



NORTHERN QUEENSLAND FIRST 1,000 DAYS FRAMEWORK

An initiative of:

BetterHealth NQ



TABLE OF CONTENTS

STATEMENT OF COMMITMENT	3
INTRODUCTION	5
About the First 1,000 Days Framework	5
Purpose of this document	5
RATIONALE FOR THE FRAMEWORK	7
The Northern Queensland region	8
Regional data profile	9
Strategic alignment	11
Consultation findings	11
OVERVIEW OF THE FRAMEWORK	14
Services and supports to promote good health in the pre-conception period	14
Services and supports during pregnancy, birthing and the perinatal period	16
Services and supports to provide the best start to life for children up to two years	18
System enablers for effective maternal and child health services	20
IMPLEMENTATION	22

About Better Health North Queensland

Better Health NQ (BHNQ) is an alliance involving the Northern Queensland Primary Health Network (PHN), five Hospital and Health Services (HHSs) – Mackay, Townsville, Cairns & Hinterland, Torres & Cape, and North West — Queensland Health, Queensland Aboriginal and Islander Health Council (QAIHC) and Children's Health Queensland HHS.

Better Health NQ works towards a vision where *'Northern Queenslanders will be as healthy as all Queenslanders'*. Through collaboration and partnership, Better Health NQ will deliver healthcare differently through investing in prevention, providing improved and earlier access to services and empowering communities to live a better, healthier life.

Acknowledgements

Better Health NQ would like to acknowledge the contributions of the following to develop this framework:

- community members, health professionals and service provider representatives from across Northern Queensland who have shared their experience and perspective through surveys, focus groups and interviews
- representatives of the Project Working Group who attended meetings, shared their subject matter expertise and reviewed draft documents
- representatives from Aboriginal Community-Controlled Health Organisations (ACCHOs) from across Northern Queensland for participating in a full-day face-to-face workshop to inform the development of the framework
- Northern Queensland PHN for funding and leading the piece of work to collaboratively develop the framework on behalf of Better Health NQ
- Beacon Strategies for providing external consultancy support to develop the framework

STATEMENT OF COMMITMENT

On behalf of the Better Health NQ Alliance, we are pleased to introduce this *NQ First 1,000 Days Framework* for Northern Queensland — which represents our commitment to improving maternal and child health outcomes for the communities in our region.

The aim of Better Health NQ is to work collaboratively to achieve our vision that ‘*Northern Queenslanders will be as healthy as all Queenslanders.*’ One of the initial priorities for the Alliance was to develop a first 1,000 days framework to improve outcomes at three levels — for individuals; the population; and across the service system.

The first 1,000 days is a critical time in a person’s life, with early experiences being a predictor of health, development, education and social outcomes — both in childhood and later in life. The development of this framework is an important milestone and represents what is needed to reduce health inequities in the region and ensure all Northern Queensland children have a healthy start to life.

The framework covers promoting good health in the pre-conception period; caring for mothers and families during pregnancy, birthing and the perinatal period; and providing the best start to life for children up to two years. It also outlines the system enablers needed for effective maternal and child health services.

Reflecting Better Health NQ’s commitment to working in partnership across the system and with communities, this framework has been developed through consultation with consumers, community members and stakeholders across the health and social services sectors.

Over the coming years, the framework will guide service planning, commissioning, delivery and review across Northern Queensland, and will be rolled out at scale to ensure consistent approaches to achieving maternal and child health outcomes for our region. As we progress, the framework will be extended to the first 3,000 days of life.

We look forward to commencing implementation of priority strategies by developing a joint implementation strategy that will focus on a first horizon of 1-2 years. We will continue to keep communities and stakeholders involved in the process, as we work together through Better Health NQ to deliver this *NQ First 1,000 Days Framework*.



Torres & Cape · Cairns & Hinterland · North West
Townsville · Mackay · Northern Queensland PHN

NORTHERN QUEENSLAND FIRST 1,000 DAYS FRAMEWORK

VISION

All children in North Queensland have a healthy start to life.

