

In this "Viewpoint" article Dr Sue Gordon discusses some family issues for Indigenous Australians.

# Family issues for Indigenous Australians

SUE GORDON

I'm delighted that *Family Matters* is dedicating the last of its 2006 issues to focusing on Indigenous families and welcome the opportunity to contribute to the discussion, in my capacity as Chair of the National Indigenous Council (NIC). My perspectives on this issue, however, are shaped by many roles – as mother, mother-in-law and grandmother, as a Magistrate in the Children's Court of Western Australia and, of course as NIC Chair, to name the more significant ones. I will be drawing on the perspectives offered me by all of these roles in the views and opinions outlined in this article.

At the heart of many Indigenous family groupings you will find children – and usually many more of them than you will find in non-Indigenous families. Children aged fifteen years and under accounted for 39 per cent of the Indigenous population of Australia in the 2001 census but only 20 per cent of the non-Indigenous population. The Indigenous population profile is youthful, and growing at almost double the national average. In contrast, the remaining Australian population is an ageing one (Daly & Smith, 2005). So children, and in particular, the importance of investing in early childhood, provide the key focus of this article. Indigenous children are the most vulnerable group of children in Australia. For these children the health, education and safety of their mothers are key influences, if not key pre-determinants, of their capacity to realise their potential in life.

I will share with you the NIC's views on how to improve outcomes for Indigenous early childhood development; describe the context that shapes the experiences and outcomes for many Indigenous children; and outline the risks of not addressing the underlying factors. Finally I will touch briefly on research being undertaken to shed light on how positive pathways for Indigenous children can be better understood and replicated.

## ***NIC views on improving outcomes for Indigenous early childhood***

Healthy babies need healthy mothers and, as my colleagues on the NIC have pointed out many times, early childhood, while commonly understood to refer to age three onwards in the general population, must begin from conception (and I would argue pre-conception) in Indigenous communities - to positively affect the next generation. Drawing on the strong professional backgrounds in health, education, community and social work of several of its members, the NIC has given careful consideration to the issue of early childhood and how to get better outcomes for Indigenous children, most recently at our meeting in September 2006. The NIC also had a hand in shaping the priorities of the Ministerial Taskforce on Indigenous Affairs (MTF) chaired by the Minister for Families, Community Services and Indigenous Affairs, the Honourable Mal Brough, MP and comprising Ministers from all key agencies responsible for developing policies, administering programs and delivering services to Indigenous Australians. It is no coincidence that early childhood intervention is one of the MTF's three priority areas for action.

NIC members are very conscious that early childhood is a vulnerable time when the mother and child are less visible. The child is not yet of school age and, if living in a remote community, may not enjoy access to pre-school and/or health clinics. And, irrespective of whether they are living in remote, regional or urban environments, the mother or the child's carers may opt not to access these services for a range of reasons.

In addition to re-defining early childhood to begin from conception in Indigenous communities, members identified several other key considerations to bring about better outcomes for Indigenous children. Pre-eminent among these considerations are a whole of government approach including more “joined-up” approaches to education (commencing from early childhood), capacity-building for Indigenous parents and a focus on culturally inclusive service delivery.

### **Whole of government**

The NIC regards a whole of government approach as vital to underpinning positive outcomes for Indigenous children and their families across the spectrum of education, health, housing and safe communities. In relation to education, members identified the critical need for clear linkages between kindergarten and early childhood education strategies and providers. Cognisant that responsibility for making these linkages rests largely with states and territories the NIC notes that jurisdictions should be encouraged to develop more coherent early childhood education strategies that focus on creating sustainable change. Culturally inclusive service delivery is another important area on which the NIC has advised government. Any interventions for children and families must recognise and build on cultural beliefs, traditions and practices to achieve optimal outcomes.

### **Education**

The NIC strongly believes that *all* parties involved in the education of Indigenous children must meet their responsibilities if good educational outcomes are to be achieved. While parents play a key role in their children’s education, poor student outcomes are not the sole responsibility of the parents. Effective engagement is required from pre-school through to year 12, in terms of attendance, retention and outcomes to be achieved. We identified the need to address school curricula, including ensuring that Indigenous studies form a core element of curriculum for new teacher training and offering professional development to existing teachers that is relevant to local circumstances. Related workforce issues may also need to be considered, for example, careful selection of teachers for schools with high levels of Indigenous students. Such teachers should be properly informed about the community environment in which they will be working. Consideration should also be given to the benefits of having teachers in remote areas mentored by the local community.

### **Parents**

From the NIC’s perspective, it is clear that help is needed, particularly with postnatal care, to build the capacity of *parents*. Preventative initiatives need to target parents and *mothers specifically*. Indigenous children are rarely just the concern of their mothers and fathers, but often the entire

community. The NIC therefore believes that a community development approach to health promotion and prevention programs will yield the best results for Indigenous children and their families. As discussed below, the NIC’s position, based on members’ collective wisdom and experience, is borne out by the research on this topic.

