

Inner West Sydney

CHILD HEALTH & WELLBEING PLAN

2016–2021

Doing Better Together

A collaboration of:

Sydney Local Health District

NSW Department of
Family and Community Services

Central and Eastern Sydney PHN

NSW Department of Education

Inner West Sydney Collaborative
Practice Management Group



CONTENTS

5	Foreword
7	1. Introduction
7	Why focus on children?
9	The children of Inner West Sydney
13	2. The Collaboration
14	About Sydney Local Health District
15	About Family and Community Services Sydney District
17	About Central and Eastern Sydney PHN
19	About Department of Education Ultimo Operational Directorate
20	About Inner West Sydney Collaborative Practice Management Group
21	3. Policy Context
23	4. Our Collective Vision
27	5. Our Health and Wellbeing Framework
29	6. Our Priority Populations
35	7. Our Strategic Themes and Initiatives
41	Appendix: Our Services
41	Collaborative Service
41	Sydney Local Health District
44	Family and Community Services
46	Central and Eastern Sydney PHN



FOREWORD

This Child Health and Wellbeing Plan is founded on a strong commitment to improving child health and wellbeing in the inner west of Sydney. Health and wellbeing in the childhood years provides an important foundation for positive health status in adolescence and throughout life. In the contemporary world there are multiple social determinants of health and wellbeing that can impact at different times on children and their families. This plan recognises the power of proactively fostering good health and wellbeing throughout these important life stages and across places, communities and environments.

Many child health and wellbeing issues cross the boundaries of government and non-government agencies. While recognising the significant child health and wellbeing services currently in place, this plan focuses on the “additionality” that comes from cross-agency collaboration and integration. It is based on the important idea that agencies working together, in collaboration with communities, have added capacity to deliver sustainable change, particularly when vulnerable children and families are involved. Vulnerable children include, for example, those living in poverty, those at risk of violence, children who are obese, newly arrived refugees and migrants, those whose parents have a mental health or drug health issue and those whose chances of reaching their potential are reduced or at risk.

In 2013, the alignment of the boundaries of NSW FACS, NSW Health and Medicare Locals led human service agencies in the inner west of Sydney to discuss and explore opportunities for collaboration. These agencies formed the Inner West Sydney Partnership Committee.

With the impetus provided by the release of the NSW Health/Families NSW Supporting Families Early package in 2010, and the *NSW Kids and Families’ Healthy, Safe and Well – A Strategic Health Plan for Children, Young People and Families 2014–2024*, it was unanimously agreed that a Child Health and Wellbeing Plan would be the focus of combined efforts. This planning was given further impetus by the NSW Ministry of Health Integrated Care Framework and the Department of Education and Communities’ Wellbeing Framework.

This Child Health and Wellbeing Plan addresses four collaboratively defined strategic themes:

1. **Improving system capacity** – Developing the policies, plans and capacity necessary to support child health and wellbeing.
2. **Health and wellbeing promotion** – Promoting and enhancing the health and wellbeing of children and their families.
3. **Early intervention** – Intervening early and providing targeted services for vulnerable children and families.
4. **Supporting place-based approaches** – Developing collaborative place-based child and family-centred strategies in localities experiencing significant disadvantage.

Associated with each of these strategic themes are a series of initiatives that:

- require a collaborative approach
- are evidence-based
- have been identified by our key stakeholders as priorities, and
- align with the core business of more than one of our partner agencies.

This plan recognises the diverse, multidimensional and dynamic nature of the factors that can influence child health and wellbeing including:

*Agencies
working together,
in collaboration
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to deliver sustainable
change.*

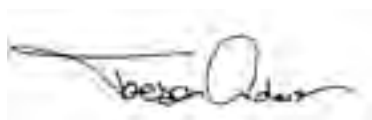
genetics, behaviour, biology, the family and home environment, schools, friendship networks, the neighbourhood and the broader societal and community environment. Strong communities can undoubtedly promote emotional resilience, equity and cultural safety, be health promoting and contribute to a child's wellbeing. The plan aims to work with and support children, families and our local communities to be more connected, stronger and more resilient.

The guiding principle of the plan is that the best interests of the child are central to planning and decision-making, with the rights of the child to positive health and wellbeing prime. This idea embodies associated concepts of equity, the earliest possible intervention and community engagement and development.

The strategies and initiatives of this plan have largely been derived from a Child Health and Wellbeing consultation forum held in November, 2014, and attended by over 100 people.

The conjoint development of the Inner West Sydney Child Health and Wellbeing Plan demonstrates the strong commitment by the founding partners to collaboratively explore new, integrated approaches to improving the health and wellbeing of the children, families and communities of the inner west of Sydney.

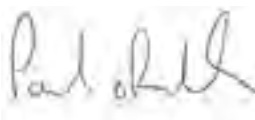
We are proud to make a firm commitment to this very important endeavour.



Dr Teresa Anderson
Chief Executive
Sydney Local Health District



Health
Sydney
Local Health District



Mr Paul O'Reilly
Sydney District Director
NSW Family and
Community Services



**Family &
Community
Services**



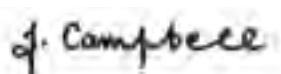
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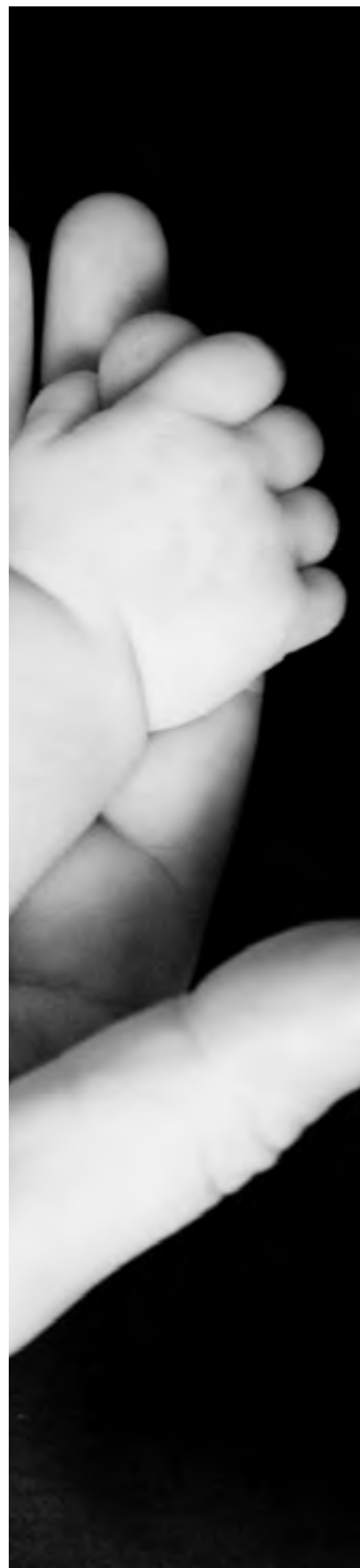
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Collaborative Practice
Management Group (CPMG)



1 INTRODUCTION

Why focus on children?

A child's right to health and wellbeing

The enjoyment of positive health and wellbeing is a fundamental human right. This right especially extends to children, with every child entitled to opportunities for positive health and wellbeing and holistic growth and development.

Children are inherently vulnerable and, accordingly, need to be actively and respectfully listened to. They may require, and are entitled to, special protection and care within the wider community.

Health and wellbeing is broadly understood as physical, social, emotional, cognitive and spiritual health and wellbeing.

Foundations for a healthy life are built in childhood

Health and wellbeing in the earliest years of life – beginning as early as the preconception and prenatal periods – provides a foundation for positive health status in adolescence and adulthood. If children's physical, psychological and social systems are strengthened by positive early experiences, they are more likely to become healthy adults.

Conversely, adverse outcomes related to traumatic experiences, inequities or other disruptions particularly during critical periods of growth and development can have lifelong consequences for physical, emotional, social, cognitive and spiritual health and wellbeing.

Health and wellbeing is also very dynamic and may quickly alter in response to personal, social or environmental changes. Evidence and best practice indicates that responses to children should focus on the earliest possible identification of risk.

Planning for children should therefore aim to promote healthy habits, supportive relationships and friendships, enjoyment, safety and equity. Social and community connectedness, social and emotional skills and resilience should be actively strengthened.

Investing in children is investing in the future

Children are the adults of tomorrow. The capacity of an adult to contribute as a productive member of society may be enhanced or inhibited by childhood experiences. Economic productivity, strong educational performance, civic engagement and social resilience are built on health and wellbeing. There is an important social imperative to ensure growing children are valued, supported and respected.

Children are the adults of tomorrow. The capacity of an adult to contribute as a productive member of society may be enhanced or inhibited by childhood experiences.





The Children of Inner West Sydney

Demography and epidemiology

Inner West Sydney is one of the most culturally, socially and economically diverse areas in Sydney. Inner West Sydney comprises the Local Government Areas (LGAs) of the City of Sydney (part), Ashfield, Burwood, Canada Bay, Canterbury, Leichhardt, Marrickville, and Strathfield. The population of Inner West Sydney in 2014 was over 600,000; by 2031 it is projected to grow to 772,500. Inner West Sydney covers 126 square kilometres and has a population density of 5,500 residents per square kilometre (ABS 2014).

The sources of the information and indicators used in this plan are:

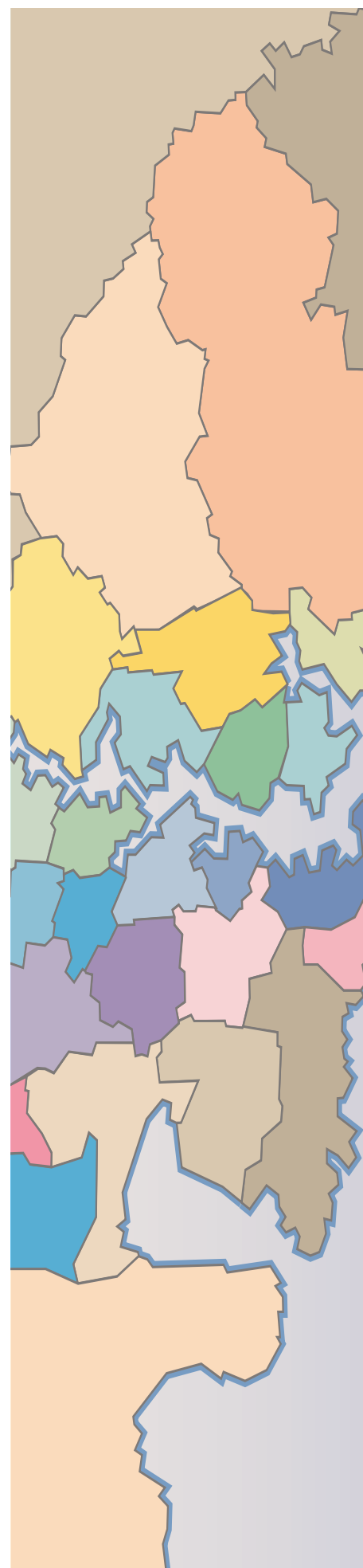
- *The Child and Family Health Indicators Report: Inner West Sydney 2014*¹
- 2011 Census of Population and Housing conducted by the Australian Bureau of Statistics
- Australian Bureau of Statistics' Regional Population Growth
- NSW Planning and Environment Population and Household Projections
- Australian Bureau of Statistics' Indirect Standardised Mortality Rates
- Australian Childhood Immunisation Register
- Australian Early Development Census
- KiDS Corporate Information Warehouse
- Immigration and Citizenship Database
- Inpatient Statistics Collection via Health Outcomes Information Statistical Toolkit (HOIST)
- NSW Midwives Data Collection
- Literacy and Numeracy National Assessment Program
- NSW Bureau of Crime Statistics and Research
- NSW Child Health Survey

The children

This plan defines children as pre-birth to twelve years of age; up to the transition to high school. This age group was selected as it covers a number of critical development periods in children's lives, and recognises the importance of the prenatal term to a child's health status.