OUTCOMES

Integrated, coordinated and accessible maternal and child health services across Northern Queensland

Positive experiences for families of services and supports

Reduction in maternal and child health risk factors in priority population groups

Healthy child development

Strengthened parenting capacity and behaviours

Positive social and emotional wellbeing of children and caregivers

Lower infant mortality

Fewer children experiencing trauma, abuse and neglect

More children born healthy and strong

PRINCIPLES

HEALTH EQUITY

understanding and addressing the disparities in health outcomes and service experiences within communities

COLLABORATIVE

agencies and communities working together to amplify their work and coordinate resources

EVIDENCE-BASED

services and supports reflecting contemporary evidence and leading models of care

CULTURALLY SAFE

services and supports are welcoming and respectful of the cultural needs, experiences and wisdom of First Nations people

LOCALLY LED

local communities are supported to implement the framework through place-based approaches

SUSTAINABLE

services and supports are established in a way that ensures long term impact and builds trust in local communities

SERVICES AND SUPPORTS



IN THE PRE- CONCEPTION PERIOD

Access to reproductive health care

Education on sexual health and healthy relationships

Health promoting activities and settings for women and families

Influencing the wider determinants of health



DURING PREGNANCY, BIRTHING AND THE PERINATAL PERIOD

Maternal health screening and support

Continuity of quality antenatal, perinatal and postnatal care

Social and emotional wellbeing support

Information and education to expectant parents

Safe, locally available birthing options

Connections to specialist obstetric and neonatal care



FOR CHILDREN UP TO TWO YEARS

Child health and development services

Integrated models of paediatric care

Education and support to empower families

Promoting healthy infant nutrition

Supporting immunisation

Quality early childhood education

Preventing and responding to trauma and adverse childhood experiences

SYSTEM ENABLERS

FOR EFFECTIVE MATERNAL AND CHILD HEALTH SERVICES



Co-designing services with communities

Integrated, community-based delivery

Agreed pathways and models of care

Skilled and diverse workforce

Regional leadership

Local partnerships

Coordinated resourcing

Technology

Data, evidence and learning

Child safe organisations

INTRODUCTION

About the *First 1,000 Days Framework*

In 2019, Better Health NQ released a *Northern Queensland Health Service Master Plan* that included a commitment to developing a *First 3,000 Days Framework*.

This framework would initially focus on the first 1,000 days of life, and progressively extend to the first 3,000 days to cover the entire early childhood period and support children's readiness for school. It is intended to focus on prevention, early identification and intervention of issues that may contribute to adverse health and social outcomes later in life.

The development of the *NQ First 1,000 Days Framework* (the Framework) took place during 2022 through the Better Health NQ Alliance and in collaboration with partners across the health and community services sectors. The Framework is underpinned by contemporary evidence and aligns with national and state initiatives, while also reflecting the needs and aspirations of local communities.

The Framework has a particular focus on priority population groups including Aboriginal and Torres Strait Islander peoples; people living in rural and remote areas; and people experiencing social and economic disadvantage.

Purpose of this document

The *NQ First 1,000 Days Framework* provides:

- the **rationale** for a regional approach focused on the first 1,000 days of life
- a **vision**, intended **outcomes** and guiding **principles** of the Framework
- **services and supports** that are needed to achieve optimal maternal and child health outcomes at life cycle stages (pre-conception, pregnancy, birthing and up to 2 years)
- **system enablers** required for an effective service system
- how **implementation and governance** of the Framework will be led by Better Health NQ

The Framework outlines an agreed approach for better maternal and child health outcomes over the medium-to-long term, but is intended to be reviewed and refreshed on a triennial basis aligned to the health needs assessment cycles of NQPHN and each HHS.

The Framework outlines what is required to ensure all children in NQ have a healthy start to life — it outlines Better Health NQ's aspirations for the first 1,000 days and enables organisations to understand what is working well, where gaps might exist and to guide the planning, delivery, commissioning and continuous improvement of maternal and child health services across the region.

The Framework is supported by the report *Informing a regional framework for the first 1,000 days of life in Northern Queensland*, which provides a more detailed summary of the strategic environment, consultation findings and analysis of population health needs that have been incorporated into the framework's development.



**THE FIRST 1,000 DAYS FRAMEWORK
PROVIDES AN EVIDENCE-BASED AND
COORDINATED REGIONAL APPROACH.**

**IT OUTLINES WHAT IS NEEDED TO
IMPROVE AND SUSTAIN HEALTH AND
WELLBEING OUTCOMES FOR CHILDREN
AND FAMILIES IN THE FIRST 1,000
DAYS OF A CHILD'S LIFE.**

RATIONALE FOR THE FRAMEWORK

Defining the first 1,000 days

The first 1,000 days is defined as the period from conception through to a child's second birthday.

Through this period, parents, children and families receive access to a range of services that seek to achieve positive health and wellbeing outcomes, build nurturing families and create supportive communities. Across a 'life course' approach, this involves three broad stages:

- pre-conception
- pregnancy, birthing and perinatal period
- infancy up to 2 years of age

Importance of the first 1,000 days for a healthy start to life

Growing evidence shows that the first 1,000 days provides an ideal opportunity to positively influence long-term health and development outcomes, with it becoming increasingly harder to mitigate adverse adaptations after this crucial window. These foundations that are built as a child's brain and body develops have a lifelong impact. Similarly, early life experiences of children are a strong predictor of healthy developmental outcomes, school readiness and academic performance and linked to many health conditions experienced later in life.

