

# Termination of Pregnancy Action Plan 2032

# Termination of Pregnancy Action Plan 2032

## For more information contact

Clinical Priority Oversight Team, Clinical Excellence Queensland, Queensland Health, GPO Box 48, Brisbane QLD 4001

Email: [CEO\\_CPOT@health.qld.gov.au](mailto:CEO_CPOT@health.qld.gov.au)

Published by the State of Queensland (Queensland Health), March 2024. This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit [creativecommons.org/licenses/by/3.0/au](https://creativecommons.org/licenses/by/3.0/au)

© State of Queensland (Queensland Health) 2024



You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

## General Acknowledgement

The Queensland Government acknowledges the Queenslanders who informed the *Termination of Pregnancy Action Plan 2032*. The work of everyone who contributed to the Action Plan is greatly appreciated.

We heard from a wide variety of groups including government agencies, health professionals, representatives from the community sector, industry, and advocates. Many women and girls shared their personal experiences. These voices are central to improving the health of all women and girls in Queensland.

Queensland Health is committed to its obligations under the *Human Rights Act 2019*, including the protection of families and children. As part of any projects or actions related to the *Queensland Women and Girls' Health Strategy 2032*, Queensland Health will protect and promote human rights, promote a dialogue about the practical application of human rights, and help to build a culture in the Queensland public sector that promotes human rights.

## Disclaimer

*The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.*

## Content warning

This Action Plan includes references to women and girls' healthcare experiences and personal views. The contents of this document may trigger negative feelings for some readers.

If you or another person wishes to seek support or advice, please contact:

- Children by Choice ([www.childrenbychoice.org.au](http://www.childrenbychoice.org.au)) on 1800 177 725 (9am-5pm weekday free pregnancy options counselling line and online information)
- Lifeline ([www.lifeline.org.au](http://www.lifeline.org.au)) on 13 11 14 (24/7 crisis support and suicide prevention)
- QLife ([www.qlife.org.au](http://www qlife.org.au)) on 1800 184 527 (3pm to midnight daily LGBTIQ+ telephone and webchat peer support to discuss sexuality, identity, gender, bodies, feelings or relationships)

# Acknowledgement of Country

The Queensland Government respectfully acknowledges the First Nations peoples in Queensland as the Traditional Owners and Custodians of the lands, waters and seas. We respectfully acknowledge Aboriginal peoples and Torres Strait Islander peoples as two unique and diverse peoples, with their own rich and distinct cultures, resilience and strengths.

We acknowledge Aboriginal and Torres Strait Islander women and girls who have been the bearers of strength, love and determination within their families and communities for generations. We acknowledge the proud female leaders who, in the midst of harsh adversity, have stood in the gap for their communities, to provide a safe refuge for those who needed it. We acknowledge the First Nations women who pioneered cultural safety, equity, and justice in healthcare and those who have paved a way for the First Nations health workforce.

We pay our respects to Elders past and present and value the culture, traditions and contributions that Aboriginal and Torres Strait Islander peoples have made to our communities. We recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, and the recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

We acknowledge and thank Aboriginal and Torres Strait Islander women and girls in Queensland for their strength and resilience, including, those who have contributed to the development of the *Queensland Women and Girls' Health Strategy 2032*, and the *Termination of Pregnancy Action Plan 2032*.

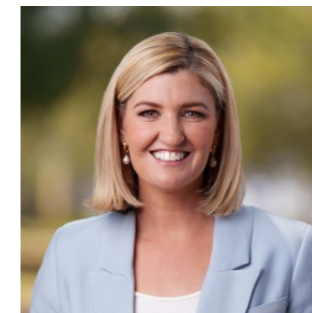
Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names and/or images of deceased people.



# Contents

<b>A message from the Minister for Health, Mental Health and Ambulance Services and Minister for Women</b>	<b>05</b>
<b>Context</b>	<b>06</b>
<b>Why we need focused action on termination of pregnancy care</b>	<b>07</b>
<b>What we heard during consultation</b>	<b>08</b>
<b>Queensland's journey so far</b>	<b>09</b>
Key achievements under the foundational action plan	10
<b>Strengthen Queensland's termination of pregnancy care: our commitment to ongoing action</b>	<b>11</b>
Foundational area 1: Support the community to understand their options and pathways to services	12
Foundational area 2: Develop and support the health workforce across Queensland	13
Foundational area 3: Develop and embed sustainable service models	14
<b>References</b>	<b>14</b>

## A message from the Minister for Health, Mental Health and Ambulance Services and Minister for Women



**Hon Shannon Fentiman MP**

*Minister for Health, Mental Health and Ambulance Services and Minister for Women*

Prior to 2018, termination of pregnancy had been classed as an “offence against morality” under the criminal code in Queensland. A law written before women had the right to vote.

