



Sydney Local Health District  
**Community  
Health Services  
Strategic Plan**  
2019–2024  
(refresh)



Health  
Sydney  
Local Health District

Sydney Local Health District  
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## Community Health Services Strategic Plan

2019-2024  
(refresh)



# Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges **Gadigal, Wangal** and **Bediagal** as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great **Eora Nation**. *Always was and always will be Aboriginal Land.*

**We want to build strong systems to have the healthiest Aboriginal community in Australia.**

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Land Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

## **Ngurang Dali Mana Burudi – A Place to Get Better**

*Ngurang Dali Mana Burudi* — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals, and organisations working in partnership.

### **Our story**

Sydney Local Health District's Aboriginal Health story was created by the District's Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The **Gadigal, Wangal** and **Bediagal** are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great **Eora Nation**. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

### **The Goanna or Wirriga**

One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

### **The Whale or Gawura**

From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

### **The Eel or Burra**

Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

*Source: Sydney Language Dictionary*

### **Artwork**

*Ngurang Dali Mana Burudi* — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.



# Foreword



Community Health Services are integral to the provision of comprehensive and responsive healthcare services by Sydney Local Health District.

Sydney Local Health District has a long and proud history of delivering care in the community including prevention, early intervention, assessment, treatment, health maintenance and continuing care services designed to improve and support the health and wellbeing of individuals and communities.

The District has continued to invest in care in the community and has developed a strong foundation of comprehensive services. As such we are well-placed to build on our achievements, improvements and service model changes to address the strategic imperatives for the future.

## Strategic Imperatives

- To ensure our community-based facilities have additional capacity to provide inclusive healthcare to meet growing population needs, changing models of care, emerging priority clinical areas and changes in client expectations
- To prepare for a higher proportion of care in primary and community health settings to ensure clients receive the right care, at the right time in the right place, and to provide earlier intervention and care, strengthen integration of care and avoid unnecessary hospital admissions and presentations. We expect community-based services to grow by more than 30 per cent by 2026

- To further invest in the Healthy Families Healthy Children program, which provides services and resources to support children's development, with a focus on the first 2000 Days
- To fulfil our responsibilities to our current service agreements
- To utilise data, research and technology to report on service delivery, reach and effectiveness, and identify gaps to improve services; and to demonstrate quality and excellence in community healthcare for all
- To grow and support a skilled, trauma informed and compassionate professional workforce
- To be flexible and able to respond to emerging issues and priorities, including participation in pandemic and emergency responses.

We know that there are growing expectations in the community for easy access to comprehensive and high quality healthcare close to home. We also know that our health services need to keep up with increasing demand as a result of growing populations that are living longer. Community Health Services have the potential to provide greater access, drive efficiencies in service delivery, improve quality and outcomes.

Our models of care and community settings mean that we are able to deliver the right care at the right time in the right place. Community Health has a strong equity focus and we are uniquely placed to target and tailor services and programs for clients and communities

who experience challenges accessing healthcare and require additional support. This is the very essence of client and family-centred care.

The first 2000 days of life is a critical time for physical, cognitive, social and emotional health. What happens in the first 2000 days of life has been shown to have an impact on health and wellbeing throughout life.

Our Healthy Families Healthy Children initiative has seen our Child and Family Health Services work with all service partners to support the best possible start in life for children. Some of the key achievements of the collaboration include the provision of tailored packages of care to families, antenatal clinics offered at Child and Family Health Centres and the implementation of the Substance Use in Pregnancy Program.

A continued focus for our services will be on integrating care where possible to improve the client experience, quality of care and outcomes of healthcare. If we are able to minimise fragmentation of care, we will improve access to healthcare through greater efficiencies.

We have been at the forefront of the design of new integrated care initiatives in NSW. Our Healthy Homes and Neighbourhoods program was introduced in 2015 to provide care coordination for families with complex health and social care needs. The program was recently identified by the Ministry of Health as one of only five initiatives suitable for scaling-up across the state.

We will maintain this program and will also consider its suitability for other populations in our region.

One of our important strengths is collaboration and purposefully working in partnership across government and community organisations where we are able to achieve better outcomes collectively.

Community Health Services also hosts a range of strategic units and services which support the District in responding to domestic violence, sexual assault, child protection and the needs of people living with a disability.

We are anticipating ongoing changes in the healthcare environment and are excited about the opportunities this will present. In particular, the opportunity to expand our services to new growth areas and to extend our models of care to provide more services in community settings.