Inequities in maternal and child health outcomes in NQ

There are generally higher levels of relative need in the Northern Queensland region relating to key indicators of maternal and child health outcomes when compared to children born elsewhere in Queensland. Inequities in maternal and child health outcomes exist between population groups within the region based on factors such as socioeconomic circumstances, remoteness and for First Nations peoples.

A coordinated and integrated approach

Achieving good maternal and child health outcomes requires collaboration between health services and other support systems. In North Queensland, this includes primary health care (e.g. general practice, Aboriginal Medical Services), tertiary or acute care settings (e.g. hospitals), education, child protection, disability, and community and cultural supports. The framework recognise the ongoing work of services and supports across the region, and seeks to build on and strengthen their work through a coordinated and integrated approach.

Cultural safety for First Nations Peoples

With about 1 in 5 babies born to Aboriginal and/or Torres Strait Islander mothers in North Queensland, the importance of respecting and recognising the role of family, culture, kinship and community for First Nations peoples is critical for the first 1,000 days. First Nations Peoples in North Queensland experience inequities in maternal and child health outcomes.

THE NORTHERN QUEENSLAND REGION



Throughout this framework, Northern Queensland (NQ) refers to the geographic area covered by the five HHSs that comprise the Better Health North Queensland Alliance. The region spans over 800,000 square kilometres — from Moranbah in the south, up to the Torres Strait in the north, and west to Mount Isa.

An estimated 729,202 people live in Northern Queensland. Most people reside in major regional centres including Cairns, Townsville and Mackay. While a significant number of the population live in regional centres, a large proportion of Northern Queensland is classified as 'remote' and 'very remote'.

REGIONAL DATA SNAPSHOT

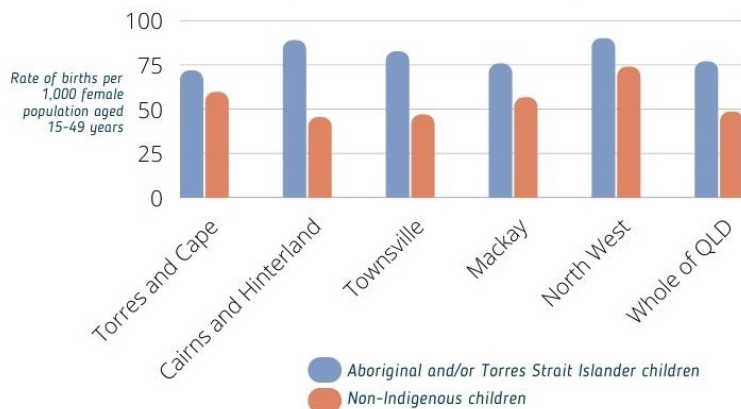
DEMOGRAPHICS

- 48,000** children aged 0 to 4 years in North Queensland
- ↑ 10.5%** projected increase in children aged 0 to 4 years over next ten years (2021-2031)
- ALMOST 10,000** babies are born in North Queensland in one year (2019)
- 1 IN 5** babies are born to Aboriginal and/or Torres Strait Islander mothers
- 1 IN 100** children aged 0 to 4 years were born in a predominantly non-English speaking country

SOCIOECONOMIC

- 18.5%** of children aged under 16 years in North Queensland live in low income, welfare-dependent families (14.4% in QLD)

Birth rate by HHS and Indigenous status, 2019



MATERNAL HEALTH

- 17.3%** of mothers smoked during pregnancy, with highest rates in Torres and Cape (44%)
- 1 IN 10** children are born premature or at low birthweight, with rates in North West and Torres and Cape higher than Queensland
- ↑** higher rates of infant mortality in North Queensland than nationally over last 10 years
- 2 X** the rate of infant mortality amongst Aboriginal and Torres Strait Islander children than non-Indigenous children in NQ
- ↑** higher rates of antenatal care utilisation (i.e. 8 or more visits) in most regions of NQ compared to QLD, except North West. However early utilisation within the first 10 weeks is lower than statewide rates.

