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# The First 1000 Days

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*A South Island report for the Hauora Alliance*

## Summary

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**The purpose of this report is to inform inter-sectoral planning, action, and monitoring to support the best start in life for every child in the South Island / Te Waipounamu.**

The first 1000 days (the period from conception until a child's second birthday) can no longer be seen as the relatively passive period it has been viewed as in the past. The ways our very young brain and other body systems adapt to their physical, social, and nutritional world help programme our future responses to those same influences. Research over the last few decades has highlighted the first 1000 days as the period of maximum developmental plasticity, during which a child's environment has profound and lasting impacts (1). Early childhood has been recognised as critical to health equity, as children in families with limited economic resources often face multiple physical and psychosocial hardships in early childhood that can dramatically damage their health, often with lifelong consequences (2).

New Zealanders have historically viewed our country as a good place to raise children. However, New Zealand now ranks poorly compared to other high-income countries against several measures of child health and wellbeing, and significant inequities exist. Although prevention and intervention strategies in early childhood have been identified as a good investment (3-5), New Zealand has one of the lowest rates of public investment in young children in the OECD (6, 7).

This low rate of investment generates significant economic costs from potentially avoidable expenditure on health, welfare, remedial education, lower productivity, crime and justice (6).

The World Health Organization's "nurturing care" framework describes five components of early childhood development: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning (Figure 1). To support planning for action, our report has used a life-stage approach by grouping key determinants into those focused on pre-conception, pregnancy, and infancy (0-2 years), with the final group, wider determinants, important across all three life stages.



**Figure 1**  
**Components of nurturing care**

Source:  
World Health Organization (8)

There is evidence to support a range of initiatives targeting the first 1000 days, including:

- In general: income supplements, improved service integration
- Before conception: improving nutrition, immunisation, family violence prevention, treating depression, reducing alcohol consumption, family planning

- During pregnancy: addressing tobacco and other addictions, providing pregnancy and parenting education classes, addressing family violence
- During infancy: supporting breastfeeding, home visiting, developing parenting skills, improving attachment, treating depression, providing high quality early childhood education

There is also growing understanding of the need to address wider health determinants and to improve service context and integration, recently described by the World Health Organization as “enabling environments for nurturing care” (Figure 2).

Almost a quarter of the population of New Zealand lives in the South Island, with almost half of them living in Canterbury DHB. Around 6% of the South Island population are aged 0-4 years; the proportion of 0-4 year-olds is higher for the Māori, Pacific, Asian and Middle Eastern/Latin American/ African (MELAA) populations.

In the South Island, most people report good family/whānau connections and support, but a substantial minority lack this support. There are gaps in access to adequate income, adequate housing, and health care services (including maternity, Well Child Tamariki Ora, and general practice services). A substantial proportion of women becoming pregnant already have risk factors for adverse outcomes, such as high BMI or tobacco use. There are ethnic and socioeconomic inequalities in these risk factors, as well as in the number of teenage pregnancies. Most South Island children are protected by immunisation, but a substantial proportion miss out on the benefits of ongoing breastfeeding. These and other differences in access to the determinants of health and wellbeing are reflected in inequities by ethnicity

and socioeconomic status in health status by age five, including avoidable hospitalisations, obesity, and tooth decay. There are important information gaps regarding many other aspects of the first 1000 days that we know to be important in achieving the best outcomes for our children.

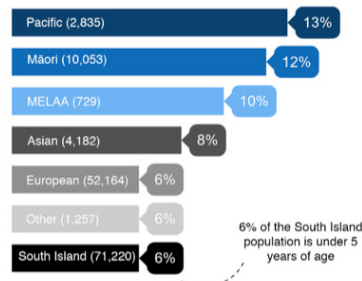


**Figure 2**  
**Enabling environments  
for nurturing care**

Source:  
World Health Organization (8)

A wide range of services are available in the South Island over the first 1000 days. Most focus on infancy. Some, particularly those with national funding such as maternity care, general practice and well child services, are provided on a universal basis. Data on engagement with these services are available and indicate some inequities. Many services, however, are provided on a local basis with limited data available about their reach or uptake. There is no agency taking responsibility for an overview of health and social services or for ensuring best practice, co-ordination or equitable provision of services across the first 1000 days. Many services operate in relative isolation, even within sectors such as health.

