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| **Reclaiming the First 1000 Days: Aboriginal and Torres Strait Islander communities getting it right**  |
| **Background/Objectives (857 characters)**The First 1000 Days is a conceptualization of child nutrition that evolved into international policy consensus. The underpinning science demonstrates the period from conception to two years is a “golden interval” to improve child development. There has been significant evolution of the First 1000 Days movement within Australia. The focus on Indigenous children is important as there is consistent evidence of the disproportionate levels of disadvantage these children experience in comparison to non-indigenous Australians. This paper recognises the contribution of the global evidence on greater emphasis of comprehensive life cycle programming however it acknowledges the Aboriginal Child and Family Centres (ACFC) services already offer promising, strength-based initiatives that seek to position the family and child as central to programming efforts. **Methods (477 characters)** Purposive sampling was used to select two sites: Nikinpa ACFC (New South Wales) and Palm Island ACFC (Queensland). A literature review on cultural determinants of health, early childhood health and development was completed to identify the relationship between culture, place, health and wellbeing and inform methods development. All data was considered together. Data was analysed using NVivo software and themes validated with community before finalising the research results.**Results (343 characters)**There was a common life cycle application of the First 1000 days within ACFCs with focus on life transitions: Pre-conception: preparing for adulthood; Preparing for bub/family (antenatal care); Family: birth, after-care, connection to country; Growing-up bub: early learning and development; Transition to big school: learning and development.**Discussion (820 characters)**Australian government policy is explicit about the need to improve the health of Indigenous people. There is formal recognition that comprehensive programming within the First 1000 Days can leverage population level gains. However, policy priority on new ‘buzz’ programs does not always recognise the wisdom/experience that already exists. Results demonstrate that ACFCs offer insights into First 1000 Days programming for Indigenous communities. Policy investment needs to accommodate greater respect for the evidence and learning leveraged from 10 years of Aboriginal First 1000 Days programming. Opportunity exists for significant contributions to the health of Indigenous Australians by committing to long-term investments that privilege Indigenous-led initiatives, recognising that promising practice already exists. **Keywords:** First 1000 Days; aboriginal health; early childhood education and care; indigenous health |