CHILD HEALTH AND DEVELOPMENT

- 70.1%** of babies are fully breastfed at 3 months of age
- 92.3%** of children are fully immunised at 2 years of age
- 1 IN 4** children are developmentally vulnerable on one or more domains (e.g. physical, social, language)
- ↑ 30%** increase in number of children living away from home (e.g. out-of-home care) due to child safety risk in last 5 years



STRATEGIC ALIGNMENT

NATIONAL POLICIES

NATIONAL WOMEN'S HEALTH STRATEGY 2020-2030

NATIONAL ACTION PLAN FOR THE HEALTH OF CHILDREN AND YOUNG PEOPLE 2020-2030

NATIONAL CHILDREN'S MENTAL HEALTH AND WELLBEING STRATEGY

NATIONAL FRAMEWORK FOR HEALTH SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND FAMILIES

SAFE AND SUPPORTED: THE NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN 2021-2031

MY HEALTH, QUEENSLAND'S FUTURE: ADVANCING HEALTH 2026

GROWING DEADLY FAMILIES: ABORIGINAL AND TORRES STRAIT ISLANDER MATERNITY SERVICES STRATEGY (QLD)

MAKING TRACKS TOGETHER: QUEENSLAND'S ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH EQUITY FRAMEWORK

A GREAT START FOR ALL QUEENSLAND CHILDREN: AN EARLY YEARS PLAN FOR QUEENSLAND

NORTHERN QUEENSLAND HEALTH SERVICE MASTER PLAN: BETTER HEALTH NORTH QUEENSLAND

STATEWIDE POLICIES

REGIONAL PLANS

NORTHERN QUEENSLAND FIRST 1,000 DAYS FRAMEWORK



CONSULTATION FINDINGS

Consultation with community members and local stakeholders, including health professionals, community service providers and education providers identified a range of needs in the first 1,000 days.

- **Availability and accessibility of services close to home and provided through a range of modalities**
- **Clear referral pathways and support for service providers and community to navigate the service system and seek help**
- **Families having access to supports that promote social connection and parenting skills**
- **Services and supports that address the social determinants of health**
- **Publicly available, consistent and accurate information and advice for parents**
- **Continuity of services and care providers**
- **Women having choice of provider and awareness of the care options available**
- **Communication between providers to support the delivery of coordinated care and streamlined transition to another service**
- **Timely connection to specialist services for children with additional needs or requiring assessment**
- **Families feeling listened to and understood by providers**
- **Cultural safety for First Nations people, including services provided by Aboriginal and/or Torres Strait Islander staff**
- **Developing and retaining a skilled, capable and sustainable workforce that is adequately resourced**
- **Awareness of the importance of the first 1,000 days of life and prioritisation by health services**
- **Cross-sector collaboration supported by a regional governance mechanism**

NORTHERN QUEENSLAND FIRST 1,000 DAYS FRAMEWORK

VISION

All children in North Queensland have a healthy start to life.



OUTCOMES



Integrated, coordinated and accessible maternal and child health services across NQ



Positive experiences for families of services and supports



Reduction in maternal and child health risk factors in priority population groups



More children born healthy and strong



Positive social and emotional wellbeing of children and caregivers



Strengthened parenting capacity and behaviours



Healthy child development



Lower infant mortality



Fewer children experiencing trauma, abuse and neglect

PRINCIPLES

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SUSTAINABLE

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SERVICES AND SUPPORTS



IN THE PRE-CONCEPTION PERIOD

Women have access to **reproductive health care** information, diagnosis, treatment and services

Communities are provided with education that builds awareness and knowledge around **sexual health and healthy relationships**

Women and families are engaged and supported through **preventive health programs** and healthy environments that lead to better health and wellbeing

Women and their families are provided with early intervention and holistic supports that influence the **wider determinants of health**, address social disadvantage and prevent exposure to adverse environments



DURING PREGNANCY, BIRTHING AND THE PERINATAL PERIOD

Parents have access to **maternal health screening and support**, inclusive of health promotion, universal screening, early identification and treatment of maternal health and fetal development issues

Women are provided with **continuity of antenatal, perinatal and postnatal care** to coordinate support and promote positive experiences of care

Parents and families are supported to maintain positive **social and emotional wellbeing**, identify signs of mental health challenges and seek help

Parents and families have access to evidence-based **information and education** from credible sources that meets their health literacy needs

Women have **birthing options** that are clinically safe, culturally appropriate and locally available

Children requiring additional or intensive care during and following birth are connected to **specialist obstetric and neonatal care**



FOR CHILDREN UP TO TWO YEARS

Children and families have universal access to **child health and development services** to identify health concerns early and monitor developmental milestones

Families have timely access to high quality, accessible and **integrated models of paediatric care** to meet the health needs of children.

Parents and caregivers are provided with high quality **education and support** to develop their skills and capacity as parents to meet the holistic needs of their children

Families are supported to provide children with healthy **infant nutrition** to meet their growth and development needs

Families are engaged and supported to ensure childhood **immunisation** coverage

Children have access to quality **early childhood education** to support their learning and development

Children are supported to be free from abuse, neglect and trauma by **preventing and responding to trauma and adverse childhood experiences**.



