



# Inner West Sydney Youth Health and Wellbeing Plan

## 2018-2023

**A collaboration of:**

Sydney Local Health District, NSW Department of Family and Community Services, Central and Eastern Sydney PHN and NSW Department of Education.





**Young people are a source of great innovation and creativity and are a positive force for social change in our community. The insights, curiosity and potential of young people are important assets and, in turn, we have an obligation to create the conditions in which young people thrive.**

There is currently much to celebrate in relation to the health and wellbeing of young people in our communities. Many young people feel positive, are resilient, experience supportive relationships and feel socially connected and safe, and are physically and emotionally healthy.

Those strengths notwithstanding, the health and wellbeing of young people is strongly affected by social factors at the individual, family and community levels. Disparities in access to employment, education and a healthy urban environment can impact the way young people live their lives.

Technology and artificial intelligence are transforming the way young people communicate, are educated, work and play.

New “economic disrupters” are also changing the nature of the workplace, the sustainability of jobs and the skills young people require for the contemporary workplace.

In addition to these social determinants, the period of adolescence and early young adulthood is also characterised by significant developmental transitions, in relation to self-identity, autonomy, risk-taking, and relationships. It is vital that young people are supported to successfully navigate these developmental phases and have access to care and support when they are struggling.

The purpose of this Plan is to articulate the shared agenda of the four partner agencies – Sydney Local Health District, Family and Community Services, the Central and Eastern Sydney PHN and the Department of Education – in relation to improving the health and wellbeing of young people across Inner West Sydney.

It reflects our commitment to using our resources on a collaborative program of work which complements each agency’s own core business; and our recognition that the remarkable gains in youth health and wellbeing will not be possible by agencies working in isolation.

The three strategic directions of this Plan are as follows:

1. Young people are informed, empowered, connected and influential
2. Families and communities support and nurture young people's health and wellbeing
3. Services are youth-friendly, accessible, responsive, integrated and coordinated

The Plan has benefited enormously from the generosity and insight provided by those who participated in its development. In particular,

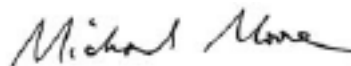
we wish to thank the young people who attended consultation sessions and shared their experiences and insights, the youth workers who provided insights into the client experience and the systemic issues, and representatives of our own agencies who participated with a commitment to improving outcomes for young people.

We believe this Plan will enable us to make high-impact, sustainable improvements to the health and wellbeing of young people across Inner West Sydney over the coming five years.



**Dr Teresa Anderson AM**

Chief Executive, Sydney Local Health District



**Dr Michael Moore**

Chief Executive Officer, Central and Eastern Sydney PHN



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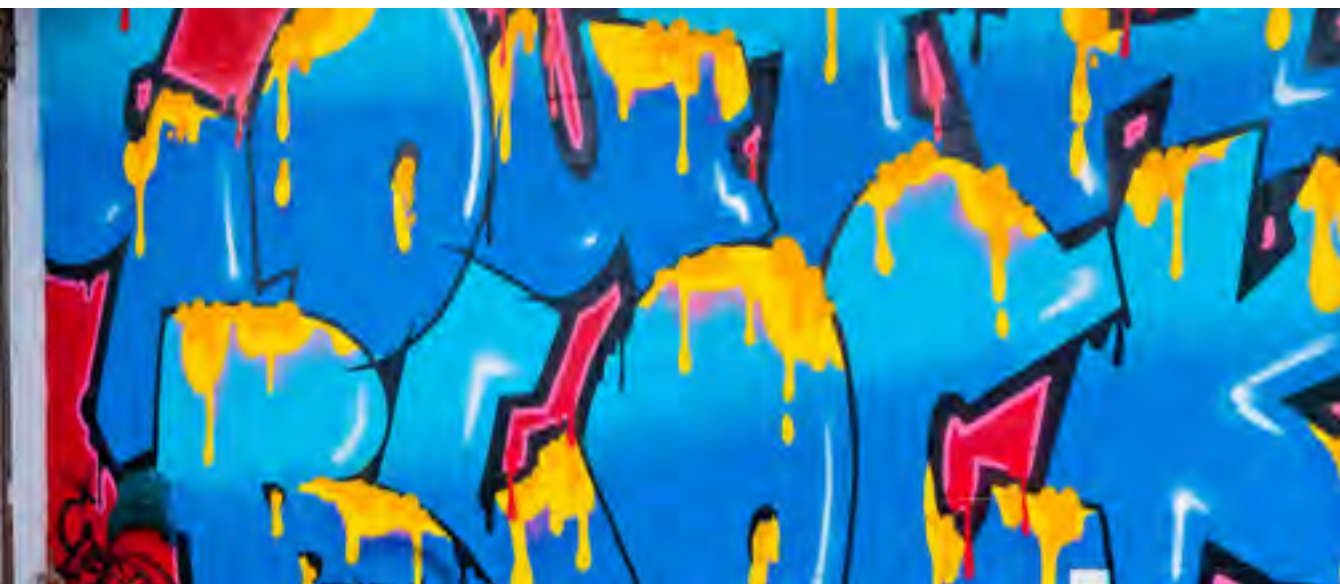
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# 1. Introduction

The purpose of this Plan is to articulate the agenda for collaborative action between Sydney Local Health District, Family and Community Services: Sydney, South Eastern Sydney and Northern Sydney Districts, Department of Education and Central and Eastern Sydney PHN to improve the health and wellbeing of young people in Inner West Sydney.

Improving the health and wellbeing of young people across our region is a high priority because:

## 1. Young people have a right to health and wellbeing

The enjoyment of positive health, wellbeing, and opportunities for holistic growth and development is a fundamental human right, and incorporates a young person's physical, emotional, psychological,

cognitive and social health and wellbeing (1); and how they feel about their lives (2).

## 2. As a population, young people have distinct health needs

Adolescence and early adulthood are periods of intense personal development, spanning physical, emotional, psychological, cognitive and social changes. As such, adolescence and young adulthood can be a time of great excitement and potential, and also a time of vulnerability (3).

These challenges are particularly acute for young people affected by marginalisation or disadvantage, such as poverty, neglect, domestic and family violence, homelessness, family breakdown, alcohol or substance abuse, other trauma, time in out-of-home-care, low education and literacy, caring responsibilities or experiences of the justice system (1).



