

The Honorable Premier Dr Steven Miles MP,

**Dear Premier Steven Miles,**

We are writing to ask you to commit to building a safety net that makes sure no child in Queensland falls through the cracks.

### **The Problem**

**Right now, many of the 60,000 children born in Queensland each year fall through the cracks. They do not get the support they need to get off to a good start in life.**

- Many children do not get check ups on their safety, health and development in their first five years.
- Many children suffer abuse and neglect.
- Last year 5,724 children aged 0-14 suffered abuse or neglect.<sup>1</sup>
- Last year 2,653 children aged 0-9 were victims of sexual assault.<sup>2</sup>

**This has huge repercussions for their potential to thrive, their chances of success in life and the likelihood of going on to be unemployed, mentally or physically unwell, or commit crimes.**

- Child abuse and neglect is the leading cause of young people taking their own lives in Australia.
- 8 in 10 people who attempt suicide have suffered abuse or neglect as a child.<sup>3</sup>
- Children who suffer abuse or neglect are 3 times more likely to have generalised anxiety disorder than other kids, 3 times more likely to have major depression, 4 times more likely to have severe alcohol use disorder and 6 times more likely to have PTSD.<sup>4</sup>
- 1 in 2 children who suffer abuse or neglect go on to develop mental disorders.<sup>5</sup>
- 1 in 2 people committing crimes in Queensland experience mental health or behavioral disorders.<sup>6</sup> 6 in 10 have been impacted by domestic and family violence.<sup>7</sup>
- 1 in 4 Queensland children are starting school developmentally behind their peers<sup>8</sup>
- This also comes at huge financial cost, with national mental health services directly costing \$12 billion a year and \$183 million a year<sup>9</sup> along with untold indirect costs.

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<sup>1</sup> Substantiated (proven) protection notifications regarding children from birth to 14 years old, the result of mandatory reports from police, teachers, family, doctors and others, [2021-2022 Child Protection Australia Data Table](#)

<sup>2</sup> Australian Institute of Health and Welfare 2020. Sexual assault in Australia. Cat. no. FDV 5. Canberra: AIHW

<sup>3</sup> Martin M, et al [Child abuse and the prevalence of suicide attempts among those reporting suicide ideation](#).

<sup>4</sup> Higgins DJ, Mathews B, Pacella R, et al. [The prevalence and nature of multi-type child maltreatment in Australia](#)

<sup>5</sup> Child and Adolescent Mental Health and Educational Outcomes, [Telethon Kids Institute](#)

<sup>6</sup> Queensland Department of Children, Youth Justice and Multicultural Affairs [2019-20 Youth Justice Pocket Stats \(desbt.qld.gov.au\)](#)

<sup>7</sup> Youth Justice Census Summary (2018-2022). [Queensland Government](#).

<sup>8</sup> Commonwealth of Australia, Australian Early Childhood Development Census National Report 2021

<sup>9</sup> Working Together Changing the Story Youth Justice Strategy 2019-2023, [Queensland Government](#)

**Not dealing with these problems early only makes them worse.**

**Making sure kids health and development needs are identified early means this work is not left to already overworked police, teachers, early childhood educators and local charities.**

### **The Solution**

We know that all investment in the early years – including quality antenatal care, early education, child and maternal health, allied health services, family support; combined with the basics including housing, transport and nutrition – makes Queensland safer, more socially cohesive and prosperous.

We know mums, dads and babies need a range of support in their first years of a child's life.

All the evidence shows that when we invest in children and their families to have the support they need to thrive in the early years that long-term outcomes improve significantly, including success at school, secure employment, health and mental health measures as well as reduced levels of engagement with the criminal justice system.

Supporting families and children in the early years prevents them from poorer life outcomes – including engagement with the justice system.

# 1. Regular health and development checks for every child

## What's happening now?

- Free health and development checks are available for all Queensland children, but many of the kids who need them most miss out because parents don't know about them, can't or don't take their children
- The currently no system for hospitals to inform child health services when a baby is born and make sure they receive ongoing check ups, support and care
- The Queensland government does not know who is getting health and development checks and who is missing out because the systems to track them aren't there. This means health and safety needs are not picked up and children miss out on support for hearing, speech or developmental delays in time for school. They'll start school behind their peers meaning learning and making friends is even harder.
- As part of the Community Maternity Hubs and Thriving and on Track programs in Logan and Inala, running in childcare centres, community hubs and schools, have referred more than 700 kids in these communities to early intervention services, have found 370 children with developmental delays and connected them to additional support and services at the right time they need to thrive.<sup>10</sup>

## What's needed

To make sure they are on the right track every child needs regular health and development checks in the first years of their life.

