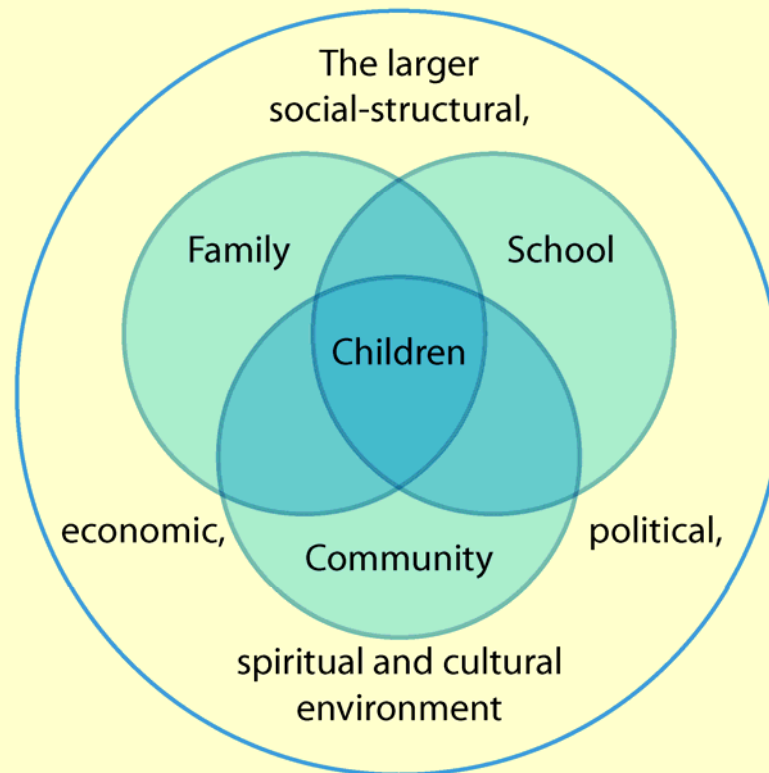


# The survey, its methods & outputs

## The survey – an overview

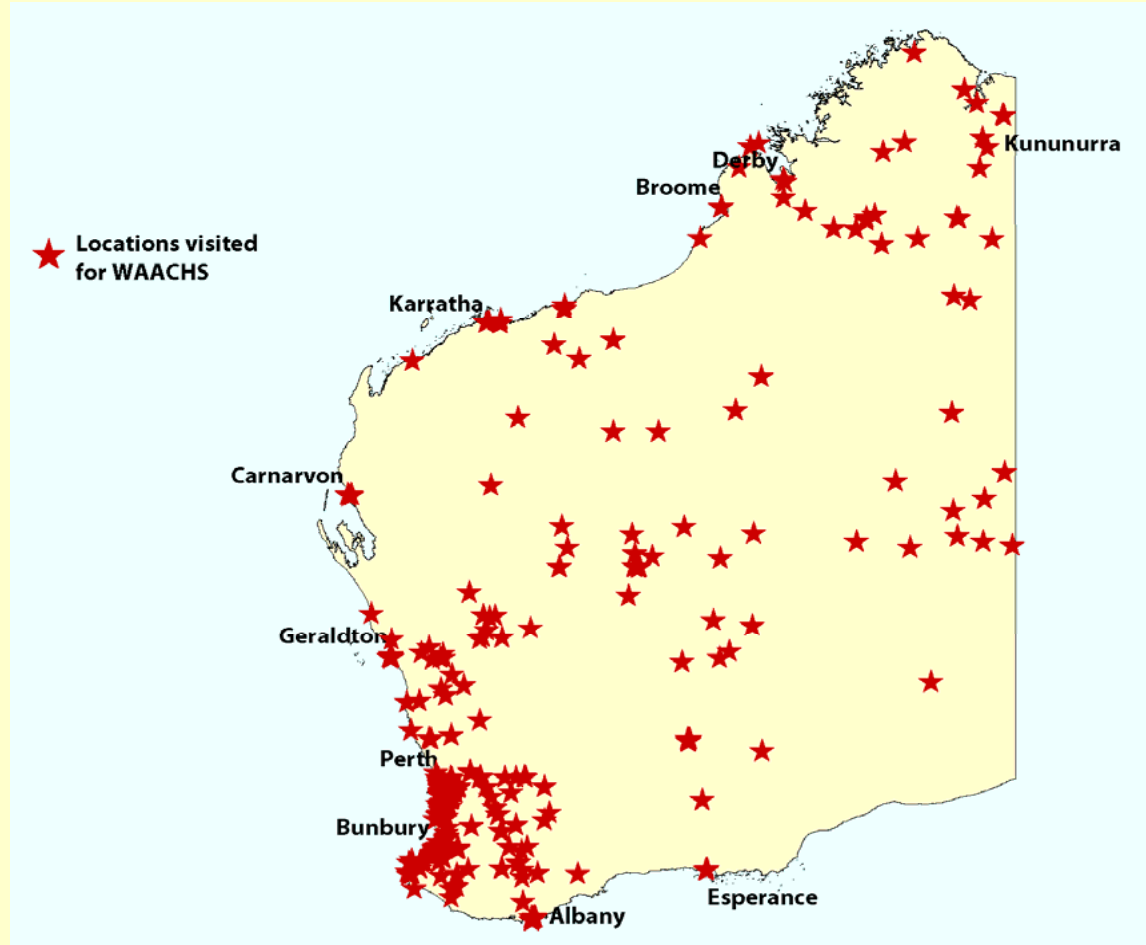
A survey of 5,300 Aboriginal and Torres Strait Islander children under the age of 18 living in 2,000 families across Western Australia

### SURVEY MODEL: CHILDREN WITHIN CONTEXT OF INFLUENCE



# The survey, its methods & outputs

## Survey sample sites



# The survey, its methods & outputs

## Main survey May 2000 – July 2002

### Interviewers:

- Enumerated 166,287 dwellings in 761 CDs
- Identified 2,386 eligible families
- Interviewed 1,999 consenting families (84%)
- Details collected on 11,404 family members
- Interview data recorded on
  - 5,289 children aged 0–17 yrs
  - 1,073 young people 12–17 yrs
  - 3,153 carers
- Teacher & principal data on 2,379 school students and 410 schools