The fight to allow access to this health care in Queensland has been long fought, with women’s groups taking to the street from the 1970s to march for abortion rights. We have seen clinics raided and unsuccessful attempts to prosecute surgeons.

Recognising that terminations should be treated as a health matter, and supporting a woman’s right to reproductive health and autonomy was a much-celebrated achievement. But the journey to reasonable and safe access to termination of pregnancy care cannot end there.

The *Termination of Pregnancy Action Plan 2032* is the government’s commitment to meeting the sexual and reproductive health needs of women and pregnant people, ensuring they can access information and termination of pregnancy care that meets their needs, and addressing equity of access to this critical healthcare.

It is incredibly important to recognise that access to safe termination of pregnancy is a human right and that women and pregnant people should be able to make informed sexual and reproductive health choices.

We have heard from Queensland women, pregnant people, health care partners and Queensland Health staff that there is a real need to address barriers to accessing this healthcare. They include obstacles to accessing information, finding and navigating care pathways, as well as language, financial, geographic and workforce barriers. There are also additional challenges faced by those from priority populations including First Nations women, culturally and linguistically diverse communities, asylum seekers and refugees.

I am proud that in March 2024, the Queensland Government took pivotal legislative action to expand the range of health practitioners who can perform termination of pregnancy. This significant change is a huge step forward.

Enabling more health practitioners to perform medical terminations of pregnancy will have a real impact for women and pregnant people in the community with fewer people having to travel to access this healthcare, and fewer people missing out on the short window to choose to have an early medical termination of pregnancy in, or near to their home, particularly those in rural and remote areas of Queensland.

I acknowledge the contributions made by our many and varied partners across the government and non-government sectors who have informed the development of this Action Plan. Your contributions have been pivotal and we look forward to working in partnership to continue to drive change and support access to termination of pregnancy care for all women and pregnant people as we implement *Termination of Pregnancy Action Plan 2032* together.

# Context

The Queensland Government is committed to meeting the health needs of Queensland women and girls so that they can be well and healthy throughout their lives so they can participate in social, economic and cultural activities.

This aim is outlined in the [Queensland Women and Girls' Health Strategy 2032](#) and supporting [Investment Plan](#) and is further underpinned with the following principles:



The *Termination of Pregnancy Action Plan 2032* (the Action Plan) outlines the steps we will take to better enable access to terminations of pregnancy that are safe and that support choice, responding to women and girls who strongly stated the need for healthcare that respects each person's individual needs, experiences and values.

This Action Plan also delivers on key priority health areas in the Strategy for reproductive and sexual health of Queensland women and girls.

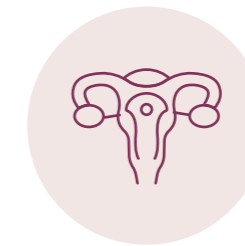
# Why we need focused action on termination of pregnancy care

**Our goal:** Queensland women and pregnant people can access information and termination of pregnancy care that meets their needs.



## Human rights

Access to quality safe termination of pregnancy care, or abortion as it is commonly known, is a basic human right that remains a significant health issue for Queenslanders. It is a vital component of sexual and reproductive healthcare for women and pregnant people.



## Reproductive autonomy

Ensuring access to safe termination of pregnancy care, no matter where a person lives, is one way the Queensland Government will uphold people's right to reproductive autonomy and choice about what happens to them when they become pregnant, to exercise self-determination, sexual and reproductive freedom and sexual equality.



## Health equity

Lack of access to safe, timely and affordable termination of pregnancy services, poses a risk to the physical, mental, economic and social wellbeing of women and pregnant people.

**“Access to safe termination of pregnancy care is a basic human right. Nurses and midwives have the necessary skills, experience, qualifications and training to be able to undertake this important role and provide greater access to reproductive healthcare, for people in all communities, particularly in rural and remote communities.”**

*Adjunct Professor Kylie Ward, CEO, Australian College of Nursing.*

# What we heard during consultation

Queensland Health has undertaken consultation since late 2022 about opportunities to reform the system for better access and services for termination of pregnancy care.