- In 2014, there were approximately 99,000 residents in Inner West Sydney aged 14 years and under; more than 14.2% of the total population.
- Canterbury LGA had the greatest number and proportion of children, with 24,149 children 12 years and under, almost 18% of the total LGA population.
- The total population of Inner West Sydney is growing. By 2031, there are projected to be about 35,100 more children living in the area. The proportion of the total population who will be aged less than 15 years will grow marginally from 15.1% to 16.1%.

¹ *The Child and Family Health Indicators Report: Inner West Sydney 2014* outlines the child health and wellbeing data of the children and families living in Inner West Sydney. It was developed by the Department of Community Paediatrics in Sydney Local Health District, in conjunction with Families NSW and The Ingham Institute.



Aboriginal and Torres Strait Islander children

- In 2011, 4,880 residents identified as Aboriginal and Torres Strait Islander in Inner West Sydney, making up 0.8% of the total population.
- Due to the proximity to the city and the presence of existing Aboriginal populations some parts of Inner West Sydney have large transient populations.
- Of the Aboriginal people living in Inner West Sydney, 22% were aged 12 years and under. This was a much younger age structure than the overall population, where less than 14% were aged 12 years and under.
- The LGA with the highest proportion of children 12 years and under who were Aboriginal was Marrickville at 2.4%, followed by Leichhardt LGA (1.2%).
- Inner West Sydney includes Redfern, a suburb with significant cultural and historical importance to Aboriginal people.

Cultural and linguistic diversity

- Over 49% of people living in Inner West Sydney were born overseas, with 7.1% arriving in Australia from a non-English speaking country within the last five years as immigrants or as refugees.
- Residents of Inner West Sydney come from over 200 different countries. Over one third of residents were born in non-English speaking countries.
- At the 2011 Census 43% of residents reported speaking a language other than English at home, almost twice the level of NSW as a whole (22%). The proportion and numbers of people speaking another language ranged from 64% (87,793 people; third highest proportion in the state) in Canterbury LGA, to 15% (7,892 people) in Leichhardt LGA.
- 7.7% of the population born in non-English speaking countries reported poor English proficiency.

Children with disability and their carers

- As at 2011, approximately 944 children 12 years and under had a disability requiring assistance with daily living.
- There were almost 45,000 carers who provided unpaid assistance to a person with disability, long term illness or old age.
- More than 9% of parents or carers of children reported high or very high psychological distress in Inner West Sydney in 2011.

Households and children

- In 2011, there were over 200,000 housing dwellings in Inner West Sydney. 5.4% of dwellings were rented from the government housing authority; higher than the metropolitan and state averages.
- There were over 8,500 single parent households with children less than 15 years, with about half being female sole parent pensioners.
- In total, more than 9,200 children were in jobless families. Over 19% of children lived in low income, welfare-dependent families. The proportion was highest in Canterbury LGA; accounting for over 31% of children.
- 11,700 children under 15 years lived in families where the female parent's highest level of schooling was year 10 or below.

Inner West Sydney is one of the most culturally, socially and economically diverse areas in Sydney.

- The rate of out-of-home care living arrangements in Inner West Sydney was five placements per 1,000 children, which is lower than the state rate of 11 per 1,000 children. The local rate of out-of-home care placements among Aboriginal children is 105 per 1,000 Aboriginal children.

Socioeconomic status

- Six out of eight LGAs in Inner West Sydney rate above 1,000 on the SEIFA Index of Relative Socioeconomic Disadvantage rankings, meaning the areas have a lower proportion of relatively disadvantaged people than the Australian average. Two local government areas ranked below 1,000: Burwood (996) and Canterbury (922).
- It is important to note that specific small areas within LGAs recorded significant disadvantage. For example in Marrickville LGA, the minimum score recorded was 498.
- Some small areas of Canterbury LGA scored as low as 413, yet other pockets ranked as high as 1081.
- There is clear evidence that children living in poverty are significantly more vulnerable than other children on a number of indicators.

Children's education and development

- In Inner West Sydney in 2012, the proportion of children receiving an early childhood education in the year prior to formal school attendance was 96%. The rate was highest in Leichhardt LGA at 98.5%, and lowest in Canterbury LGA at 91.6%.
- The highest proportion of children developmentally vulnerable on one or more of the Australian Early Development Census (AEDC) domains live in Canterbury LGA (24.7%) followed by Strathfield LGA (22.8%). The highest proportion of children who are developmentally vulnerable on two or more domains are also in Canterbury (10.7%) and Strathfield (10.2%).

Perinatal indicators

- In 2012, approximately 8% of women reported smoking during pregnancy; the proportion was highest in Sydney LGA (10.3%) followed by Ashfield and Strathfield (both 9.7%). Women who were pregnant in their teenage years were far more likely to smoke (34.9%), as were pregnant Aboriginal women (54%).
- Approximately 8% of mothers did not attend an antenatal care visit within the first 20 weeks of their pregnancy. The rate was highest in Burwood, where almost 11% of mothers did not attend this visit.
- More than 23% of mothers giving birth in 2014/15 in Canterbury Hospital were identified as having gestational diabetes mellitus.



Child health status

- As many as one in five children in the primary school years are classified as overweight and/or obese.
- In 2013, Inner West Sydney's infant mortality rate of 2.6 deaths per 1,000 live births was lower than the NSW rate of 4.0 deaths per 1,000 live births.
- In 2007, 65% of children aged 5-6 years were free of dental caries in Inner West Sydney. This rose to 75% for children aged 11-12 years.

Crime

- Rates of domestic violence in Inner West Sydney are generally lower than the NSW average, with the exception of Sydney LGA where 478 assaults per 100,000 were notified in 2012.
- In Inner West Sydney in 2011/12, 2,643 children aged 0-11 years were involved in child and young person concern reports.
- In 2011/12 the rate of reports of children and young people at risk of significant harm per 1,000 population was highest in Sydney LGA at 40 per 1,000, which was the only local government area to be higher than the state average.

Urban development

According to the 2014 NSW Planning and Infrastructure Projections, an additional 190,000 people will live in over 90,000 new dwellings in Inner West Sydney by 2031. Approximately 35,000 of the additional residents will be under the age of 15.

In addition to this projected development, Inner West Sydney has four major UrbanGrowth projects within its boundaries: Green Square, Parramatta Road urban renewal, The Bays and the Central to Eveleigh Corridor.

The NSW Government's *A Plan for Growing Sydney* outlines the strategy for managing urban growth in metropolitan Sydney.

For Inner West Sydney, the *Plan for Growing Sydney* emphasises urban renewal along transport corridors through the encouragement of greater densities of commercial and residential developments to economise on pre-existing infrastructure, and some infill of former industrial 'grey' precincts. Densification of areas towards the Sydney CBD has been the emerging housing preference for people wanting to live closer to employment in order to foster shorter commutes and improved lifestyle convenience. Further, the high proportion of overseas migrants making Inner West Sydney home may be accustomed to higher density living from their country of origin.

While high density living can bring many benefits in terms of proximity to services, walkability, physical security and viability of material resources, unmitigated dense urban built environments can present particular risks to health and wellbeing; including respiratory illness, traffic accidents, negative mental health outcomes, and reduced opportunities for active play for children. Managing and mitigating the environmental, social and health opportunities and risks of population growth requires integrated planning to ensure the creation of socially, environmentally and economically sustainable communities.



2 THE COLLABORATION

Sydney Local Health District, Family and Community Services Sydney District, Central and Eastern Sydney PHN, the Department of Education Ultimo Operational Directorate and Inner West Sydney Collaborative Practice Management Group (CPMG) are the partner organisations which make up the Inner West Sydney Partnership Committee.

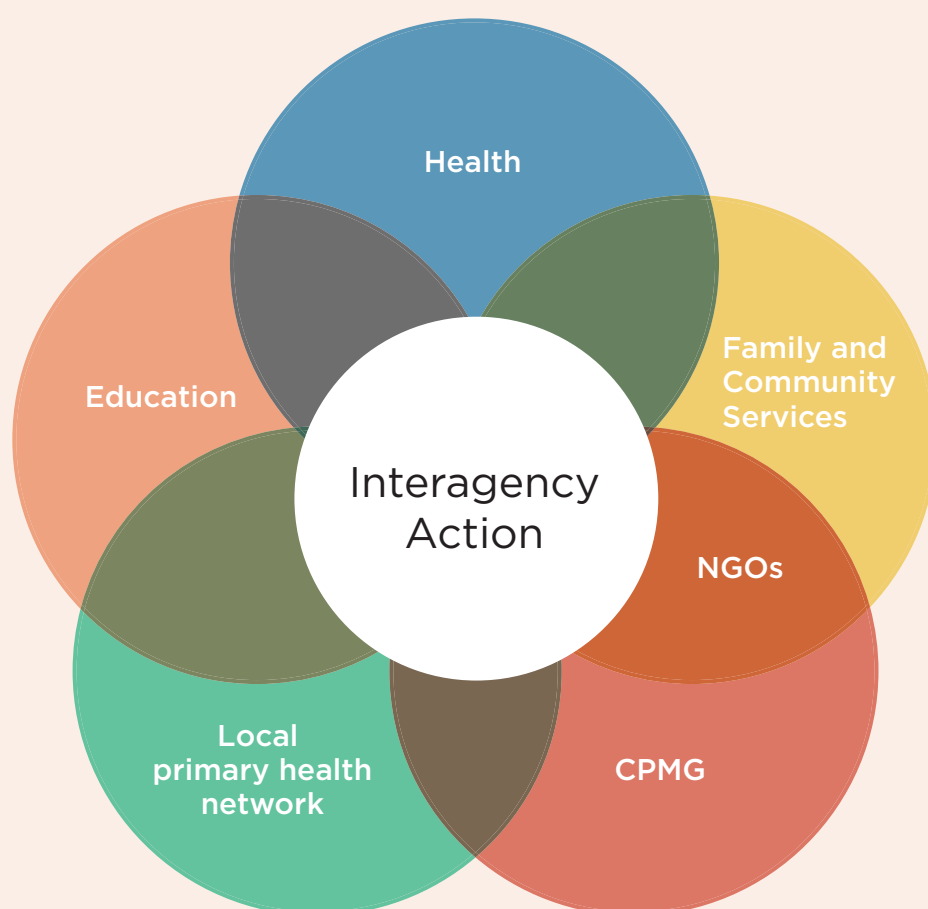
Each organisation plays a very significant role in promoting child health and wellbeing through

a diverse range of policies, programs, strategies and services.