### 3. As a group, young people can face particular barriers when using services

Many young people are active and engaged consumers and can navigate their way through key service systems, such as health, education and primary care, successfully. However, young people consulted in the development of this Plan identified a range of barriers to service access including: there not being enough services; limited knowledge about the services which exist and how to access them; limited support when being referred from one service to another; the complexity of the service system; the challenges of managing one's own care when engaging with more than one service; variable capacity across the service system in providing youth-friendly and responsive care; (actual or perceived) cost; concerns about confidentiality; poor access to affordable transport; and limited flexibility to address young people's needs holistically.

This Plan has been informed by consultation workshops with a range of key stakeholders, including:

Young people from across Inner West Sydney;

The Inner West Sydney Partnership Group;

Staff from the four agencies which are signatories to this Plan;

Non-government organisations, including specialist youth services;

Other government agencies with a significant focus on young people;

The Plan was further informed by a review of available literature and demographic and epidemiological data; and relevant NSW and National policies.





## 2. The Young People of Inner West Sydney

**The demographic data below represents all those between the ages of 12-25 who live in:**

- Inner West Council
- The South and West Statistical Local Areas (SLA) of the City of Sydney Council
- The Canterbury part of the Canterbury – Bankstown Council
- Burwood Council
- Strathfield Council
- City of Canada Bay Council

**There are approximately 106,100 young people residing in this area, constituting 17% of the area's population.**

**Young people are a diverse population, with diverse identities and life experiences. The population of young people across Inner West Sydney includes:**

- Aboriginal\* young people, who make up 1.6% of the population of the Inner West;
- Young people born overseas. Approximately 31% of young people living in the Inner West were born overseas, which is significantly higher than the NSW average of 26%;
- Significant linguistic diversity. Approximately 46% of young people in the Inner West speak a language other than English at home, with the top three languages being Mandarin (spoken by 13%), Cantonese (7%) and Arabic (5%);
- Young people with disability. Between 0.3% (City of Sydney) to 1.9% (Canterbury) of children and adolescents in Inner West Sydney have a disability and require assistance; and
- A significant population of young lesbian, gay, bisexual, transgender and intersex (LGBTI) young people.

\*The term "Aboriginal" rather than Aboriginal and Torres Strait Islander or Indigenous has been used within the content of this Plan to mean "Aboriginal and Torres Strait Islander", in recognition the Aboriginal people are the original inhabitants of NSW (see NSW Health PD2005\_319).



# 3. The Policy Context

Key NSW Plans and Policies	
NSW Premier's Priorities (4)	<b>Tackling childhood obesity:</b> Reduce overweight and obesity rates of children by 5% over 10 years
	<b>Reducing youth homelessness:</b> Increase the proportion of young people who successfully move from Specialist Homelessness Services to long-term accommodation by 10%
	<b>Protecting our kids:</b> Decrease the percentage of children and young people re-reported at risk of significant harm by 15%
NSW State Health Plan – Towards 2021 (5)	<b>Direction 1:</b> Keeping people healthy
	<b>Direction 2:</b> Providing world-class clinical care
	<b>Direction 3:</b> Delivering truly integrated care
Healthy, Safe and Well: Strategic health plan for children, young people and families 2014-2024 (6)	<b>Strategic Direction 2:</b> Keeping children and young people healthy <ul style="list-style-type: none"> <li>• Improve health literacy</li> <li>• Reduce risk taking and minimise harm</li> </ul>
	<b>Strategic Direction 3:</b> Addressing risk and harm <ul style="list-style-type: none"> <li>• Improve identification and triage care for those at risk of harm</li> <li>• Build capacity to appropriately respond to victims of violence, abuse and neglect</li> <li>• Reduce the incidence and health impact of accidents, injuries and self-harm</li> </ul>
	<b>Strategic Direction 4:</b> Early intervention <ul style="list-style-type: none"> <li>• Act early to help young people with chronic health conditions</li> <li>• Engage with young people at risk of poor health or absence from school</li> </ul>





### 3. The Policy Context

Key NSW Plans and Policies	
Healthy, Safe and Well: Strategic health plan for children, young people and families 2014-2024 (6)	<b>Strategic Direction 5:</b> Right care, right place, right time
	<ul style="list-style-type: none"> <li>• Deliver best-practice care as close to home as possible</li> <li>• Deliver integrated, connected healthcare</li> <li>• Provide inclusive, family-centred, culturally respectful and age-appropriate care</li> </ul>
NSW Youth Health Framework 2017-2024 (7)	<b>Goal 1:</b> The health system responds to the health needs of young people, including targeted responses for vulnerable young people
	<b>Goal 2:</b> Health services are accessible and young people are engaged and respected
	<b>Goal 3:</b> Young people are supported to optimise their health and wellbeing
Family and Community Services (FACS) Strategic Statement (8)	<b>Objective 1:</b> Improving the lives of children and young people
	<b>Objective 2:</b> Supporting people with disability to realise their potential
	<b>Objective 3:</b> Breaking disadvantage with social housing assistance
	<b>Objective 5:</b> Reducing domestic and family violence
	<b>Objective 6:</b> Working with Aboriginal people and communities
The Wellbeing Framework for Schools – NSW Department of Education and Communities (9)	<b>Connect :</b> Our students will be actively connected to their learning, have positive and respectful relationships and experience a sense of belonging
	<b>Succeed:</b> Our students will be respected, valued, encouraged, supported and empowered to succeed
	<b>Thrive:</b> Our students will grow and flourish, do well and prosper

Key NSW Plans and Policies	
Central and Eastern Sydney PHN Strategic Plan 2016-18 (10)	<b>Goal 1:</b> Improve health outcomes and address health needs
	<b>Goal 2:</b> Support our primary health care professionals and services
	<b>Goal 3:</b> Work in partnership to facilitate seamless person-centred care
NSW Strategic Plan for Children and Young People 2016-2019 – Office of the Advocate for Children and Young People (2)	<b>Safe:</b> young people are free from abuse, neglect, violence and serious injury
	<b>Respect:</b> young people are treated with respect
	<b>Wellbeing:</b> young people are healthy and well through the provision of affordable, accessible and timely services
	<b>Voice:</b> young people are empowered to be involved in the decisions that affect them

It is hoped that this Plan will influence and embed its principles and priorities into future planning processes, policies and programs across the region. It is envisaged that the Plan's principles and objectives will have particular relevance to:

- Local government planning schemes and strategies;
- NGO strategic and operational planning;
- Community safety schemes;
- Sport and recreation plans;
- Physical activity plans;
- Health and wellbeing strategies;
- Health impact assessments;
- Community development plans;
- Disability access and inclusion plans;
- Culture and arts strategies; and
- Environmental plans.





