

The First 2000 Days Framework

Summary The First 2000 Days Framework is a strategic Policy Document which outlines the importance of the first 2000 days in a child's life (from conception to age 5) and what action people within the NSW Health System need to take to ensure that all children have the best possible start in life.

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FIRST 2000 DAYS FRAMEWORK

PURPOSE

The First 2000 Days Framework (the Framework) is a strategic policy document which outlines the importance of the first 2000 days in a child's life (from conception to age 5) and what action people within the NSW health system need to take to ensure that all children have the best possible start in life.

MANDATORY REQUIREMENTS

Local Health Districts and Speciality Health Networks will ensure that strategies to implement the First 2000 Days Framework appear within their local plans, commencing by 1 July 2019.

Local Health Districts and Specialty Health Networks will provide an annual report, on request, to the NSW Ministry of Health on progress against their implementation plan.

IMPLEMENTATION

Local Health Districts and Specialty Health Networks have lead responsibility for implementing the Framework within their district or network. They are to use the information provided in the Framework about the first 2000 days and opportunities for action to inform local priority setting and planning against the Framework's strategic objectives. The three objectives of the Framework are:

1. All staff in the NSW health system understand and promote the importance of the first 2000 days and the best opportunities for action
2. The NSW health system provides care to all and works in partnership to promote health, wellbeing, capacity and resilience during the first 2000 days
3. The NSW health system provides additional services for those who need specialised help, when they need it.

NSW Ministry of Health, will support implementation of the Framework. The Branch will monitor implementation through annual reports that will be requested from Local Health Districts and Speciality Health Networks about progress towards priorities in their local plans.

REVISION HISTORY

Version	Approved by	Amendment notes
January 2019	Deputy Secretary Strategy and Resources Division	New

ATTACHMENTS

1. First 2000 Days Framework



THE FIRST 2000 DAYS

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CONCEPTION TO AGE 5

FRAMEWORK

An evidence-based platform
for the NSW Health sector which
supports children and their families
to have healthy and fulfilling lives



Contents

- 4 **Executive Summary**
- 6 **Framework at a glance**
- 8 **Why do the first 2000 days matter?**
- 16 **The first 2000 days is everyone's responsibility**

Strategic Objective 1:

- 18 All staff in the NSW health system understand and promote the importance of the first 2000 days and the best opportunities for action

Strategic Objective 2:

- 20 The NSW health system provides care to all and works in partnership to promote health, wellbeing, capacity and resilience during the first 2000 days

Strategic Objective 3:

- 23 The NSW health system provides additional services for those who need specialised help, when they need it

- 27 **References**

Executive Summary

The First 2000 Days Framework is a strategic policy document which outlines the importance of the first 2000 days in a child's life (from conception to age 5) and what action people within the NSW health system need to take to ensure that all children have the best possible start in life.

The first 2000 days is a critical time for physical, cognitive, social and emotional health. What happens in the first 2000 days of life has been shown to have an impact throughout life. For example, early life experiences are:

- strongly predictive of how a child will learn in primary school
- a predictor of school performance, adolescent pregnancy and involvement with the criminal justice system in the adolescent years
- linked to increased risk of drug and alcohol misuse and increased risk of antisocial and violent behaviour
- related to obesity, elevated blood pressure and depression in 20-40 year olds
- predictive of coronary heart disease and diabetes in 40-60 year olds
- related to premature ageing and memory loss in older age groups.

Scope of the First 2000 Days Framework

The First 2000 Days Framework incorporates a range of policies, programs, services and models of care to make sure that the right health services are available for everyone. The Framework is intended for use throughout the entire NSW health system so that all clinicians understand the importance of the first 2000 days in their daily practice, whether they work with infants and young children, or adults and the elderly. The Framework explains that everyone is impacted by their first 2000 days.

The Framework is also relevant to organisations outside of the NSW health sector, in particular human services agencies, and communicates the need for everyone to consider the importance of the first 2000 days in the delivery of services and supports.

Through effective and collaborative support and intervention during the first 2000 days, there is an opportunity to give children the best possible start in life physically, developmentally, socially and emotionally, and to address the escalating prevalence of adult disease and morbidity.

Key messages:



The impact of the first 2000 days (from conception to age 5) lasts a lifetime for health, wellbeing and fulfilment



NSW Health will work in partnership with families and communities



Families will be supported by continuity of care:

