



# NORTHERN QUEENSLAND FIRST 2,000 DAYS FRAMEWORK: PRECONCEPTION TO AGE FIVE



An initiative of:

**BetterHealth NQ**

Northern Queenslanders will be as healthy as all Queenslanders



# TABLE OF CONTENTS

<b>STATEMENT OF COMMITMENT</b>	<b>3</b>
<b>INTRODUCTION</b>	<b>5</b>
About the First 2,000 Days Framework	5
Purpose of this document	5
<b>RATIONALE FOR THE FRAMEWORK</b>	<b>7</b>
The Northern Queensland region	8
Regional data profile	9
Strategic alignment	11
Consultation findings	11
<b>OVERVIEW OF THE FRAMEWORK</b>	<b>14</b>
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 five years	18
System enablers for effective maternal and child health services	20
<b>IMPLEMENTATION</b>	<b>22</b>

## About Better Health North Queensland

Better Health NQ (BHNQ) is a collaboration between the Northern Queensland Primary Health Network (PHN), five Hospital and Health Services (HHSs) – Mackay, Townsville, Cairns & Hinterland, Torres & Cape, and North West — Queensland Health, Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA), Health and Wellbeing Queensland (HWQLD) and Children's Health Queensland HHS.

Better Health NQ works towards a vision of *'Equity in access to health services and health outcomes for all North Queenslanders'*.

The Better Health NQ purpose is to advocate collectively for the unique health and service needs of North Queensland, and together with the system manager (Queensland Health) and the Commonwealth Government, collaborate on initiatives that deliver regionwide benefits.

## 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 initial framework.
- Northern Queensland PHN for funding and leading the piece of work to collaboratively develop the initial framework on behalf of Better Health NQ.
- Beacon Strategies for providing external consultancy support to develop the initial framework.

## STATEMENT OF COMMITMENT

On behalf of Better Health NQ, we are pleased to introduce the *First 2,000 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 of ‘*Equity in access to health services and health outcomes for all North Queenslanders*’. One of the initial priorities for Better Health NQ was the First 3,000 Days initiative, starting with the development of a First 1,000 days framework that would gradually expand to 2,000 days and then 3,000 days. The Framework’s aim is to improve outcomes at three levels: for individuals; the population; and across the service system.

The work of Better Health NQ is aligned with state and national priorities and programs. In this instance, the Framework complements and supports the Queensland Government’s *Putting Queensland Kids First* initiative, published in 2024.

The first 2,000 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 five 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.

We look forward to commencing implementation of priority strategies by developing a joint implementation strategy that will focus on a first horizon of 1-5 years. We will continue to keep communities and stakeholders involved in the process, as we work together through Better Health NQ to deliver this *First 2,000 Days Framework*.



### BetterHealth NQ

*Equity in access to health services and health outcomes for all North Queenslanders*

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





# INTRODUCTION

## About the *First 2,000 Days Framework*

In 2019, Better Health NQ published the Northern Queensland Health Service Master Plan showcasing a visionary commitment to developing a First 3,000 Days Framework. This initiative began with the development of a First 1,000 Days Framework which would gradually expand to 2,000 days and then 3,000 days.

The primary focus is on prevention, early identification and intervention of issues that may contribute to adverse health and social outcomes later in life.

The initial *NQ First 1,000 Days Framework* (the Framework) was developed in 2022 through the Better Health NQ Alliance, in collaboration with partners across the health and community services sectors. The Framework has now expanded to cover the first 2,000 days. It is based on contemporary evidence and aligns with national and state initiatives, including the *Putting Queensland Kids First Strategy* published in 2024, 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 Framework provides:

- The **rationale** for a regional approach focused on the first 2,000 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 five 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 2,000 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 underpinned by a situational analysis that considers population health needs, aligned national and state publications, stakeholder engagement, and input from a North Queensland subject matter expert working group to inform the content and implementation activities.

A photograph of a woman with dark hair tied back, wearing a black and white striped tank top, holding a newborn baby. The baby is wrapped in a white, fluffy blanket and has a white identification band on its right wrist. The woman is looking down at the baby with a gentle expression. The background shows a hospital bed with white linens and some medical equipment.