# Human capability expansion



# Population factors limiting human capability expansion

Population sparseness:	The population is very small and widely distributed
Age of the population:	The median age of the population is about 20 years This is the “constituency” or “consumer” base
Teenage mums:	28% of Aboriginal children are born to mothers under 20 years of age
Low birth weight:	12 per 100 live births
Care of very young children:	6% of 0–3 year-olds were not living with either biological parent at birth
Care of young people:	20% of 12–17 year-olds were not living with either biological parent
Low population levels of:	Parental education & employment – these are not associated with health and well being outcomes
High population levels of:	Chronic illness, family stress & bereavement



# Human capability expansion – problem example

## An example of human capital restriction: Clinically significant emotional or behavioural difficulties

	<b>Aboriginal</b>	Non-Aboriginal
Percentage of children with difficulties	<b>24%</b>	15%
Total WA child & youth population	<b>5,500</b>	54,300
Total WA carers with dependent children	<b>36,300</b>	1,400,000

The burden of child emotional and behavioural problems for Aboriginal families is 3.9 times higher than in the majority population – smaller number of carers for a larger proportion of children with significant problems



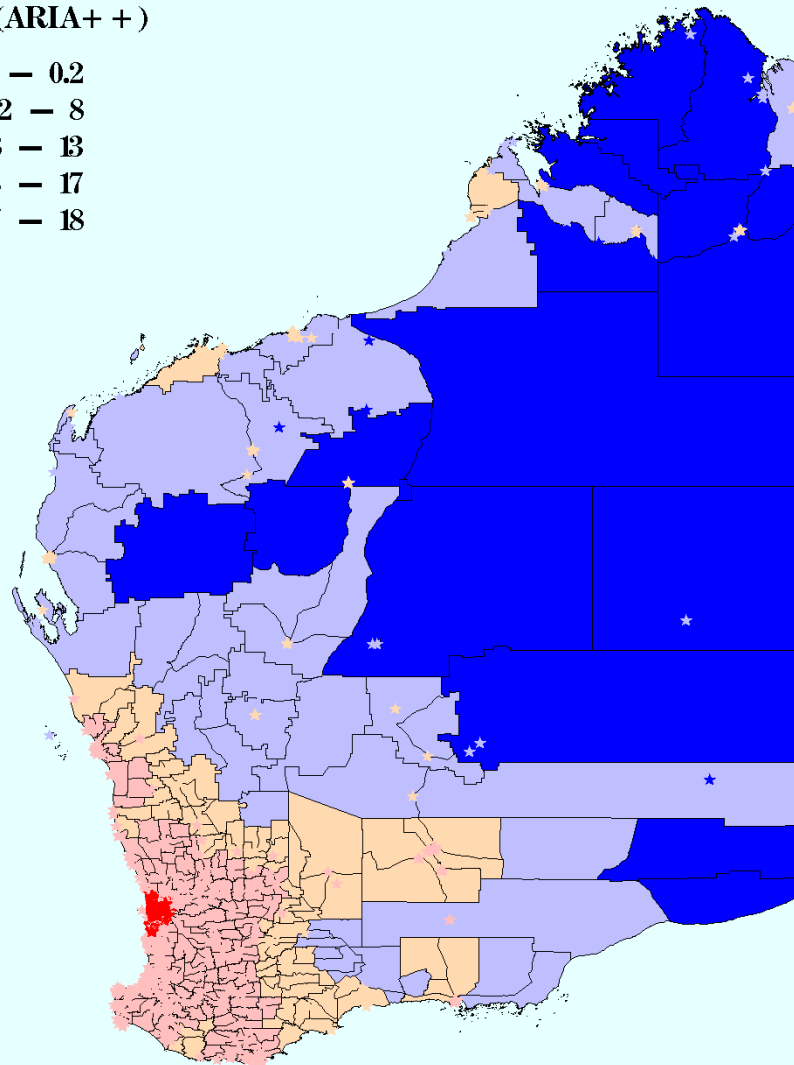
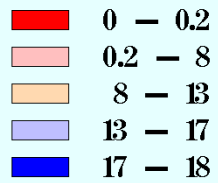
# Population distribution and program reach



# Population distribution and program reach

## ARIA++ 5 Categories

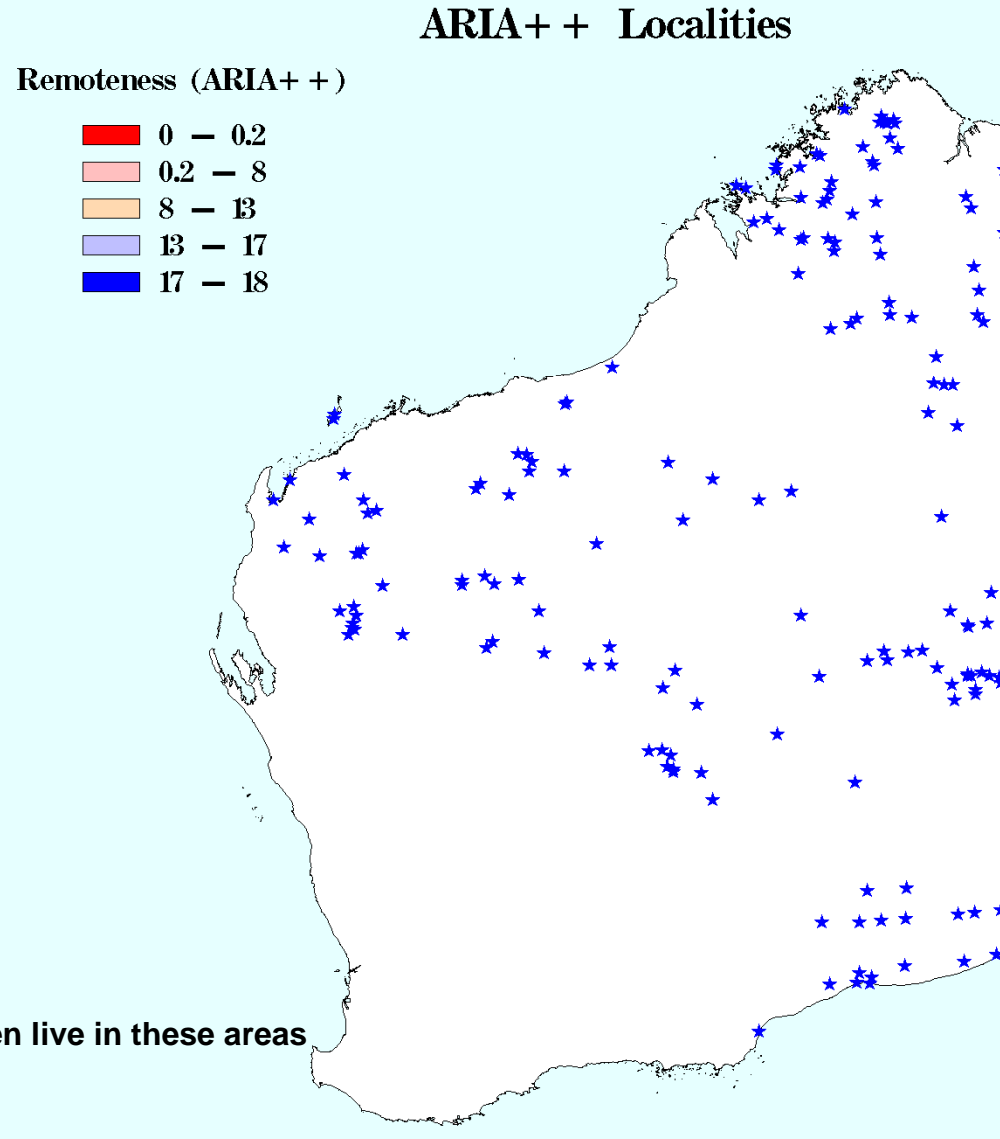
Remoteness (ARIA++)