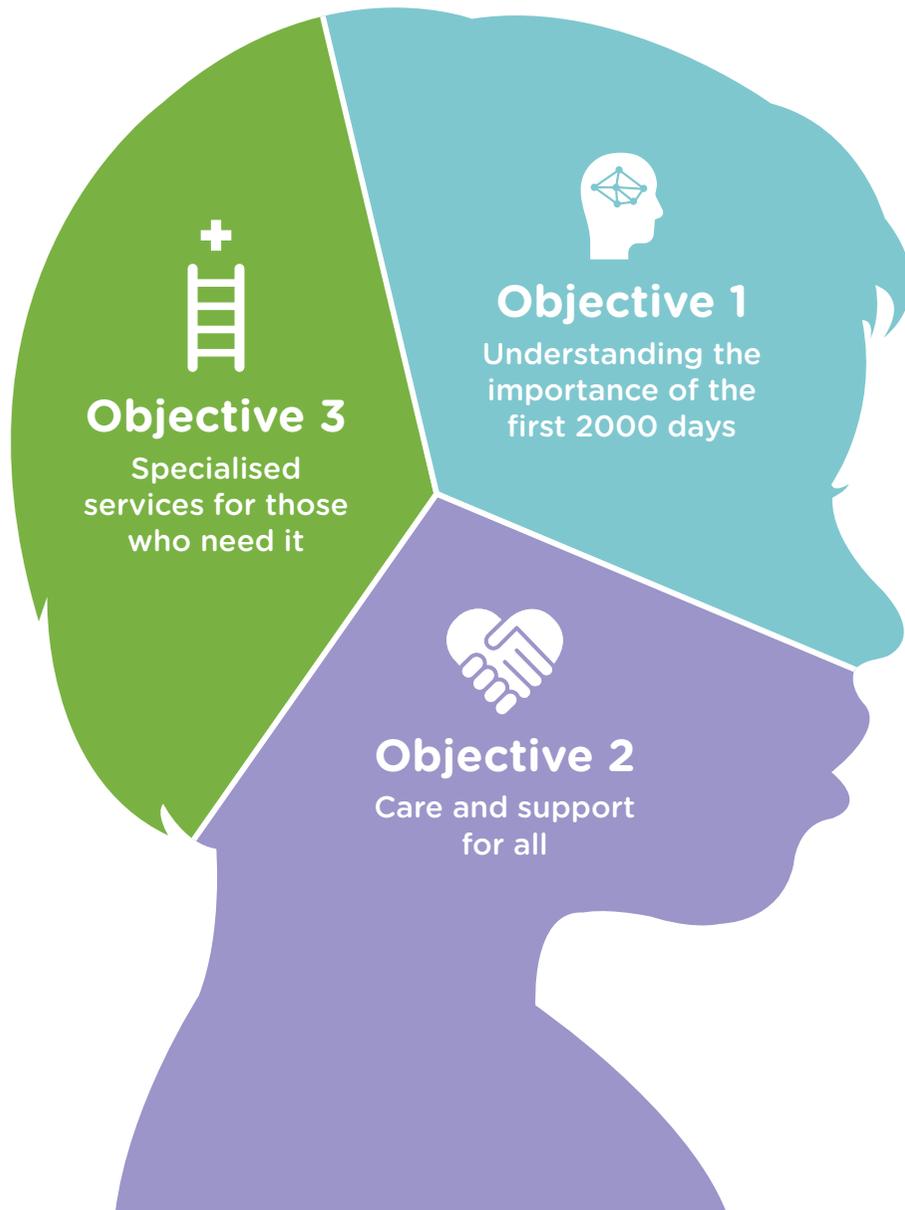
- antenatal to school and beyond
- across health and human services sectors with our partners
- through a progressive (or proportionate) universal system that provides care according to need



The evidence, objectives and strategies in this Framework are included to help all staff and organisations within NSW Health to plan and deliver services. When health care is informed by this Framework, families will receive better care in the first 2000 days and build a healthy foundation to last a lifetime.

Framework at a glance

The Framework has three strategic objectives. These objectives provide an 'umbrella' for policies and guidelines that will play a role in promoting the importance of the first 2000 days. Many of the policy areas are referred to in strategies further on in this document.



1. All staff in the NSW health system understand and promote the importance of the first 2000 days and the best opportunities for action

NSW health professionals and stakeholder partners are the key people to promote the importance of the first 2000 days and the actions that can be taken to get better outcomes. To do this, they first need to understand why the first 2000 days are important, and what works to promote resilience and enrich the environment in which children grow and develop. As health professionals promote this information to and with partner agencies and the community, everyone will be able to make informed choices about what we prioritise in the first 2000 days.



2. The NSW health system provides care to all and works in partnership to promote health, wellbeing, capacity and resilience during the first 2000 days

Universal, evidence-based, seamless care and services improves health and development for all children from pregnancy to school entry, and provides a way for opening pathways to extra care for those who need it.



3. The NSW health system provides additional services for those who need specialised help, when they need it

NSW Health will work with partner agencies to ensure there are well developed pathways into extra care when families need it.



**These objectives
provide an 'umbrella'
for policies and
guidelines that promote
the importance of the
first 2000 days**

Why do the first 2000 days matter?

We now know the in utero experience of a baby followed by a child's early life experience predicts their chances of succeeding at school, of doing well in life and of having chronic diseases as an adult.



When he travelled the world delivering keynote medical lectures, Dr David Barker from England often started by stating that: *“Longevity is neither determined by genes or lifestyle, but by the fetal environment.”* His statement particularly upset physicians in adult medicine who had based their careers on showing that longevity was determined by genes and lifestyle, such as smoking, eating too much fatty food, and lack of exercise.¹

Dr Barker's hypothesis that chronic heart disease had its origins in pregnancy was ground breaking and controversial when he proposed it, only about 30 years ago. Since then, the evidence that allows us to understand the role that early life plays in our health, wellbeing and fulfilment as adults has increased substantially!

Since Barker's hypothesis on the fetal origins of adult disease was published, research has advanced rapidly. Our understanding of the specific mechanisms that help or hinder development is much greater. New research has described areas that once were not known to play a role in development, such as certain aspects of epigenetics (the study of modified gene expression). The Australian Centre for Community Child Health, Murdoch Children's Research Institute published a comprehensive review of the evidence on the 'First Thousand Days' in 2017, which has provided a valuable summary of key evidence that underpins this Framework.²

NSW Health has chosen to expand the focus beyond the first 1000 days to the first 2000 days of life to incorporate additional evidence that quality early education in the preschool years has a strong bearing on long term outcomes.





We also know there are things we can do early in life that will make a big difference

A healthy lifestyle helps to protect us from the onset of disease and improves our quality of life. But, we now know exposure to particular stressors before birth, and exposure to adverse experiences in early childhood, increases the probability that an individual will have poor health and wellbeing later in life. The higher the number and significance of stressors before birth and the higher the number of adverse experiences in the earlier years, the greater the risk to long term health and wellbeing.

We know that people who have been exposed to these risk factors have poorer social, emotional and cognitive development. A child's development at just 22 months of age is a powerful predictor of their educational outcomes at 26 years of age.³ Australian data shows that children who are behind on their development when they start school rarely catch up to other children, and their development at school entry is an excellent predictor of their educational achievement at the end of school.