## **Raising Indigenous children: The context**

Research indicates that the health and wellbeing of the mother is one of the most important influences on a child’s wellbeing, as well as a range of social, cultural and historical factors affecting the ability of parents to adequately nurture their children. For Indigenous children such factors may include economic disadvantage; substance abuse; grief and trauma; incarceration; family violence; racism; young maternal age; unhealthy lifestyles including poor nutrition; inadequate antenatal and postnatal care and nutrition; poor general health; inadequate housing; and poor educational outcomes that are evident in many Indigenous households (Daly & Smith, 2005).

And, if a child happens to grow up in what I describe as the “toxic environment” of a dysfunctional Indigenous community, the odds will be stacked very heavily against them from the beginning. Even when that is not the case, we need to remember that for a whole range of reasons, Indigenous children face much tougher odds compared with non-Indigenous children, of growing up to be healthy, positive and strong. Even before they are born, Indigenous children are faced with significant impediments. Statistically, Indigenous children are more likely to experience ill-health from birth, be exposed to the intergenerational effects of disadvantage (e.g. their parents are more likely to be unhealthy, uneducated and unemployed), more likely to end up in the child protection system and the criminal justice system and to rely on welfare (AIHW, 2005).

In contrast, research shows that children who have optimal early childhood experiences in the first years of life have better outcomes throughout their lives. They have better school performance, fewer social and behavioural problems, fewer health problems and are less likely to be teenage parents, use drugs or be involved in crime. This in turn results in significant savings in the areas of remedial education, school drop-outs, welfare and crime.

The earlier that risks are identified and addressed (for example at birth and the years prior to school), the more likely it is to achieve positive child development and sustained outcomes over the life course.

Research also shows that it is more cost effective to prevent problems than it is to fund programs to intervene later in life. We know that Indigenous children

experience many problems that are preventable early in their lives. From a public policy perspective it seems abundantly clear that prevention offers a better return on investment than merely funding corrective programs into the future.

### **Research on return on investment in early childhood**

A substantial body of overseas-based research (primarily from the US and UK) supports the economic benefits of intervening in the early years of children's lives. While this research shows a range in the proportion of return on investment – what it suggests is that for every dollar spent – a minimum of two dollars of taxpayers money is saved.

Closer to home Queensland Health funded research in 2002 and 2003 to evaluate the efficacy and general acceptability of the 'Triple P' program (a multi-level system of parenting and family support available to all children from birth to 16 years) for Indigenous families presenting with concerns about their parenting, or their child's behaviour or development. *Indigenous Triple P Groups* were conducted by Indigenous Health and Child Health workers in community settings.

The program was found to be effective in significantly lowering rates of problem child behaviour reported by parents participating in the program. Parents also reported significantly lower reliance on dysfunctional parenting practices. Additionally intervention gains were maintained at the six-month follow-up, with significant further improvement of parenting style. As noted by the researchers, "these results provide support for the efficacy of a culturally tailored approach to Group Triple P as a behavioural family intervention program for Indigenous families, and are some of the first outcomes from a randomised controlled trial of behavioural family intervention for Australian Indigenous families. Additionally these outcomes may be seen as a significant step in increasing appropriate service provision for Indigenous families and reducing barriers to accessing available services in the community"<sup>1</sup>.

Another initiative, the *Strong Women, Strong Babies, Strong Culture Program* implemented in the Pilbara/Gascoyne Health region in Western Australia in 2003 has generated benefits in health for mother and child that can be expected to lead to improved health and wellbeing for mothers and their children over the medium to longer term. The success of this program is underpinned by the community development approach advocated by the NIC. The Strong Women, Strong Babies, Strong Culture Program relies on and supports senior women in participating communities to provide direct support to pregnant women and their families. The senior women encourage attendance at antenatal care clinics and provide advice on nutri-

tion. Connections and support for involvement in cultural events is an important part of the program. It therefore has a long-term outlook with lasting benefits rather than treating only immediate health problems (Exten, 2003).

### **The future**

So we know that prevention is more effective than waiting to tackle the pressing problems in the area of Indigenous early childhood. I have outlined some initiatives generating positive outcomes in Australian Indigenous communities, principally the *Group Triple P* and *Strong Women, Strong Babies, Strong Culture Programs*. There is scope for further work in distilling what helps Indigenous children stay on track (or get back on track) to become healthy, positive and strong and what is the influence of family, extended family and community in the early years of life and growing up?

Work commissioned by the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA) on a longitudinal study of Indigenous children entitled *Footprints in Time* will go some way towards providing an evidence base to cast light on the ways Aboriginal and Torres Strait Islander children are influenced by earlier events in life. The study will concentrate on babies (0-12 months old) and 4-5 year olds. Importantly, unlike much current research that focuses on the children and communities that aren't doing so well, one of the expected benefits of the *Footprints in Time* longitudinal research is that the pathways to positive outcomes and factors that promote resilience can be better understood.<sup>2</sup> I sometimes despair about the lack of positive stories about Indigenous Australia – so I welcome the focus on children and communities that *are* doing well. It's time we explored the reasons why so we can seek to replicate these factors to lift outcomes for Indigenous children and their families across the board.

### **Endnotes**

- 1 A summary of the results can be accessed under "Indigenous Group Triple P" at <http://www.pfsc.edu.au/research/completed.html>
- 2 For background on *Footprints in Time* visit the website at [www.facsia.gov.au](http://www.facsia.gov.au)

### **References**

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