SYSTEM ENABLERS



FOR EFFECTIVE MATERNAL AND CHILD HEALTH SERVICES

Co-designing services with communities
Integrated, community-based delivery
Agreed pathways and models of care
Skilled and diverse workforce
Regional leadership

Local partnerships
Coordinated resourcing
Technology
Data, evidence and learning
Child safe organisations



SERVICES AND SUPPORTS

to promote good health in the pre-conception period

Pre-conception is a key life stage in improving outcomes in the first 1,000 days. It presents opportunities to strengthen protective factors and overcome risk factors for the physical, social and emotional wellbeing of mothers and families.

The pre-conception period is the period leading to or preparing for a pregnancy and is generally considered to be 16 to 44 years. Pre-conception is an important period for both first-time mothers and between subsequent pregnancies.

Priority strategies

ACCESS TO REPRODUCTIVE HEALTH CARE

WHAT

All women have access to reproductive health care information, diagnosis, treatment and services

HOW

- promoting uptake and access to reproductive care and pre-pregnancy planning services within communities
- delivering timely, appropriate and affordable reproductive health care for all women considering the diversity and remoteness of communities in the NQ region through primary care and community health services

EDUCATION ON SEXUAL HEALTH AND HEALTHY RELATIONSHIPS

Communities are provided with education that builds awareness and knowledge around sexual health and healthy relationships

- age-appropriate and culturally appropriate prevention strategies targeting young people that focus on sexual health and healthy relationships
- appropriate community awareness and education strategies that aim to prevent family and gendered violence
- leveraging existing engagement with primary care services to provide women with consistent pre-conception information and education prior to deciding to start a family

HEALTH PROMOTING ACTIVITIES AND SETTINGS FOR WOMEN AND FAMILIES

All women and families are engaged and supported through preventive health programs and healthy environments that lead to better health and wellbeing

- providing health literacy strategies and service navigation support in health and other settings that effectively engages women of reproductive age to encourage help-seeking
- delivering appropriate health awareness and education campaigns that promote healthy nutrition, physical activity, obesity prevention, smoking and alcohol cessation, and social and emotional wellbeing
- advocating for settings and policies that enable good health and wellbeing for women (e.g. workplace policies; healthy neighbourhoods)

INFLUENCING THE WIDER DETERMINANTS OF HEALTH

All women and their families are provided with early intervention and holistic supports that address social disadvantage and prevent exposure to adverse environments

- ensuring families and young people are being supported to attain education and employment, live in safe and secure housing, have food and financial security, overcome transport barriers to access services, and resolve any issues relating to legal and/or criminal justice systems.
- connecting vulnerable families who are experiencing challenges and/or in contact with the child protection system with appropriate community-based support.



"I loved the flexibility of the midwifery group practice model during my pregnancy and post-partum. My midwife was across my care and supported me throughout and was able to explain all of the options, especially with the added concern of COVID during the second half of my pregnancy.

Getting an appointment with Child Development Services was easy and the staff were very supportive and good at explaining things."

"I was high risk and a first time mum. The midwife appointments at the hospital were great. Very supportive with myself and husband and very knowledgeable. I had a long labour and the midwives at the birthing suite were great... I could not fault them at all."

"Access to shared care with my GP – it saved traveling 240kms each way to Mackay to see a specialist."

"The nurse really knew her stuff. She was kind and gentle and very accurate with information. She advised me about where I could access further services not provided by them.

She has first hand experience with her own children and not from a textbook, and was aware of cultural differences and catered for them."

"Many parents attend our playgroups and discuss how beneficial having the social connection is to their own mental health and to their child's development."

"Child development services... the completion of assessments (OT, speech, physio, counselling) that established a diagnosis and meant we knew what support was needed and what to expect."



SERVICES AND SUPPORTS

during pregnancy, birthing and the perinatal period

Positive experiences during pregnancy, birthing and the perinatal period require the provision of evidence based, person-centred care that is informed by the needs of women, their families and local communities.

This is also an important time for children. The health and development of a child starts before birth and is influenced by the health and wellbeing of parents during pregnancy. During and after birth, some children may also require additional or specialised care.

Priority strategies

ACCESS TO MATERNAL HEALTH SCREENING AND SUPPORT

WHAT

All parents have access to universal screening, early identification and treatment of maternal health and fetal development issues, and promotion of parental wellbeing during pregnancy. These services should be consistent, high quality and easy to access.