During a consultation survey conducted in late 2023, 45 per cent of participants considered sexual and reproductive health to be important, particularly for participants aged between 18 and 29 years (70 per cent). Inconsistent access to contraception, particularly long-acting reversible contraception, and termination of pregnancy, was considered a significant cause of health inequity.

Non-government organisations called for more support for community-based clinics, with several citing capacity issues at their own facilities.

We also heard from Queensland women, Queensland Health staff and health care partners who told us:

- there is a need to increase the number of skilled health care professionals to support service delivery and implementation
- priority communities, including First Nations, culturally and linguistically diverse communities, asylum seekers and refugees experience additional barriers in accessing termination of pregnancy care
- there is a need to optimise access to medical termination of pregnancy in the early stages of pregnancy, including through telehealth services and provision of medication
- the financial burden of some existing services inhibits access due to cost including travel and time away from work, especially for people living in regional, rural and remote areas of Queensland.
- there is misunderstanding by some members of the community and some health practitioners about what conscientious objection is, what it means for them, and how they can best manage situations when conscientious objection arises<sup>i</sup>.

## The evidence

The need to access termination of pregnancy care is a common experience for Queensland women and pregnant people.

- Up to one-third of Australian women experience an unintended pregnancy in their lifetime<sup>1</sup> and in 30.4 per cent of these pregnancies, women will choose to terminate the pregnancy<sup>2</sup>.
- However, we know that some people who need to access termination of pregnancy care face significant financial, geographical, social and health service barriers.
- The Senate Community Affairs Reference Committee report, *Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia*, found that inequities in access to reproductive healthcare are well recognised, especially in regional, rural and remote Australia where access to termination of pregnancy care was described as a ‘huge lottery’<sup>3</sup>.

**“Termination of Pregnancy needs to be available in rural and regional areas as this is not a time where women wish to travel, and travel is time consuming and costly.”**

*Consumer, consultation on the Queensland Women and Girls' Health Strategy 2032*

i. Registered health practitioners and prescribed students have the right to choose whether they want to perform or assist with terminations of pregnancy. A health practitioner may refuse to perform or assist in terminations of pregnancy because it conflicts with their own personal beliefs, values or moral concerns and this is called Conscientious objection. Queensland clinicians are legally obliged to disclose to women and pregnant people seeking a termination if they conscientiously object, and refer the woman or pregnant person to another health provider who does not conscientiously object.

# Queensland's journey so far

## October 2018

Queensland Government passed historic laws to legalise termination of pregnancy through enactment of the *Termination of Pregnancy Act 2018*.

## August 2019

Queensland Sexual Health Clinical Network established, including a focus on reproductive healthcare and termination of pregnancy.

## March 2022

*Termination of Pregnancy Act 2018* updated to allow prescribed students to assist in terminations of pregnancy and allow upskilling in termination of pregnancy care.

## November 2022

Foundational *Termination of Pregnancy Action Plan 2022-2023* implementation commenced.

## March 2024

Health and Other Legislation Amendment Bill (No. 2) 2023 passed, amending the *Termination of Pregnancy Act 2018* and *Criminal Code Act 1899*, to enable nurses and midwives with appropriate qualifications and training to perform a medical termination of pregnancy through the use of termination of pregnancy drugs.

The foundational *Termination of Pregnancy Action Plan 2022 – 2023* was developed in recognition that despite the legalisation of termination of pregnancy in Queensland, the community was experiencing barriers to accessing this important healthcare. This Action Plan delivered foundational work to improve access to termination of pregnancy care in the public health system.

Queensland Health acknowledges and thanks the stakeholders who contributed to the development and implementation of the foundational action plan for their valuable support, advocacy and contributions, and looks forward to continuing to build on this strong foundation as we work in partnership to improve services for Queensland women and pregnant people.

**“The decriminalisation of abortion in Queensland was a landmark moment in history and correctly positioned abortion as healthcare. Safe, legal and compassionate abortion care can now be accessed in much of the state. Whilst progress has been made, there are still gaps in access particularly for surgical abortion, and we must continue to strive to ensure equitable access to abortion care for all Queensland women and pregnant people”**