My thanks to the staff, consumers and partner agencies who have contributed to the development of this plan. I very much look forward to working with my team and our partners to realise its objectives.

## Paula Caffrey

A/General Manager  
Sydney Local Health District  
Community Health Services

# About Community Health Services

Sydney Local Health District covers the Local Government Areas (LGAs) of Inner West Council, Canada Bay, Canterbury-Bankstown (Canterbury part), City of Sydney (Sydney South and West Statistical Local Areas only), Burwood and Strathfield.

The District provides primary and community health, tertiary and quaternary referral and district acute services to our local District residents. Secondary and tertiary services are available to other metropolitan residents, rural, interstate and overseas patients. Primary, secondary and tertiary services can also be provided to the more than one million people who travel into our District every day to work, attend schools and universities or who arrive as tourists.

Community Health is a Clinical Stream within the Directorate of Clinical Services Integration and Population Health, which includes: Population Health, Drug Health Services, Oral Health Services and Sydney Dental Hospital, Community Health Centres (Redfern, Croydon and Marrickville), Non-Government Organisation (NGO) Program, Integrated Care, HealthPathways, Health Equity Research Development Unit (HERDU).

The Directorate provides an opportunity for strong and integrated relationships to improve the health and wellbeing of the population of Sydney Local Health District (SLHD) and beyond.

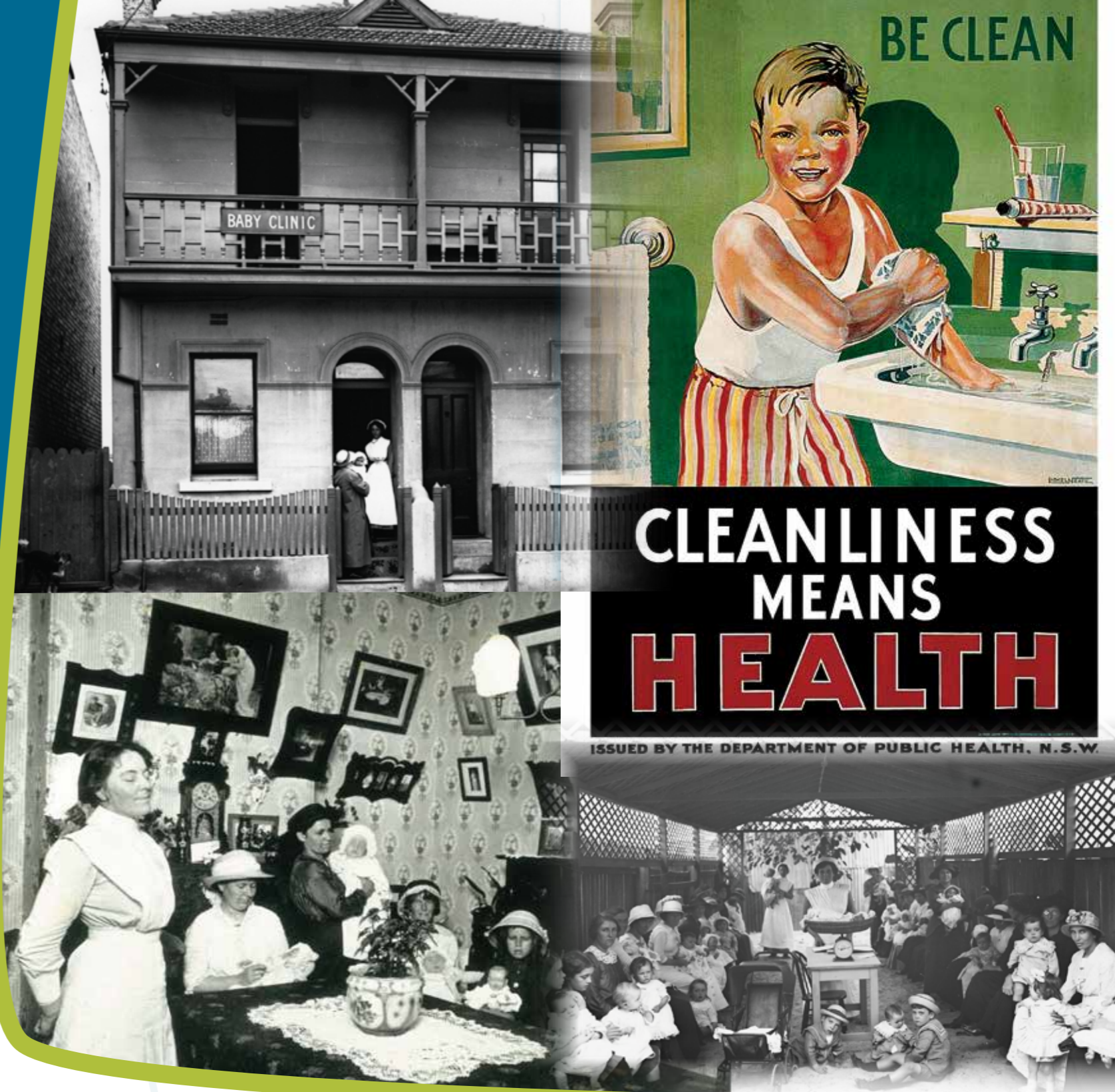
Community Health services work closely with relevant hospital services, other clinical streams and District services to ensure coordinated and appropriate healthcare.