Isolation from services



# Population distribution and program reach



About 160 four-year old children live in these areas



# Program exposure



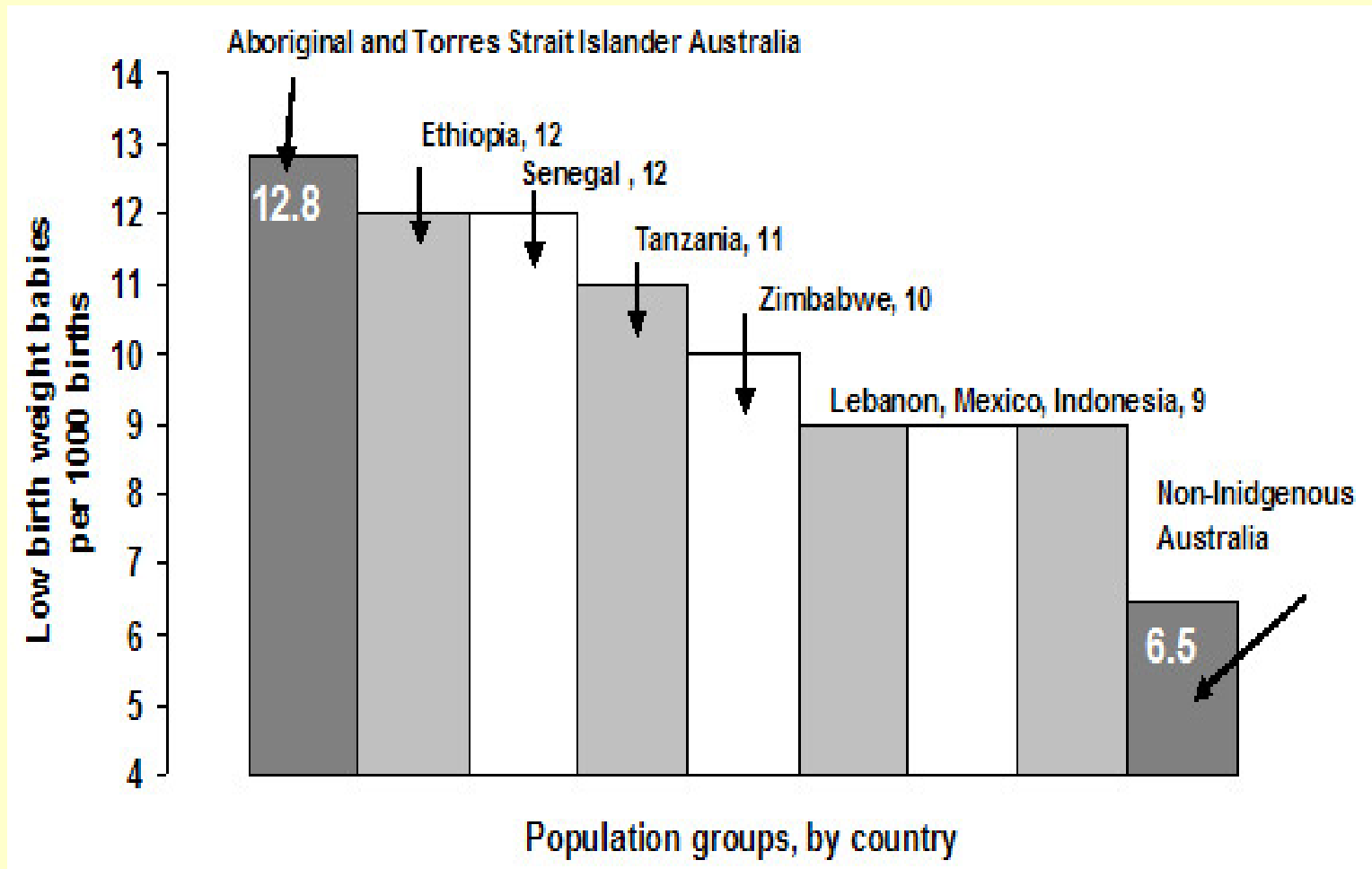
Two brief examples:

Health – low birthweight

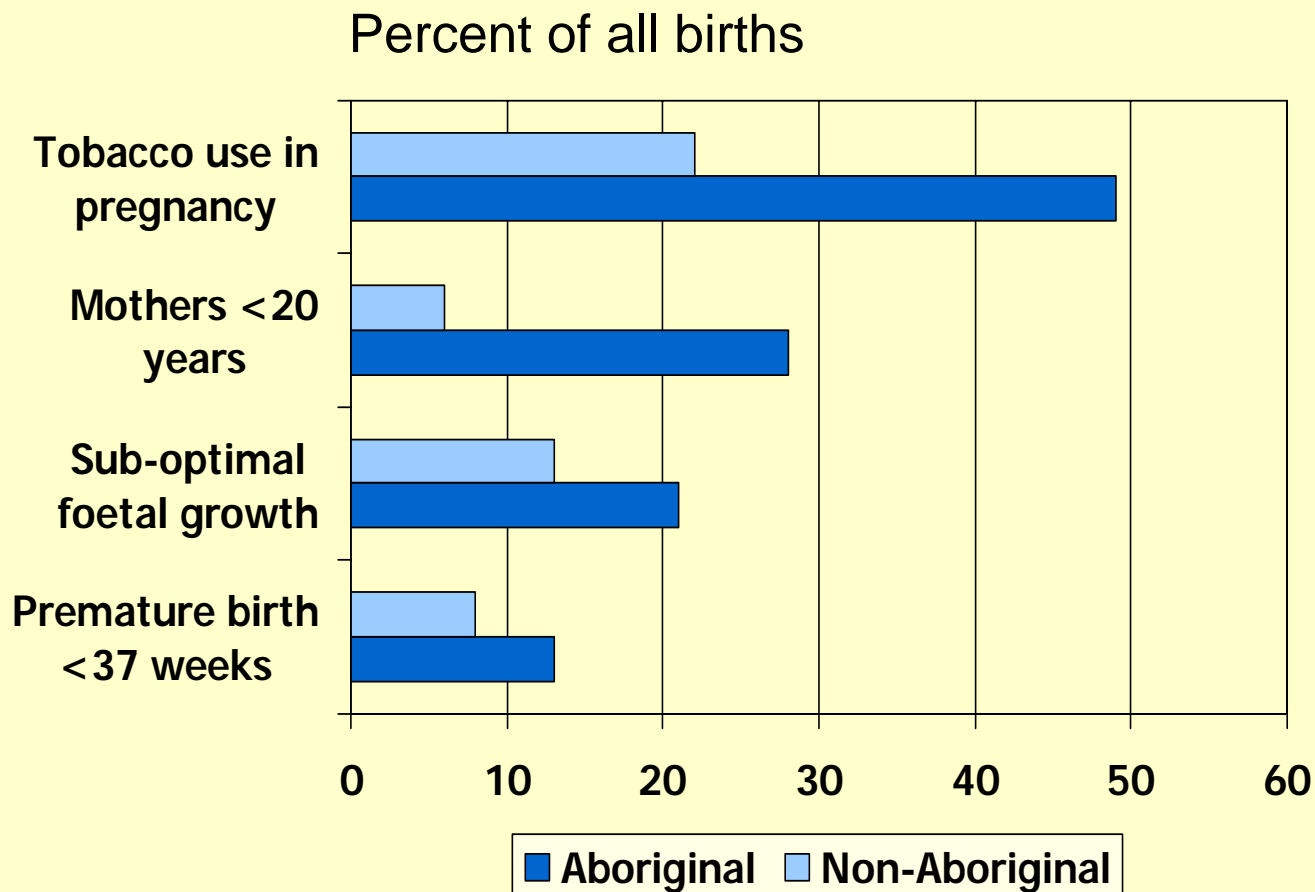
Education – school attendance



# Low birth-weight – International comparison



# Low birth-weight – Key risk factors



# Program exposure: health expenditure

## An example from health: National healthcare expenditure

	<b>Aboriginal Australians</b>	Non-Aboriginal Australians
Estimated 2001-02 per capita expenditure for health services *	<b>\$3,901</b>	<b>\$3,305</b>
Expenditure ratio - by service type		
Community health services	6.5	1
Public health including substance abuse	2.9	1
Public hospital admissions	1.6	1
Public hospital out-patient care	1.9	1
Medical services	0.4	1
Pharmaceuticals	0.3	1
<b>Expenditure ratio - all health services</b>	<b>1.18</b>	<b>1</b>

