



BetterHealth NQ

Northern Queenslanders will be as healthy as all Queenslanders

Early Years Strategy

Better Health NQ Alliance submission



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Introduction

The Better Health NQ Alliance is pleased to make this submission in response to the Commonwealth Government's Early Years Strategy discussion paper.

Addressing health inequities and ensuring all North Queensland children have a healthy start to life is a key priority for Better Health NQ. A more coordinated, integrated approach to supporting children in the early years is needed, and we welcome the Commonwealth's efforts to achieve this through the strategy.

Whilst this submission represents the viewpoint of the Alliance through our collaborative work, it does not preclude individual agencies making individual submissions reflecting the diversity of their organisations and communities.

Who we are

Better Health NQ is a regional partnership that works with priority stakeholders through an Alliance governance group comprising of:

- Northern Queensland Primary Health Network (NQPHN)
- Five Hospital and Health Services (HHSs) – Mackay, Townsville, Cairns & Hinterland, Torres & Cape, and North West
- Queensland Aboriginal and Islander Health Council
- Health & Wellbeing Queensland
- Consumer partners
- Queensland Ambulance Service and
- Queensland Health.

It is a unique, regional alliance of health system stakeholders focused on improving collaboration and partnership. In a region where many regional, rural and remote communities face barriers to accessing health care, Better Health NQ ensures a coordinated approach to identifying and addressing these barriers, and empowering communities to live a better, healthier life.

The Northern Queensland region referred to in this submission is the 800,000 square kilometre region covered by NQPHN and the five HHSs that comprise the Better Health NQ Alliance.

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'.



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The Australian Institute of Health and Welfare confirms that people living in rural and remote areas have poorer health outcomes than those living in metropolitan areas. This includes higher rates of hospitalisations, deaths and injury.



The First 1,000 Days

NQPHN's Needs Assessment 2022-24, a comprehensive analysis of the region's health status and priorities, identified a clear need to improve maternal and child health outcomes.

This priority was also identified by the five North Queensland HHSs through their Local Area Needs Assessments, supporting a joint approach to the early years aimed at addressing system gaps and inefficiencies that may be influencing poor child health outcomes.

In Northern Queensland, infant mortality rates are higher than the Australian average and infant mortality rates in Aboriginal and Torres Strait Islander peoples are nearly twice the rate of non-Indigenous people in our catchment. Infant mortality is an important indicator of



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the general health and wellbeing of a population and has a large influence on life expectancy at birth.

In general, there are higher levels of need in the Northern Queensland region relating to key indicators of maternal and child health outcomes when compared to children born elsewhere in Queensland.

The first 1,000 days of life — the time spanning between conception and one's second birthday — is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established.¹

Interventions that focus on the first 1,000 days of life consistently demonstrate a strong return on investment, positively impacting development, lifelong health outcomes, school readiness and academic performance – as well as reducing the need for health interventions later in life.

During this time, children and their families need access to a range of healthcare and social support services that improve individuals' health, build nurturing families and create supportive communities. Timely, affordable and equitable access to these support services is crucial.

In light of the growing evidence that the first 1,000 days provides an ideal opportunity to positively influence long-term health and development outcomes, Better Health NQ last year developed the *NQ First 1,000 Days Framework* (attached as Appendix 1). The Alliance has plans to extend this framework to the first 3,000 days of life as implementation progresses, and this will be informed by evaluation and measurement of key outcomes outlined in the initial framework.

The development of the framework was informed by extensive consultation with health and community stakeholders across Northern Queensland. It is underpinned by contemporary evidence and aligns with national and state initiatives, while also reflecting the needs and aspirations of local communities.

Many of the key enablers of, and barriers to, progress relate to the way children and their families access the service system, which are relevant to the development of a commonwealth, whole-of-government Early Years Strategy.

We look forward to working with all levels of government to develop and implement a new, integrated approach to the early years. Every child in Australia deserves the best, healthy start to life – regardless of where they live.

¹ Cusick S, Georgieff MK. (2013). The first 1,000 days of life: The brain's window of opportunity. UNICEF Office of Research-Innocenti: Florence.