We know that someone who has experienced a multitude of stressors and adverse experiences will be more likely to have unhealthy behaviours as an adult. They can be more likely to smoke, more likely to misuse alcohol and other drugs, more likely to be above a healthy weight, and more likely to self-harm. These behaviours can be difficult to change because as evidence has shown, these behaviours were not the real problem. Rather, they were the protective solution that people had adopted to deal with problems from childhood that they had never before spoken about to anyone.⁴

The result is that not only are people who have adverse childhood experiences more likely to experience chronic disease – their disease is less likely to respond to treatment. The strong, graded relationship between the number of adverse childhood experiences and chronic disease is true not only for physical disease, but also for mental health.

Adverse experiences in childhood include physical, sexual or emotional abuse, physical or emotional neglect, exposure to domestic and family violence, household substance abuse, household mental health issues, parental separation or divorce, a household member who is in jail.

Evidence shows that certain interventions can create protective factors which can buffer these adverse child experiences including: parenting support programs, social support for parents, support programs for adolescents as well as adolescent pregnancy prevention programs, mental health issues and substance abuse support and treatment, high quality child care, income support for lower income families, domestic and family violence prevention, home visiting for at risk families with newborns.^{5, 6}

Action in the first 2000 days can make a big difference

Evidence shows that certain interventions in the first 2000 days of life can make a significant improvement to children's early life experiences, health and development.

There is a growing body of evidence that shows resilience is an important factor in mediating the impact of risk factors. Just as risk factors have a cumulative impact, increasing resilience factors will also have a cumulative effect. The best outcomes will be achieved when we work in two ways to improve outcomes – when we increase resilience, and reduce risks. The evidence also shows that by working together and directing our efforts to better support children and their families, we can make a big difference. For example:

- The Raine Study from Western Australia has shown that there is a dramatic rise in problematic behaviour in 14 year olds whose mothers experienced five or more major stressors in pregnancy.⁷

Examples of these stressors include: substance abuse, relationship stress and/or domestic and family violence, unemployment and/or financial stress, unstable mental health conditions, physiological stress, post traumatic stress, health conditions (pre-existing or related to pregnancy), and homelessness.

By identifying maternal stressors early in pregnancy and reducing them, we can have a positive impact on the outcomes for the child as well as the mother.

- A growing body of scientific evidence tells us that emotional development begins early in life, that it is a critical aspect of the development of the overall brain architecture, and that it has enormous consequences over the course of a lifetime.

Social and emotional skills, sometimes called “soft skills” are as important as cognitive skills in determining success in school, work and life. These skills are developed during children's earliest years.⁸

- There is no known “safe” dose of alcohol that can be consumed during pregnancy without risking damage to an unborn child. Antenatal alcohol exposure is the leading known cause of preventable brain damage.⁹ Behavioural and neurological problems associated with antenatal alcohol exposure may lead to poor academic performance as well as legal and employment difficulties in adolescence and adulthood.¹⁰ The baby is most at risk early in pregnancy, often before the mother even realises she is pregnant.^{11, 12}

The safest option for any woman who is planning a pregnancy, is pregnant, or who is breastfeeding is to not drink alcohol at all.

- High quality, strong parent-infant emotional attachment has been shown to have a positive impact on children's mental health, and their physical and social development. Attachment and resilience are related. There are a range of issues that can interfere with a parent's ability to develop a strong, healthy attachment with their child,

including depression or anxiety in pregnancy and in the months or years after their baby is born and exposure to family violence.

Psychosocial risk factors are ideally identified and addressed early, through screening during antenatal care and postnatal care and referral to support and treatment services.

- Evidence shows that certain interventions in the early years can make a significant improvement to a person's life experiences, health and development.

These interventions include:

- access to comprehensive antenatal care
- regular child health and development check ups from birth until age five
- sustained nurse home visiting for targeted populations
- breastfeeding support
- supporting women to complete their school education to Year 12
- immunisation
- oral health services
- population parenting programs
- attending 600 hours of quality early childhood education in the year before school
- school engagement
- specialised programs for Aboriginal people, refugees and migrant populations

Working together to understand the impact of the first 2000 days can help us improve long term health outcomes for everyone

A system of universal population programs and targeted early intervention allows all families to receive support at the level they need. In NSW, there is a lot that has already been done to build a system of care to support families. The First 2000 Days builds on this knowledge and existing work, to provide a platform for working together to give children the best start possible to lead healthy and fulfilling lives. The First 2000 Days Framework encapsulates a range of policies, programs, services and models of care to make sure that the right health services are available for everyone and to make sure that all children have the best possible start in life.

The First 2000 Days will also help our colleagues and partners outside the health sector to work with us and with the community, to support children and families.

All service providers must be committed to providing families with a service experience that is seamless, coordinated and continuous, not fragmented, inconsistent or confusing. To succeed, all government, non-government and community and health

organisations will need to work together from a common understanding and a common goal, to support families in the first 2000 days.

As noted in the Executive Summary of this document, what happens in the first 2000 days of life has been shown to have an impact throughout life. For example, early life experiences are:

- strongly predictive of how a child will learn in primary school
- a predictor of school performance, adolescent pregnancy and involvement with the criminal justice system in the adolescent years
- linked to increased risk of drug and alcohol misuse and increased risk of antisocial and violent behaviour
- related to obesity, elevated blood pressure and depression in 20-40 year olds
- predictive of coronary heart disease and diabetes in 40-60 year olds
- related to premature ageing and memory loss in older age groups.

From conception throughout life, to aged care, caring for people in crisis through to those with chronic illness, the first 2000 days impacts on the role of every clinician in the health system and everyone who works in health and human services more broadly. Health professionals are working with children, people who will become parents and carers, people who are parents and carers, people who are grandparents, and people who are living each day with the legacy of their own first 2000 days. Understanding why the first 2000 days is so important and what needs to happen to make real change, is important for everyone.

This Framework applies to the entire NSW health system.