\* ABS (2005) The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People



## Education – school attendance

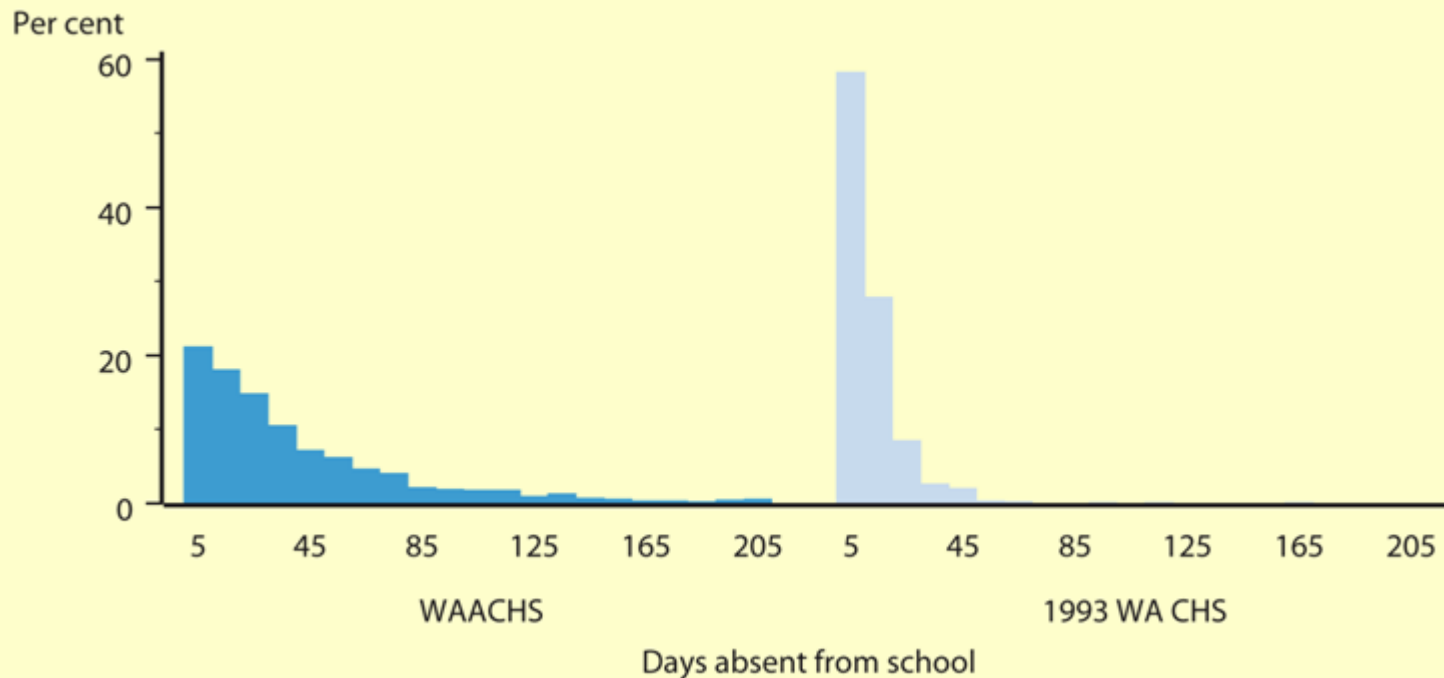


# Program exposure: example - attendance at school

Median number of days absent from school:

- ▶ Aboriginal children aged 4–17: **26 days**
- ▶ Non-Aboriginal children aged 5–16: 8 days

## ABORIGINAL AND NON-ABORIGINAL CHILDREN—DAYS ABSENT FROM SCHOOL

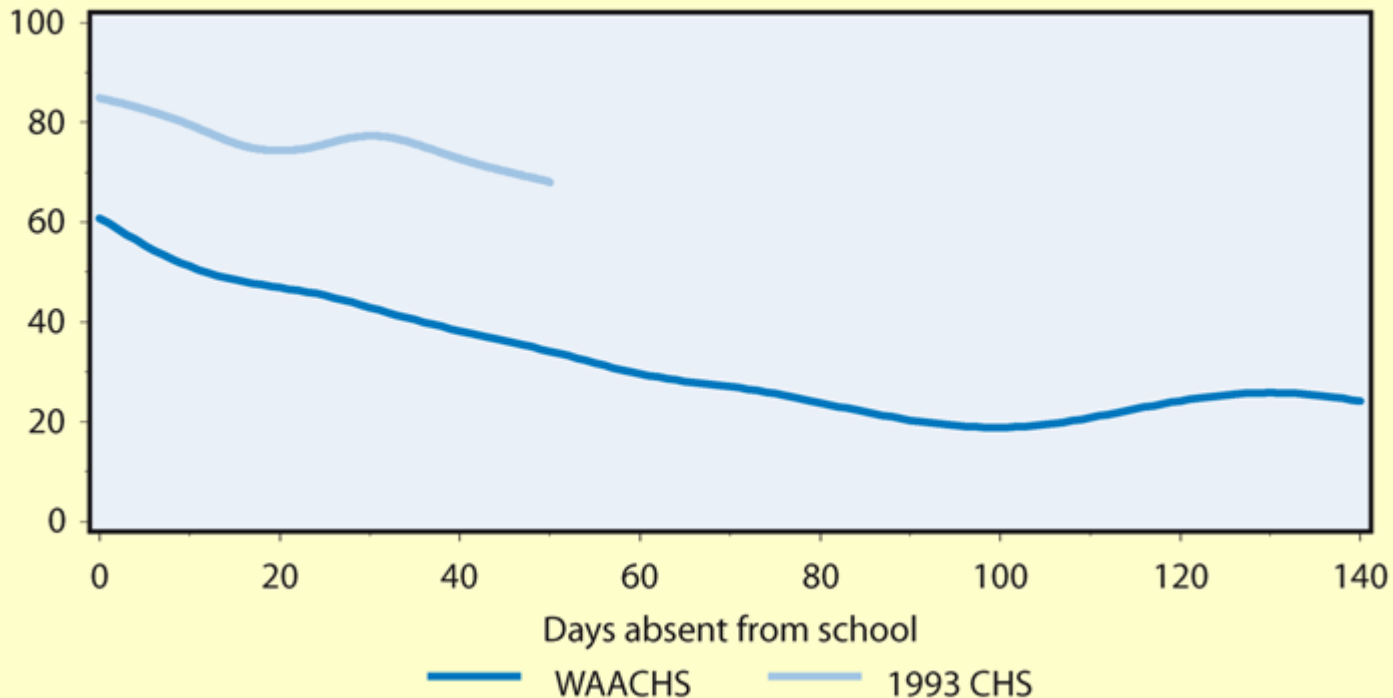


# Program exposure: effect on performance of school absence

Academic performance decreases with days absent from school. This explains a *proportion* of the difference in academic performance between Aboriginal and non-Aboriginal children