**THE FIRST 2,000 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 2,000 DAYS  
OF A CHILD'S LIFE.**

## RATIONALE FOR THE FRAMEWORK

### Defining the first 2,000 days

The first 2,000 days is defined as the period from conception through to a child's fifth 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 5 years of age

### Importance of the first 2,000 days for a healthy start to life

Growing evidence shows that the first 2,000 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 recognises 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 2,000 days. First Nations Peoples in North Queensland experience inequities in maternal and child health outcomes.

# THE NORTHERN QUEENSLAND REGION

## NORTH WEST

Population of over 28,500 people  
32% Aboriginal and/or Torres Strait Islander  
10% of population are children 0-5 years  
434 babies born in 2023-2024  
Geographic area spanning 300,00km

## TORRES AND CAPE

Population of over 25,000 people  
66% Aboriginal and/or Torres Strait Islander  
10% of population are children 0-5 years  
389 babies born in 2023 - 2024  
Geographic area spanning 130,000 km

## CAIRNS AND HINTERLAND

Population of over 265,000 people  
12% Aboriginal and/or Torres Strait Islander  
7% of population are children 0-5 years  
2,672 babies born in 2023 - 2024  
Geographic area spanning 142,900 km

## TOWNSVILLE

Population of over 244,500 people  
10% Aboriginal and/or Torres Strait Islander  
7% of population are children 0- 5 years  
2,857 babies born in 2023 - 2024  
Geographic area spanning 148,000 km

## MACKAY

Population of over 186,000 people  
7% Aboriginal and/or Torres Strait Islander  
7% of population are children 0-5 years  
2,108 babies born in 2023 - 2024  
Geographic area spanning 90,364 km

Throughout this framework, Northern Queensland (NQ) refers to the geographic area covered by the five HHSs that comprise the Better Health North Queensland collaboration. 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 751,463 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'.

\* Data collected by the Data Intelligence Unit, Better Health NQ



## REGIONAL DATA SNAPSHOT

### DEMOGRAPHICS

**54,000** children aged 0 to 5 years in North Queensland

**↑ 10.5%** projected increase in children aged 0 to 4 years over next ten years (2021-2031)

**ALMOST 8,500** babies are born in North Queensland in one year (2023)

**1 IN 5** babies are born to Aboriginal and/or Torres Strait Islander mothers

**1 IN 100** children aged 0 to 5 years were born in a predominantly non-English speaking country

### SOCIOECONOMIC

**19.2%** of children aged under 16 years in North Queensland live in low income, welfare-dependent families (15.1% in QLD)

### MATERNAL HEALTH

**23%** of north Queensland 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. However early utilisation within the first 10 weeks is lower than statewide rates.

### CHILD HEALTH AND DEVELOPMENT

**73.5%** of babies are fully breastfed at 3 months of age

**1 IN 5** children in North Queensland are developmentally vulnerable on one or more domains (e.g., physical, social, language)

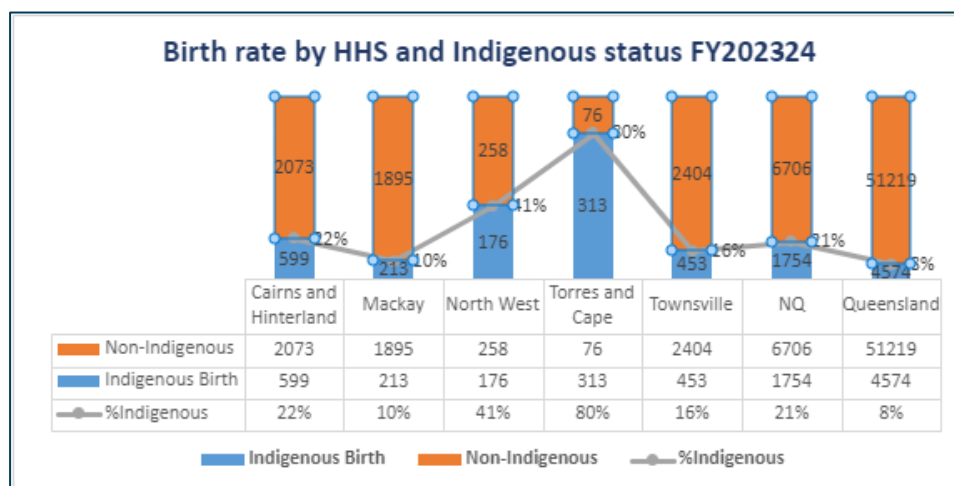
**92.49%** of children are fully immunised at 5 years of age