Mid North Coast Local Health District partnership program with Kulai Playgroup

Mid North Coast Local Health District has established a partnership project with the Kulai Playgroup in Coffs Harbour to provide child development support, education, and referral for local Aboriginal children and families. The project includes a multidisciplinary team: the Aboriginal Midwifery Infant Health Service, Kulai Playgroup, speech therapists, occupational therapists, the Galambila Aboriginal Medical Service, Quit For New Life smoking cessation program for Aboriginal women and families, Aboriginal Family Support Worker from Health and Beyond Empathy. Families attend the playgroup weekly and program staff work with them around the importance of play for development, bonding, role modelling and self-worth. The program also has a monthly education topic for parents where guest speakers are invited to talk about issues such as sun safety, fire awareness, baby massage and oral health. The program has greatly improved engagement with Aboriginal families in the area. The program provides a supportive, non-threatening environment where families can learn about the importance of early childhood health, development and wellbeing; and can also develop connections with their local community and health services.



‘The First 1000 Days’ review of evidence by The Australian Centre for Community Child Health, Murdoch Children’s Research Institute has played an important role in the development of this Framework.¹³ Key messages from the evidence review include:



The social and environmental conditions in which families are conceiving and raising children have a direct impact on child development



Developmental plasticity is at its greatest during the first 1000 days



While experiences during the first 1000 days have deep and long lasting effects, it is never too late to make changes to improve health and wellbeing



Optimal early childhood development is achieved by an integrated and holistic approach to policy, programs and services

NSW Health has chosen to expand the focus beyond the first 1000 days to the first 2000 days of life to incorporate additional evidence that quality early education in the preschool years has a strong bearing on long term outcomes.



The first 2000 days within the current NSW Health policy setting

This diagram shows the relationship between Healthy Safe and Well: A strategic health plan for children, young people and families in NSW 2014-24, the First 2000 Days Framework and health service stream

policies. Policies that guide each of the health service streams fit together in an interconnected way to form a jigsaw under the First 2000 Days Framework.



Mental health: Perinatal and infant mental health, Adult, Child and Youth, Older person

Maternity, Child and Family Health: Child and family health, Maternity, Neonatal, Paediatric medicine, Surgery for children, Youth health
Underpinning all work in the first 2000 days are workers' responsibilities to identify and respond whenever child protection and wellbeing concerns arise.



The first 2000 days is everyone's responsibility

Infant and maternal health¹⁴



6.6% of all NSW babies born have a **low birth weight** (less than 2,500g or 5 pounds, 8 ounces)

11% of NSW Aboriginal babies born have a **low birth weight** (2016, HealthStats)



35 yrs+

Women are having **babies later** – around one quarter of births (**23.7% in NSW**) are to **women 35 years and over** (2016, HealthStats)

A **growing number** of pregnant women are diagnosed with **gestational diabetes** (**7.4% in 2012; and 12.6% in 2016**)

(2016 Mothers and Babies)



There has been a **50% increase** in **obesity in pregnancy** in **Australia** over the last **20 years**. **47%** of women are putting on **excess weight** in pregnancy (2018 MJA)

In 2016 **44%** of women reported **consuming alcohol during pregnancy**. Of these around **8 in 10 (81%)** drank **monthly or less**, and **16.2%** drank **2 to 4 times a month**. **Most (97%)** usually **consumed 1-2 standard drinks**

(2016 National Drug Strategy Household Survey)



Less women in NSW have been **fully breastfeeding** their **newborn babies** on discharge from hospital over the last **5 years** (**75.4% non-Aboriginal, 62.8% Aboriginal**)

(2016 Mothers and Babies)

Fewer women are **smoking** during pregnancy overall than **15 years ago**, (**8.3% in NSW**) but many **Aboriginal pregnant women** still are (**41.3% in NSW**)

(2016, HealthStats)



Overall fewer babies are **dying** from **sudden unexpected death in infancy (SUDI)** in **NSW**, but the proportion of **Aboriginal babies** dying from **SUDI** has **increased**

(2016 NSW Ombudsman)

Mental health¹⁵



1 in 10

Australian women experience **depression** whilst pregnant



1 in 7

experience **depression** in the **first year** after birth

(2018 BeyondBlue)



1 in 20

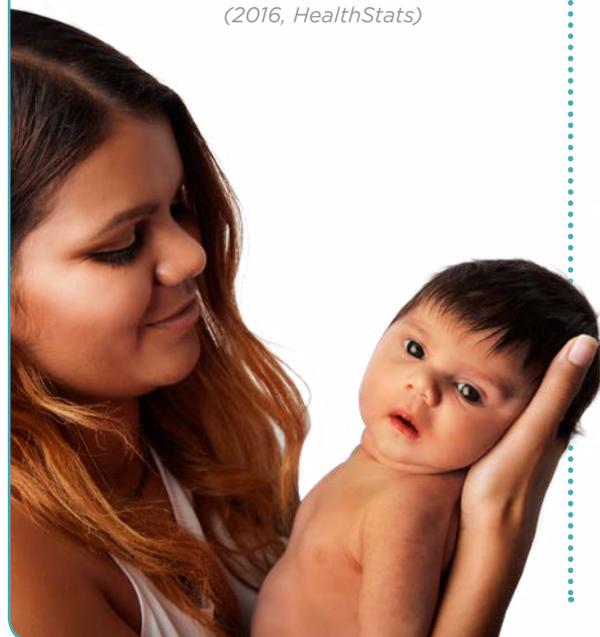
fathers in Australia also experience **depression** during their **partner's pregnancy** and up to

1 in 10



new fathers struggle with **depression** following the **birth of their baby**

(2018 PANDA)



Risk factors that have a significant impact on a child's health and wellbeing emerge across a number of health domains. This section includes key statistics that demonstrate the prevalence of these risk factors.