## Community Health Services

Community Health Services seek to improve the health of clients and local communities by providing a range of universal, specialist and targeted services across the health continuum and lifespan. This includes health promotion, prevention, early intervention, treatment, recovery and health maintenance, using a comprehensive model that recognizes the interaction of physical, emotional and social aspects of health at community and individual levels.

Our services and programs are informed by equitable, evidence based models of care and are provided in the community, close to where people live, work and attend school. We partner with our clients, communities and other agencies to provide integrated care, and empower clients and communities to participate in managing their own health.

Community Health Services hosts a range of strategic units and services which support the District in responding to domestic violence, sexual assault, child protection and the needs of people living with a disability.



## Our History

**1900**

Sydney District Nursing, then known as Sydney Home Nursing, began delivering in-home nursing care

**1914**

The first baby health clinic in Australia opened in Alexandria

**1960s**

By the late 1960s there were 25 baby health centres in the geographic area now covered by Sydney Local Health District

**1970s**

Establishment of a Child and Family Health Social Work Service  
Rachel Forster Hospital established the first child guidance clinic (the precursor to child and family services) for Korean and Vietnamese communities

**1971**

A Community Care Teaching Unit was established at RPA to assist residents in inner-city suburbs such as Glebe and Newtown with integrated medical and welfare services

**1972**

A Health Education Program for Migrants established  
Department of Community Medicine established to administer RPA Hospital's community-based health services from Glebe Community Health Centre

# Our History



**1975**

Early Childhood Social Work Service established providing home visiting social work service to families

**1977**

NSW Health Commission policy identified seven common goals for the provision of community health services: prevention, self-help, participation, integration, area responsibility, accountability and teamwork  
NSW Healthcare Interpreter Service established

**1973**

The Federal government's Community Health Program for Australia, in partnership with the NSW government, established new and expanded Community Health Centres and services. Services included generalist community nurses, social workers, ethnic health workers (bilingual and bicultural workers), psychologists, allied health professionals, health education officers, drug and alcohol workers, and community development workers.

Community Health Centres were progressively established in Leichhardt, Balmain, Kings Cross, Marrickville and Campsie

Community-based mental health teams were also established, and were located in Community Health Centres

**1978**

The Alma-Ata Declaration identified primary healthcare as the key to the attainment of the goal of 'Health for All'  
Eastern and Central Sexual Assault Service established

**1987**

The first Sexual Health Service in the District opened  
Baby Health Centres renamed Early Childhood Health Centres

**1990**

'Cellblock' Youth Health Service established

**1995**

Introduced Community HIV Allied Health Service

**1994**

The first edition of the Learning to Communicate: A Guide to Infant Communication Development (T. Anderson) resource made available to parents

**2001**

District-wide parenting coordinator position established

**1998**

'Families First', the NSW Government's prevention and early intervention strategy for families with children aged 0-8 years, established