**7 out of 10** of the most common presentations to paediatricians are for mental health

**↑ 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

**6%** Of 0 - 3-year-olds accessing preventative dental care services

**16.2%** pre school enrollments aged 4 or 5 years (2023)







## STRATEGIC ALIGNMENT

### NATIONAL POLICIES

EARLY YEARS STRATEGY  
2024-2034

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

NATIONAL CHILDREN'S  
MENTAL HEALTH AND  
WELLBEING STRATEGY

### REGIONAL POLICIES

BETTER HEALTH NORTH QUEENSLAND  
PRIORITY PROJECT: GUIDED BY THE HEALTH  
AND SERVICE NEEDS IDENTIFIED THROUGH  
THE JOINT REGIONAL NEEDS ASSESSMENT

THE FIRST 2,000 DAYS: THE  
OPPORTUNITY OF A LIFETIME

PUTTING QUEENSLAND KIDS  
FIRST: GIVING OUR KIDS THE  
OPPORTUNITY OF A LIFETIME

HEALTH Q32: FIRST NATIONS  
FIRST STRATEGY 2032

QUEENSLAND WOMEN AND GIRLS'  
HEALTH STRATEGY 2032

### STATEWIDE POLICIES

VISION: EQUITY IN ACCESS TO HEALTH  
SERVICES AND HEALTH OUTCOMES FOR  
ALL NORTHERN QUEENSLANDERS

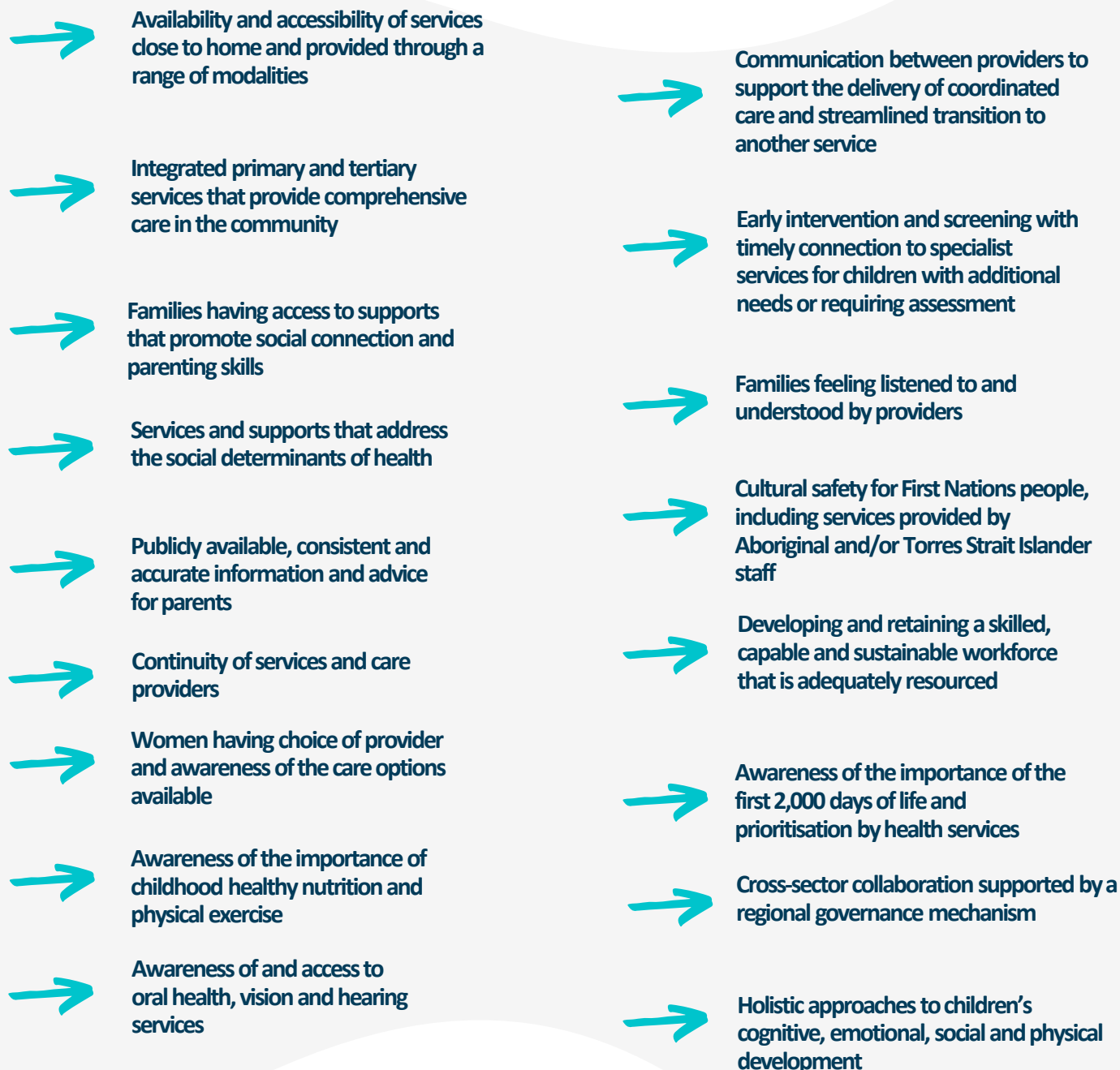
NORTHERN QUEENSLAND  
FIRST 2,000 DAYS FRAMEWORK:  
PRECONCEPTION TO AGE FIVE



# CONSULTATION FINDINGS

11

Consultation with community members and local stakeholders, including health professionals, community service providers and education providers identified a range of needs in the first 2,000 days.

- 
- Availability and accessibility of services close to home and provided through a range of modalities
  - Integrated primary and tertiary services that provide comprehensive care in the community
  - 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
  - Awareness of the importance of childhood healthy nutrition and physical exercise
  - Awareness of and access to oral health, vision and hearing services
  - Communication between providers to support the delivery of coordinated care and streamlined transition to another service
  - Early intervention and screening with 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 2,000 days of life and prioritisation by health services
  - Cross-sector collaboration supported by a regional governance mechanism
  - Holistic approaches to children's cognitive, emotional, social and physical development

# NORTHERN QUEENSLAND FIRST 2,000 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 FIVE YEARS

Child health and development services

Integrated models of paediatric care

Education and support to empower families

Promotion of healthy infant nutrition and physical activity

Social and emotional wellbeing of families actively supported

Hearing, vision and oral screening services

Children thrive in safe nurturing environments, free from trauma and abuse

## 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



### 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 FIVE YEARS

Children and families have universal access to **child health and development services** ensuring early identification of health concerns and continuous monitoring of 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

Parents and caregivers are empowered to ensure children receive optimal **nutrition and physical activity**, meeting their growth and development needs for a healthy and thriving future