Harm to mothers, babies and children¹⁶



The number of child concern reports made to the NSW Child Protection Helpline is increasing (278,521 reports in 2015-16)
(2016 NSW FACS)



In 2014-15 in NSW 41% of children were re-reported at risk of significant harm within 12 months of the last report
(2016 NSW FACS)

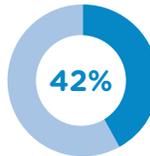
Physical abuse and neglect are the most frequently reported forms of harm to children in NSW, followed by sexual abuse, domestic and family violence and drug and alcohol abuse by a carer
(2016 NSW FACS)

Early childhood development¹⁷

1 in 5 (20.2%) children starting their first year of school in NSW are developmentally vulnerable on one or more domains
(2015 AEDC)



1 in 5

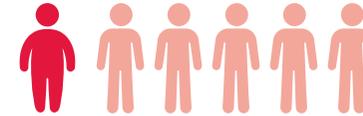


2 in 5 (42%) of Aboriginal and Torres Strait Islander children in NSW are developmentally vulnerable on one or more domains
(2015 AEDC)



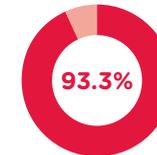
Childhood health¹⁸

1 in 6



1 in 6 (16.4%) 2 to 4 year olds in NSW are overweight or obese
(2014-15 ABS)

Over 80% of obese children go on to become obese adults while only 15% of healthy weight children go on to become obese adults
(2011 Juonala M et al.)



93.3% of all 5 year olds are fully immunised in NSW, and 96.5% of Aboriginal 5 year olds are fully immunised
(2016 Health Stats)





Strategic Objective 1:

All staff in the NSW health system understand and promote the importance of the first 2000 days and the best opportunities for action

In the delivery of health services, we understand the importance of making informed decisions. There is overwhelming evidence to show that if we are going to make real improvements in health, the key is to get the first 2000 days right.

Evidence shows that focusing on interventions during the first 2000 days of life is an effective way of improving long term health and wellbeing outcomes. There may be variable understanding of the evidence by health professionals, partner agencies and the broader community. If we do not use this evidence, we cannot make informed decisions about what common goals we should work towards, what key information we should be delivering, and what services and interventions need to be prioritised for continuing, or increasing investment for the best possible outcomes for children and families in NSW.

Health professionals have an important role in promoting the importance of the first 2000 days, and helping others to understand what the evidence says about the actions we should be taking. For children to have the best possible start in life, families, carers, early childhood educators, communities, health services and professionals, and other services and supports need to understand what is at stake, what can be done, and use that information to make decisions about how they support better outcomes in the first 2000 days.

Understanding the importance of the first 2000 days means appreciating the importance of physical, mental and social wellbeing, and recognising that good health is not simply the absence of disease. Many of the key drivers of good health are social determinants such as education, employment and social support. NSW Health cannot achieve the outcomes alone. We need the community and our partner agencies to be by our side, working together, to deliver a stronger, evidence-based system of care and support.

Families want what is best for their children, but it can be hard to sift through all the information available and know what the best thing is. The system needs to support families to access information about the first 2000 days and understand its significance when making important decisions that affect their child's health and wellbeing.

By working together, we can provide integrated services and supports so that families can have consistent and streamlined care. Having a system where everyone has access to the information, care and support they need will also help families to increase their resilience and reduce stressors and risks in their lives.



Strategies to achieve this include:

NSW Health staff across all service streams access evidence-based information and education about the first 2000 days.

There is support for health professionals to promote understanding of the key messages about the first 2000 days to parents, carers, early childhood educators, partners and colleagues to ensure children have the best start in life.

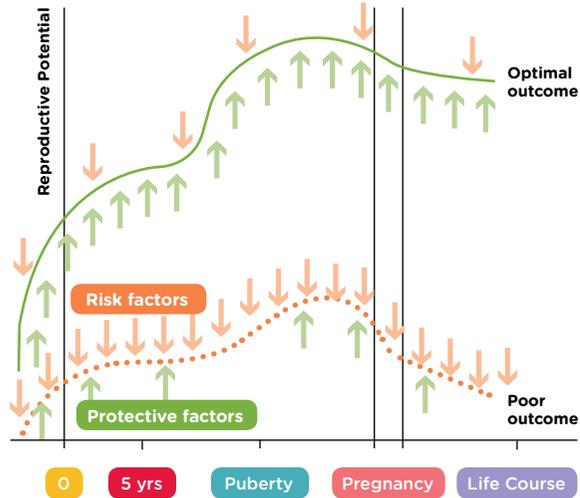
There is consistency of information across government and non-government service systems.

Partner agencies, parents and carers, early childhood educators and community members have access to clear and accessible information and resources in promoting the importance and impact of the first 2000 days for lifelong health and wellbeing.

NSW Health maintains and further strengthens partnerships with agencies and service providers to deliver improved outcomes during the first 2000 days.

The interplay between risk and protective factors

Life Course Development of Health and Wellbeing



The **ACE score** was developed by the **Adverse Childhood Experiences (ACE) Study** and is a tally of negative childhood experiences (see page 9). The greater the number of adverse childhood events, the greater the ACE score and the higher the risk of long term negative health and social outcomes.

However as noted on page 9, protective factors can buffer the impact of these risk factors and help to build resilience.