This plan is supportive of these extensive current endeavours and also notes the strong foundation of the interagency relationships in the area.

This plan aims to build from these strong foundations to complement and enhance effective interagency action, thereby increasing the impact and sustainability of the current approaches.

Child health and wellbeing collaboration



A collaborative service in action

In 2015 the Inner West Sydney Partnership Committee collaborated to establish the **Healthy Homes and Neighbourhoods Integrated Care Initiative**.

The program aims to ensure that vulnerable families have their complex health and social needs met and that they are connected to their local communities.

This program will:

- facilitate cross-agency care coordination
- promote engagement with General Practitioners and the community
- undertake child health promotion
- foster greater workforce collaboration between child and family health, child safety and child wellbeing services.

This plan aims to build from these strong foundations to complement and enhance effective interagency action.

About Sydney Local Health District

What we do now

Sydney Local Health District provides services to children and their families through five acute hospitals, one subacute hospital, two affiliated health services, five community health centres, seventeen early childhood health centres and five oral health centres.

Core child and family health services include maternity and paediatric inpatient care (RPA and Canterbury Hospitals), Child and Family Health Nursing, Child and Family Allied Health services, Child Protection services, Community Paediatrics, Out-of-Home Care screening, community nutrition, infant, child and adolescent mental health services, drug health services, oral health services and health promotion programs.

The District's services and related contributions to child health and wellbeing are provided in the *Appendix*.

What we will do

In addition to continuing the core services and collaborative initiatives outlined in this plan, key child-related strategic directions that Sydney Local Health District will pursue over the next five years include:

- Continue to deliver sustained health home visiting for families requiring additional support including introducing new sustained health home visiting programs in Canterbury and Redfern.
- Evaluate the universal health home visiting program collaboratively with South Eastern Sydney Local Health District.
- Reduce the rate of smoking in pregnant Aboriginal women.
- Provide targeted services for pregnant women and mothers who have drug health issues to address mental health problems, enhance parenting skills and build social support.
- Provide a more wraparound model of care for at-risk infants and their families, led by the Child Protection Counselling Service.
- Develop innovative approaches to reach parents. Such approaches will recognise the importance of varied health literacy levels in targeted communities. Strategies will include using social media and patient and consumer portals.
- Improve immunisation, hearing and eyesight screening rates, especially for priority populations.
- Maximise the number of centre-based children's service sites and primary schools that have adopted the Children's Healthy Eating and Physical Activity program practices.
- Introduce weight screening of all admitted children to RPA Hospital.
- Increase the number of overweight or obese children enrolling in the Targeted Family Healthy Eating and Physical Activity Program.
- Expand existing Paediatric Surgery services across the District to secure more elective and emergency surgery closer to where people live; including increasing community awareness of the services available locally.
- Develop additional Ambulatory and Hospital in the Home services targeting acutely unwell children.
- Strengthen the current Challenging Behaviours Clinic with further allied



health support for vulnerable groups who have health and developmental needs.

- Develop an integrated obstetric and neonatal data collection system where information can be audited in a timely manner to highlight clinical outcomes.
- Develop a research focus in Paediatric Health across District services.
- Strengthen lines of communication between hospital-based and primary care services.
- Improve access to Child and Family Health Services by implementing a central intake, information, support and referral service.
- Assess the readiness of the District's Child and Family Health Services for the local introduction of the National Disability Insurance Scheme.

About Family and Community Services Sydney District

What we do now

The vision for Family and Community Services (FACS) is that *all people are empowered to live fulfilling lives and achieve their potential in inclusive communities*. FACS directly supports around 800,000 people every year, and reaches a further million people through local community-based programs.

Along with partners, FACS work with children, adults, families and communities to improve lives and realise potential, with a particular focus on breaking, rather than managing, disadvantage. FACS is now structured into 15 districts which share the same boundaries as Local Health Districts, making it easier to create genuinely local solutions which:

- protect children and young people from abuse
- assist people with disability to realise their potential
- target social housing assistance to break disadvantage
- help people at risk of, or experiencing, family violence to feel safer
- achieve better outcomes for Aboriginal children, families and communities, and
- assist people to participate in social and economic life.

FACS core services are child protection and out-of-home care services. Within this service area, FACS has specialist programs and services including an Aboriginal consultation and genealogy team, the Yallamundi Intensive Family-Based Service and the Pregnancy Family Conferencing Program.³

Through FACS's Community Services program, a number of funded programs focus on child and family wellbeing. These include Supported Playgroups (Families NSW), the Triple P-Positive Parenting Program, the NSW Aboriginal Child, Youth and Family Strategy and the Child, Youth and Family Support program.

FACS Housing Services programs relating to children include Start Safely, providing financial help for clients who have experienced domestic violence and providing help to those unaccustomed to renting in the private housing market.

FACS has a major role in supporting people with disability, including readying the sector for the roll-out of the National Disability Insurance Scheme and strengthening support for children and families with disability.

Further detail relating to these programs and services is provided in the *Appendix*.

What we will do

Changes to Child Protection Legislation came into effect in October 2014, as part of the *Safe Home for Life* reform package, intended to strengthen the child protection system. These reforms are the first step towards a less legalistic, process driven child protection system in NSW that places children and their families at the centre of decision making.

³ Pregnancy Family Conferencing is a partnership program with Sydney Local Health District.

The reforms help place children at risk of significant harm on a path to a positive future by focusing on three key areas:

- building parenting capacity and increasing parental responsibility
- providing greater permanency for children and young people in care
- delivering a modern, responsive and child-focused system.

Many families will access support earlier to keep their children safe and prevent them from entering into care.

Keeping families together safely is always the priority. Where this is not possible, for the first time NSW has permanent care options that place children and young people at the centre of decision-making. At the heart of this is the need to look at the individual circumstances of each child.

These changes follow an extensive period of consultation, which included talking to young adults who have been through the child protection system, non-government partners, other government agencies, staff and the community.

Sydney District FACS has developed a local Safe Home for Life Implementation Plan to ensure that reform is delivered locally. As part of Safe Home for Life, the District is piloting Patchwork – an application which links the team around the family – and is placing a caseworker in the South Eastern and Northern Sydney Family Referral Service.

In Sydney District, directors from each FACS division are able to call a *OneFACS Client Panel* meeting to discuss complex clients and families, whose support needs are the business of more than one of the divisions. Directors and senior staff from each division attend the meeting to assess the complexity of the client family,



clarify and further identify the risks and work collaboratively to bring each division's perspective, resources and expertise together, to achieve the best outcomes for the client and family.

Sydney District Community Services is developing a Family Finding staff network. The network will support colleagues inside and outside of FACS to apply the lessons of the US Family Finding model to children and young people who are isolated from their extended families.

About Central and Eastern Sydney PHN

What we do now

The Central and Eastern Sydney PHN (CESPHN) was established in July 2015 by the Commonwealth Government. The CESPHN has resulted from the amalgamation of three former Medicare Locals: Inner West Sydney, Eastern Sydney, and South Eastern Sydney.

The CESPHN aims to improve the health of the local population by coordinating the planning and delivery of sustainable, effective and equitable primary health care.

The new PHN will continue working to identify, and then address, local health needs and make it easier for people to navigate their local health care systems. It will also continue to build and strengthen partnerships with GPs, allied health professionals, nurses, local health districts, non-government organisations and local communities.

Primary health networks have been established to improve the efficiency and effectiveness of medical services delivered to individual patients by working directly with general practitioners, other primary care providers and hospitals to improve patient outcomes as a result of better coordination of care across the local health system. The CESPHN has four key priorities:

- Addressing key population health needs in the region
- Providing workforce support for primary health care professionals
- Addressing the health needs of vulnerable population groups, and
- Improving integration and coordination between health providers and services.

What we will do

The CESPHN aims to respond to the existing and emerging needs of the diverse region by continuing the partnership arrangements and activities already in place and developing new and innovative strategies as the needs emerge. Key child-related priorities include:

- Increasing uptake of healthy kids checks by GPs and practice nurses
- Increasing child referrals to Access to Allied Psychological Services (ATAPS)
- Increasing referral of women with Post Natal Depression (PND) to ATAPS
- Building a directory of GPs and Allied Health professionals willing to work with vulnerable families
- Increasing immunisation coverage rates
- Increasing antenatal shared care rates at RPA and Canterbury Hospitals
- Promoting use of Health Pathways as the source of information on local services and referral pathways. HealthPathways provides an electronic referral and information system for GPs.





*The Department's commitment to wellbeing
is for schools to support students
to connect, succeed and thrive
at each stage of their development
and learning*

About the Department of Education Ultimo Operational Directorate

What we do now

The NSW Department of Education is committed to creating quality learning opportunities for children and young people. This includes strengthening their physical, social, emotional and spiritual development. Parents entrust their children and young people to principals, teachers and school staff with confidence that schools will deliver on this agenda.

The Department of Education – Ultimo Operational Directorate delivers quality education and educational support to students enrolled in public schools including: four infants schools; 74 primary schools; 26 secondary schools, and nine schools for specific purposes. According to 2015 data on student enrolments, public schools are educating approximately 39,800 students enrolled in kindergarten to year six and approximately 21,900 students enrolled in years 7–12.

The majority of students with additional support needs and disabilities enrolled in public schools are supported in mainstream schools through quality differentiated teaching and personalised learning pathways designed in collaboration with students, parents and learning and support teams.

Within the mainstream schools in this area, 79 primary and 58 secondary support classes have been established to support students with levels of disabilities requiring substantial adjustments.

What we will do

The Wellbeing Framework for NSW public schools contextualises wellbeing to individual students, school settings and local school communities. The concept that wellbeing is dynamic and is integral to learning is vital to embedding it in the complex multi-dimensional work of schools.

The Department's commitment to wellbeing is for schools to support students to connect, succeed and thrive at each stage of their development and learning; to provide opportunities that are age rigorous, meaningful and dignified; and to do this in the context of individual and shared responsibility underpinned by productive relationships that support students to learn.

To this end, schools will be enabling environments, informed and guided by legislative and policy requirements. Schools will be supported to focus on the development of quality teaching, learning and engagement. Local decision-making will invigorate school communities. Highly effective leadership will deliver on this commitment for every member of the school community.

The NSW Department of Education is establishing a system of Networked Specialist Centres (NSC) across NSW to deliver a systematic approach to supporting children and young people experiencing complex situations that impact on their learning. NSCs will assist schools to meet the learning and support needs of students who may require access to broader health and wellbeing services at different times in their school journey. NSCs, as part of the Department's Educational Services provision, bring together government and non-government agencies to



assist schools to support students who have personal, social, emotional and/or environmental complexities that impact on their schooling engagement.

At the system level, there will be focus on being responsive to the needs of schools and incorporating wellbeing into planning and processes. There will be strong communication frameworks within and across government and non-government partners relating to how their work contributes to the development of individual and collective wellbeing.