## 4. The Collaboration

Each of the four agencies responsible for this Plan lead their own significant program of work focused on improving the health and wellbeing of young people. The specific work led by each agency is further outlined in section 4. This work is vitally important, and includes the provision of universal access to education, social services, public health care and primary health care, as well as targeted strategies to address the needs of marginalised young people.

In addition to the services of the four partner agencies, there is a wide range of services working with, and accessed by, young people across Inner West Sydney, including:

- Non-government organisations (NGOs): The role of NGOs is broad, ranging from: prevention and early intervention (e.g. art and sports-based programs); targeted work with populations at heightened risk (e.g. the Refugee Welcome Centre, the Gender Centre); and highly specialised accommodation and case management services for young people at risk.
- Each of the local Councils: Although the specific offerings vary from Council to Council, they include direct service delivery and community development, supporting communication and collaboration between agencies, and convening Youth Advisory Councils.

This Plan builds on that program of work and the strong history of collaboration across the partner organisations.

The purpose of this Plan is to build on the strong history of collaboration across the partner organisations and articulate the agenda for collaborative action between Sydney Local Health District, Family and Community Services: Sydney, South Eastern Sydney and Northern Sydney

Districts, Department of Education and the Central and Eastern Sydney PHN to improve the health and wellbeing of young people in Inner West Sydney. The collaborative action plan can be found in section 8.

## 4.1 About Sydney Local Health District

### What we do now

**Sydney Local Health District provides health services to young people that:**

- o are age, developmentally and culturally appropriate;**
- o promote early intervention and prevention;**
- o are trauma-informed;**
- o promote a strength-based response;**
- o promote family-focused assessment, intervention and care;**
- o work in partnership to deliver integrated care;**
- o respond appropriately to child protection concerns; and**
- o support young people to be partners in their own care.**

These services are delivered through community-based District services, such as: Youthblock Youth Health Service; Mental Health; Drug Health; Sexual Health and Sexual Assault Services in District hospitals and through outreach to settings where young people gather. These include: local high schools; youth refuges; Juvenile Justice; Marrickville and Belmore Youth Resource Centres; a range of non-government organisations; and at local events. District hospitals, as further detailed in Appendix A, also provide health services to young people.

Our primary youth focussed health services include: Youthblock Youth Health Service; RPA Hospital Youth Team; Healthy Families Healthy Children Sustained Home Visiting Program; Child and Adolescent Mental Health Services (CAMHS); Drug Health Services; Oral Health Services; and health promotion programs such as Go4Fun and Mental Health First Aid.

A more comprehensive list of the District's services and related contributions to youth health and wellbeing is provided in the Appendix A.

## 4. The Collaboration



### Sydney Local Health District will:

- continue to deliver staff training programs to improve the 'youth friendliness' of District services, and ensure alignment with the NSW Health Youth Health Competency Framework (11).
- continue to invest in youth health consumer, parents, families and carers participation forums.
- support the Healthy Active Lives (HeAL) declaration to ensure physical health needs are prioritised in young people with early psychosis.
- collaborate with our Non-Government Organisation partners to implement the 'Yhunger' healthy eating program for young people in youth homelessness and related services.
- collaborate with the University of Sydney to deliver sexual assault counselling services to students on campus and to increase awareness of sexually transmitted diseases and treatment amongst overseas student residents.
- expand Youthblock services for young people in the areas of Belmore and Riverwood.
- extend existing Youthblock health promotion activities including the mental health awareness workshop 'Deadly Minds', nutrition and cooking skills workshop 'Roaming Kitchen' and general youth health education program 'Living Strong'.
- fully establish a second Child and Adolescent Mental Health Services (CAMHS) mobile assertive outreach team based at Canterbury.
- develop a Youth Mental Health Services action plan.
- implement appropriate psychosocial assessment tools, such as the HEEADSSS assessment, to assess and respond to the holistic health and wellbeing needs of young people.
- explore opportunities to collect patient reported measures, strengthen data collection to support evaluation and improvement of health outcomes and District services for young people.
- maximise opportunities to provide up-to-date and accessible online information, booking and communication for young people in regards to health services.
- provide consistent and timely access to transition services and support for young people with chronic illness or disability who move from paediatric to adult health services.





# 4.2 About Family and Community Services District



## What we do now

Family and Community Services (FACS) supports vulnerable people and families to participate in social and economic life and build stronger communities. FACS has statutory responsibility for protecting children and young people in NSW from risk of significant harm, and is leading the Premier's Priority 'Protecting our kids', which aims to decrease the percentage of children and young people re-reported at risk of significant harm by 15 per cent by June 2018.

FACS Sydney, South Eastern Sydney and Northern Sydney (SSESNS) districts share the same boundaries as the corresponding Local Health Districts, making it easier to create genuine local solutions which:

- protect children and young people from abuse;
- target social housing assistance to break disadvantage;
- achieve better outcomes for Aboriginal children, young people, families and communities;
- help people at risk of, or experiencing, family violence to feel safer; and

- assist people to participate in social and economic life.

FACS District delivers child protection and housing services directly to clients, and commissions government and non-government organisations to deliver other services in community settings.

FACS child protection and out-of-home care services for young people and their families include caseworker support and specialist programs such as Yallamundi Aboriginal Intensive Family-Based Service in Redfern, Adolescent Interagency Meeting (AIM) at the Lakemba Customer Service Centre and the Pregnancy Family Conferencing Program run in partnership with Sydney LHD.

FACS Housing services include tenancy management for residents in public housing, assistance to access the private rental market, temporary accommodation for people experiencing homelessness and assertive outreach to rough sleepers.

FACS Commissioning and Planning contracts the delivery of services that support vulnerable families, strengthen communities and support people experiencing, or at risk of, homelessness.



## FACS District will:

- place young people and their families at the centre of decision-making.
- build parenting capacity and increase parental responsibility.
- provide greater permanency for children and young people in care.
- deliver a modern, responsive and child-focused system.
- implement reforms to Targeted Earlier Intervention programs that focus resources on identifying vulnerable young people earlier, and link them to quality services.
- utilise Social Housing to transition people out of homelessness.
- develop a Homeless Youth Assistance Program (HYAP) protocol with Specialist Homelessness Services to respond to unaccompanied young people 12-15 years of age who are homeless or at risk of becoming homeless.
- roll out access to the Youth Private Rental Subsidy to support young people aged 16-24 years to access affordable and safe housing in the private rental market.



# 4.3 About Central and Eastern Sydney PHN

## What we do now

Central and Eastern Sydney PHN (CESPHN) was established by the Commonwealth Government as one of the 31 PHNs across Australia. The Central and Eastern Sydney catchment spans 667 square kilometres and includes Lord Howe Island and Norfolk Island.