Source: Lu, Michael, Halfon, Neal, 2003, *Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective*, *Maternal and Child Health Journal*, Vol 7 (1)



Clinicians working with adults to realise the impact of their first 2000 days



A major American research project, 'The CDC-Kaiser Permanente Childhood Experience (ACE) study', examined how childhood experiences affect health in adulthood. Vincent Felitti and Robert Aldo et al found a powerful relationship between emotional experiences as children, and adult physical and mental health and

mortality. Childhood trauma, neglect and abuse are not common discussions during adult health consultations however the evidence is clear that they are often the causes of significant disease and ill health in later life. **Felitti challenges clinicians to consider, in a trauma informed manner, an adult's childhood experience when conceptualising health problems, as primary issues are often well protected by social convention and taboo.**

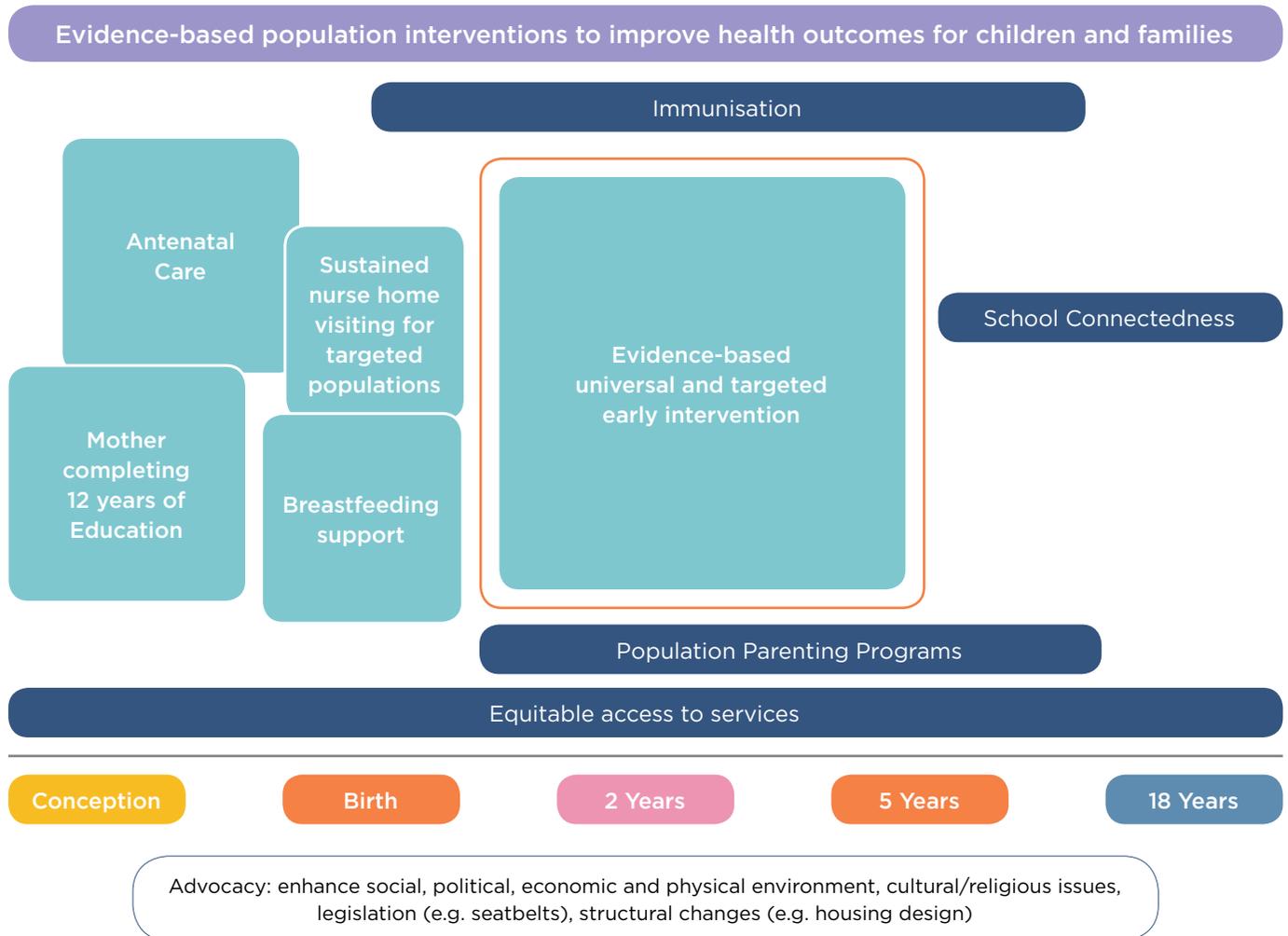


Strategic Objective 2:

The NSW health system provides care to all and works in partnership to promote health, wellbeing, capacity and resilience during the first 2000 days

Health care is essential to ensure long term health and wellbeing, and evidence shows there are a number of interventions that represent 'best buys' in the first 2000 days of life.

Health services are among the first to work with people who are planning parenthood, or who have just found out they are becoming parents or carers. Quality antenatal care is one of the core evidence-based interventions that must be universally available in the first 2000 days of life. Pregnancy is a time when the emotional and physical care of the pregnant woman has been shown to have a significant impact on mother and baby outcomes. Pregnancy is also an important time for identifying the exposure of parents and carers to stressors, and targeting interventions to those who need them. Universal psychosocial screening is a core component of antenatal and postnatal health care in NSW.



Source: Lisa Altman, Sara Burrett and Susan Woolfenden, Sydney Children's Hospital Network (adapted from Alperstein and Nossar)



Collaboration in care is key

By intervening to improve maternal health and decrease maternal stressors in pregnancy, health services can make a significant and ongoing improvement to health and wellbeing.

Working to resolve even one major stressor in the life of a pregnant woman could make a dramatic difference to reducing the risk of her child having health and wellbeing issues later on. Identifying a mother or father-to-be at high risk for depression and anxiety in pregnancy, and offering intervention, can make a great difference to the parent-infant attachment. Preparing mothers emotionally for birth, and promoting the mental health of parents and carers in pregnancy, can make a dramatic difference to how parents and carers experience birth, and how they cope in their transition from pregnancy to parenthood.

Universal access to a strong system of well child health care is important to promote child health and development, and to provide opportunities to identify families and children who may need some targeted support.

The relationship with GPs is vital. NSW Health professionals should work closely with GPs in their districts, promoting awareness of the first 2000 days and strengthening partnerships to support families.

Families should experience a seamless transition from their maternity care provider to their child and family health service, with their care details following them through the system.

NSW Health professionals also need to promote broader interventions, outside the health system.