About Inner West Sydney Collaborative Practice Management Group

What we do now

The Collaborative Practice Management Group (CPMG) is an Inner West Sydney collaboration of the government, non-government and private sector agencies which provides strategic leadership to services working with vulnerable children and families. The CPMG's objectives include improving service coordination, improving the connectedness of communities and supporting the sector skill development. The CPMG is integral to the overall child health and wellbeing strategy.

The CPMG supports collaborative responses and actions. It supports four Inner West Sydney local child and family interagencies. Together, these groups play an integral role in enriching cross-sectoral development, inter-professional practice and strengthening the capacity to deliver coordinated services to local families.

In this endeavour, the CPMG has developed a plan which focuses on promoting quality practice, collaborative planning and supporting agencies to intervene early for families that are at risk.

What we will do

- Improve regional governance and strategy coordination through collaborative engagement of service providers
- Increase community and family access and engagement with local services, especially those who are most disadvantaged
- Enhance professional practice in child and family services and develop and strengthen the sector
- Review and update the CPMG plan to ensure ongoing local collaboration and the continued provision of high quality, joined up services across the sector.



3 POLICY CONTEXT

The Inner West Sydney Child Health and Wellbeing Plan has been influenced by and is consistent with policies at international, national, state and local levels.

Of particular note, this plan is aligned with and will deliver on the *NSW Kids and Families' Healthy, Safe and Well – A Strategic Health Plan for Children, Young People and Families 2014–2024*.

The list below represents a range of strategies and plans that impact directly and indirectly on the agenda of child health and wellbeing in Inner West Sydney:

- UN Convention on the Rights of the Child
- UN Convention on the Rights of Persons with Disabilities
- COAG Early Childhood Reform Agenda
- National Mental Health Strategy
- National Preventative Health Strategy
- NSW 2021: a plan to make NSW number one
- NSW Making It Happen: State Priorities
- NSW Ministry of Health's Population Health Priorities for NSW 2012–2017
- NSW Kids and Families' Healthy Safe and Well: A Strategic Health Plan for Children, Young People and Families of NSW 2014–2024
- Sydney Local Health District Strategic Plan 2012–17 and associated service and population health plans
- Central and Eastern Sydney PHN Strategic Plan
- Family and Community Services Strategic Statement
- Collaborative Practice Management Group Working Together Strategic Plan
- NSW Department of Education Wellbeing Framework for Schools

In addition, it is hoped that this plan will influence and embed its principles and priorities in future important planning processes, policies and programs across the region. It is envisioned the plan's principles and objectives will have particular relevance to:

- Local Government planning schemes and strategies
- Community safety strategies
- Sport and recreation plans
- Early years' plans
- Physical activity plans
- Health and wellbeing strategies
- Health impact assessments
- Community development plans
- Disability access and inclusion plans
- Culture and arts strategies
- Environmental plans



4 OUR COLLECTIVE VISION

Our vision

Doing Better Together – working together to improve child health and wellbeing

Our mission

- For the children of Inner West Sydney to be healthy, safe, respected, valued and happy, living in supportive families, and nurtured in strong inclusive communities.
- For children to be supported by a cohesive and integrated network of agencies working collaboratively to deliver child-centred universal services and specialist services assisting vulnerable families.
- For community engagement and development to be integral.

Our guiding principles



Child-centred and family focused

The best interests of the child or young person will be at the centre of care and decisions.

Families and caregivers are central in the lives of children and significantly contribute to their overall health, safety and development.

Each family is unique and some may need support to achieve the best possible health and wellbeing of their children.

Collaboration

In this plan, initiatives have been prioritised where two or more partners can jointly create new solutions or ways of working.

It is recognised that partnerships can take many forms, and each of this plan's initiatives vary in respect of the level and degree of engagement, and the number of agencies and partners involved.

Community engagement and development

The Inner West Sydney Partnership Committee will undertake initiatives to support positive environments and well-connected communities. Strong connected communities are integral to positive child health and wellbeing.

Indeed, communities will be consulted and actively engaged in co-designing and evaluating the implementation of each of this plan's initiatives.

Evidence informed practice

Practice will be guided by current research and literature. Services will pursue opportunities to research and evaluate practice and to further contribute to the development of the evidence base.

Prevention and early intervention

Primary prevention aims to avoid the development of problems and to reduce risk factors known to increase the likelihood of poor health or wellbeing outcomes.

Secondary prevention or early engagement aims to halt or reverse the onset of emerging issues at the earliest possible time. It involves agencies working with children and their families to manage the issue in order to minimise its long-term impact and negate potential repercussions.

Whilst there is clear mandate for governments to protect and provide services to the most vulnerable in the community, there is also opportunity for the sector to intensify the focus on prevention and early intervention.

Community focused

Aside from biological, genetic and familial influences, the health, development and functioning of children and families are also shaped by wider social, cultural, political and environmental factors.

This approach recognises that strategies should be multifaceted, targeting various risk and protective factors from the physical, social and cultural environments and communities in which children are raised.

Each family is unique and some may need support to achieve the best possible health and wellbeing of their children.



Equity and respect for diversity

Equity is concerned with providing every child with a fair opportunity to attain their full health potential. This includes the notions of fair treatment and access to services while at the same time striving to identify and eliminate barriers to optimal wellbeing.

Early childhood is recognised as the best time to take action to address health and wellbeing inequities. A population health approach aims to improve the health and wellbeing of the whole population while paying attention to groups of children whose health and wellbeing status lag behind the rest of the community.

Equity therefore is not about treating everybody the same, but ensuring a universal services platform is supplemented by appropriate delivery, specialised services and targeted initiatives.

Culture is an important source of identity, and therefore creating safe environments in which culture is respected and cultivated is fundamental to a child's health.

By understanding and respecting culturally derived health behaviours, values and expectations, diverse families and communities will be respected, understood, valued and included.





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5 OUR HEALTH & WELLBEING FRAMEWORK

The Child Health and Wellbeing Plan is based on two frameworks, which together support child health and wellbeing.

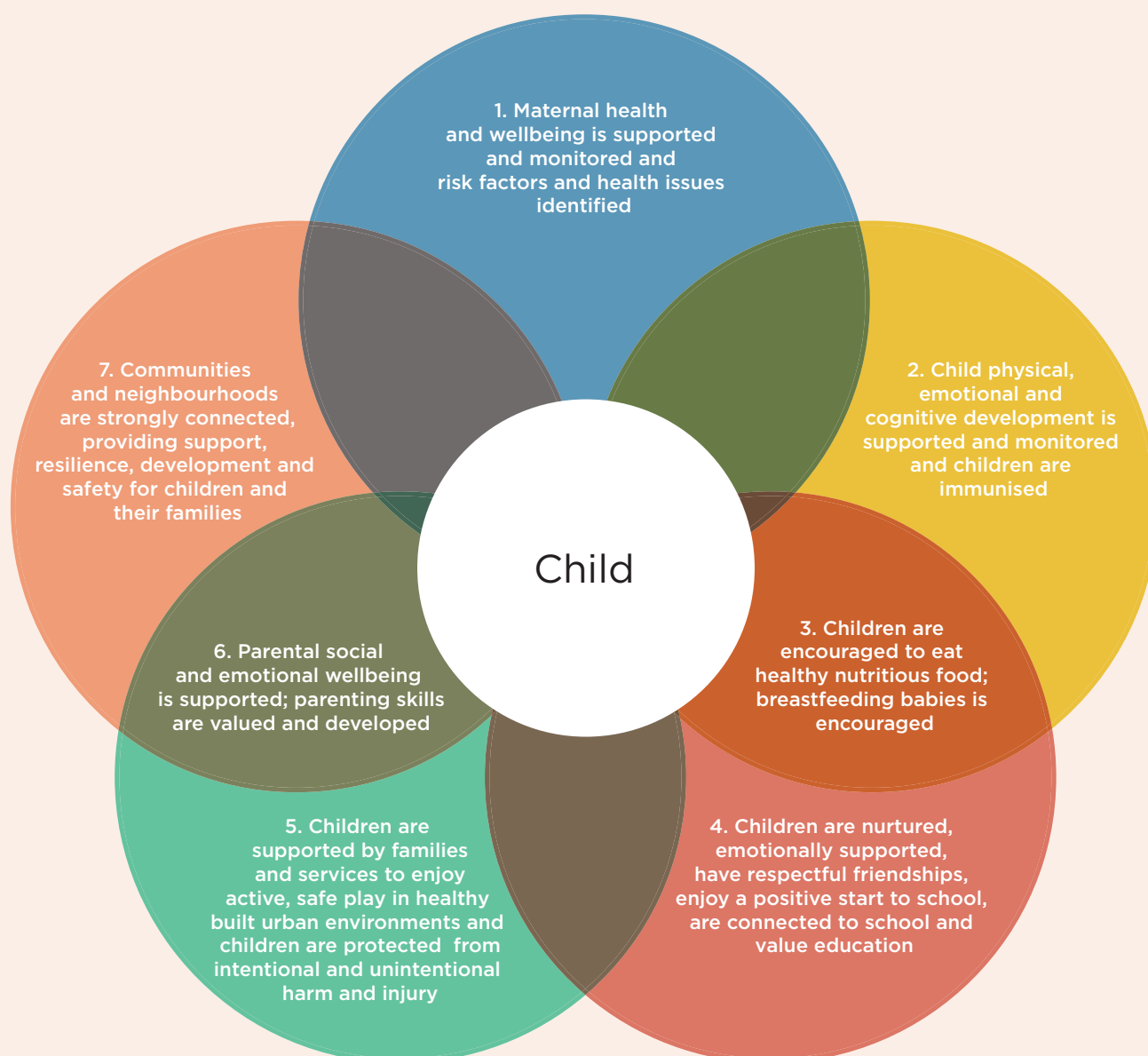
These are:

1. Supporting healthy children, families and communities
2. Providing collaborative and integrated care models

These two interrelated frameworks inform and guide this plan's strategies and initiatives.

Both the healthy children, families and communities framework and the integrated service delivery framework place children and their families at the centre.

Framework 1: Healthy children, families and communities



Framework 2: Integrated Service Delivery

1. A place-based and family-centred approach is adopted based on those inner west areas that experience significant disadvantage. Agencies work to systematically address the factors and determinants that may be detrimental to health and wellbeing in that locality.

2. Services address the needs of children and their families who have experienced intergenerational trauma. Clear referral pathways to trauma-specific services and treatments are characterised by a strengths-based approach designed to facilitate healing.

3. Early intervention is a cornerstone of partner services. Families with risk factors are supported. Risk factors include: intergenerational trauma, poor health in infancy, children with challenging behaviours, parental mental illness, family violence and substance misuse.

Early, consistent, coordinated and timely responses are provided to women and children who experience violence. Services must work in partnership with the criminal justice system to ensure appropriate responses.

4. Health and wellbeing promotion and prevention is supported.

Examples include:

- The promotion of respectful, non-violent relationships and gender equity.
- The promotion of healthy eating and physical activity as means of reducing childhood overweight and obesity.
- Age appropriate strategies to promote child safety, dental care, social skills, sexual health and the use of social technology.

5. Services recognise the needs of priority populations and are respectful of diversity. For example, an inclusion model of disability care supports families to make informed choices regarding their support needs and the needs of their children, while securing a strong connection to the broader community.