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

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

Children are supported through trauma-informed services that help families build and maintain **healthy, safe, and nurturing relationships**

Children with **hearing or vision impairments** are supported to reach their full potential

Families are supported to practice good dental hygiene from an early age, helping to establish a foundation for lifelong oral health

## 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 2,000 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-judgmental 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

Developing culturally appropriate models of care in their families to Partnership with Community controlled organisations.

- availability of safe and high-quality clinical services within local communities that minimise the need for women and 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.

## 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-judgmental 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

Develop culturally appropriate models of care in partnership with community controlled organisations.

- availability of safe and high-quality clinical services within local communities that minimise the need for women 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 organisations.
- 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 five years

18

The first five years of a child's life are foundational for optimal health and development, setting up for a lifetime of positive 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 benefit from universal access to child health and development services, enabling early identification of health concerns and monitoring of developmental milestones to ensure readiness for school.

##### HOW

- Holistic, co-ordinated and multidisciplinary approaches using innovative models of care are fully utilised to reduce wait times and barriers to accessing services.
- Universal access to routine child health and development checks during the first five years of life ensures early identification of health concerns and monitoring of developmental milestones, while collaborative healthcare plans involving parents, healthcare providers, and educators facilitate a smooth transition into early education settings.
- Community outreach, drop-in clinics, and home visiting programs provide universal access, encouraging early childhood support engagement and addressing accessibility barriers in local communities.
- Appropriate education and awareness initiatives targeting the community, focusing on building the capability of parents, educators, and other family members to identify health issues early, engage with support and understand the importance of timely child development checks, including where and how to access these services.
- 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.
- Holistic, multidisciplinary approaches that support families to navigate the healthcare system, ensuring access to services and resources as required (e.g. case management and care coordination services).