A key evidence-based intervention in the first 2000 days is completion of 600 hours of quality early childhood education in the year before a child starts school.

The gains children make from completing the recommended 600 hours of preschool education stay with them throughout their education and have been shown to improve their health and wellbeing outcomes significantly.¹⁹ Partnership with early childhood education providers is becoming increasingly important to achieving a successful response to the needs of children in their first 2000 days.

It is important that the whole system works together to provide high quality care to families, to ensure that the experience is seamless and easy for parents, and that whatever the service they access, parents receive clear and consistent messages about the first 2000 days and the best things they can do to support their child.



Strategies to achieve this include:

NSW Health provides universal access to evidence-based antenatal and birthing care, well child and family health care and a referral system for children and families who need additional or specialist support.

NSW Health and partner agencies promote access to evidence-based parenting programs and interventions, from pregnancy onwards.

Information systems support delivery of seamless care to families.



Service models seek to support continuity of carer where possible and there is smooth transition between those providing care where required.

When planning and developing policies and service supports, the evidence is properly synthesised and translated and consideration is given to the impact of the first 2000 days on the whole lifecycle.

NSW Health has evidence-based policies, practices and clinical guidelines that build on:

- an interagency partnership approach
- a prevention and health promotion focus
- equity of access to services, with a focus on those who experience barriers to getting health care
- health and development assessments and reviews throughout the first 2000 days that are timely and comprehensive
- early identification of need and risk/screening and links to additional support and services
- a whole of family approach
- a process for building on the evidence base to continually improve services.

New policies will build on existing work such as:

- developmental health surveillance and parent support (through the Personal Health Record or 'Blue Book')
- screening in pregnancy and early parenting, including for psychosocial risks and domestic and family violence (Safe Start)
- provision of quality antenatal care that is consistent with National Health and Medical Research Council (NHMRC) evidence-based findings and emphasises continuity of services
- antenatal and child and family health services for Aboriginal women, children and families
- multicultural health care services and supports

NSW Health works with other agencies and service providers at a state and national level to ensure a streamlined service delivery system.

NSW Health consults and includes women and families in decision making about how local services are structured to meet local needs.

NSW Health has data systems in place to monitor child health indicators to inform the improvement and future development of services.



Strategic Objective 3:

The NSW health system provides additional services for those who need specialised help, when they need it

Some children and families face higher risks and require more intensive support or specialist help during the first 2000 days

Examples of these risks include domestic and family violence, neglect or abuse, developmental delays or disability, mental health issues, drug and alcohol misuse issues, housing concerns, migrant or refugee background, lack of social and family support, financial stress and low health literacy.

Evidence shows that investing in education and support of health professionals to enable them to identify risks early, improves outcomes in the first 2000 days for individuals and society through improvements to overall health, development and lifetime success.



The Pregnancy Family Conferencing Program:

The Pregnancy Family Conferencing (PFC) program is a strengths-based, trauma informed program offered in Sydney Local Health District to pregnant women and their families where significant child protection concerns have been identified for the unborn baby. Delivered and funded in partnership with the NSW Department of Family and Community Services, the program aims to provide a forum for families and services to have open and transparent conversations about child protection issues. Participation is voluntary and the meetings are facilitated by an independent person who helps participants develop clear, coordinated plans that meet families' needs and address child protection risks so that there is an

increased likelihood that babies are able to remain safely in the care of their parents. In cases where the child protection concerns are not adequately addressed and a baby needs to be taken into out-of-home care, the process enables families to participate in planning for culturally appropriate out-of-home care placements and engages the service system to support restoration where this can happen. Families are supported to have a voice in the process and to meaningfully participate in decisions about the welfare of their baby. PFC is embedded interagency practice in the district (since the partnership began 2012) and continues to be adapted and improved to better meet the needs of participating families.



For families who need additional support, there should be a smooth experience of additional care being provided. This could take the form of additional support such as short term intensive help for breastfeeding and early parenting, through to longer term evidence-based interventions such as sustained health home visiting.

Residential parenting support services are also an important part of the stepped up care that is available. Where parents and carers need ongoing support from adult health care providers (such as Mental Health or Alcohol and Other Drug Services) they should feel that the service providers are working together with the common goal of supporting the family to get the best possible outcomes in the first 2000 days.

For the most vulnerable children, NSW Health provides quality, coordinated care. This includes the Out-of-Home Care Health Pathway Program, and services specifically funded for Aboriginal, migrant and refugee families.

NSW Health is a partner in Their Futures Matter whole of government reforms to address the needs of vulnerable children and families. This work will inform strategies to further strengthen the health service response for vulnerable children.

Additional and specialist services and support must be available when needed. Services should be provided as part of an integrated service system, where the service response is progressively 'stepped up' to meet the identified needs of the families.

Some families will require an extra appointment, some will need an intervention for a few weeks or months, and others will need more intensive support.

These services are often delivered in partnership with a range of other health and social services. The diagram on Page 26 shows how the services NSW Health provides to children and families ideally work together.

Local Health Districts are also encouraged to consider innovative ways to work with partner agencies and increase the accessibility of intensive services to communities of families who may need them. Parenting practices have shifted over time, so that for some parents and carers everything from seeing a baby breastfed to experiencing early strong attachment may not match with what they experienced as children. For some communities, experiences of poverty, or cultural trauma, can lead to clusters of families with similar needs for a more intensive service response. Working in partnership with families, the community, and other services can be the most effective way to support families in the first 2000 days.



Nurse health home visiting in NSW

A nurse-led evidence-based health home visiting program operates in a number of Local Health Districts across NSW, for moderately vulnerable families commencing antenatally until the child turns two. The program supports eligible families to establish positive, healthy relationships with their infants and promotes optimal social and emotional development. The design and structure of the program is based on international and Australian evidence that nurse-led sustained health home visiting can help prevent or mitigate adverse impacts during early childhood. Evaluation has demonstrated the program is delivering improved outcomes for families.