## STUDENTS WITH ACADEMIC PERFORMANCE AT AGE LEVEL OR ABOVE BY DAYS ABSENT FROM SCHOOL

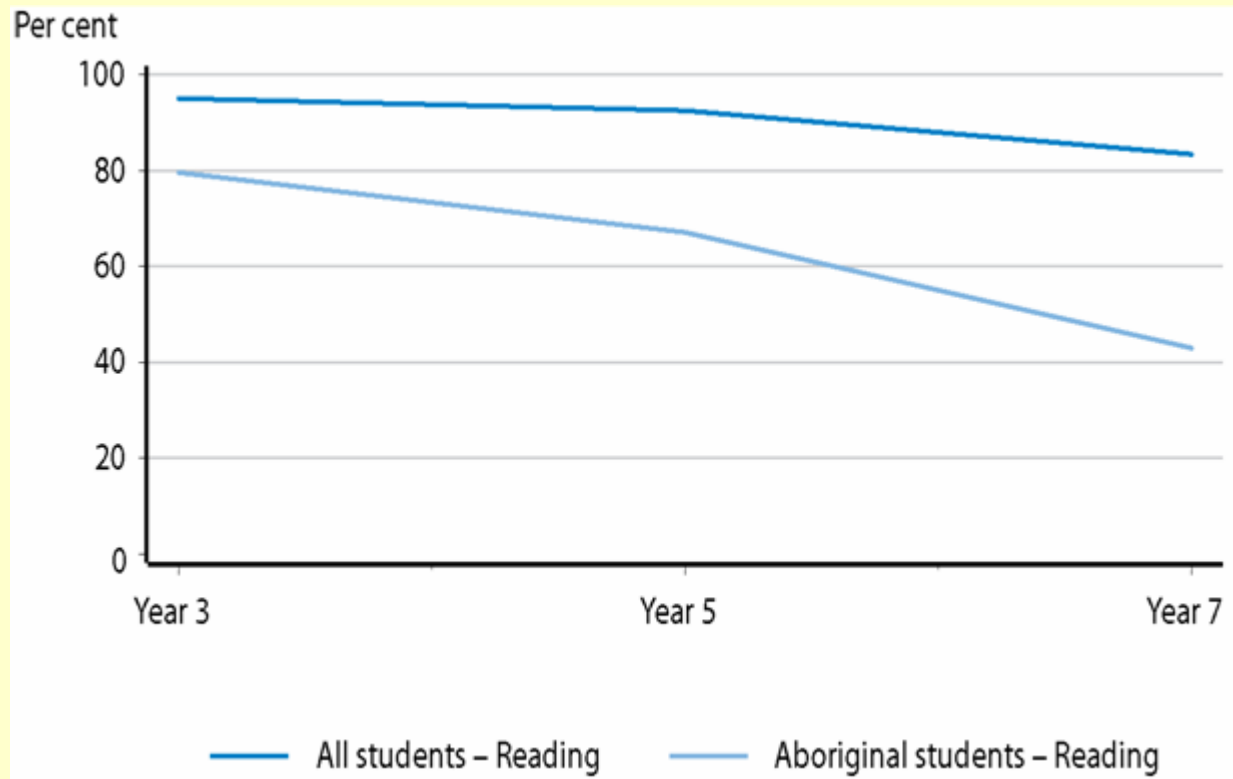
Per cent



# Program exposure: level of reading achievement and *disparity*

Disparities between Aboriginal and non-Aboriginal in reading achievement widen significantly between year 3 and year 7

## WA Students achieving national benchmarks



# Part 4. Developmental prevention



## Part 4. Developmental prevention

What would assist more rapid progress in addressing the Aboriginal circumstance?

- Adjusting policies, approaches, programs, curricula, and interventions to address capability expansion in the Aboriginal population
- What would this look like?



# What does this mean for the planning & delivery of services?

1. The uptake or "consumption" of programs and services is low – in terms of *both* quantity and quality



**Adjust program delivery and content to better match population capability (needs, burden, capability)**

2. Difficulties in ensuring the "reach" of programs & services



**Concentrate human service infrastructure in isolated regions, and increase program availability in areas with high concentrations of population**

3. Difficulties in achieving sufficient program exposure to influence the course of child development



**Fund programs that are "rich", "dense" and "focussed" so program exposures are close to the child, regular & of sufficient duration.**

4. Opportunities for developmental prevention needed throughout childhood (i.e. from before birth through to early adult life)



**"Hit and run" approaches will never work – program integration and local sustainability are essential for accumulative risk reduction**



# Program content – key elements of developmental prevention

## Prompts – things that “drive” development

Biology (*ie birthweight and nutrition targets*)

Expectations

Opportunities

## Facilitators – things that “help” development

Temperament + “average” intellectual ability

Good language development

Emotional support

## Constraints – things that “hinder” development

Multiple, accumulative stresses (allostatic load)

“Chaos” (frenetic activity, lack of structure, unpredictability)

Social inequality (concentrates developmental resources/risks)

Social exclusion (limits expectations and opportunities)



## In brief – the main policy implication

The capacity/capability base of the target population is capping the effectiveness of community development, education and employment programs

Community development alone does not expand human capability

Generational developmental prevention is required



# WAACHS funders who make it all possible



## Australian Government

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**Department of Health and Ageing  
(Coordinated through the Office for  
Aboriginal and Torres Strait  
Islander Health)**

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**Department of Education, Science  
and Training**

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**Aboriginal and Torres Strait  
Islander Services**

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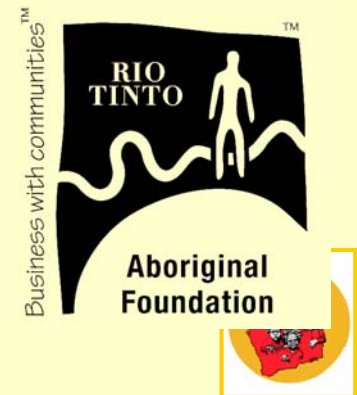
**Attorney-General's Department**

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**Department of Family and  
Community Services**



**Department of the Premier and  
Cabinet  
Department of Education and  
Training  
Department of Health  
Department for Community  
Development  
Disability Services Commission  
West Australian Drug Strategy  
Department of Justice  
Department of Housing and Works  
Western Australia Police Service**