Our region stretches from Strathfield to Sutherland and as far east as Bondi, and our boundaries align with those of South Eastern Sydney Local Health District and Sydney Local Health District. We are the second largest of the 31 PHNs across Australia by population, with more than 1.4 million individuals residing in our region.

PHNs are responsible for improving the health of the local population through coordinating the planning, designing and delivery of effective, equitable and evidence-informed primary health care. We achieve this by collaborating with our local hospitals, health services and other key partners to:

- develop local strategies to improve and coordinate integrated care across the health system;
- reduce avoidable hospital presentations and admissions; and
- ensure people receive the right health care in the right place at the right time.

Our vision is supporting, strengthening and shaping a world-class, person-centred primary health care system. We aim to achieve this by working directly with all key stakeholders including general practitioners, allied health, nurses, secondary care providers, local health districts and speciality health networks, local

communities and non-government organisations to ensure improved health outcomes for people living and working in our region.

A more comprehensive list of the CESPHN services and related contributions to youth health and wellbeing is provided in Appendix A.

CESPHN aims to respond to the existing and emerging needs of the diverse region by continuing (and enhancing) the partnership arrangements and activities already in place and developing new and innovative strategies as needs emerge.

## CESPHN will:

- commission youth health services including a focus on mental health, physical health, alcohol and other drug and work or study-related issues, through the existing Ashfield and Camperdown headspace Centres via the headspace model.
- address the health and wellbeing of Aboriginal young people by exploring community capacity building and support.
- commission Psychological Support Services to address the needs of young people.
- provide youth-focused sexual health education to primary health care professionals.
- promote use of HealthPathways, a collaboration of SLHD and CESPHN, as the source of information on local services and referral pathways. HealthPathways provides an electronic referral and information system for GPs and Allied Health Professionals.



# 4.4 About the Department of Education Metropolitan South 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 delivers quality education and educational support to students enrolled in public schools and who reside in the Sydney Local Health District. This includes four infants schools; 73 primary schools; 23 secondary schools, one community school, two distance education schools and nine schools for specific purposes in Inner West Sydney. In 2018, public schools in the inner west area were educating more than 30,000 students enrolled in kindergarten to year six and approximately 20,000 students enrolled in years 7 to 12.

The majority of students with additional support needs and disabilities enrolled in public schools were 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 Inner West Sydney, over 60 primary and over 40 secondary support classes have been established to support students with levels of disabilities requiring substantial adjustments. This includes support

classes for students with intellectual disability, hearing impairment, autism and students with multi-categorical disabilities.

A more comprehensive list of the services and related contributions to youth health and wellbeing is provided in Appendix A.

## NSW Department of Education will:

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 has established 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.

# The Vision

Our vision is for all young people in Inner West Sydney to:

- be healthy, safe, respected, valued and happy, living in supportive families and communities, with access to opportunities to learn, to work, to contribute and to express themselves;
- have access to the information, care and support they need, via a cohesive and integrated network of organisations providing universal and targeted services; and
- be partners in their own health and wellbeing, and in the development and delivery of services and programs.

## The mission

To work collaboratively to achieve our vision.

## The guiding principles

Our work with young people is informed by a commitment to:

- placing the rights and needs of young people at the centre of policies and service delivery;
- prevention and early intervention;
- improving equity and addressing the social determinants of health and wellbeing;
- fostering positive, nurturing relationships to promote social inclusion;
- recognising and building on the strengths of young people;
- providing both universal and targeted services;
- collaboration with families and communities; and co-design and co-production with young people;
- building integrated service systems with a shared commitment to a 'no wrong door' approach; and
- providing evidence-informed practice, including trauma-informed practice.





# Priority populations

Young people in Inner West Sydney have many strengths. However, a range of data indicates that some populations experience particular disadvantage or marginalisation. These populations include:

## 1. Aboriginal young people

In Inner West Sydney, Aboriginal young people experience a higher prevalence of: suicidality; teenage pregnancy; sexually transmissible infections; and daily smoking (12). Aboriginal young people in Australia are seventeen times more likely as non-Aboriginal young people to be under juvenile justice supervision and ten times more likely to be in out-of-home-care (13).

Much of the disparity can be attributed to the social determinants of health and the long-term impact of colonisation and the Stolen Generation.

## 2. Young people from culturally and linguistically diverse (CALD) backgrounds and refugee young people

Many CALD young people experience difficulties accessing services due to: lack of information about services and how to navigate them; language barriers and (actual or perceived) cost of services.

In addition, a number of young people and youth workers have highlighted that young people from CALD backgrounds may feel disconnected from general Australian society (due to a strong connection to their cultural identity) and also from their family and cultural community (due to their developing connection to an Australian cultural identity).

These issues can be exacerbated for refugee young people, who often arrive in Australia having experienced multiple traumas and who often have complex health and wellbeing needs.

## 3. Homeless young people and young people at risk of homelessness

Some 25% of homeless young people in NSW live in Inner West Sydney, with City of Sydney LGA having the highest number of young people residing in a hostel, night shelter or a refuge (12).

This is further exacerbated by the lack of affordable housing in inner-city Sydney with the proportion of young people who live in rented property being 47%, which is higher than the NSW average (12). Other key drivers of youth homelessness include: a history of trauma; domestic and family violence; problematic usage of drugs and alcohol; and mental illness.

## 4. Young carers

Young carers can experience many benefits from their caring role. Many young carers rightfully have feelings of pride and satisfaction from their caring role.

However, a long-term caring role can also have serious negative consequences for their health and

wellbeing, education, employment, relationships and socialisation. Young carers, especially those with entrenched and intensive caring roles, are at risk of long-term disadvantage, particularly in terms of education and employment outcomes (14) .

## 5. Young parents

Many young parents demonstrate remarkable resilience and commitment to being the best parent that they can be. Although, young parents and their children are prone to more adverse health outcomes. This may include: low birth weight; prematurity; increased perinatal and infant mortality; poorer cognitive development; higher rates of domestic and family violence; and lower educational achievement for both mother and child (12).

Overall, the rate of teenage pregnancy has declined over the past ten years across Inner West Sydney. However, rates of teenage pregnancy remain higher among Aboriginal young women (12).

## 6. Lesbian, gay, bisexual, transgender and/or intersex (LGBTI) young people

Many young people who identify as LGBTI see their sexual and gender orientation as contributing positively to their self-worth and self-pride (15). At a population level, LGBTI young people are at higher risk of poor mental health outcomes, with some 33% of young people who identify as LGBTI having harmed themselves (16).