*Dr Catriona Melville, Director of Clinical Excellence, MSI Australia*



# Strengthen Queensland's termination of pregnancy care: our commitment to ongoing action

## Key achievements under the foundational action plan:

- In March 2024, the *Health and Other Legislation Amendment Bill (No. 2) 2023* was passed, amending the *Termination of Pregnancy Act 2018* and *Criminal Code Act 1899*, to enable nurses and midwives with appropriate qualifications and training to provide medical terminations of pregnancy in the early stages of pregnancy using termination of pregnancy drugs.
- Termination of Pregnancy and Contraception Community of Practice founded to support clinicians across Queensland to share expertise and excellence in care.
  - Since it started in late 2022, membership has grown from 95 to over 200 members.
- Updated guideline for use by 13HEALTH nurses to streamline navigation and information provided to callers.
  - Since the updated guideline was implemented, an average of 105 calls per month answered that relate to termination of pregnancy.
- Commenced the Pregnancy Options and Culture Project, that develops and implements culturally safe contraceptive and termination of pregnancy care for First Nations women and pregnant people by working with and enabling the local workforce who supports them.
  - To date 91 Aboriginal and Torres Strait Islander Health Workers and 149 other clinical staff have been engaged in learning, workshops, and peer support sessions at 19 sites across 4 Hospital and Health Services.
  - 23 health workers have volunteered to be pregnancy options “safe people” in their local communities.
- Queensland Government Termination of Pregnancy webpage updated to ensure women and pregnant people can access information to more easily understand their options and pathways to accessing termination of pregnancy care. The updates include new functionality to provide an online search function for information on the termination of pregnancy options available in people’s local Hospital and Health Service, and how to access these.

**“Termination of pregnancy is a sensitive issue amongst our people, but it’s something we must talk about. It can be very difficult for a person who needs a termination, but there are things we can do as health workers to help.”**

*Natasha Chong, Senior Health Worker, Cultural Safety Project Cairns Sexual Health Service*

**“This is a health need that men have got to be aware of too, to support our partners, our daughters and women in our communities.”**

*Morgan Dempsey, Indigenous Health Worker Co-Ordinator, Sexual Health, Cairns.*

We will demonstrate our ongoing commitment by investing dedicated funding to improve access to termination of pregnancy care. The *Termination of Pregnancy Action Plan 2032* will build on the foundational work to date with an initial investment of **\$41.80 million** over five years across three foundational areas.

Since termination of pregnancy was legalised in Queensland in 2018, much has been achieved. But there is more to do to ensure that Queensland women and pregnant people are supported and enabled to make informed pregnancy decisions and have access to safe world-class termination of pregnancy care that meets their needs.



**Support the community to understand their options and pathways to services**



**Develop and support the health workforce across Queensland**



**Develop and embed sustainable service models**

Action area/s	Headline initiatives	Total to 2027-28
	<b>Enhance the termination of pregnancy workforce</b> with additional social workers and nurses.	<b>\$20.78m</b>
	Establish contemporary models of care, including a <b>virtual early medical termination of pregnancy service.</b>	<b>\$9.90m</b>
	Support <b>non-government organisations to provide wraparound termination of pregnancy support</b> , which may include pregnancy choices and counselling support.	<b>\$8.12m</b>
	<b>Education and training</b> , ensuring care can be provided by a wider range of highly skilled, trained and educated health professionals.	<b>\$1.97m</b>
	Support women and pregnant people to find information they need to understand their pregnancy options, make informed choices and understand how to access services. <b>Streamline the process for providing information to primary care and community organisations on termination of pregnancy services</b> provided by Hospital and Health Services.	<b>\$0.81m</b>
	Undertake service planning to better understand and respond to current and future demand.	<b>\$0.22m</b>