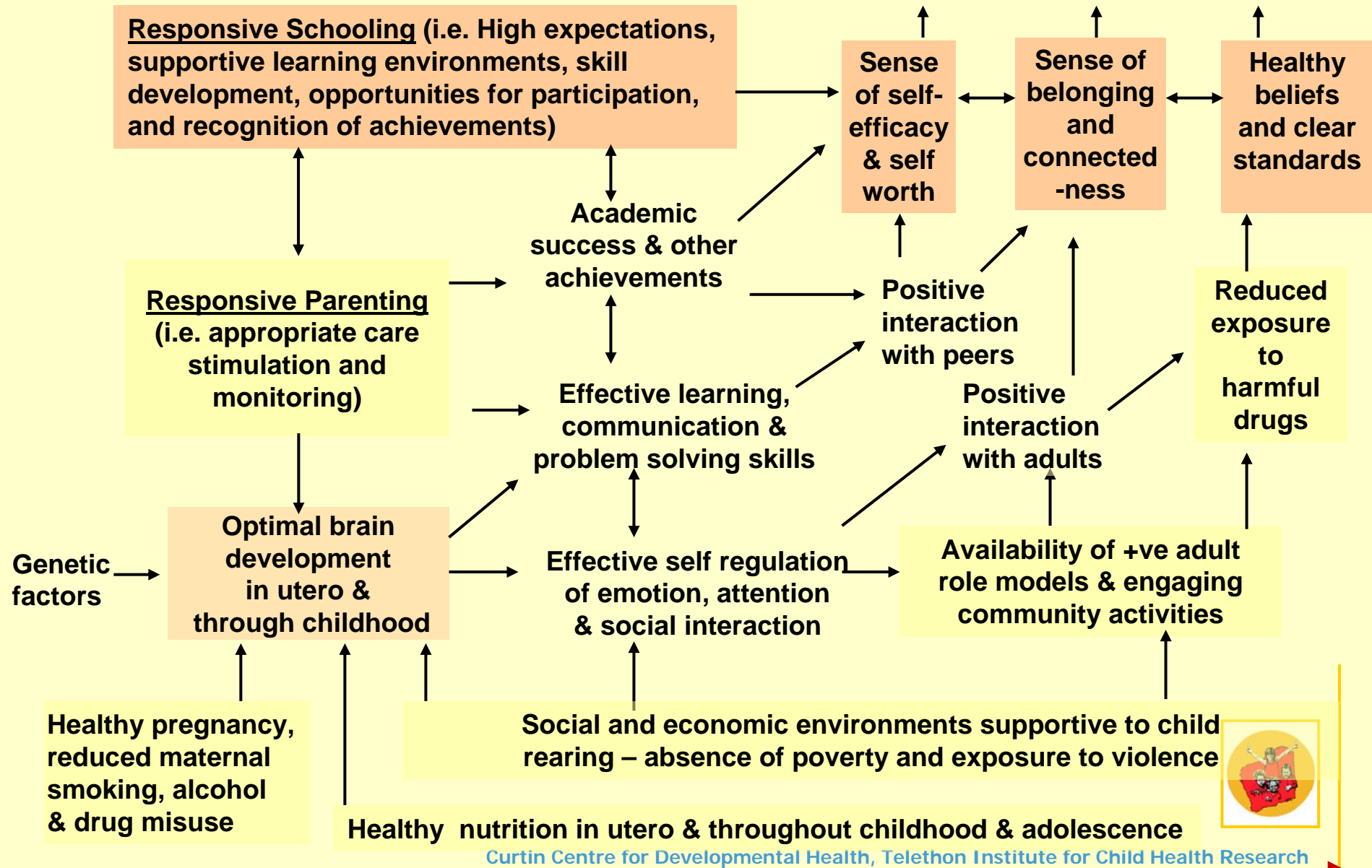


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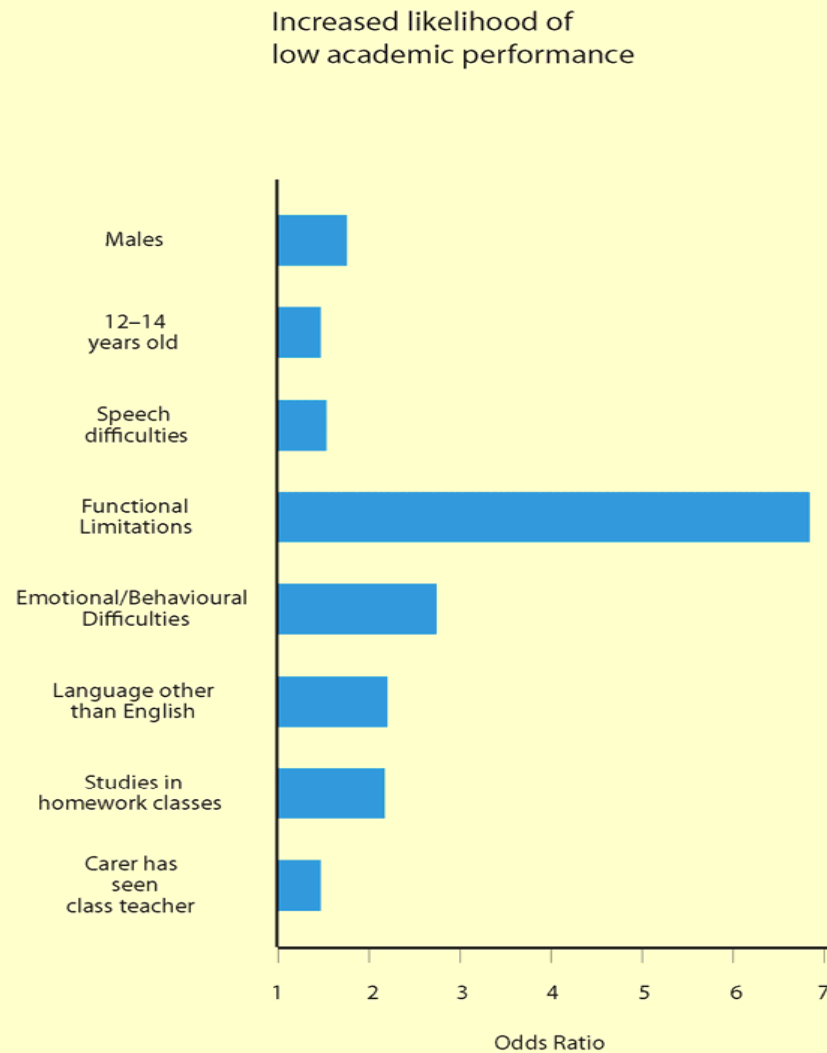