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Recommendations

Vision and Outcomes

That the strategy's vision and outcomes include a focus on, or reference to, health equity. This includes a particular focus on health equity for children born in regional, rural and remote Australia – who are at risk of poorer health and wellbeing outcomes than those born in metropolitan Australia, evidenced by the incidence of chronic disease and life expectancy in the adult population. Tackling these health inequities early will help to break the cycle of entrenched disadvantage.

Recognising the impact of social determinants of health

That the Early Years Strategy identifies the social determinants of health, and the lifelong impact of recognising and addressing these in the first five years of life. Maslow's hierarchy of needs should be reflected in the strategy's outcomes, ensuring a focus on meeting basic needs of children as they grow and develop.

Codesigning services with communities

That the strategy's policy priorities focus on designing and redesigning services 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.

Primary Health Networks

That the Early Years Strategy and its implementation plans recognise the regionally-focused, place-based work underway through PHNs to coordinate and integrate primary health care within the wider service system relevant to the first 1,000 days, and the potential for these regional partnerships (such as the Better Health NQ Alliance) to help deliver a coordinated, whole-of-government approach to the early years.

Workforce

That the strategy recognises the importance of a skilled and diverse workforce with capacity to meet the health needs of children and families, especially the importance of ensuring health workforce gaps in regional, rural and remote areas are addressed. This includes a focus on developing clinically and culturally safe models of care for all communities.



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First Nations

That the needs of First Nations communities are recognised and considered throughout the development and implementation of the Early Years Strategy, and that regional approaches reflect the diversity of needs of First Nations communities around Australia.

Integrated, community-based and local solutions

That the Early Years Strategy prioritises policy solutions that are collaborative, coordinated and responsive to local needs. This should include a focus on local partnerships within and across sectors to deliver more effective services and create a more connected workforce.



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Snapshot of maternal & child health in NQ

Almost 10,000 babies are born in Northern Queensland each year, with about 1 in 5 babies born to Aboriginal and Torres Strait Islander mothers.

The Australian Early Development Census (AEDC), the primary population measure of early childhood development, indicates children in Northern Queensland are less likely to be developmentally 'on track' across all domains of development before starting school.

In some areas of Northern Queensland, more than a quarter of children are developmentally vulnerable on at least two domains.

Alarming, children living away from home (including out of home care) has increased by 31 per cent and 28 per cent in the Far North Queensland and Northern Queensland regions respectively over the last five years.

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)

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

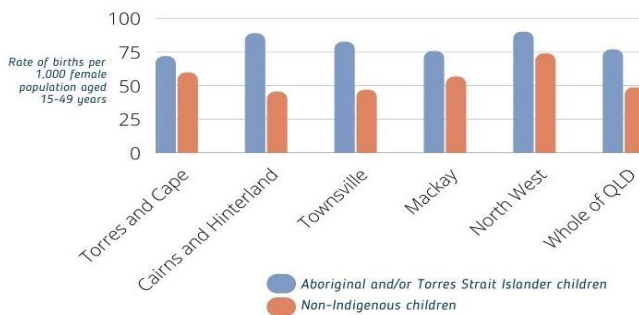
70.1% of babies are fully breastfed at 3 months of age

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

Birth rate by HHS and Indigenous status, 2019





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Policy priorities

Health equity

As highlighted in the discussion paper, the place in which children are born and raised can impact on their lifelong health, wellbeing, social and economic outcomes. This includes children born outside of major cities, who are more likely developmentally vulnerable on the AEDC domains.

To begin to address these inequities, it is of vital importance to ensure children and their families have access to good quality, affordable and timely primary health care services.

This includes access to quality reproductive health care pre-conception, maternal health screening and support, continuity of antenatal, perinatal and postnatal care and birthing options that are clinically safe, culturally appropriate and locally available.

Throughout the first two years of life, children need access to child health and development services to identify health concerns early and monitor developmental milestones. Access to basic services such as ear checks and eye checks, easily accessible and commonplace in major cities, can be a difficult and lengthy process for children in regional, rural and remote communities.

The Early Years Strategy should also consider the impact on children where their parents, families or caregivers don't have appropriate access to primary health care services, including alcohol and other drug services and mental health support services.

When basic primary health services are inaccessible, parents are also not afforded the opportunity to receive high quality, professional education and support about the health and holistic needs of their children.

