

Baby One Program

A Maternal and Child Health Worker - led Initiative

"Baby One is a term used by Aboriginal women from Cape York when referring to their youngest child."

The Australian Medical Association's *Aboriginal and Torres Strait Islander Report Card 2012 -2013* stated that the best way to close the gap in Aboriginal and Torres Strait Islander health inequality would be to prevent and protect against adversity and chronic stressors in the antenatal and early years of life. The report also stated that a sustained home visiting program for all Aboriginal and Torres Strait Islander infants could play a significant role in eliminating stressors and enhance long term, improved health outcomes for these babies and toddlers.

In 2013-14, Apunipima Cape York Health Council, the Lowitja Institute (Australia's National Institute for Aboriginal and Torres Strait Islander Health Research) and James Cook University evaluated Apunipima's current home visiting program, known as the Baby Basket program. The findings showed that the Baby Basket program increased engagement of pregnant and new mums with maternal and child health services, made mums feel special and 'cared about' and enhanced the relationship between mums and health staff.

The Baby One Program (BOP) is the next phase of Apunipima's successful Baby Basket program. As baby baskets align with a holistic, family centred model of care, they should be enmeshed into the BOP, which is a structured, health worker led family/community, home visiting program that begins in the pregnancy, up to the first 1000 days of the child's life.

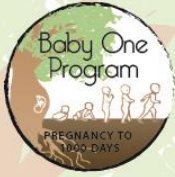
BOP will use the community accepted baby baskets to:

- Increase engagement of mums, kids and families with health workers and health providers; and
- Provide an opportunity for health workers to share timely health promotion messages during the antenatal period and early years of the child's life

The intent of BOP is to strengthen the social and emotional well-being of the family, increase the cultural acceptance of health promotion/education programs, and provide tools to support health promotion within the clinical model of the Maternal and Child Health team.

The BOP vision is to empower Cape York families to grow their babies up to live long healthy lives through strengthening their culture and regaining their spirit by embedding Social and Emotional Wellbeing into every step of the program.

The BOP creates the opportunity to achieve real improvements in the antenatal period and the first 1000 days of a child's/family's life. The infrastructure and support systems surrounding the BOP will produce high quality, reliable reporting data, relating to a range of meaningful quantitative and qualitative measures and indicators of improved health outcomes. These will then assist Apunipima Cape York Health Council with future decision making, around closing the gap initiatives in Cape York communities.



Baby One Program

PREGNANCY TO 1000 DAYS



Family Visits



BOP Visit 15 : 2 yrs 10 mths

BOP Visit 14 : 2 yrs 6 mths



BOP Visit 13 : 2 yrs

BOP Visit 12 : 21 mths

BOP Visit 11 : 18 mths

BOP Visit 10 : 15 mths



BOP Visit 9 : 1 yr

BOP Visit 8 : 8 mths



BOP Visit 7 : 5 mths

BOP Visit 6 : 5 wks



BOP Visit 5 : First week back in community



BOP Visit 4 : 38/40 wks **BIRTH IN CAIRNS**



BOP Visit 3 : 35/40 wks

BOP Visit 2 : 27/40 wks



BOP Visit 1 : Referred from first midwife visit

Clinical Visits



3 yrs

2 yrs

21 mths 

18 mths

15 mths 

1 yr

9 mths 


6 mths 

4 mths

2 mths

6 wks 

4 wks

2 wks 





37/40 wks


36/40 wks

34/40 wks 

28/40 wks 

24/40 wks 

18/40 wks 

14/40 wks 



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

Integrating speech and language development into Apunipima's Baby One Program: Creating an early literacy start to life

Education is the single strongest predictor of health outcomes. The foundation for language and literacy skills required for a good education start in a critical period from birth to 3 years old as the developing brain sets up the architecture to think, speak, learn and reason. Children's academic success at ages 9 and 10 can be directly attributed to the amount of talk they hear in the first 3 years of life. Children from low socio-economic backgrounds are particularly at risk in this critical period due to lower exposure to a range of language experiences and vocabulary. This places them at a disadvantage and sets them on trajectory for poorer educational outcomes before they even reach school. Parents are key to developing a child's early language skills. Promoting positive early language and literacy experiences with parents and children helps give children the right start to life and has the potential improve the education and health outcomes long term in communities.

Apunipima's Baby One Program (BOP) aims to promote early language and literacy development through a family education program. The program aims to be population based, preventative and culturally appropriate, providing early language strategies to parents and carers through a health worker led family visiting program.

The program will encompass 15 family visits from pregnancy up to the first 1000 days of the child's life covering a range of topics. Early language development using targeted specific proven strategies will be embedded throughout the program. Training will be provided to Maternal and Child Health Workers by a Speech Pathologist, Maternal and Child Health Educator and other Specialists.

Education on promoting positive Speech & Language development will occur during 7 of the 15 visits.

- BOP visit 2 – 27 weeks pregnant
- BOP visit 6 – 5 weeks
- BOP visit 7 – 5 months
- BOP visit 9 – 1 year
- BOP visit 11 – 18 months
- BOP visit 13 – 2 years
- BOP visit 15 – 2 years 10 months

Health worker led primary health care is a culturally appropriate and effective way of promoting health and keeping people well. One of the programs aims is to deliver early education to prevent language and literacy difficulties later in development. This program has the potential for flow on effects to older children in these families and communities through creating positive language and communication rich home environments.

Speech pathology,
Apunipima Cape York Health Council
June 2014