The primary risk factor is verbal, physical and emotional homophobic abuse in the family, school and community. In turn, these factors can be linked to: disruption in education and/or employment; greater risk of homelessness; and higher rates of self-harm. (17).





## 7. Young people experiencing economic disadvantage

Inner West Sydney has concentrated pockets of disadvantage, including the suburbs of Riverwood to Lakemba, and Redfern, Glebe and Waterloo. Poverty and deprivation place young people at greater risk of poorer health and wellbeing outcomes. In addition, poverty may make it difficult for young people to access or engage with services.

Education is a highly protective factor. At a population level, young people in Inner West Sydney enjoy good access to education, with indicators such as NAPLAN, attendance rates and Year 12 attainment across Inner West Sydney higher than the NSW state average (12).

## 8. Young people currently in or previously in Out of Home Care

Young people who are currently in or who were previously in Out of Home Care are widely recognised as being resourceful and resilient, and at the same time highly vulnerable.

At a population level, young people currently or previously in Out of Home Care: have a high prevalence of trauma; a higher risk of becoming homeless; are at greater risk of premature death; and despite having contact with multiple points of the service system, are at greater risk of missing out on having their holistic health and wellbeing needs addressed (13).



## 9. Young people involved in the justice system including Juvenile Justice

Young people in contact with the criminal justice system often face limited social, educational or economic opportunities (18) and have wide-ranging health and welfare needs, including: higher rates of mental illness; higher rates of drug and alcohol use; and higher risk of blood borne diseases and chronic diseases.

## 10. Young people with physical and/or intellectual disability

There is a substantial body of evidence showing that young people with physical and/or intellectual disability are at significant risk of poorer health and wellbeing outcomes.

Over the life of this Plan, young people in Inner West Sydney with disability will be affected by the transition from current funding arrangements for disability services to the roll-out of the National Disability Insurance Scheme. This scheme will fundamentally alter access arrangements for people with disability and provide services with the opportunity to better meet client needs.

## 11. Young people with complex physical health needs

Physical health is important for living an active and engaged life. Good physical health and good habits can lay a protective foundation against chronic disease in the immediate term.

There is a small number of young people in Inner West Sydney with complex needs. These young people tend to be in contact with specialist streams within two or more agencies and may have a range of health and wellbeing needs.

## 12. Young people with mental health and/or behavioural needs

Consultations with young people and service providers showed improving mental health, and yet access to appropriate mental health diagnosis and care were identified to be a high priority. The broad category of mental health concerns that were brought up included support for resilience, wellbeing and prevention; trauma, anxiety and depression; self-harm and suicide.

Data shows that the number of hospital admissions due to self-harm in young people aged 12-24 years has been increasing, from 2010-2011 to 2012-2013 (12).

## 13. Young people with drug and alcohol dependency

Young people across Inner West Sydney identified drug and alcohol use as an issue of concern for them, including: concern about harmful use of drugs and alcohol, particularly where that use was to cope with a broader life stressor, such as trauma; social isolation or relationship issues; and limited access to youth-friendly or youth-appropriate services.



### 14. Young people in transition

The period 12-24 years of age is characterised by multiple transitions, including both development transitions, involving physical, cognitive and emotional changes, and transitions from the child-oriented stream (e.g. primary school, children's hospital etc.) to the adult service systems. This transition from a family-focused system to an adult-focused system relies more heavily on the independence and self-management of the young person.

These transitions can be a vulnerable time, as they disrupt a young person's identity, and at the same time may weaken a young person's access to health and wellbeing supports. Supportive pathways at these critical times can set young people on a positive trajectory and enable them to reach their potential (13).

### 15. Vulnerable families

Familial factors have a significant effect on the health and wellbeing of young people. The number of parents reporting their level of current health as good was higher than the NSW state average, and the rates of psychological distress were lower than the NSW state average (12).

Those families who are not experiencing optimal health and wellbeing require tailored and targeted support. There are a range of mechanisms used to identify vulnerable families, but the health and community service system is still developing capacity to support vulnerable young people in a context of families, neighbourhoods, and communities. Place-based and outreach models of care are recognised as particularly effective in engaging and impacting upon vulnerable families.

### 16. Young people at risk of violence, abuse or neglect

Crime and violence are one of young people's greatest fears, and improving their safety is a high priority for the partners in this Plan, and the NSW Government. This includes reducing young people's role in violence.

There have been some encouraging improvements in recent years. Hospital admissions from assault-related injuries reduced in the period 2010-2013; and the rates of domestic and family violence-related assault across Inner West Sydney are lower than the NSW state average in the majority of LGAs. However, data shows ongoing issues in relation to domestic and family-related violence, particularly in Sydney LGA where the rates remain above the state average (12).





# Collaborative Strategic Directions

This Plan has three strategic directions. Associated with each of these strategic directions is a set of initiatives, each of which have key responsibilities for lead agencies to develop and implement. The Inner West Sydney Partnership Committee is accountable for the implementation, monitoring and review of this Plan, and will report on relevant initiatives to the Healthy Strong Communities Committee.

Based on existing data, literature, consultation with young people and youth workers, the strategic directions are as follows.

## 1. Young people are informed, empowered, connected, and influential

**Young people are critical participants in shaping their own health and wellbeing, and must be engaged as partners in action. This Plan will aim to ensure young people have access to:**

- the information, skills and support to make choices which improve their own health and wellbeing;
- the information and skills to access and navigate systems, including health and welfare systems;
- opportunities to co-design and co-produce respectful and youth-friendly services; and

- opportunities to participate in a range of activities in their communities, both on and offline, as connectedness through technology is important to young people's education and learning, and the use of social media is valued for spreading ideas and information (2).

## 2. Families and communities support and nurture young people's health and wellbeing

**Relationships and connectedness are vital to the health and wellbeing of young people. This includes: connection through safe interpersonal relationships; through feeling safe and connected to their community; and being able to access what is on offer online and offline.**

Integral to this support is that young people of all religions and backgrounds, including those with a disability feel they belong and are supported. This plan aims to support young people's families and their communities to:

- recognise the value of young people in their community;
- nurture and foster positive and respectful relationships with young people;
- have the knowledge and skills to respond to the personal, social and economic challenges that young people encounter; and
- support young people to have access to safe healthy built environments, without risk of harm or injury.