Children and families in rural and remote communities are also routinely adversely impacted by factors influencing the social determinants of health, including access to safe and secure housing, affordable transport, food security and unemployment and job security.

While the social determinants of health have a clear and direct impact on the health and wellbeing outcomes of children in these communities, the health sector has little or no ability on their own to address the inequities they present. Siloed government services across health, housing, communities, child safety, transport and regional development departments need to be better integrated to enhance the way these services are planned and delivered outside major cities.



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Workforce

Workforce capacity and capability has long been recognised as a key enabler to effective service systems and improved health outcomes, and this is especially important for regional, rural and remote communities who face greater challenges accessing health care.

During the consultation process for the *NQ First 1,000 Days Framework*, consumers and sector stakeholders highlighted the importance of a skilled, capable and diverse workforce who are locally based.

Gaps were identified in the provision of workforce development, cultural awareness and community diversity and navigation/coordination roles.

Across Northern Queensland and despite the identified needs, there is limited workforce confidence and capability in specific areas such as trauma and fetal alcohol spectrum disorder.

An early years strategy must consider how education and training opportunities can be made available that build the capability and capacity of the primary care workforce to meet the health and service needs of local children through long-term workforce strategies to include school-based apprenticeships.

First Nations

An early years strategy must prioritise engagement with First Nations communities to develop collaborative policy solutions aimed at addressing the overrepresentation of First Nations children in indicators for poor child health and wellbeing outcomes.

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.

This includes supporting First Nations women and communities to birth on Country by developing culturally appropriate models of care led by community controlled services, with the required workforce plans. A locally-responsive, sector-wide approach is needed to ensure the maternity and primary care service systems can support birthing on Country safely.

The *NQ First 1,000 Days Framework* also prioritises strategies that empower families through education and support, including the delivery of culturally-led playgroups for First Nations families that support connection to Aboriginal and Torres Strait Islander culture.

While efforts are focused on empowering community controlled services to support their communities, there should also be a policy-led approach to improving the cultural safety of mainstream services. This is an area where NQPHN has been working outside of its scope and requires effort and investment from the commonwealth.



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Integrated, community-based delivery

Particularly for regional, rural and remote communities, an integrated service system is essential if we are to see improved child health and wellbeing outcomes.

Collaboration between the health and other support sectors (e.g. early education, child protection, disability and community services) is needed to meet the holistic needs of families and to address the social determinants of health. Collaboration can be enabled through joint governance mechanisms, coordination of resourcing, agreed accountabilities and pathways, and local partnerships.

PHNs are uniquely situated to coordinate and integrate local referral pathways and services, leveraging their place-based networks across systems, departments and governments.

Regional partnerships – such as the Better Health NQ Alliance – can be leveraged to support shared decision making and resourcing, but there must be a concerted effort to reduce the information silos between departments and governments.

An integrated service system that reflects the needs, expectations and existing strengths of communities is the solution.

An example of an effective, integrated response across sectors and service systems is the Orange Door approach in Victoria. This successful program brings together health, housing, alcohol and other drug, mental health and community services in an integrated hub, to deliver timely, safe and effective support to victims or perpetrators of family violence.

It includes a focus on helping parents access services to support the health and development of their children.

This model for integrated intake pathways is a positive example of how governments can support cross-sector approaches, particularly its potential to leverage existing community infrastructure in regional, rural and remote locations.

Child safe organisations

A clear priority identified during development of the *NQ First 1,000 Days Framework* was the need for health and community services organisations to 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*.

This is closely linked to workforce capability development and should be supported by a regional approach to workforce development that considers the needs of local communities.



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Data and technology

Data and information sharing must be a key priority in a whole-of-government early years strategy, and this includes the timely and safe sharing of data between health and other support sectors.

Stronger data sharing practices will enable strengthened referral pathways and particularly helps to overcome barriers to effective service delivery in rural and remote areas.

Technology-enabled care is also a key factor in improving access to primary and maternity care in these areas. However, the digital infrastructure available in some communities does not support the delivery of effective technology-enabled care.

More investment needs to be made in supporting and expanding digital health in rural and remote locations.

In Northern Queensland, we are focusing on supportive strategies to improve equity of access to technology and building the digital literacy of communities.