# What we will do to improve access to termination of pregnancy care in Queensland

## Foundational area 1: Support the community to understand their options and pathways to services

Priority Actions	Why
<ul style="list-style-type: none"> <li>Build workforce capacity through additional nurse navigators and social workers to assist women and pregnant people to navigate their options and access time-critical termination of pregnancy services.</li> <li>Fund expansion of services that provide non-clinical wrap around support to women and pregnant people seeking a termination of pregnancy, including:               <ul style="list-style-type: none"> <li>telephone information and referral service</li> <li>financial support, for those who meet eligibility criteria, including non-Medicare eligible people.</li> </ul> </li> <li>Streamline and simplify the process for providing information to primary care and community organisations on termination of pregnancy options available in Queensland Hospital and Health Services, and how to access them.</li> </ul> <p><b>“At the time I was most vulnerable, I felt like I was passed from pillar to post reliving all trauma again and again in an attempt to get support and treatment.”</b></p> <p><i>Consumer, consultation on the Queensland Women and Girls' Health Strategy 2032</i></p>	<ul style="list-style-type: none"> <li>Women and pregnant people have told us about the challenges in navigating a fragmented and complex service system. As termination of pregnancy is a time-critical procedure, these challenges can contribute to delays in accessing preferred and clinically appropriate care.</li> </ul> <p><b>“The Termination of Pregnancy Nurse Navigator for Metro North is an amazing role that supports women and the Termination of Pregnancy service in Metro North has so much potential to continue to expand and grow”</b></p> <p><i>Consumer, consultation on the Queensland Women and Girls' Health Strategy 2032</i></p> <p>These priority actions will enable Queensland women and pregnant people to access timely and affordable termination of pregnancy care. It will:</p> <ul style="list-style-type: none"> <li>provide dedicated clinicians embedded in Queensland Health services to work with women and pregnant people to navigate their care options</li> <li>give women and pregnant people the information they need, both online, and through a telephone service to understand their pregnancy options, make informed choices, and understand how to access services</li> <li>help people to navigate pathways to timely termination of pregnancy care in the public system</li> <li>reduce financial barriers.</li> </ul> <p><b>“Please create social work led termination of pregnancy programs in hospital and health services.”</b></p> <p><i>Consumer, consultation on the Queensland Women and Girls' Health Strategy 2032</i></p>

## Foundational area 2: Develop and support the health workforce across Queensland

Priority Actions	Why
<ul style="list-style-type: none"> <li>Expand the successful Pregnancy Options and Culture Project that provides education to First Nations Health Workers on pregnancy options and termination of pregnancy care and develops champions or “safe people” in communities. The program will initially be expanded across Far North Queensland, with other parts of the state to follow.</li> <li>Information will be developed to help clinicians to understand their obligations about conscientious objection.</li> <li>Following legislative change to allow additional health practitioners to perform medical terminations of pregnancy, undertake actions to ensure these legislative changes can be implemented in practice, including:               <ul style="list-style-type: none"> <li>implement a dedicated education package and guidelines for nurses and midwives who will be authorised to provide early medical terminations of pregnancy to enable them to safely prescribe, administer or give a treatment dose of the medical termination of pregnancy drug MS-2 Step</li> <li>continue to advocate at a national level to remove barriers to Nurse Practitioners and Endorsed Midwives performing medical terminations of pregnancy, such as being able to provide telehealth appointments and diagnostic imaging under the Medicare Benefits Schedule.</li> </ul> </li> <li>Provide open access to an introductory termination of pregnancy information package for clinicians, non-clinicians, and student clinicians on termination of pregnancy.</li> </ul>	<p>These priority actions will support Queensland women and pregnant people to access timely and affordable termination of pregnancy care:</p> <ul style="list-style-type: none"> <li>ensure care is provided by a wider range of highly skilled, trained and educated health professionals</li> <li>improve access and equity for women and pregnant people across Queensland, especially those who live in rural and regional areas.</li> </ul> <p><b>“The Australian College of Midwives acknowledges Queensland Health’s work to ensure equity and access for Queensland women for termination of pregnancy services, in particular for midwives and nurse practitioners to prescribe MS 2-Step. This is a win for women’s health in Queensland.”</b></p> <p><i>Alison Weatherstone, Chief Midwife, Australian College of Midwives</i></p>

### Foundational area 3: Develop and embed sustainable service models

Priority Actions	Why
<ul style="list-style-type: none"> <li>Improve access to termination of pregnancy services, including through additional staff and supporting our staff to deliver woman-centered models of care.</li> <li>Undertake service planning to better understand and respond to current and future demand for termination of pregnancy care and identify where future investment is required to support access to care. This will include networked and telehealth supported models of care and identifying workforce requirements and solutions.</li> <li>Provide a virtual early medical termination of pregnancy service to provide a backup telehealth option for non-admitted medical termination of pregnancy in the early stages of pregnancy.</li> </ul> <p><b>“RANZCOG is pleased to continue being involved in the improvement of abortion care in Queensland. Since the adoption of the Termination of Pregnancy Act 2018 access to abortion services has improved, and there can be no doubt about the benefits on the well-being of individuals seeking abortion care that the practice is no longer subject to possible criminalization.</b></p> <p><b>There is more work before us. To make abortion equitably accessible to all who may need it, more investment is required.”</b></p> <p><b>“...RANZCOG is proud to advocate for our members and the people we provide care for. We look forward to working with Queensland Health on their action plan, focused on improving care in this domain even further in the years ahead.”</b></p> <p><i>Royal Australian and New Zealand College of Obstetricians and Gynaecologists</i></p>	<ul style="list-style-type: none"> <li>These priority actions will ensure that we have the staff needed to provide the termination of pregnancy models and pathways of care in the locations, and in the way, that Queensland women and pregnant people, need now and into the future.</li> <li>Queensland women and pregnant people have access to new, contemporary methods of service delivery, particularly for women in regional and rural areas.</li> <li>Recurrent investment secures the ability to sustain these improvements and access to termination of pregnancy services beyond 2032.</li> </ul> <p><b>“General Practitioners in the community are either increasingly comfortable providing abortion care or becoming more aware of colleagues or hospital’s that provide abortion care and referring women on in a timely manner. It is great that there is more awareness of referral pathways but increasing this knowledge in the community would help women present at an earlier gestation for abortion care when procedures and medications used for abortion care carry less risk.”</b></p> <p><i>Dr Kathryn Saba, Staff Specialist Obstetrics and Gynaecology, RBWH</i></p>