### 3. Services are youth-friendly, accessible, responsive, integrated and coordinated

**At a population level, young people need to have access to youth-friendly, responsive, integrated and coordinated services. There is a particular imperative to improve access to services for young people who are vulnerable.**

Services will:

- ensure that young people are engaged and respected;
- work in partnership with young people, to ensure that wherever possible, all determinants affecting the young person's health and wellbeing are addressed;
- recognise and tailor care to meet the needs of vulnerable young people. This includes young people who are:

- o Aboriginal.
- o culturally and linguistically diverse.
- o homeless or at risk of homelessness.
- o young parents and/or carers.
- o lesbian, gay, bisexual, transgender and/or intersex.
- o experiencing socio-economic disadvantage.

- o currently in or previously in Out of Home Care.
- o involved in the justice system including Juvenile Justice.
- o with physical and/or intellectual disability.
- o with complex physical health needs.
- o with mental health needs.
- o drug and alcohol dependent.
- o in transition.
- o from vulnerable families.
- o at risk of violence, abuse or neglect.
- be respectful of culture and diversity;
- focus on prevention and harm minimisation through health and wellbeing promotion and early intervention;
- adopt place-based approaches to service delivery;
- deliver trauma-informed practice;
- be coordinated and collaborative across service systems when delivering care; and
- use available electronic and mobile communication methods that are appropriate and meaningful.

### Strategic Direction One: Young people are informed, empowered, connected and influential

Goals	Initiative	Lead Agency	Model of Collaboration	Priority
<p><b>To empower young people to:</b></p> <ul style="list-style-type: none"> <li>• achieve and maintain good health and wellbeing</li> <li>• influence the development and implementation of services</li> </ul>	<p><b>Develop collaborative communication and health promotion strategies, with a focus on online information and social media, for health and wellbeing messages and initiatives targeted at young people, their families, carers and community including:</b></p> <ul style="list-style-type: none"> <li>• smoking</li> <li>• drug and alcohol</li> <li>• sexual health</li> <li>• mental health literacy</li> <li>• safe use of technology</li> <li>• physical activity and healthy eating</li> </ul>	SLHD	Coordination	M
	<p><b>Implement health and wellbeing promotion programs on priority issues, including:</b></p> <ul style="list-style-type: none"> <li>• Domestic violence prevention and Respectful Relationship Programs (e.g. Lovebites)</li> <li>• obesity, nutrition and physical activity (e.g. Go4Fun)</li> </ul>	SLHD	Coordination	M
	<p>Develop and implement youth health advocacy and engagement training which builds young people's capacity to co-design and co-produce services</p>	SLHD	Coordination	M

Goals	Initiative	Lead Agency	Model of Collaboration	Priority
To improve young people's knowledge of existing services and their 'system navigation' skills	Promote and support the delivery of co-designed service and health and wellbeing information through social media and website channels, for example enhancing Youth Point <a href="https://youthpoint.com.au/">https://youthpoint.com.au/</a>	SLHD	Coordination	M
	Promote and support strategies to build the skills of young people to navigate the NDIS	FACS	Networking	M
To strengthen connections between young people	Strengthen peer support among young people, through ongoing support for place-based, population-based and on-line communities	SLHD	Coordination	M



### Strategic Direction Two: Families and communities support and nurture young people's health and wellbeing

Goals	Initiative	Lead Agency	Model of Collaboration	Priority
To support families, carers and communities to create an environment for young people to thrive	Deliver Mental Health First Aid training to teachers, parents and community members to build capacity to recognise and respond to mental distress in young people	Education	Coordination	<b>M</b>
	Improve access to existing family support services such as the Family Referral Service, EarlyLinks and DisabilityLinks	Education	Cooperation and Alliance	<b>M</b>
	Continue to implement the Healthy Homes and Neighbourhoods Program, which provides care coordination for young people up to 17 years who have a parent/s with multiple chronic conditions requiring multi-agency support	SLHD	Alliance	<b>H</b>
	Further enhance the health, wellbeing and parenting capacity of young parents through the provision of community-based education programs and peer support	FACS	Networking and Coordination	<b>M</b>

Goals	Initiative	Lead Agency	Model of Collaboration	Priority
To develop and implement a coordinated approach to the prevention of violence, abuse and neglect	Establish clear service pathways for young parents at risk of experiencing disrupted parenting (repeat child removals)	FACS	Coordination	<b>M</b>
	Strengthen referral pathways between child protection and mainstream health systems through the establishment of single access points	FACS	Cooperation and Alliance	<b>H</b>
	Enhance the use of Pregnancy Family Conferencing and Family Group Conferencing for families engaged in the child protection system	FACS	Partnership	<b>M</b>
To advocate for a healthy urban environment for young people to thrive	Promote and utilise the Building Better Health Guideline <a href="http://www.slhd.nsw.gov.au/PopulationHealth/pdf/BBH.pdf">http://www.slhd.nsw.gov.au/PopulationHealth/pdf/BBH.pdf</a> to collectively advocate for the inclusion of health-promoting, active, youth-friendly urban spaces in areas of future high levels of urban growth and development in Inner West Sydney.	SLHD	Coordination	<b>H</b>

### Strategic Direction Three: Services are youth-friendly, accessible, responsive, integrated and coordinated

Goals	Initiative	Lead Agency	Model of Collaboration	Priority
To ensure a workforce empowered to deliver youth-friendly and responsive care	Initiate a region-wide initiative aimed at enhancing the competency of practitioners, facilities and agencies in trauma-informed practice	FACS	Coordination	H
	Develop communities of practice which enable staff across NGOs and government to discuss practice and showcase good practice	FACS	Coordination	M
	Further enhance the capacity of service providers to provide youth-friendly and responsive care	SLHD	Coordination	H
	Promote Health Pathways that relate to vulnerable families	PHN	Coordination	M
	Continue to provide support, resources, training and specialist advice to GPs and Allied Health Professionals on key issues including sexual health, drug and alcohol, mental health and eating disorders; and where appropriate support the development of youth-specific Health Pathways	PHN	Coordination	M



Goals	Initiative	Lead Agency	Model of Collaboration	Priority
To deliver youth-friendly responsive multidisciplinary and integrated care	Build capacity within case management services to support young people through periods of transition, particularly for young people who are at risk of or are homeless	FACS	Coordination	M
	Continue to commission headspace Ashfield and Camperdown, to deliver a multidisciplinary, integrated model of care for young people in the region, addressing vulnerable groups.	PHN	Coordination	H
To ensure mental health support is integrated across the health and social care system	Develop the skills of school staff to recognise, respond to and work collaboratively across the service system to refer young people at risk/in crisis, with a focus on youth mental health	Education	Coordination	H
	Develop the skills of GPs and practice nurses to work collaboratively across the service system, with a focus on training in youth mental health and referral pathways	PHN	Networking and Coordination	M
	Strengthen mental health awareness and capacity in the Out Of Home Care (OOHC) sector, through embedding mandatory Mental Health First Aid (MHFA) training in the standards for services and carers	SLHD	Coordination	M