6. Strategies to strengthen, connect and develop communities are implemented.

Communities are actively engaged in planning, evaluating and delivering care.

6 OUR PRIORITY POPULATIONS



Priority populations span a number of identifiable groups in the community. In the implementation of this plan, these identified communities will be prioritised.

Aboriginal and Torres Strait Islander children

Approximately 1,078 children 0-12 years identified as Aboriginal or Torres Strait Islander across Inner West Sydney in 2011, with the highest numbers in the City of Sydney and Marrickville local government areas.

The social determinants of health are the conditions in which people are born, grow, live, work and age and are shaped by the distribution of money, power and resources. Much research has demonstrated a close association between an individual's social and economic status and their health status.

Across Australia, there is widespread acknowledgement of the disparity in health and development outcomes for Aboriginal children when compared with non-Aboriginal children. Child mortality rates are consistently higher; and Aboriginal children are more at risk of common health conditions such as asthma, behavioural problems, skin infections, hearing complications and nutritional deficiencies. Higher rates of obstetric complications, tobacco use in pregnancy and low birth weight impact on the health outcomes of Aboriginal children.

Children living in poverty

Literature also clearly indicates that children living in poverty or where the family is severely financially stretched are particularly vulnerable. The Inner West of Sydney is characterised by socioeconomic diversity, with pockets of advantage and disadvantage. Canterbury LGA has the most suburbs experiencing disadvantage. Other suburbs include Redfern/Waterloo, Haymarket/Ultimo, Marrickville and Sydenham, Homebush West/Belfield and Burwood.

Children who experience homelessness or who live in unstable accommodation

In 2011, there were an estimated 4,496 people living in homelessness in Inner West Sydney, constituting approximately 16% of New South Wales' homeless population. According to Australian research, as many as 12% of people experiencing homelessness are children under 12 years usually accompanying homeless parents or carers. Pathways to homelessness for families are varied, with family conflict, mental health issues, parental substance abuse and family violence commonly contributing to women and children seeking refuge in unsafe or unstable living arrangements. Categories of homelessness include improvised dwellings, supported accommodation, overcrowded dwellings, boarding houses and other temporary situations.

Homelessness is often traumatic for children, and can have long-lasting emotional and psychological impacts. Children may lack basic essentials such as adequate nutrition, health care, clothing and limited supervision and support; and may experience exposure to drug use and unsafe environments.

Over 500 children in Inner West Sydney are currently being supported by carers who are not their biological parents under Child Protection orders, known as 'out-of-home care'. This group of children is recognised as highly vulnerable, and is more likely to have poorer physical, mental and developmental health outcomes than their peers. Aboriginal and Torres Strait Islander children are over-represented within this cohort, at 25 times the rate for non-Aboriginal children.

There are a range of risk factors in the early years of children who enter out-of-home care that increase their likelihood of developing problems; including



It is estimated that between 21% and 23% of children living in Australian households have a least one parent with a mental illness.

exposure to abuse and neglect, traumatic experiences, exposure to pre- and post-birth parental drug abuse, maltreatment, inadequate healthcare, poor diet, family violence and attachment disruption. Some children are further disadvantaged by multiple carer changes, leading to poor emotional and social adjustment. Placement changes can sometimes result in poor communication about health history resulting in delays in accessing the right healthcare and support services.

Children at risk of violence, abuse or neglect

Child abuse or neglect is the harmful mistreatment of a child. Abuse may be in the form of physical, emotional, or sexual abuse directed at the child; family violence in the household to which the child is exposed; or, neglect of the child's basic health, wellbeing or safety needs.

Children who have experienced violence, abuse or neglect have an increased susceptibility to physical, emotional, cognitive, behavioural and societal health and wellbeing consequences both during childhood and later in life. Immediate consequences may include injuries, isolation, fear, anxiety and trust issues. Maltreated children may also have impaired neuro-development, with ongoing consequences for cognitive and language skills.

Other issues may include emotional or behavioural difficulties, such as poor mental health, low educational attainment, anti-social behaviour, drugs or alcohol misuse, and engaging in other risk-taking behaviours.

Children of parents with mental illness or drug dependency

It is estimated that between 21% and 23% of children living in Australian households have at least one parent with a mental illness and that between 50-80% of the parents in contact with

child protection services have substance abuse problems.

People with a drug dependency are likely to experience concurrent mental illness, to have past and current experiences of maltreatment, and to be living in poverty with limited social support.

Literature demonstrates that children growing up in a home with parents or carers with mental illness and/or drug dependency are themselves at an increased risk of a number of adverse health and wellbeing outcomes. Problems can begin antenatally through drug exposure or maternal stress (cortisol), with the potential for both short term and enduring negative impacts on child development. Young children of parents with mental illness have increased morbidity rates; including injuries, convulsive disorders and increased frequency of hospitalisation. There is also a strong risk of developing mental disorders later in life, and participating in delinquent behaviours.

Certain illness episodes or substances may alter a parent's consciousness, memory, self-regulation or impulse control, with the potential to impact on their ability to parent. Parents with a drug dependency or mental illness may not be able to sustain employment, restricting the amount of family income to provide for the needs of the children. Further, a child's needs for food, clothing, emotional connection or medical attention may be compromised in this situation.

Children with low birth weight, high temperamental risk, limited supportive relationships, poor coping skills, and an absence of other protective factors have been found to have heightened vulnerability to the effects of parental mental illness or drug dependency.



Young parents

Of the Inner West Sydney mothers who gave birth in 2012, 83 were 19 years old or younger, representing 0.9% of all mothers who gave birth. This proportion of teenage mothers is well under the NSW proportion of 3.2%. The rate of young mothers amongst the Aboriginal population of Inner West Sydney is higher, with 15.6% of all Inner West Sydney Aboriginal mothers who gave birth in 2012 aged 19 years or younger. The rate of teenage motherhood has been on the decline across NSW over the past decade, dropping from 4.3% in 2002, to only 3.2% in 2012.

A number of maternal risk factors are more common in teenagers than in adults, including high rates of smoking during pregnancy and anaemia. There is also an association between early age at first childbirth and low birth weight and preterm birth, and higher rates of infant mortality.

Pregnancy rates are higher amongst teenagers with a history of family violence or abuse, low literacy levels, unstable housing arrangements, poor school performance and attendance, low socioeconomic background and Aboriginal background.

Further, the arrival of a newborn is more likely to interfere with the parents' educational, career or secure housing attainment. Young mothers are less likely to complete formal education and gain employment, a greater proportion are reliant on income support and have unstable housing arrangements, are less likely to breastfeed, and experience higher rates of social stigma and postnatal depression than other mothers.

Other barriers faced by many young mothers include a lack of general knowledge and coping skills, inadequate family support, and high rates of relationship breakdowns.

Non-English speaking and refugee children and families

More than 34.1% of Inner West Sydney residents were born overseas in predominantly non-English speaking countries. Nearly 43% of households speak a language other than English at home, ranging from 15% in Leichhardt LGA to over 64% in Canterbury LGA.

Immigrants from a non-English speaking background with poor skills in English communication or education levels may experience particular difficulties in accessing health services. This can relate to the knowledge of available services and how to access them, perceived risks, language, and varying cultural beliefs and attitudes to health and health seeking behaviours.

Children from refugee backgrounds are likely to have had significant disruption to both family and community, may have had limited access to healthcare (immunisations, medications, screening and treatment) and inadequate nutrition. Small numbers of children are currently arriving with disabilities with little or no equipment nor prior interventions. Trauma may

An estimated five million Australian adults are living with the long-term impacts of significant childhood trauma or abuse.



also be experienced in the family household, with children influenced by parental distress, changes in family roles, and the ongoing legacy of exposure to war, torture, violence and trauma.

Children with disability

According to the 2012 ABS Survey of Disability, Ageing and Carers, 2.6% of children aged 0-4 years and 5.0% of children aged 5-14 years in New South Wales experience one or more of a range of health conditions, impairments, activity and participation restrictions that impact on full and effective participation in society. Disability can result in a person having a substantially reduced capacity for communication, social interaction, learning or mobility and a need for continuing support services in daily life. With appropriate early interventions, aids and services, the restrictions experienced by many children with disability may be prevented or overcome.

People with disability are vulnerable to poor health outcomes and adverse health behaviours. While disabilities by definition infer the presence of a health condition or impairment, many of the health differences are socially determined rather than due to characteristics of the disability itself. Misconceptions and lack of understanding of disabilities frequently lead to intentional or unintentional social, economic and political exclusion. There is a correlation between people with disabilities and lower socioeconomic status, lower workforce participation, lower educational attainment.

Caregivers with unresolved trauma history

An estimated five million Australian adults are living with the long-term impacts of significant childhood trauma or abuse. Without treatment or support, unresolved trauma and grief may have negative implications for the parent and intergenerational impacts on their children.

For those survivors with unresolved trauma histories who become parents or carers, they may carry with them their experiences into their own relationships with their children, impacting on their ability to parent in a healthy and appropriate way and to form strong attachment.

Adult survivors of childhood trauma may also adopt unhealthy behaviours as a coping mechanism, such as smoking, substance abuse, and overeating. These behaviours in turn, become risk factors for physical and mental health problems, and can contribute to their children's health and wellbeing outcomes.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) parents

Lesbian, gay, bisexual, transgender and intersex parents may experience more difficulty accessing services and may encounter a higher degree of stigma and discrimination than other members of the community. The LGBTI population may at times be at a higher risk of mental health and substance use problems than the general population.





*With a shared vision and common purpose,
we believe working together can yield
better results than working alone.*

7 STRATEGIC THEMES AND INITIATIVES

The Inner West Sydney Partnership Committee consists of executive-level director representation of the founding partners. The Committee is accountable for the implementation, monitoring and review of the Inner West Sydney Child Health and Wellbeing Plan.

Integral to the success of collaboration is that the community has a leading role in shaping change and in defining the success of initiatives. This means involvement at all levels, from the individual interacting with services, to engagement in decision making and planning for the health and wellbeing of the whole community.

This plan has four strategic themes. Associated with each of these strategic themes or goals, is a set of 'initiatives'. Each initiative has a designated lead agency.

For high priority initiatives, the lead agency is responsible for devising an Implementation Plan. Implementation Plans will be devised based on community engagement, particularly with the identified priority populations. For medium priority initiatives, the lead agency is expected to report on progress at the end of 2015-16.

An Implementation Sub-Committee will support the lead agencies nominated for each initiative. The Sub-Committee will provide annual analysis of the overall implementation of the plan.

The CPMG, Sydney Local Health District's Vulnerable Families Committee, and the Aboriginal Early Years Children and Young People Steering Committee provide critical links with the NGO sector and with operational leaders. These groups will be represented on the Senior Partnership and Planning Committee, providing a mechanism for two-way communication and enabling these groups to elevate issues from the workers and community on the 'ground' to the most senior levels of the child-related government bodies.