“We (nurses) have a very privileged position; working very closely with these families in their home, earning their trust.”

Jo Power, Child and Family Health Nurse



Strategies to achieve this include:

NSW Health entities have clear pathways from universal services through progressive levels of support to deliver the right care for the needs of those who are vulnerable and at risk, to improve health and wellbeing outcomes in their first 2000 days.

NSW Health delivers culturally appropriate specialist services and supports for Aboriginal, migrant and refugee women, children and families.

NSW health has evidence-based policies and guidelines to support trauma-informed care to children and families, especially those at heightened risk.

NSW health services have effective processes for identifying and responding to those with additional needs as early as possible throughout the first 2000 days.

Integrated policies, programs, services and models of trauma-informed care are provided for those with moderate and complex needs during the first 2000 days.

Children receive high quality, safe and timely hospital care when required, as close to home as possible and supported by tiered networks.

NSW Health fosters collaborative working relationships with other agencies to deliver supports and services that are integrated and streamlined for those who are vulnerable and at risk.

The right level of health care for each family's needs

More intensive services for those needing specialised help

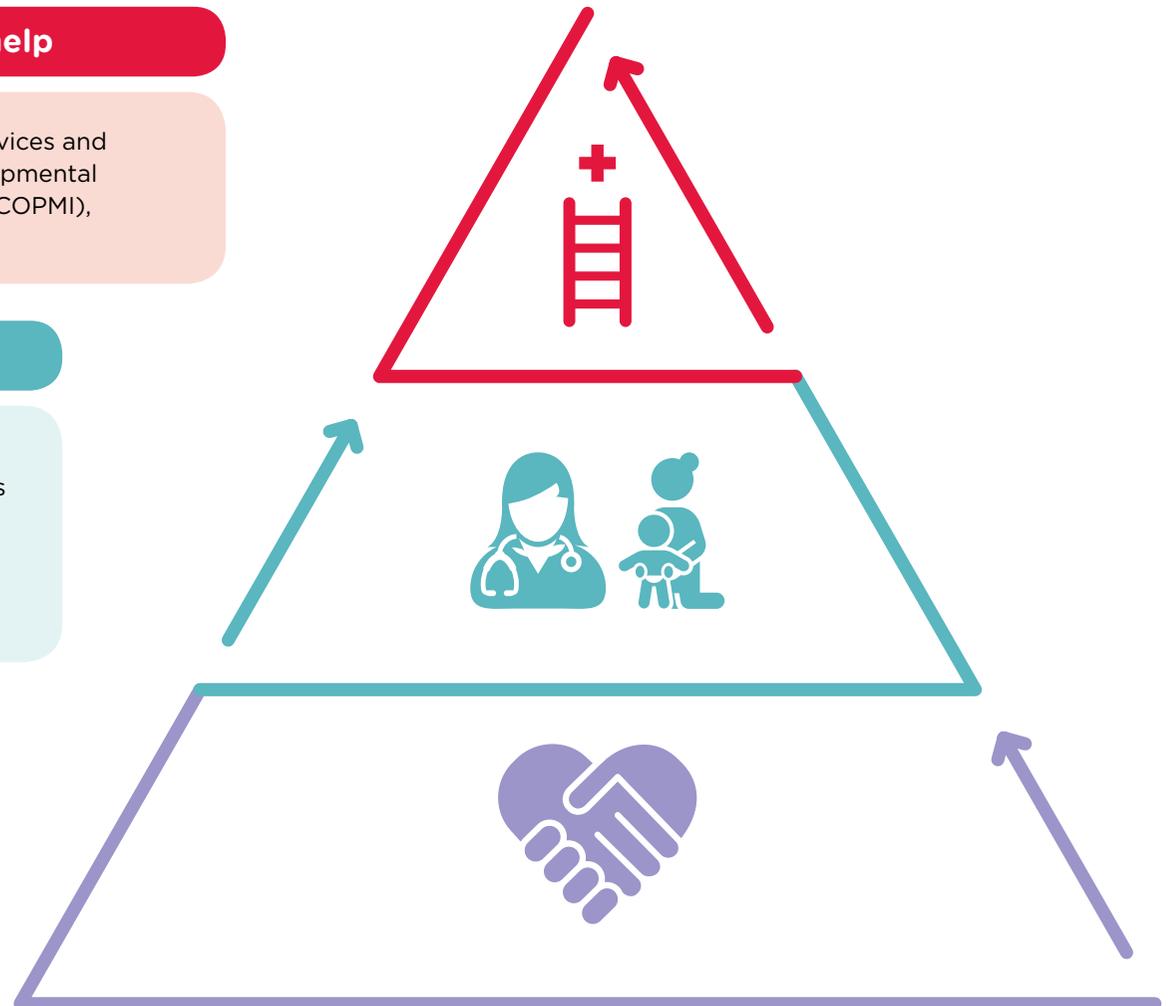
For example: Child Protection Counselling Services, Domestic Violence Services and Sexual Assault Services, Tresillian and Karitane Residential Services, Developmental Diagnostic Assessment Services, Children of Parents with a Mental Illness (COPMI), Out-of-Home-Care (OOHC)

Extra care for those who need it

For example: Sustaining NSW Families (sustained health home visiting), Family Care Centre Services, child and family health multidisciplinary teams (paediatricians, nurses, allied health), Perinatal and Infant Mental Health Services (PIMHS), Child and Adolescent Mental Health Services (CAMHS), Aboriginal Maternal and Infant Health Service (AMIHS), Building Strong Foundations for Aboriginal children, families and communities (BSF)

Care and services for everyone

For example: Maternity services, Statewide Infant Screening Hearing Program (SWIS-H), Universal Health Home Visiting (UHHV), Child and Family Health Services (Personal Health Record or Blue Book), General Practice, Statewide Eyesight Preschooler Screening (StEPS), immunisation programs



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