HOW

- information about routine tests, scans and checks during pregnancy, including why they are important, when they occur and how to access
- universal access to routine maternal health screening and fetal monitoring during pregnancy that appropriately identify and better support mothers at risk of complications
- providing information, education and advice to women to support and maintain good health during pregnancy (e.g. nutrition, healthy weight)
- referral to appropriate allied health and specialist services to respond early to maternal and fetal health issues (e.g. anaemia, gestational diabetes)
- routine screening and identification of perinatal risk factors such as maternal smoking, alcohol and drug (AOD) use as early as possible in pregnancy, with connection to appropriate programs to support cessation in pregnant women, their partners and other family members.

ACCESS TO CONTINUITY OF ANTENATAL, PERINATAL AND POSTNATAL CARE

All women are provided with continuity of support throughout pregnancy and in the days, weeks and months following birth to coordinate support and promote positive experiences of care

- providing women with knowledge and choice of their preferred model for how their antenatal care is provided (e.g. GP-led, midwifery-led, specialist)
- models of care that support continuity of care and care provider (e.g. known health professional) who is responsible for information-sharing, communication and coordination of services and supports
- establishing service delivery models that meet the needs of rural and remote communities through outreach and visiting into communities, technology-enabled care, and/or more locally based services
- consistent discharge planning to ensure parents and children have information and supports in place and feel confident upon leaving hospital, including assistance to transition home as needed
- routine postnatal care planning and monitoring undertaken by care providers and in collaboration with women and their families during the 'fourth trimester' to identify needs and ensure appropriate referral and follow-up. This includes access to specific women's health services after birth such as physiotherapy and lactation consultants.
- transitioning care for the mother and child from maternity services to child health services, including coordination between the hospital and primary care setting, sharing of clinical information and warm handovers.

SOCIAL AND EMOTIONAL WELLBEING SUPPORT

WHAT

Parents and families are supported to maintain positive social and emotional wellbeing, identify signs of mental health challenges, and seek help during pregnancy and the perinatal period

HOW

- information and education to families to build social and emotional skills, resilience and protective factors
- routine screening, early identification and timely referral to appropriate clinical and non-clinical supports for parents experiencing perinatal mental health challenges such as depression and anxiety
- ensuring support is targeted at and/or inclusive of fathers and partners.

INFORMATION AND EDUCATION TO EXPECTANT PARENTS

Parents and families have access to evidence-based information from credible sources that meets their health literacy needs

- delivering antenatal education to families using a range of modalities (e.g. in-person, online, groups, buddy/peer-led, culturally-led)
- evidence-based programs that build the skills and capacity of new and expectant parents, particularly around the impact of protective factors and risk factors for healthy birth outcomes
- identifying and connecting families experiencing vulnerability or challenges with appropriate community-based and non-judgemental supports
- developing targeted strategies that build awareness and improve navigation of available services for parents, families and communities.

PROVISION OF SAFE, LOCALLY AVAILABLE BIRTHING OPTIONS

Women have birthing experiences that are clinically safe, culturally appropriate and minimise the need to travel out of communities where possible

- availability of safe and high quality clinical services within local communities that minimise the need for women and their families to travel to give birth
- supporting First Nations women and communities to birth on Country by developing culturally appropriate models of care led by community-controlled services
- practical and social supports for women and families who are required to travel to a major hospital to birth.

CONNECTIONS TO SPECIALIST OBSTETRIC AND NEONATAL CARE

Children requiring additional or intensive care following birth are cared for

- timely connection to specialist neonatal care services provided as close to the family's home as possible



SERVICES AND SUPPORTS

to provide the best start to life
for children up to two years

The first two years of a child's life are foundational for optimal health and development and the prevention of adverse longer term health outcomes.

Support for parents to establish healthy environments in a child's early years is recognised as being fundamental for achieving positive health outcomes for children across the life course.

Priority strategies

CHILD HEALTH AND DEVELOPMENT SERVICES

WHAT

Children and families have universal access to child health and development services to identify health concerns early and monitor developmental milestones

HOW

- community outreach, drop-in style clinics and/or home visiting programs to promote engagement with support during early childhood and to overcome barriers to accessibility in local communities
- universal access to routine child health and development checks during the first two years of life
- appropriate education and awareness initiatives targeting the community, with a focus on building the capability of parents, educators and other family members identify health issues early and engage with support
- child health and development services in community settings to leverage important touch points for children and families (e.g. early education settings, parenting groups).