#### PROMOTING HEALTH, NUTRITION, PHYSICAL ACTIVITY, AND EMOTIONAL GROWTH IN CHILDREN

Parents and caregivers are empowered to ensure children receive optimal nutrition and physical activity, meeting their growth and development needs for a healthy and thriving future.

- Information and education available to families through trusted sources to increase knowledge and confidence around healthy nutrition, physical activity, infant mental health hygiene and sleep quality.
- Non-judgemental advice and support on infant feeding, managing allergens, introducing solids, and ensuring a balanced diet with nutrient-dense foods for children (acknowledging family food environments and food security).
- Awareness campaigns that promote the benefits of healthy nutrition and regular exercise (e.g. social media campaigns and informational videos).

## EDUCATION AND SUPPORT TO EMPOWER FAMILIES

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

- Trusted and accessible evidenced-based information and advice (e.g. resources, programmes, helplines, guides and websites) that focus on the key areas of parenting in the early years.
- Support transitions into early education settings with programs that respond to developmental needs early.
- 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 (that are also inclusive and tailored for culturally and linguistically diverse populations).
- Opportunities for informal social connection through inclusive, community-based playgroups, including culturally led playgroups for First Nations Families.

## 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.

## PROMOTING RESILIENCE AND WELLBEING IN CHILDREN

Children are supported through trauma-informed services that help families build and maintain healthy, safe, and nurturing relationships.

- Services provide education and information to communities about the impact of adverse childhood experiences (ACEs) on child development and emphasise the importance of recognising and reporting concerns about a child.
- Early intervention family wellbeing services support vulnerable families and prevent ACEs and interactions with the child protection system.
- Additionally, targeted and intensive health services ensure equitable outcomes for families including children in out-of-home care.
- Promote awareness about the importance of emotional literacy, equipping families and children with strategies to develop a positive self-view and understand emotions.

## HEARING AND VISION SCREENING SERVICES

Children with hearing or vision impairments are supported to reach their full potential.

- Ensure timely access to audiologists, optometrists and other specialists for comprehensive hearing and vision evaluations and management before the start of pre-school.
- Educate parents and caregivers about the importance of early hearing and vision screening and the potential impact of hearing or vision loss on communication, learning and social skills.
- Promote awareness about the importance of early hearing and vision detection and intervention through community outreach and education campaigns.

## PROMOTING ORAL HEALTH

Families are supported to practice good dental hygiene from an early age, helping to establish a foundation for lifelong oral health.

- Collaboration between healthcare providers to include oral health assessments as part of routine check-ups.
- Implement community-based programs that provide oral health screening and preventative services.
- Provide resources to educate parents about the importance of oral hygiene and how to care for their child's teeth.



## 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 2,000 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 *First 2,000 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 *First 2,000 Days Framework*. A Steering Committee involving executive leadership from Better Health NQ members will have accountability for overseeing the implementation of the Framework, with a responsibility to:

- 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 quarterly and report to the Better Health NQ Chief Executive meeting. It will be supported by dedicated resources for coordination and administration provided by the Better Health NQ Program Office.

This Steering Committee may be supported by working groups, as needed, organised by geography and/or specific topics. Each group could include representation from consumers, clinicians, service providers, and other agencies involved in supporting children and families during the first 2,000 days.

## Alignment with related strategies and initiatives

The implementation of the *First 2,000 Days Framework* presents an opportunity to contribute to the achievement of the framework's outcomes through existing activities being progressed through related strategies and initiatives, such as:

- Putting Queensland Kids First Strategy led by the Queensland Government.
- The Early Years Strategy led by the Australian Government.
- Health Equity Frameworks led by each Hospital and Health Service.
- Statewide policies and programs led by Queensland Health and Health and Wellbeing Queensland.

## Implementation planning

The *First 2,000 Days Framework* will be supported by an Implementation Plan that will be collaboratively developed by Better Health NQ to outline specific and practical actions aligned to the priority strategies.

The implementation plan 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 revised annually 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 *First 2,000 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 *First 2,000 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 2,000 days.





For more information about the First 2000 Days Framework, please contact Better Health NQ via email to [BetterHealthNQ@health.qld.gov.au](mailto:BetterHealthNQ@health.qld.gov.au)



**BetterHealth NQ**

*Equity in access to health services and health outcomes for all North Queenslanders*

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