**2003**

Multi-agency Resourcing Parents initiative commenced

**2004**

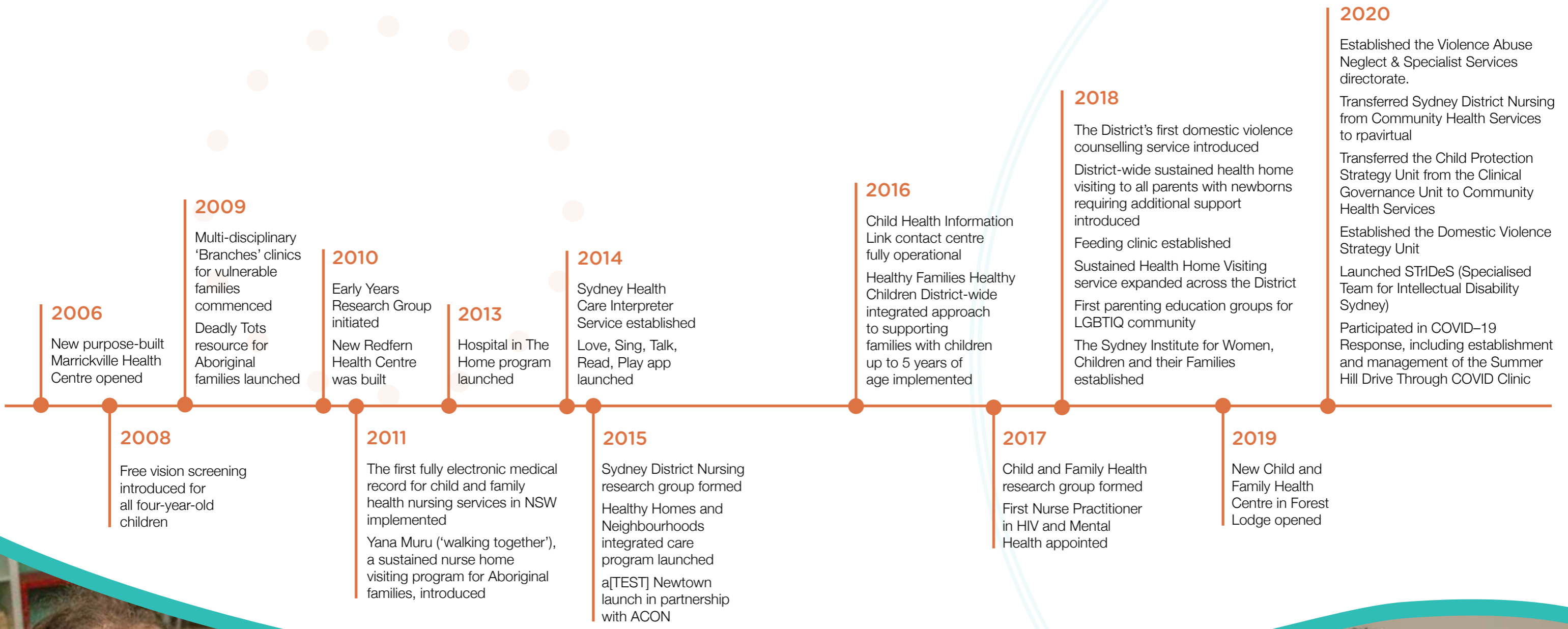
Healthy Beginnings resources developed

**2005**

Croydon Health Centre newly built, becoming the first major purpose-built community health centre in the District  
Young parents sustained health home visiting commenced



# Our History



# Our Vision, Mission and Values

## Our Vision

We adopt Sydney Local Health District's vision of 'Excellence in health and healthcare for all'

## Our Mission

- To ensure our community has equitable access to high-quality healthcare that is delivered in the community, close to where people live
- To put our clients at the centre of their care
- To deliver healthcare that is informed by evidence and that is integrated, timely, culturally safe and efficient
- To maintain a highly-skilled, compassionate workforce that is accountable, supported and valued.

## Our Values

We have developed a set of values that are at the core of everything we do in Community Health Services. These have been adapted from the NSW Health Core values.

### Collaboration:

Working together in a cooperative and supportive environment where every individual has the potential and the right to contribute to the provision of optimal services.

### Openness:

Being honest, transparent and upfront in our working relationships with our team, colleagues and all other stakeholders.

### Respect:

Acknowledging everyone's diverse requirements and opinions when interacting with others, while providing a professional and constructive service.

### Empowerment:

Feeling supported to speak up and contribute as a team, and as individuals, to provide effective services that support the District in the delivery of person centred care.



# Our Foundational Principles

## 1. We celebrate the diversity of our local community and of our workforce.

This includes diversity in cultural background, religion, ability, age, sexuality and gender expression.

## 2. Equity means that everyone has a fair opportunity to enjoy good health and to access the health services they need.

Equity issues will be addressed in our client care, our health promotion and illness prevention programs and through research. This will include addressing the social factors that contribute to health inequities and may require differential focus in some areas of health service planning and provision.