INTEGRATED MODELS OF PAEDIATRIC CARE

Families have timely access to high quality and accessible care to meet the health needs of children

- primary care-led models of paediatric care that enable the delivery of accessible and appropriate health services with paediatric specialist consultation when required
- timely availability of specialist assessments to enable access to other service systems (e.g. National Disability Insurance Scheme [NDIS])
- interim supports targeting children who are on a waitlist to access an assessment and/or specialist health service.

EDUCATION AND SUPPORT TO EMPOWER FAMILIES

Parents and caregivers are provided with high quality education and supports (including groups) to develop the skills and capacity of parents to meet the holistic needs of their children

- trusted and accessible evidence-based information and advice resources, including parenting programs, helplines, guides and websites, that focus on key areas of parenting in the early years (e.g. attachment; sleeping; developmental milestones)
- moderated support groups and networks for parents and caregivers that provide opportunities for practical education, connections to culture and community, peer support and links to local service providers
- opportunities for informal social connection through inclusive and community-based playgroups. This includes the delivery of culturally-led playgroups for First Nations families that support connection to Aboriginal and Torres Strait Islander culture

PROMOTING HEALTHY INFANT NUTRITION

WHAT

Parents and caregivers are supported to provide children with optimal nutrition to meet their growth and development needs

HOW

- information and education available to families through trusted sources to increase knowledge and confidence around healthy nutrition
- non-judgemental advice and ongoing support on infant feeding, including breastfeeding, allergens and introducing solids

SUPPORTING IMMUNISATION

Families are engaged and supported to ensure childhood immunisation coverage

- health promotion and education initiatives to build awareness and promote uptake about the importance of the child immunisation schedule
- immunisation services provided in primary care and community-based settings already attended by families.

QUALITY EARLY CHILDHOOD EDUCATION

Children have access to quality early childhood education to support their learning and development

- accessible, holistic, culturally safe and family-inclusive early childhood education and care programs that create nurturing learning environments for children and families

PREVENTING AND RESPONDING TO TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES

Children are supported by healthy and safe environments free from abuse, neglect and trauma through:

- trauma-informed services that support families to establish and maintain nurturing relationships based on attachment between parents and children
- education and information in communities about the impact of adverse childhood experiences (ACEs) on child development, and the importance of recognising and reporting concerns about a child
- early intervention family wellbeing services that support vulnerable families and prevent interactions with the child protection system
- targeted and intensive health services focused on ensuring equitable outcomes for children in out-of-home care.



SYSTEM ENABLERS

for effective maternal and child health services

Effective maternal and child health services are important in achieving positive health and wellbeing outcomes in the first 1,000 days.

At a system level, multiple factors enable the delivery of maternal and child health services and the outcomes that they generate.

Priority strategies

CO-DESIGNING SERVICES WITH COMMUNITIES

- Services are designed (and redesigned) with consumers, the workforce and other health and non-health services to deliver models of care that meet the needs, preferences and expectations of parents and families.
- Redesigning services in collaboration with First Nations communities to ensure culturally appropriate mainstream services and extending reach of community-controlled services.

INTEGRATED, COMMUNITY-BASED DELIVERY

- Services work collaboratively to provide care that is coordinated across providers, delivered in trusted places in local communities, and overcomes barriers to access such as cost and travel.

AGREED PATHWAYS AND MODELS OF CARE

- Clear pathways and evidence-based models of care are available for families and service providers that outline:
 - the holistic mix of services available
 - how people can connect easily between services
 - what people can expect at each step in their journey.

SKILLED AND DIVERSE WORKFORCE

- The health workforce has the capability and capacity to respond to the health needs of children and families and reflects the diversity of local communities.
- Education and training opportunities that build the capability and capacity of the primary care workforce to meet the health and service needs of children are available.
- Adequate representation of Aboriginal and Torres Strait Islander staff in service settings, particularly in Aboriginal community-controlled services.

COORDINATED RESOURCING

- Resources are allocated across the system to deliver services in the appropriate setting and provide the right care, at the right time and in the right place
- Defining accountabilities across agencies to reduce duplication and exploring opportunities for co-commissioning and pooling of resources where possible.

TECHNOLOGY

- Digital technologies enhance service delivery (e.g. information-sharing) and improve access to care
- Supportive strategies to improve equity of access to technology and building the digital literacy of communities.

LOCAL PARTNERSHIPS

- Local partnerships within and across sectors deliver more effective services and create a more connected workforce.

REGIONAL LEADERSHIP

- Joint governance mechanisms support whole-of-region leadership to:
 - demonstrate commitment
 - allocate resourcing
 - steer coordinated implementation
 - monitor progress and outcomes

DATA, EVIDENCE AND LEARNING

- Monitoring and evaluation activities at the level of individuals, services and wider system that:
 - use consistent and relevant indicators
 - contribute to informing continuous improvement
 - demonstrate outcomes
 - support reflection and learning by organisations and Better Health NQ.