To achieve this the Queensland Government will need to:

- Make sure every child gets a check up
- For children who weren't able to have a check up through their GP, hospital, health service or elsewhere, make sure a nurse can visit them at home
- Hire and train more nurses and midwives, particularly giving more opportunities to graduate and early career nurses to provide these checks ups
- Put a system in place to make sure maternity services pass on birth notifications to child health services, and for child health services to reach out to families to help them have their appointments
- Identify where health and development checks could be made available in settings that are readily accessible in the community, including preschools and early learning centres, schools, community centre and through Aboriginal Community Controlled Organisations and Aboriginal Medical Services
- Monitor and report on how many kids are getting check ups and how many kids are missing out

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<sup>10</sup> Building an innovative early childhood health and wellbeing system that supports children's development, Primary Health Impact, Issue 4, [Brisbane South PHN](#)

## 2. Provide sustained home visits from nurses and midwives for babies, mums and dads who need additional support

### What's happening now?

- The Maternal Early Childhood Sustained Home-visiting (MECSH) program has been piloted in Logan, Beenleigh, Springwood and Browns Plains
- The Maternal Early Childhood Sustained Home-visiting program has some of the highest quality evidence of any early years program in Australia, including two randomised control trials that have demonstrated its effectiveness including:
  - Improving children's development and communication, leading to more children who are ready for school
  - Safer, more regular home environments more supportive of positive child development
  - Parents reporting better physical and mental health, and felt more able to ask for help in accessing services
  - Parents feeling more confident, aspirational and closer to their children through warmer parenting<sup>11</sup>
  - Children born in other parts of Queensland currently miss out
  - More could be done to monitor that the program is reaching the children, mums and dads in these communities that need the additional support

### What's needed

To make sure they are on the right track every child at risk should be able to get ongoing support for nurses and midwives.

To achieve this the Queensland government will need to:

- Expand Maternal Early Childhood Sustained Home-visiting (MECSH) model access to every child, mum and dad in Queensland
- Report on how many kids, mums and dads are getting ongoing support and how many kids are missing out to make sure that the kids that need it most are receiving the benefit

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<sup>11</sup> Kemp et. al, Evaluation of the impact of the MECSH programme in England: A mixed Methods Study, 2022

### 3. More mums, dads and babies connected to a midwife who looks after them through pregnancy to birth and beyond

#### What's happening now?

- 85 in 100 Queensland mums and bubs don't receive care from the same midwife during pregnancy and after their baby is born.<sup>12</sup> Continuity of care results in safer, better birth outcomes for babies, mothers and reduced burnout of health staff<sup>13</sup>
- Even more mums and bubs miss out in regional areas. Women who live four or more hours from a maternity service have higher rates of preterm birth, stillbirth and neonatal death than women who live close to services
- Queensland has the highest roadside birth rate in Australia and the rate of babies being born on the way to hospital is increasing.<sup>14</sup>
- Queensland is making strong progress in improving continuity of care from the same midwife for Aboriginal and Torres Strait Islander women through co-designed maternity services and partnerships between service providers using the Birthing on Country model

#### What's needed

- Women expecting a child in all areas of Queensland can be cared for by the same midwife from birth and up to six weeks after birth, with at least seven and ideally more check-ups.
- Expanding community-based Midwifery Group Practice models which work alongside the community, provide important outreach to newly pregnant women.
- To make this possible, hire and train more nurses and midwives, particularly giving more opportunities to graduate and early career nurses
- Enable Birthing on Country models and maternity services through community settings
- Clear reporting on how many kids, mums and dads are getting check ups from a consistent midwife and how many kids are missing out
- To make this possible, hire and train more nurses and midwives, particularly giving more opportunities to graduate and early career nurses

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<sup>12</sup> Miller, YD, Tone, J, et. al [A direct comparison of patient-reported outcomes and experiences in alternative models of maternity care in Queensland, Australia](#)

<sup>13</sup> Continuity of Carer, Clinical Excellence Queensland – Queensland Health

<sup>14</sup> Rural Maternity Taskforce Report June 2019, [Queensland Health](#)

## 4. Every 3 and 4 year old is able to access kindergarten

### What's happening now?

- The QLD Government is rolling out 15 hours per week, 40 weeks per year of free kindy for children attending a government-approved kindergarten program
- Too many kids and families across Queensland, and especially in regional and remote areas, live in 'childcare deserts': areas where finding quality early childhood education and care is almost impossible
- Integrated early childhood hubs are recognised as an important way to support children and families who experience significant vulnerabilities to access the diverse services and supports that they need to thrive
- Long waitlists and staff shortages mean kids aren't getting the support they need when they need it

### What's needed

As called for by Thrive By Five – Queensland Alliance:

- Universal access to kindergarten for all children aged three and four, supported by ongoing, sustainable and recurrent early childhood education and care funding to ensure stability for families, children and services, and capital works so education and care are delivered in modern and accessible environments, with strengthened quality regulations and penalties for not meeting quality standards.
- Address and reduce the barriers that prevent families from accessing early childhood education and care and providing all children with a base entitlement of at least three days of early learning, and more for children experiencing disadvantage.
- Connect health checks, ongoing support for kids, early education and other supports to form a holistic early childhood system that supports child developmental outcomes from birth to school.
- A workforce strategy to attract and retain the best teachers, educators and experts in Queensland; including delivering immediate improvements in pay and conditions for the early years workforce, recognising that without early childhood educators and teachers, there is no early learning system.
- Nationally consistent implementation of the National Quality Framework to ensure high quality services and strong, sector-supported advocacy at National Cabinet.
- Local solutions that are connected to communities.

And as called for by the Thriving Queensland Kids Partnership:

- A state-wide network of child and family hubs, including investment and initiatives that support better integration in existing hub models as well as doubling of Early Years Places and integrated school, health and community-based child and family hubs.

We ask you to prioritise these actions and commit to building a safety net that makes sure every child gets off to a great start in life and no child is left behind.

Sincerely,



**THRIVE  
BY FIVE**



**QUEENSLAND**  
COMMUNITY ALLIANCE

Thrive by Five – Queensland Alliance

Queensland Community Alliance



Settlement Services International



Queensland Nurses and Midwives Union



Social Ventures Australia