## 3. We are indebted to those consumers who sacrifice their time to contribute to the implementation and evaluation of programs and services through formal Consumer Reference Groups, Advisory Committees, consultation forums and focus group discussions.

Their contribution ensures that our programs and services remain relevant and appropriate. We will continue to actively engage community members and service users (consumers) in governance, service redesign and in care planning.

## 4. Our staff is our most valuable resource and we support and value their contribution to our organisation.

We will provide our staff with opportunities to develop the skills they need to provide the best possible client care and also ensure that programs are in place to support their emotional and physical wellbeing.

## 5. We are committed to working collaboratively with our partner agencies.

These partnerships take many forms: co-location of services and tenancy arrangements; collaborative planning; joint delivery of clinical services; case review and care coordination of shared clients; collaborative research and in kind contributions where there are aligned goals.

## 6. General medical practice is a key part of primary healthcare services delivered in the community.

We collaborate with general practitioners, and other partners who provide care in a community context, to provide coordinated prevention, screening, early intervention, self-management support and treatment services. Collectively we aim to prevent and/or treat disease, illness and injury and reduce the likelihood of poorer health outcomes for our community.

## 7. We have an absolute commitment to quality, safety and risk mitigation.

# Our Overall Strategic Priorities

## 1. To ensure

our community-based facilities have additional capacity to provide inclusive healthcare to meet growing population needs, changing models of care, emerging priority clinical areas and changes in client expectations.

## 2. To prepare

for a higher proportion of care in primary and community health settings to ensure clients receive the right care, at the right time in the right place, to provide earlier intervention and care, strengthen integration of care and avoid unnecessary hospital admissions and presentations. We expect our community-based services to grow by over thirty percent by 2026. Significant additional workforce, new and diversified services, and varied service locations will be required across our region.

## 3. To further invest

in the Healthy Families Healthy Children program that provides services and resources to support children's development, with a focus on the first 2000 Days of life.

## 4. To utilise data, research and technology

to report on service delivery, reach and effectiveness, and identify gaps to improve services; and to underpin and demonstrate quality and excellence in community healthcare for all.

## 5. To grow and support

a skilled, trauma-informed and compassionate workforce delivering services across the life spectrum, from the earliest stages of life to end of life care.

## 6. To fulfil

our responsibilities to our current service agreements.

## 7. To be flexible

and able to respond to emerging issues and priorities, including participation in pandemic and emergency responses.



# Focus Area 1: Our Communities, Partnerships and Environment

Community Health Services are District wide and cover the lifespan. The number of births and the growing population will have a particular impact on the demand for our services which are expected to grow by over thirty percent by 2026.

Past and current lived experience of adversity, together with the physical and social nature of our neighbourhoods, have a significant impact on health, development and wellbeing throughout life. We are actively partnering with communities, interagency partners and primary healthcare to positively impact on the adversity experienced by those living in our district.

Many of our clients will be seen by general practitioners, allied health practitioners in private practice, and/or medical specialists as well as our own clinicians. We will ensure that we communicate with consent, reliably and effectively with medical practitioners, private allied health and community based NGO partners and providers so they have all the necessary information when we are transferring or referring a client. This will include initiating a general practice communication quality improvement project.

## Changing demographics of our local community

Sydney Local Health District is a densely populated and socio-economically and culturally diverse region experiencing significant population growth.

The District covers the Local Government Areas (LGAs) of Burwood, Canada Bay, Inner West Council and Strathfield, the Canterbury part of Canterbury-Bankstown LGA and the western and southern parts of the City of Sydney.

## Population Growth

- In 2016 the population of the District was 640,000, a 21% increase from 2006
- There has been growth throughout the District, but it has been particularly rapid in the areas of Waterloo-Beaconsfield and Concord West-North Strathfield
- By 2036 almost 900,000 people will call the District home, with an expected overall population growth rate of 40% for 2016-2036, which outstrips that of NSW (29%). Canterbury (with a growth rate of 53.1%), Strathfield (57.3%) and Burwood (48.1%) LGAs are expected to experience the highest population growth to 2036.

## Aboriginal Community

- 1.1% of the District's residents are Aboriginal, which is lower than NSW (2.5%)
- A very significant proportion of the District's Aboriginal population resides in the Redfern-Waterloo area, the City of Sydney LGA and Marrickville in the Inner West LGA
- In 2016, 37.5% of the District's Aboriginal population were under 19 years of age (this equates to 1,992 children 0-14 years, and 1,389 young people), and just 4.9% were aged 65 and over.