### Strategic Direction Three: Services are youth-friendly, accessible, responsive, integrated and coordinated

Goals	Initiative	Lead Agency	Model of Collaboration	Priority
To develop models of care which facilitate collaborative responses to vulnerable young people	Expand the Healthy Homes and Neighbourhoods program to provide outreach in key settings to access vulnerable young people in the Riverwood-Lakemba area	SLHD	Alliance	H
	Expand in-reach to vulnerable communities such as Lakemba, Riverwood and Canterbury using a youth-friendly, accessible and co-located service model (such as REDLink; located in Redfern, and other place-based models)	SLHD	Partnership	M
	Support the implementation of cross-agency collaborative actions as per the Inner West Sydney Youth Suicide Prevention Strategy developed by the Healthy Strong Communities Group	SLHD	Alliance	H
	Continue to work through the Network Specialist Centres (NSC) to deliver coordinated, systematic and intersectoral approaches to supporting young people who are experiencing complex situations that impact their wellbeing.	Education	Cooperation and Alliance	H





# Appendix A: The Collaboration: Youth Health and Wellbeing Services

## Sydney Local Health District

The five Sydney Local Health District public hospitals deliver high quality clinical care, as close as possible to home for all young people and include emergency services at Concord and Balmain Hospitals, which provide emergency assessment and management to presenting young people, with referral to Canterbury and RPA Hospitals where appropriate. Sydney Dental Hospital provides general and specialist dental services to all eligible patients referred under NSW Health Clinical Guidelines for Specialist Referrals. Sydney Dental Hospital also prioritises referral of young people in Out of Home Care. Community Oral Health Clinics across the District provide a broad range of preventative, emergency and general dental care to the population. The District provides the following youth-specific services:

**Youthblock Youth Health Service** is a multidisciplinary primary health care service for marginalised and at-risk young people aged 12 to 24 years who are living, working and/or studying within the District's boundaries. Youthblock works to improve the health status and reduce the health disadvantage of young people by improving access to free, confidential and safe youth-friendly clinical services and health promotion programs.

**The RPA Youth Team** is committed to enhancing health and development outcomes for young people aged 12 to 24 years with a particular focus on young people with chronic illnesses, long stays in hospital or anyone with health concerns who require extra support. By providing youth-specific supports, the youth team aim to improve the physical, social and emotional wellbeing of young people and to help coordinate the transition of patients from paediatric services to appropriate adult services.

**The Healthy Families Healthy Children Sustained Home Visiting Program** provides targeted and ongoing support to parents and carers aged 20 years or younger through a structured program of home visits until the child is two years of age. This program is encompassed in the broader suite of programs within the Healthy Families Healthy Children portfolio available to families in the District antenatally to five years.

**Sustained Health Home Visiting** for young parents encourages early referral during the antenatal period. As part of the program, families will receive clinical information and support related to child health and development, adjusting to parenting and parental wellbeing.



## Appendix A: The Collaboration: Youth Health and Wellbeing Services



**Child and Adolescent Mental Health Services (CAMHS)** provide a continuum of care for adolescents up to 18 years of age that includes centre-based and community-based treatment team at Camperdown (Community Adolescent Outreach Service) and Concord (Rivendell Outpatient Services), mobile assertive outreach from Camperdown (Community Adolescent Outreach Service) residential and day programs at Concord (Rivendell Inpatient Program), and longer stay high severity unit at Concord (Walker Unit). CAMHS also interfaces with other mental health providers including general adult psychiatric services, consultation-liaison psychiatry services, specialized early psychosis teams, youth mental health services, private practitioners and headspace. The School Link program interfaces with schools to improve access for young people to mental health care. The Rivendell residential/day program has 24 places, while the Walker Unit has 12 places. Length of stay is typically 6 to 12 months.

**The Sexual Assault Service** provides 24/7 crisis counselling and forensic medical services through RPA's Emergency Department as well as ongoing therapeutic counselling. An outreach clinic is also available on the University of Sydney campus to improve access for students who have experienced sexual assault.



# Central and Eastern Sydney PHN

PHNs (PHNs) have been established with the key objectives of increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

CESPHN also focusses on supporting primary care providers to effectively engage with and address the needs of young people including their families and carers. Stakeholder engagement and inter-sectorial collaboration is central to the work Central and Eastern Sydney PHN does across its catchment area.

## Mental Health

- Identifying areas of unmet need and working with relevant stakeholders to fill service gaps and respond to the needs of our most vulnerable group, based on a stepped care approach. Where appropriate, this may include commissioning services to address those gaps.
- Commissioning the five headspace Centres within our region to deliver services to young people 12 - 25 years. These Centres include Ashfield and Camperdown in Inner West Sydney.
- Headspace Centres have four core streams of service delivery including mental health, drug and alcohol, physical health and work and study support. Centres may offer other supports depending on the needs of their local communities.
- Commissioning Psychological Support Services (PSS) as a re-design of the former Access to Allied Psychological Services (ATAPS) to the five headspace Centres.
- Commissioning Psychological Support Services (PSS) as a re-design of the former Access to Allied Psychological Services (ATAPS) to the wider community via organisations/consortia who can address the needs of children and young people.
- Commissioning early intervention support for young people who are, or at risk of, experiencing severe mental illness.
- Supporting primary care practices to better meet the needs of their patient population and improve access to appropriate mental health services.
- Facilitating workforce development across our region for our primary health service providers.
- Working with stakeholders and community to address the issue of youth self-harm and suicide, acknowledging that we have diverse communities and approaches may be different.

# Appendix A: The Collaboration: Youth Health and Wellbeing Services

## Sexual Health

- **Supporting GP practices to implement Plan, Do, Study, Act (PDSA) cycles for chlamydia in young people.**
- **Deliver youth-focused continuing professional development (CPD) events to GPs and Practice Nurses.**

## Young Onset Diabetes

- **Working with SLHD to improve the management of people diagnosed with diabetes at a young age.**
- 

## The Department of Education

**Assistant Principal Learning Support (APLS)** provides professional leadership in the delivery of learning support services to school communities. The APLS supports and advises learning support teams and learning support teachers in schools to deliver high quality learning support programs to students. They work closely with schools, other members of educational services teams and agencies to improve student learning and wellbeing outcomes. The APLS has a key leadership role to assist schools to meet the wellbeing and learning needs of students including those with learning difficulties, disabilities and behavioural difficulties.