Strategic themes

- 1. Improving system capacity**
Developing policies, plans and capacity necessary to support child health and wellbeing.
- 2. Health and wellbeing promotion**
Promoting and enhancing the health and wellbeing of children and their families.
- 3. Early intervention**
Intervening early to prevent and provide targeted services for vulnerable children and families.
- 4. Supporting place-based approaches**
Developing collaborative place-based child and family-centred strategies in localities experiencing significant disadvantage.

Strategic Theme 1: Improving system capacity

Developing policies, plans and the building system capacity necessary to support child health and wellbeing

#	Initiative	Lead agency	Model of collaboration ⁴	Relationship to Child Health and Wellbeing Framework		Alignment with NSW Kids and Families Objectives ⁵	Priority
				Healthy Children Framework	Integrated Service Framework		
1.	Facilitate care pathways across agencies and organisations, coordinating access to appropriate services. Actions will include: <ul style="list-style-type: none"> - Complete a 'Vulnerable Families' HealthPathway (GP referral pathway) - Develop a Refugee Health and Wellbeing HealthPathway - Open up access to HealthPathways for other key agencies - With NGO partners, support the development and implementation of a communication strategy for: <ul style="list-style-type: none"> - Family Referral Service - EarlyLinks and DisabilityLinks - With FACS, identify synergies with the introduction and rollout of the Patchwork team around the family application. 	PHN	Coordination	1, 2	2, 3, 5, 6	3.2, 3.3 4.2 5.1, 5.3, 5.4	H
2.	Instigate an interagency 'Inclusion Knowledge Network' – a network of people working and living in Inner West Sydney with an interest in learning, investigating, developing and working towards a culture of inclusivity across workplaces and community settings. The initial focus of the Network is disability and cultural diversity, but other areas where people may feel excluded are expected to be included in later phases of work. Actions arising from the network will include: <ul style="list-style-type: none"> - Developing an inclusion handbook for workplaces and groups - Activities to foster employee mentality of normalcy of inclusion - Provide training on inclusion to early childhood centres and Inclusion Support agencies to increase confidence in service provision for children with disability 	FACS	Cooperation	4	5	2.3 4.3 5.2, 5.3, 5.4	M

⁴Type of collaboration defined according to the 'Span of Collaboration' from *Collaboration between sectors to improve customer outcomes for citizens of NSW: Research report prepared for the NSW Public Service Commission*, Nous Group, October 2013, p9. Full report available for download from <http://www.psc.nsw.gov.au/Sector-Support/Collaboration>.

⁵This Plan also directly contributes to advancing the NSW Kids and Families' objectives as outlined in *Healthy, Safe & Well: A Strategic Plan for Children, Young People and Families 2014-24*.

#	Initiative	Lead agency	Model of collaboration	Relationship to Child Health and Wellbeing Framework		Alignment with NSW Kids and Families Objectives	Priority
				Healthy Children Framework	Integrated Service Framework		
3.	Secure interagency collaborative participation in the 'It Stops Here' Domestic Violence Strategy implementation in Inner West Sydney, to ensure the traditional domestic violence space is appropriately informed by child and family expertise and the child and family space is appropriately informed by domestic violence expertise, so that implementation can be cross-sector and collaborative. Participate in cross-agency Domestic Violence planning processes.	FACS	Consultation	5	2, 3, 6	3.1, 3.2, 3.3, 3.4	H
4.	Collaboratively establish a joint plan and platform for ensuring the optimal implementation of the National Disability Insurance Scheme in Inner West Sydney to safeguard timely health and therapy support for children with disability and their families.	FACS	Alliance	5	2, 5	4.3, 5.2, 5.3, 5.4	H
5.	Review evidence and practice where collaboration has been successful in achieving positive outcomes. Success in community engagement and interagency action should be reviewed to understand the factors that may maximise the opportunities for success.	SLHD	Coordination		2,5	5.3, 5.4	H
6.	Review the opportunities in a practice setting for data and information sharing at a client/patient level and a population level. Opportunities include: <ul style="list-style-type: none"> - Developing a community data dashboard to focus agencies on shared outcomes; - Improving detection of emerging child and family problems through more systematic use of surveillance and screening tools; - Exploring opportunities to close infrastructure gaps, developing new approaches to sharing information, and ensuring data quality; - Enhancing access to population health data repositories to assess needs as well as the impact of different policies and interventions. 	SLHD	Alliance		2,5	5.3, 5.4	M
7.	Establish collaborative interagency structures and promote successful integration through: <ul style="list-style-type: none"> - Sharing and exchanging information and best practice; - Ensuring cross-fertilisation of information on programs run by NGOs or by government departments; - Fostering cross-agency mentoring; - Developing skills amongst agency staff in policy and program development (including evidence review, benchmarking, monitoring and evaluation, and guideline development); - Collaborating in community development and engagement projects; - Providing professional learning and development opportunities for front-line staff; - Supporting 'work swaps' or secondments across agencies; - Networking and building partnerships to increase collaborative practice. 	CPMG	Partnership		2	5.3, 5.4	H

Strategic Theme 2: Health and wellbeing promotion

Universally promoting and enhancing the health and wellbeing of children and families

#	Initiative	Lead agency	Model of collaboration	Relationship to Child Health and Wellbeing Framework		Alignment with NSW Kids and Families Objectives	Priority
				Healthy Children Framework	Integrated Service Framework		
1.	Develop, in collaboration with the community, consistent public health strategies, programs and messages with selected and agreed targets around priority topics for delivery by all local agencies. A major priority will be childhood obesity, nutrition and physical activity. Additional key programs, themes, campaigns and parenting messages will be coordinated and promoted throughout the year including: <ul style="list-style-type: none"> - Child safety and children's rights - Smoking - Mental health awareness - Child development - Immunisation - Dental care 	SLHD	Coordination	5, 6, 7	3, 4, 6	2.1, 2.2, 2.3, 2.4	M
2.	Collectively advocate for the inclusion of health promoting, active, child friendly urban spaces and adequate child-related services in areas of future high levels of urban growth and development in Inner West Sydney.	SLHD	Networking	5, 7	1, 4, 6	2.1	H
3.	Stimulate parenting partnership and development opportunities by building capacity in communities to support healthy parenting. Actions to include: <ul style="list-style-type: none"> - Conduct parenting programs to educate parents to provide parenting education to other parents. - Develop a community education program for volunteer parents as mentors/ parent leaders to new mothers/parents joining supported playgroups. - Link school Learning & Development Needs Coordinators with NGOs trained in Positive Parenting Programs ('Triple P') targeting children with behaviour difficulties. 	FACS	Cooperation	6, 7	2, 3, 4, 6	1.4	M
4.	Collaboratively undertake Equity-Focused Health and Wellbeing Impact Assessments on parenting programs to assess: <ul style="list-style-type: none"> - Access - The evidence base of the programs - Cultural safety and competence - Outcomes 	SLHD	Networking	6	3, 5, 6		M

Strategic Theme 3: Early intervention

Providing targeted services for vulnerable children and families

#	Initiative	Lead agency	Model of collaboration	Relationship to Child Health and Wellbeing Framework		Alignment with NSW Kids and Families Objectives	Priority
				Healthy Children Framework	Integrated Service Framework		
1.	Develop an integrated multi-agency approach to high need client groups with a common family-centred care plan commencing before birth. The collaborative Service Delivery Reform and the Healthy Homes and Neighbourhoods program will demonstrate an approach to system change and improved outcomes. The evaluation of these strategies and initiatives will influence ongoing change, and systemic strategies. Initial actions to include: - Trial and report on a wraparound model of care for vulnerable families as part of Canterbury and South Sydney Healthy Neighbourhood Support Initiatives	SLHD	Partnership	1,2,3,4, 5,6,7	1, 2, 3, 4, 5, 6	1.1, 1.2, 1.3, 1.4 2.1, 2.2, 2.3, 2.4 3.1, 3.2, 3.3, 3.4 4.1, 4.2, 4.3 5.1, 5.2, 5.3, 5.4	H
2.	Develop a family risk assessment tool for use by General Practice, hospital and community providers to guide referral to Vulnerable Family Pathways.	PHN	Coordination	2	2, 3, 5	4.1, 5.3	M
3.	Initiate a region-wide initiative aimed at enhancing the competency of practitioners, facilities and agencies in trauma-informed practice.	FACS	Cooperation	5	2, 3	3.3	M
4.	Facilitate settlement services (SSI, STARTTS, Refugee Health Service, MetroMRC, Red Cross etc.), schools, early childhood and health services to better work together to assess and respond to the ongoing needs of children of refugees and asylum seekers post-arrival, especially when longer-term settlement issues typically emerging.	SLHD	Cooperation	2, 3, 4, 5,6,7	2, 3, 4, 5	2.4, 3.3, 4.1, 4.2, 4.3, 4.4	M
5.	Facilitate more streamlined and collaborative service models targeting children and families where mental health and/or dual diagnosis is identified as an issue. This includes: - Children leaving care who require continuing support from Mental Health Services - Children/families with identified mental health problems - Aboriginal children with mental health issues Actions to include: - Enhancing linkages with NGOs, government agencies and the private sector to streamline care - Developing a collaborative case conference approach for children who have relationships with a number of agencies and are considered at significant risk.	SLHD	Partnership	4	2, 3, 5	3.3	H

Strategic Theme 4: Supporting place-based approaches

Developing collaborative place-based child and family-centred strategies in localities experiencing significant disadvantage.

#	Initiative	Lead agency	Model of collaboration ⁶	Relationship to Child Health and Wellbeing Framework		Alignment with NSW Kids and Families Objectives	Priority
				Healthy Children Framework	Integrated Service Framework		
1.	Design and implement multi-agency integrated and coordinated wraparound service delivery approach for vulnerable families in geographical areas of need. Locations will include: - Redfern/Waterloo social housing - Lakemba/Wiley Park - Riverwood/Narwee social housing - Sites with public housing as agreed by the Inner West Sydney Partnership Committee.	FACS	Partnership	4, 5, 7	1, 2, 3, 4, 5, 6	2.1, 2.3, 2.4 3.2, 3.3 4.1, 4.2, 4.3 5.3	H
2.	In collaboration with associated agencies, instigate a universal approach to assessing children for key health and wellbeing issues (including speech development, obesity, exposure to domestic violence, oral health etc.) at a range of soft entry points. Appropriate support, intervention and development pathways to be established. - Childcare centres - Playgroups - Pharmacies - Mobile play vans - New parent/ carer groups - Outreach services - Schools	SLHD	Coordination	2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6	2.1, 2.3, 2.4 3.2, 3.3 4.1, 4.2, 4.3 5.3	M
3.	Collaborate with the NSW Department of Education in establishing Networked Specialist Centres (NSC) in the inner west designed to deliver a systematic and inter-sectoral approach to supporting children and young people who are experiencing complex situations that impact on their wellbeing.	DEC	Alliance	2, 4, 5, 6, 7	1, 2, 3, 4, 5, 6	2.2, 2.4, 3.2, 4.1, 4.2, 5.1, 5.3, 5.4	H

⁶ Type of collaboration defined according to the 'Span of Collaboration' from Collaboration between sectors to improve customer outcomes for citizens of NSW: Research report prepared for the NSW Public Service Commission, Nous Group, October 2013, p9. Full report available for download from <http://www.psc.nsw.gov.au/Sector-Support/Collaboration>.