CHILD SAFE ORGANISATIONS

- Health and community services organisations adopt and build a child safe culture in their service settings that reflect leading practice and community expectations through uptake of the *National Principles for Child Safe Organisations*.

IMPLEMENTATION

A regional implementation approach is needed to plan, steer and oversee activities relating to the *NQ First 1,000 Days Framework* and ensure its intended outcomes are achieved. This involves key aspects of establishing joint governance mechanisms, iterative implementation planning, place-based approaches and ongoing monitoring, evaluation and reporting on the impact of the Framework on maternal and child health outcomes.

Joint governance and collaboration

Better Health NQ is committed to a coordinated and multi-sector approach to implementing the *NQ First 1,000 Days Framework*. A Steering Committee involving executive leadership from Better Health NQ Alliance members will have accountability for overseeing the implementation of the Framework, with responsibilities including:

- provide commitment to the implementation of priorities within the framework
- plan and coordinate how resources are allocated
- steer and guide the refinement and updating of the framework
- advocate and champion the framework both up (statewide) and down (locally)
- review, consider and respond to progress and impact.

The Steering Committee will meet periodically, feeding up to the Better Health NQ Alliance, and will be provided through dedicated resourcing for administration and coordination through the Better Health NQ program management office.

This Steering Committee will be supported by working groups organised by geography and/or around specific topics. Each group will involve representation from consumers, clinicians, service providers and other agencies involved in supporting children and families during the first 1,000 days of life.

Alignment with related strategies and initiatives

The implementation of the *NQ First 1,000 Days Framework* presents an opportunity contribute to the achievement of the framework's outcomes through existing activities being progressed through related strategies and initiatives, such as:

- Health Equity Frameworks led by each Hospital and Health Service
- Connect for Children strategy led by Queensland Department of Education, including 'Birth to five plans' developed by local communities with the support of the department's Partnership Facilitators (Early Years)
- Local Level Alliances coordinated by Queensland Department of Child Safety
- statewide policies and programs led by Queensland Health, Children's Health Queensland and Health and Wellbeing Queensland.

Implementation planning

The *NQ First 1,000 Days Framework* will be supported by a Joint Implementation Plan that will be collaboratively developed by Better Health NQ to outline specific and practical actions aligned to the priority strategies.

The plan will focus on the first two years of the framework's implementation and aims to:

- set out specific activities and actions for organisations to lead with clear responsibilities
- plan and operationalise how the framework is rolled out at the level of a local community or individual service
- ensure key stakeholders are informed, engaged and working in partnership
- update priority actions on a regular basis, including reflecting any existing initiatives within the framework.

The plan will be reviewed on a regular basis to ensure it remains contemporary and relevant to any emerging needs of the community, national and statewide strategic priorities, availability of funding and local service trends. This should ensure any new programs or initiatives are reflected in the implementation plan to show a comprehensive view of activities to improve maternal and child health outcomes across the region.

Place-based approaches

Implementation of the *NQ First 1,000 Days Framework* will involve system-wide activities as well as place-based approaches. This means the regional framework and implementation infrastructure will support local communities to use the framework to strengthen their local service system considering the context of their community without being overly prescriptive.

Place-based approaches aim to bring together local agencies, service providers and community members to create shared outcomes and enable collaborative implementation. Local agencies and providers will form partnerships and come together to jointly use the framework to guide how services, supports and networks in their local communities can be strengthened. These partnerships will extend beyond the health system, with broader partnerships to be formed with local government, education, child safety and social services such as housing.

Partnerships may build on existing place-based approaches being undertaken in local communities (e.g. Connect for Children), and should incorporate local planning, ongoing consultation, communication and community awareness, and consistent data collection.

Monitoring, evaluation and learning

Successful implementation of the *NQ First 1,000 Days Framework* requires a focus on monitoring, evaluation and learning. A monitoring and evaluation framework will be developed that outlines agreed indicators and data sources that will be used to measure or describe the intended outcomes of the framework. These indicators will align with existing data collection and be incorporated into future service commissioning.

An activity report will be developed annually and submitted to the Better Health NQ Alliance to report on outcomes achieved, recognise contributions of individual agencies and inform continuous improvement.

Findings and outcomes will also be communicated externally using engaging formats to contribute to sector-wide learning about effective approaches in the first 1,000 days.



For more information about the NQ First 1,000 Days Framework,
please contact Better Health NQ via email to
BetterHealthNQ@health.qld.gov.au



BetterHealth NQ

Northern Queenslanders will be as healthy as all Queenslanders

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