# Developmental prevention

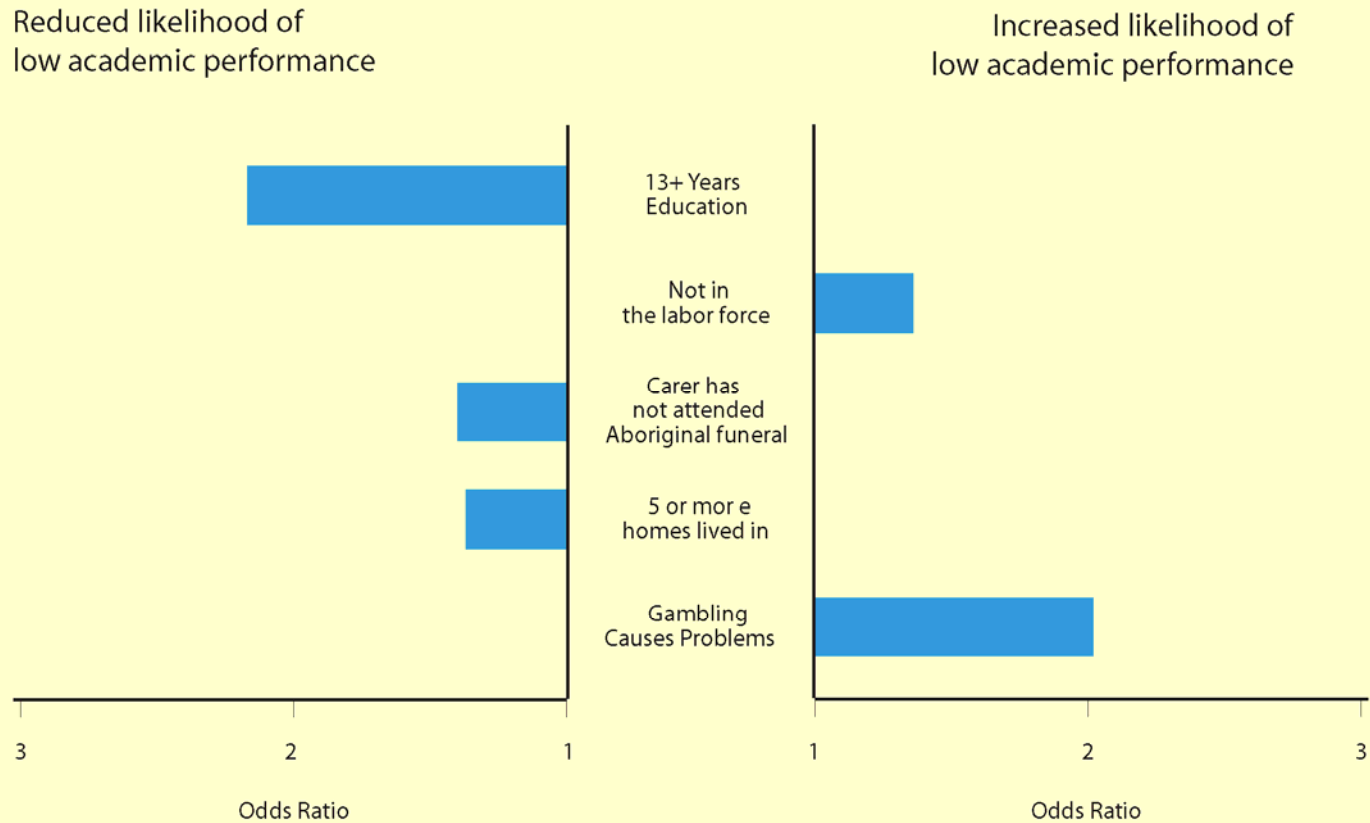
## Participation Social, Economic and Civic Well being



# Child level factors affecting academic performance



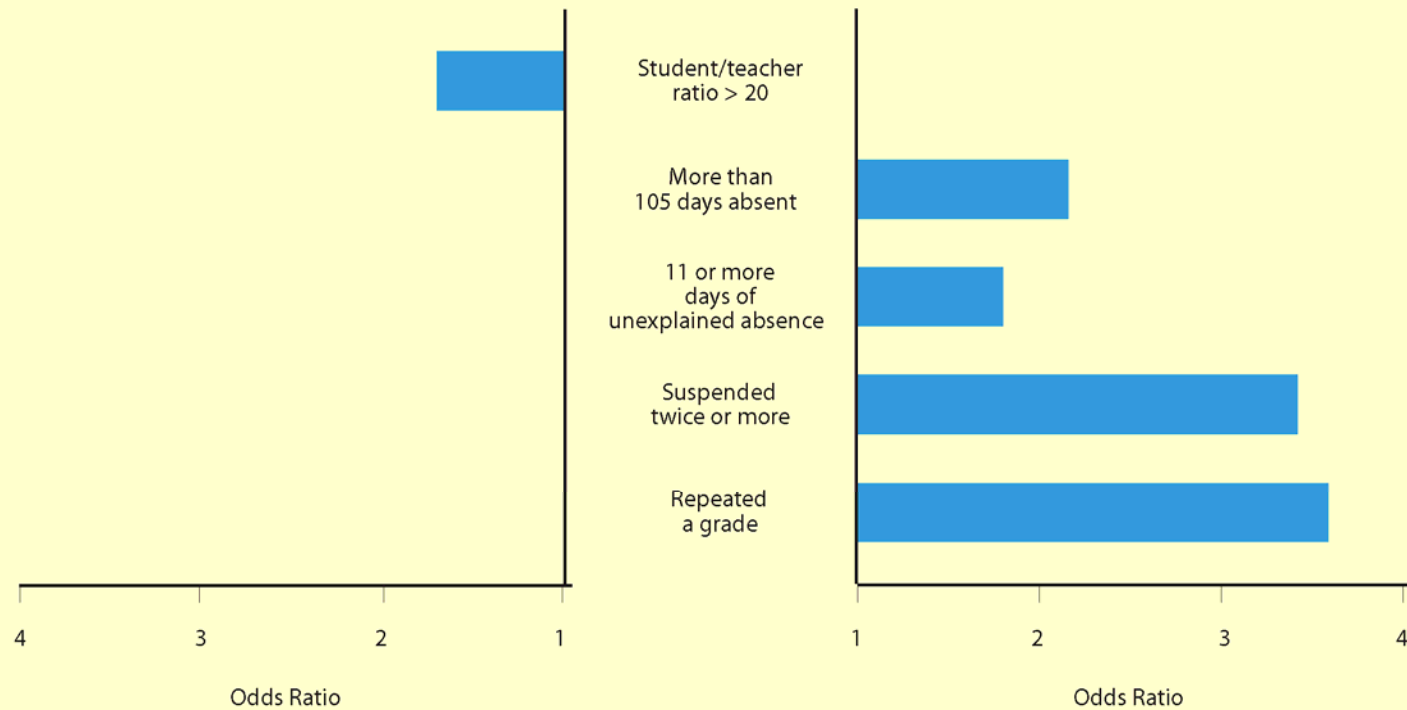
# Carer & family factors affecting academic performance



# School environment factors affecting academic performance

Reduced likelihood of low academic performance

Increased likelihood of low academic performance



# The survey, its methods & outputs

## 1. Major publications

- Vol 1. Physical health (2004)
- Vol 2. Mental health & wellbeing (2005)
- Vol 3. Education (2006)
- Vol 4. Family & community
- Vol 5. Justice outcomes

## 2. Regional profiles for each ICC region

## 3. State-wide community feedback process

- Strategic input to regional & sector planning forums
- Feedback to communities and survey participants