Māori & Pacific populations in the South Island have the highest proportion of children under 5 years of age



### Wider determinants of health



Most Māori in the South Island say their whānau is doing well/extremely well, & getting whānau support is easy/very easy



1 in 10 people in the South Island do not have enough money to meet their everyday needs

This is the case for 1 in 5 Māori & 1 in 4 Pacific people

### Preconception & Pregnancy



Half of women in New Zealand giving birth under the age of 20 live in the poorest 20% of neighbourhoods

6 in 10 women giving birth under 20 are Māori

Most pregnant women in the South Island register with a Lead Maternity Carer



Women who are under 20 years old, live in more deprived areas, or are non-European are less likely to register during the first trimester

Of the 14% of South Island women who smoke in early pregnancy, most continue smoking throughout pregnancy



1 in 3 Māori women in New Zealand smoke in early pregnancy

### Early years



Only 6 in 10 South Island babies are exclusively/fully breastfed at 3 months of age



Only 7 in 10 South Island children receive all Well Child Tamariki Ora contacts in their first year of life

Rates are slightly lower among Māori & Pacific children



4 in 10 South Island children have tooth decay by age 5

Half of Māori children have tooth decay by age 5



Avoidable hospitalisation rates for 0-4 year olds vary considerably across South Island DHBs

Rates for Pacific children are almost double the rates for other ethnic groups

There is no simple technical solution to this complex and important set of issues; optimising early childhood development requires an integrated and holistic approach to policy, programmes and services (1).

As an inter-sectoral alliance with a regional mandate, Hauora Alliance is well placed to take a strategic approach to supporting early childhood development across the South Island. Recent national policy developments, such as the Child Poverty Reduction Bill and development of a Child Wellbeing Strategy including a focus on the first 1000 days, provide a supportive context.

Opportunities we have identified include:

- Addressing the gaps in leadership and in monitoring and accountability for services and outcomes within regions and across the South Island
- Addressing gaps in access to or engagement with current services
- Improving co-ordination and integration of current services
- Addressing other gaps and inequities identified in our report

The Te Pae Mahutonga health promotion model (9) provides a useful framework for planning action to improve early childhood outcomes in the South Island. Points for Hauora Alliance and member agencies to consider include their role in:



### Ngā Manukura (leadership)

- improving **integration of existing services** within and across sectors
- **advocacy** for increased spending on existing services and consideration of need for new services particularly in the evidence-based areas of **supporting improved parenting skills** and **targeted home visiting programmes**
- formalising organisational ownership for the first 1000 days, including
- improved **measurement and accountability** for outcomes for the first 1000 days



### Mauriora (cultural identity)

- **developing** services that are more culturally appropriate and inclusive
- **supporting existing services** to be more culturally appropriate and inclusive
- developing and supporting partnerships with iwi and cultural organisations to **build family/whānau support** and to **connect with and support pregnant women and young families**



### Te Mana Whakahaere (autonomy)

- improving **access** to family planning services, pregnancy and parenting education and information, parenting skills training, and support for all parents
- encouraging and supporting **community solutions** that assist young parents to engage with services and support, including identifying specific opportunities to increase **home visiting** and/or **parenting training and support services**



### Te Oranga (participation in society)

- reducing the impact of poverty by **ensuring services reach out** to families with limited financial resources
- improving access to **culturally appropriate and inclusive** family planning, maternity care, primary care, and social services for all parents
- improving **service connections and continuity** across all stages of care



### Waiora (physical environment)

- incorporating **support for improved housing conditions** for parents in any new or existing services targeting the first 1000 days
- supporting initiatives to **improve wider environmental conditions**, such as air and water quality, known to be suboptimal in some parts of the South Island and to have a disproportionate impact on very young children
- improving **data collection on key environmental factors** such as housing quality when parents engage with health and social services



### Toiora (healthy lifestyles)

- reducing **overall smoking rates**, particularly in adults of parenting age
- improving **smoking cessation** rates for pregnant women
- improving **breastfeeding** rates across all communities
- educating and supporting parents to help their children eat well and be active, through **pregnancy and parenting skills training** and **targeted home visiting programmes**
- promoting **environments** which support healthy food choices and physical activity

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