**Network Specialist Centre Facilitator** provides a connected and systemic approach to help families and schools supporting children and young people experiencing complex situations by cultivating and maintaining an effective, connected and responsive networked service system in local communities which makes it easier for schools and families to access support services and also catalyses community-based collective impact approaches to address the underlying issues that make it harder for some students to attend and stay at school.

**Refugee Student Support Team** provides support and advice to schools which have enrolled refugee students. The team can provide professional learning to school staff, implementation of school-based programs, specialised psychological assessment services and referral networks to refugee community support agencies and health services.



**School Counselling/School Psychologist Service** provides psychological services to schools to improve student learning and wellbeing outcomes. These services include psychological assessment services, student counselling and therapy services and referral services. School counsellors/psychologists work collaboratively with learning support teams, parents/carers and other agencies to develop appropriate school based support for students.

**School Services** provide high-level advice and support to schools in the areas learning, leading and wellbeing. This team includes a Learning and Wellbeing Team which provides support and advice for schools around student wellbeing, disability, learning support, student behaviour, suspension, attendance, healthcare and specialist support services. It also includes the Learning and Leadership Team which provides schools with support and advice around priority areas such as aboriginal education, student leadership, drug education, anti-racism education, English as a second language, vocational education and training and curriculum strategies.

**Schools for Specific Purposes** provide intensive individualised programs for students with a disability. These include schools for students with moderate or severe intellectual disability, severe physical disabilities, mental health problems and behavioural disorders. Schools for Specific Purpose provide an intensive supported individualised program in classes with a limited reduced enrolment with a special education teacher and a school learning support officer in each class.

**Senior Psychologist, Education/District Guidance Officer (SEP/DGO)** provides professional leadership in the delivery of psychological services to school communities. The SPE/DGO coordinates and professionally supervises a team of school counsellors/school psychologists to deliver high quality psychological services to schools. They work closely with schools, other members of educational services teams and agencies to improve student learning and wellbeing outcomes. The SPE/DGO has a key leadership role as part of the networked specialist centres, developing interagency partnerships to assist schools to meet the wellbeing needs of students, in particular those needing psychological intervention and support.

**Support Classes** for students with a disability exist within local primary and high schools. These include classes for students with mild or moderate intellectual disability, autism, physical disabilities, mental health problems and behavioural disorders. Support classes provide a supported individualised program in classes with a limited reduced enrolment with a special education teacher and a school learning support officer in each class.



## Appendix B: Model of Collaboration



**The term ‘collaboration’ is used frequently but clarity over what it actually means is less straightforward. There are two main interpretations – a broad common usage and a narrower definition. The broader meaning of collaboration comes from its common everyday usage, and encompasses a wide range of situations where one party works with another. Collaboration in its broader meaning can be understood as:**

More than one party within the public sector, or within and beyond the public sector working together in the areas of policy development, service design or service delivery.

Collaboration in its narrower definition can be understood as:

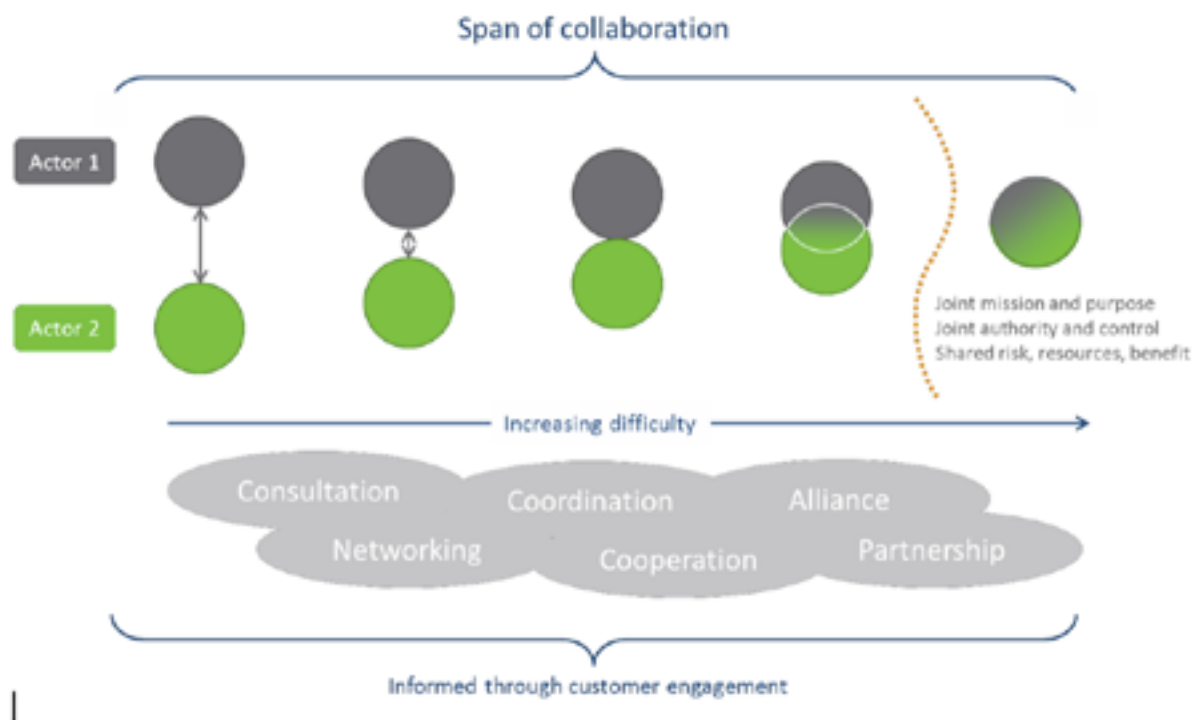
A particular form of working together characterised by mutually developed common purpose, joint authority and control, along with shared resources, risks and benefits.

With this in mind collaboration is best understood as a span of collaboration as shown in Figure 2

Collaboration in a broader sense encompasses the whole span, whereas the narrower definition of collaboration is at the right end of the span. The diagram represents that collaborating organisations can be more or less ‘close’ - at the left hand end the organisations are quite distinct, perhaps just consulting each other and sharing information. At the right end the organisations, at least in one area of their operations, have effectively ‘merged.’ They have a common mission, joint authority and control and share risk, resources and benefits.

This blueprint uses the broad definition of collaboration which covers the span of available options for working together.

## Figure 2



*"The "models of collaboration" identified in section 8: Collaborative Action Plan have been based on the above definitions sourced from The Collaboration Blueprint - Prepared for the NSW Public Service Commission. Nous Group. 2013*

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