- Rowe H, Holton S, Kirkman M, et al. Prevalence and distribution of unintended pregnancy: The understanding fertility management in Australia national survey. *Aust N Z J Public Health* 2016;40(2):104–09. doi: 10.1111/1753-6405.12461.
- Taft AJ, Shankar M, Black KI, Mazza D, Hussainy S, Lucke JC. Unintended and unwanted pregnancy in Australia: A cross-sectional, national random telephone survey of prevalence and outcomes. *Med J Aust* 2018;209(9):407–08
- Commonwealth of Australia, The Senate Community Affairs Reference Committee, May 2023, *Ending the postcode lotter: Addressing barriers to sexual, maternity and reproductive healthcare in Australia*, accessed February 2024 <[https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000075/toc\\_pdf/EndingthepostcodeLotteryAddressingbarrierstosexualmaternityandreproductivehealthcareinAustralia.pdf](https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000075/toc_pdf/EndingthepostcodeLotteryAddressingbarrierstosexualmaternityandreproductivehealthcareinAustralia.pdf)>



### Artwork Acknowledgement: *Different Ways* by Casey Coolwell-Fisher

Casey Coolwell-Fisher is a Quandamooka woman of the Nunukul people from Minjerribah (North Stradbroke Island). Casey has a creative background in graphic design and is the co-founder and artist, alongside her partner Roy Fisher, of CHABOO, a home decor and design business specialising in hand painted Aboriginal art on wooden products and graphic design art pieces.

Everyone lives differently, have different support systems and achieve goals differently. This artwork consists of different stories, from different living groups, having a yarn and discussing life.

The three main centrepiece elements consist of three different demographic groups: single parents, single persons and parents with child/ren.

The groups are represented in the Boomerangs to signify strength (structure), power (returning abilities), technique (hunting and gathering) and diversity (several uses).

- Single Parents** - this art piece represents a single parent with child/ren with a big family/community support system.
- Single Persons** - this art piece represents a single person, creating their own footprints.
- Parents** - this art piece represents parents with child/ren sharing their stories and creating their own.

The semi-circle in the centre represents a yarning circle that is holding all of the conversations through the line work and creating footprints through the dots.

The background has five different sections representing the yarning circles (conversations) of (from left to right) diversity, self determination, empowerment, safety and security and wellbeing.

- Diversity** - this section consists of same same, but different. The curved elements represent different cells mixing and creating diversity amongst one another.
- Self Determination** - this section is strength of one's being expanding out into the world. The centre 'u' element represents a person with the tiny dots being footprints that expand out through the outer curved lines.
- Empowerment** - this section is the notion of moving forward and up. The triangle elements represent goals/stepping stones moving upwards, the lines are the tracks being made and the dots are the people helping and supporting us.

- Safety and Security** - this section represents the safety and security we all need. The centre element signifies a shield, providing security and safety e.g., safety in all situations, employment and economic security etc.

- Wellbeing** - this section represents our health and wellbeing, physically and mentally. The outer 'u' shaped elements represent the mental and physical of ones self. The lines represent connection, working and learning from one another.

The wavy lines (on the bottom of the artwork) represent the flow of our lives, nothing is in a straight line. We all have our ups and downs.

The handprints are that of our Ancestors, helping us in our walking lives to achieve our goals and create knowledge for our future generations.





**Queensland**  
Government

## Termination of Pregnancy Action Plan 2032