APPENDIX:

OUR SERVICES

Collaborative Service – Healthy Homes and Neighbourhoods

The Healthy Homes and Neighbourhoods integrated care initiative is a demonstration project for this plan. It aims to ensure vulnerable families have their complex health and social needs met; keep themselves and their children safe; and keep families connected to society.

Core activities include:

- **Care Coordination:** Clinical nurse consultants and social workers will lead care coordination for families referred to the program. Services will be wrapped around the child and their family to provide better access, better care planning, education and empowerment in seeking services for their personally identified needs. The Healthy Homes and Neighbourhoods staff will bring together core health and welfare workers in the family's life to improve coordination of, and access to, care for the family. A key worker (from any service or organisation) will be identified and supported in advocating for the family's complex needs.
- **General Practice engagement, capacity building and linkage:** Local General Practices will be identified, supported and trained to provide care to vulnerable families.
- **Place-based collaboration in Redfern/Waterloo and Canterbury LGA:** Consumer and community consultation will occur to develop collaborative, local approaches to meeting the needs of vulnerable families. Healthy Homes and Neighbourhoods staff will be based at 'hubs' within these areas to ensure key services are integrated and support local collaboration.
- **Family Health Improvement:** Key messages will be developed and promoted to the community and professionals through a Healthy Homes and Neighbourhoods phone application, website and sector training.
- **Healthy Homes and Neighbourhoods Network and Partnerships:** A 'top down' partnership and 'bottom up' network has been established to foster commitment to collaboration from staff at all levels. Organisations involved include Sydney Local Health District, FACS, other government services and NGOs.

Through these activities, the initiative aims to promote sector collaboration and system change that will be sustainable beyond the duration of the project.

Sydney Local Health District – contributions to child health and wellbeing

The five Sydney Local Health District public hospitals deliver high quality clinical care as close as possible to home for all children, with close links to two of NSW's tertiary children's hospitals for specialist care.

- **RPA Hospital** provides Level 6 Maternity Services through its 83 beds, including an 11-bed delivery ward, 3-bed birthing centre, 15 antenatal and 54 postnatal beds. Other maternity-related provisions include the Centre for Women's Ultrasound and Fetal Medicine, high and low risk antenatal clinics, an antenatal shared care program in partnership with the CESPNN, lactation and parent education services, midwifery discharge support service, and midwifery group practice. A Level 5 Neonatal Intensive Care Service supports 34 cots providing for almost 1,000 babies annually, with a range of specialty neonatology outpatient clinics and a developmental follow-up clinic offered. The hospital also has a 10-bed Paediatric Inpatient Service, providing Paediatric Surgery (orthopaedic and general) outpatient clinics, and paediatric emergency services.
- **Canterbury Hospital** provides Level 4 Maternity Services through its 28 beds, including a 6-bed birthing unit and 22 antenatal/postnatal beds. The hospital provides low risk antenatal clinics, lactation services, midwifery discharge support service, midwifery group practice, and a Level 4 Special Care Nursery with 8 cots. Paediatric Services at the hospital are supported by 10 acute beds and offer day-stay paediatric surgery, outpatient clinics and other paediatric emergency services.
- **Emergency Services at Concord and Balmain Hospitals** provide emergency assessment and management to presenting children, with strong referral linkages to Canterbury and RPA Hospitals respectively.
- **Sydney Dental Hospital** provides general and specialist dental services to all eligible patients referred under NSW Health Clinical Guidelines for Specialist Referrals. The

Hospital has a state-wide role in paediatric dentistry, orthodontics, periodontics, oral surgery and diagnostic imaging, prosthodontics, endodontics, oral pathology, oral and maxillo-facial surgery and implantology services. Community Oral Health Clinics across the District also provide a broad range of preventative, emergency and general dental care to the population.

Community Health Services provide multidisciplinary primary health care services for children aged 0-12 years and their families and carers, with a specific focus on populations of children at greater disadvantage aged 0-8 years. Service delivery is guided by the principle of proportionate universalism, incorporating universal services with more intensive programs tailored for populations with greater needs. Clinical service provision is supported by health education programs and collaborative partnerships with other government and non-government service providers. Services are delivered at over twenty-five sites including major Community Health Centres, Early Childhood Health Clinics, primary schools, playgroups and early learning centres. In 2014, 113,539 occasions of service were provided to approximately 45,370 clients and 100 group sessions to 1,269 children and families. Each of the Child and Family Health Services are described briefly below.

Child and Family Health Nursing services have a key role in providing early contact to families of children aged 0-5 years. Child and family health nurses work in partnership with parents and carers using a strengths-based approach to promote the health and wellbeing of children and families. Services include:

- Universal Health Home Visiting offered to all families within 2-4 weeks of birth.
- Sustained Health Home Visiting offered to Aboriginal families with complex health and social issues. Each family receives approximately 35 visits over a two and a half year period.
- Breastfeeding clinics, parenting support groups and other education groups.
- Developmental Assessment of children from birth to five years of age.
- Young Parent's Service offered to 'at risk' young parents (under 20 years) using the sustained nurse home visiting model.
- Eyesight Screening offered to four year olds to identify vision problems as early as possible so children can receive appropriate intervention and treatment.
- Audiometry Nursing for children to provide early identification, assessment, management and prevention of hearing loss.

Child and Family Allied Health Services

- Paediatric Speech Pathology services include assessment and intervention for children with communication impairment and feeding difficulties, and their families. This includes children with difficulties in receptive language, expressive language, speech, voice, stuttering, mild feeding difficulties, mild Autism Spectrum Disorder and mild developmental delay or disability.
- Paediatric Occupational Therapy services provide evidence based assessment and intervention for children who have difficulty with their occupational performance in play, fine motor, self-care, school readiness and sensory motor skills. This includes children with, or at risk of, a developmental delay, learning difficulty, mild autistic spectrum disorder, mild intellectual or physical disability and sensory processing disorders.
- Paediatric Physiotherapy services provide assessment and intervention for babies and children with difficulties or delay in the development or coordination of movement and gross motor skills. This service may include case management of children with recognised needs in the mild range of physical disability or delay.
- Paediatric Orthoptist services specialise in the detection, assessment, diagnosis and non-surgical management of ocular motility and associated vision problems.
- Social Work services provide comprehensive psychosocial assessment, therapeutic interventions, counselling, group programs, and liaison and advocacy where relevant.
- Early Childhood Social Work services have an early intervention focus and are provided to parents of children 0-5 years. Services aim to enhance parenting capacity, and promote healthy family functioning and infant mental health using a home visiting model.
- Psychology services provide individual and group evidence-based interventions to prevent the onset of problems associated with everyday psychological functioning, and assessment and therapy for psychological problems and disorders.

Every health worker has a responsibility to protect the health, safety, welfare and wellbeing of children with whom they have contact. **Child Protection** encompasses the prevention, recognition and management of physical and emotional abuse and neglect of children and includes sexual abuse. The approach is always multidisciplinary and spans a range of services and agencies including the Child Protection Counselling Service, the Department of Community Services, the Child Wellbeing Units, and the Joint Investigation Response Team involving the police and the Child Sexual Assault Services based at the Children's Hospitals.

The Child Protection Counselling Service accepts referrals for children aged 0–18 years and their parents/carers for whom physical abuse, emotional abuse and/or neglect has been confirmed by Family and Community Services.

Community Paediatrics provides population and community based non-acute medical services for children, adolescents and their families. Clinics are provided for populations with greater disadvantage including refugee children and youth, Aboriginal children, children of parents with substance abuse, children of parents with mental illness or disability, and children in out of home care. Tertiary level developmental and behavioural paediatric diagnostic and assessment referral services are provided in partnership and address issues such as autism, developmental disability, ADHD, ODD, school difficulties, encopresis, enuresis, feeding and settling difficulties.

Out of Home Care Program Children and young people within the program are provided with a primary health screen within 30 days of entering statutory care and a comprehensive assessment where the need is indicated. Health plans are developed for each child after a primary health screen and updated after a comprehensive assessment. Each child is reviewed at six month intervals under the age of five years, and at 12 month intervals when over the age of six years.

Other related Community Health services include:

- Community Nutrition – early childhood nutrition clinics are delivered through a variety of settings to vulnerable children and their families.
- Multicultural Health Service – healthy eating and parenting programs delivered by bilingual educators, with an emphasis on newly arrived and refugee groups.

Specialist mental health services for children and adolescents up to high school leaving and their families/carers are delivered through the **Infant Child Adolescent Mental Health Service**. Services are in community-based, acute and non-acute inpatient settings, and programs supporting clinical services include parenting programs and School Link. Services include:

- Rivendell Adolescent Unit – including outpatient assessment and treatment for young people aged 5–18 years and their families, and outreach camps for CALD groups and Children of Parents with a Mental Illness during the school holidays.
- The Professor Marie Bashir Centre – features a purpose-built pod of four beds and cots to accommodate mothers experiencing a mental health problem after their baby is born.
- Mental Health Family Team – provide Children of Parents with a Mental Illness Program and offer clinical work with complex families, resources, and services for children with parents with a mental illness.
- Parenting Program – Inner West initiatives designed to support and encourage parenting education groups through the joint Families NSW project Resourcing Parents.
- School Link Program – a state-wide initiative which aims to improve mental health for children and young people, and enhance partnerships between child and adolescent mental health services and local schools and TAFE colleges.

Drug Health Services provide the Perinatal and Family Drug Health Service, caring for women who use substances during their pregnancy, their babies and their significant others. The multidisciplinary team involving practitioners from drug health services, social work, neonatal services, obstetrics, Aboriginal health services and the Aboriginal Medical Service offer postnatal home visiting and support for the first two years following birth.

Oral Health Services are provided at Sydney Dental Hospital and community-based Oral Health clinics. They offer general and specialist dental treatment in conjunction with the University of Sydney and the Department of Technical and Further Education (TAFE). Provision of care is aligned with the NSW Priority Oral Health Program, and includes dental services to children with priority for emergency situations, those in most need and people at highest risk of disease. The service also runs oral health promotion campaigns and the Aboriginal Oral Health Hub and Spoke Program.

The Health Promotion Service develops, implements and evaluates community-based programs that improve and maintain population health and reduce inequalities in health outcomes. Child-related programs and projects largely reflect the goals of the NSW Healthy Children Initiative to reduce childhood obesity including the Munch and Move program (children 0–5 years attending early childhood education and care services), Live Life Well at School program (children aged 5–12 years) and the Go4Fun family treatment program (children aged 7–13 years above a healthy weight). In addition, the Quit for New Life program supports pregnant Aboriginal women and non-Aboriginal mothers of Aboriginal babies to quit smoking, which will have an impact on child development.

The role of the **Public Health Unit** is to identify, prevent and minimise infectious, chemical or radiological risks to the community. The unit plays a vital role in protecting the physical health of children and their families through immunisation, investigating disease

outbreaks and reducing risks from infectious diseases, certain chemicals, toxins and germs by regulating the environment. This includes monitoring compliance of premises with tobacco control and smoke-free environment laws.

Tresillian Family Care Centres is a third schedule public hospital (Non-Declared Affiliated Health Organisation) within Sydney Local Health District. It provides state-wide support to families caring for children up to school-age through residential, day stay and outreach services, and parent education and advice. The Centre located at Belmore has beds for 11 parents and their babies.

Sydney Local Health District also funds a range of **non-government health organisations** concerned with children and their families. Some of these organisations include Cerebral Palsy Alliance, Haemophilia Foundation, Thalassaemia Society, Guthrie House and Kathleen York House. Two further Affiliated Health Organisations operating in Inner West Sydney with services specifically for children are the Benevolent Society and Barnardos Family Referral Service.

Family and Community Services – contributions to child health and wellbeing

Burwood CSC provides child protection and out-of-home-care services to Burwood and surrounding suburbs. Burwood CSC is Sydney FACS District's centre of excellence in out-of-home-care, and is likely to be accredited by the Children's Guardian. The Burwood team support colleagues across the District to improve their practice with children in out-of-home-care (OOHC) through the OOHC Practice Improvement Implementation plan. The roll out of this project in the District will improve OOHC practices across the three CSCs by establishing systems to support best practice in OOHC and capture the data and feedback required to measure progress and improvements.

Burwood has a peri-natal caseworker and participates in the District's Pregnancy Family Conferencing Program, run jointly with Sydney Local Health District. The peri-natal caseworker meets colleagues at Canterbury Hospital once a month to discuss at risk unborn children.

Burwood CSC meets fortnightly with Sydney Day Nursery (SDN), our Brighter Futures early intervention provider, to identify families where SDN can offer a service. Burwood CSC chairs Interagency Case Discussions with partner agencies, and works closely with Catholic Care and Barnardos to identify families who need intensive family support.

Central Sydney CSC, located in Strawberry Hills, provides child protection and out-of-home-care services to Redfern, Waterloo and surrounding suburbs. Central Sydney CSC consistently achieves high rates of face-to-face assessment of children at risk of significant harm, and over the last two years, has worked to halve the number of children coming into Out of Home Care.

The CSC has piloted a number of projects in partnership with NGOs over the last few years, including the *Joint Risk Assessment Pilot* with The Benevolent Society and the *Brighter Futures Pathways Pilot* with SDN. CSC staff work regularly with local services on shared clients through Adolescent Interagency Meetings and the Integrated Complex Case Coordination Panel.

The CSC has dedicated adolescent and peri-natal caseworkers, who work closely with youth NGOs and with staff from RPA and the Sydney Women and Children's Hospitals.

The Aboriginal Consultation and Genealogy Team of two Aboriginal caseworkers sit within the Sydney District and provide consultation services to Community Services Centres (CSCs) across Sydney, South Eastern Sydney and Northern Sydney Districts.

Lakemba CSC provides child protection and out-of-home-care services to Lakemba and surrounding suburbs. Lakemba also consistently achieves high rates of face-to-face assessment of children at risk of significant harm. The CSC attempts to provide a level of service to all families, even when there is no capacity to allocate a child protection risk assessment.

Within the CSC there are targeted work streams (prenatal caseworker, restoration caseworker and interagency caseworker) which allows for strong partnerships with services and caseworkers to develop specialised expertise.

Staff from the CSC regularly attend interagency meetings (such as the Canterbury Child and Family Interagency Meetings and Inner West Youth Alliance) and have a positive relationship with local partners. Lakemba works with a high proportion of clients from Culturally and Linguistically Diverse (CALD) communities

Lakemba CSC co-hosts the **Pregnancy Family Conferencing Program** with Sydney Local Health District. The program uses family conferencing to promote early engagement and interagency planning with pregnant women and families at risk of their newborns

entering out of home care. Using the Three Houses tool, an independent facilitator guides the family and their support team through three meetings, at key stages in the pregnancy. The tool is designed to encourage family involvement and support, sharing of information, planning for the safety of the unborn child, collaborative decision making and sharing of responsibilities. A decision about the care of the infant is made by the third and final meeting and the mother and family are informed of the outcome at this time.

Sydney District has a pool of approximately ten trained facilitators from across Health and FACS and works closely with Canterbury and RPA Hospitals to identify suitable families.

Yallamundi Intensive Family Based Service is a 24 hour, seven days a week service provided by Aboriginal and Torres Strait Islander caseworkers within the Metropolitan Sydney Region to help Aboriginal families and children stay together. Yallamundi provides home based support for Aboriginal families in crisis, for up to 12 weeks. Clients are referred to Yallamundi through Community Services Community Services Centres from Sydney, South Eastern Sydney and Northern Sydney Districts.

Yallamundi works with Aboriginal families in their homes and helps families with a range of parenting skills, as well as accessing culturally appropriate community support services. Yallamundi can also facilitate the safe restoration of Aboriginal children and young people back with their families from an OOH placement where a confirmed restoration plan is in place. Placement support services are also provided to Aboriginal children in care, and their carers, where the placement is at risk of breaking down.

FACS, Community Services has a number of funded programs that focus on children young people and families. These include:

Families NSW Strategy – Supported playgroups that provide a structured and positive learning environment in which children can socialise, play and learn and allow parents to meet and share their experiences. They are coordinated and led by trained early childhood workers; they receive referrals from within the local Families NSW service network and provide a link between families and other health and community services.

The Triple P – Positive Parenting Program is a parenting and family support system designed to prevent, as well as treat, behavioural and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realise their potential. Triple P is delivered to parents of children up to 12 years of age. Community Services have been involved in a roll out of the training to a number of participants to provide this valuable program to parents.

The NSW Aboriginal Child, Youth and Family Strategy is a prevention and early intervention strategy that aims to support Aboriginal families with children. The strategy has a particular focus on supporting Aboriginal families expecting a baby or with children aged up to five years. This is underpinned by a strong body of evidence demonstrating the importance of the early years in a child's development, and the long-term effectiveness of supporting parents and children during these years. Sydney District has an Aboriginal supported playgroup – providing an opportunity for parents to share experiences of parenting and for children to socialise, play and learn in a structured and positive environment.

Child, Youth and Family Support (CYFS) is an early intervention program. It delivers a broad range of services to meet the needs of vulnerable children, young people and families, who fall below the threshold for statutory child protection intervention.

There are two streams of service delivery. The Child and Family Support (CFS) stream targets families with children aged 0 to 12 years. The Youth and Family Support (YFS) stream targets young people aged 12 to 17 years, or families with young people in this range. Parents are engaged in early intervention services for young people under the program. Services available under this model include: advice and referral; assessment, case planning and case management; parenting programs and parent support groups; skills focussed groups for young people; counselling, and home visiting.

FACS Housing Services have a number of programs which focus on services for children and families. Start Safely is a subsidy which provides short to medium term financial help to eligible clients who have experienced domestic or family violence, so they can secure private rental accommodation and won't have to return to an unsafe situation. This subsidy can be applied for through any Housing Services office or community housing provider and will be granted for between 3-24 months, depending on the family's situation.

Housing Services also have a Private Rental Brokerage position, whose role it is to assist clients who are not experienced in obtaining their own private rental accommodation. The Private Rental Brokerage Service (PRBS) worker can assist by introducing the client to the real estate agent, offering a tenancy guarantee if necessary and supporting the client or family in the first months of their tenancy. In addition FACS Housing services in the Sydney District is working in close partnership with Mission Australia, who hold the Specialist Homelessness Service package (SHS) to provide early intervention services to



prevent homelessness. This service can assist housing applicants or existing tenants who are struggling to meet the obligations of their tenancy agreement.

In the **Disability services** area, much of the ongoing focus is on the transition to the National Disability Insurance Scheme (NDIS). The need for a nationally consistent disability insurance scheme was first flagged by the Productivity Commission in 2011. The commission identified major discrepancies between states in the level of support provided to people with disability. In November 2012, *The National Disability Insurance Scheme Bill 2013* was introduced into parliament, which set out the objects and principles of the scheme, including people with disability being given choice and control over the care and support they receive, and giving effect to certain obligations under the Convention on the Rights of Persons with Disabilities.

Between 2013-2016, some 10,000 people with disability from the Newcastle, Lake Macquarie and Maitland local government areas will transition to the NDIS. From mid-2016 to mid-2018, the NDIS will be rolled out across the rest of NSW. The lessons learnt in the Hunter trial site will be important in informing the approach across the rest of NSW.

In NSW, individualised funding arrangements were progressively expanded under *Stronger Together Two* and continue under *Ready Together: A better future for people with disability in NSW*. *Ready Together* focuses investment on what people say they most want – more flexibility, more choice and more control. *Ready Together* expands the NSW Government's investment in individualised supports, giving more people greater choice and flexibility about how they live their lives, and the support to make decisions and plan for their future.

Strengthening supports for children and families 0-8 years is a commitment under *Ready Together* to improve the way services are provided for children with disability and their families. Every child, regardless of their needs, has the right to participate fully in their community and to have the same choices, opportunities and experiences as other children.

To achieve this, Ageing, Disability and Home Care (ADHC) is building the capacity of the service system and community to provide comprehensive, coordinated and flexible supports. ADHC is expanding the range, availability, quality and flexibility of support services for these children in mainstream settings, supported by the specialist system. ADHC is also increasing access to prevention and early intervention support services, particularly at diagnosis and key transition points.

Central and Eastern Sydney PHN – contributions to child health and wellbeing

The PHN delivers a wide range of programs that primarily focus on supporting primary care providers to effectively engage with and address the needs of children and their families within the area. Stakeholder engagement and intersectoral collaboration is central to our work in this area.

Immunisation

- Working in close partnership with Sydney Local Health District's Public Health Unit to develop joint strategies aimed at reducing the incidence of vaccine preventable disease within the area.
- Supporting general practices to increase immunisation coverage rates for children and adults and maintain optimum vaccine management in line with best practice guidelines.
- Assisting primary care providers and community to appropriately respond to outbreaks in communicable diseases such as influenza, measles and whooping cough.
- Increasing community awareness of the importance of timely childhood vaccinations and adult vaccinations with a particular focus on target populations such as Aboriginal children, low coverage areas and children born overseas.

Early identification and intervention

- Building primary care capacity to deliver high quality care in line with evidence based best practice.
- Enhancing early identification of social, physical and psychological issues and early intervention and referral to appropriate child and family health services.
- Identifying areas of unmet need and working with relevant stakeholders to fill service gaps and respond to the needs of our most vulnerable groups.

Mental Health

- Engaging with schools, community centres, early childhood centres, health service providers and consumers to promote early identification and appropriate referral for children with, or at risk of psychological distress.
- Providing psychological support for children, women with perinatal depression and families experiencing anxiety and depression through the Access to Allied Psychological Services Program.
- Supporting general practices to better meet the needs of their patient population and improve access to appropriate mental health services.

Maternal Health

- Assisting GPs and maternity services to provide a high standard of care to all women of reproduction age from pre conception to post-natal and parenthood
- Coordinate the Antenatal Shared Care Program in collaboration with the Canterbury Hospital and RPA Hospital maternity services.





Doing Better Together

A collaboration of:

Sydney Local Health District

NSW Department of
Family and Community Services

Central and Eastern Sydney PHN

NSW Department of Education

Inner West Sydney Collaborative Practice
Management Group