## Culturally and Linguistically Diverse (CALD) Communities

- In 2016, 45% of the District's residents were born overseas and 58% spoke a non-English language at home
- China was the most common country of birth of those born overseas and Mandarin was the most common non-English language spoken at home
- The number of Sydney Local Health District residents born in India had increased substantially in the ten years between the 2006 and 2016 Census, with India now the third most common country of birth of non-Australian born residents, after China and the United Kingdom
- Residents of the District are less likely than residents of other parts of NSW to report that they were of Australian, English or other Northern European ancestry. They were more likely to report having Chinese, Lebanese, Italian, Greek, Vietnamese or Korean ancestry
- The percentage of Mandarin speakers doubled from 2006 to 2016 and the percentage of Arabic and Cantonese speakers declined
- Limited English proficiency is most common among those aged 75 and over (32%); this proportion has increased by 8% since 2006
- While the seven largest CALD groups have over 10,000 people, there is an increasing number of smaller CALD communities with up to and less than 1,000 people.

## Aged Population

- Older adults tend to be larger users of healthcare. In 2015 around 80,000 adults aged 65 and older were residents in the District, which is 12% of its total population
- The District's population is ageing with the number of residents aged over 70 projected to increase by 65% by 2031
- The population of those aged 65 and older has increased by 17,000 (29%) between 2006 and 2016
- The population of people aged 65 and older includes many from the Italian, Arabic and Greek communities who migrated to Australia from the 1950s-1970s
- Kingsgrove (North)-Earlwood has the largest population of people aged 65 and over. Growth in the population of older adults occurred across the District, but was most rapid in Concord – Mortlake – Cabarita
- The District has a large population living in Residential Aged Care Facilities with approximately 64 facilities and 4,500 residents.



## Children

- In 2016, around 15% of the District's population were children aged 0-12 years; this increased by 25% in the period 2005–2015
- Growth in this age group was more than twice as rapid as the growth in NSW as a whole, which experienced an 11% increase in the number of children over the same time period
- Lakemba-Wiley Park had the largest number of children by a substantial margin
- In 2017, around 1 in 5 NSW children aged 5-16 years were above or well above a healthy weight (overweight or obese)
- In 2016, 28.2% of the District's Aboriginal population was aged 14 years and under
- In 2017, immunisation coverage for children aged 1 year (93.5%), 2 years (88.5%) and 5 years (92.7%) was just below the NSW rate (93.9%, 90.2%, 94.6% respectively).

## Young People

- In 2016, approximately 17% of the District's population were young people
- 52% of the overall growth in the population of young people occurred in Waterloo–Beaconsfield and Concord West–North Strathfield
- The population of young people declined in a number of areas, most notably Strathfield
- City of Sydney LGA reported that in 2015, 7% of their homeless population was aged less than 25 years
- 14% of young people aged 12-17 had a mental health disorder in the last 12 months
- Aboriginal young people make up 1.6% of the population of young people the District
- Approximately 31% of young people were born overseas, which is significantly higher than the NSW average of 26%.

## Mothers and Babies

- Each year, approximately 8,500 babies are born to mothers residing in the District, with just under 4,800 births occurring in the maternity units at RPA and Canterbury Hospitals (2019)
- In 2017, 53% of women giving birth in Sydney Local Health District were born in English-speaking countries, 12.2% in Southern Asia, 13.5% in North East Asia, 8.3% in South East Asia, and 5.3% in Middle East and Africa
- In 2017, 8, 115 babies were born to Sydney Local Health District mothers, 8.5% of all babies born in NSW
- 41% of mothers were aged 30-34 years, 27% were 35-39, 20% were 25-29 years, 6% were 45 and older and 6% were 24 and under
- In 2016, 18.1% of the District's mothers had a maternal medical condition, most notably, 14.8% had diabetes (pre-existing or gestational)
- In 2017, 2.8% of women reported smoking during pregnancy; this is down from 3.5% in 2015
- In 2017, 39.4% of Aboriginal women reported smoking during pregnancy; this is down from 49.5% in 2015
- The rate of teenage pregnancy within Sydney Local Health District has steadily declined over the last 12 years, currently being 0.3% of all births within Sydney Local Health District
- In 2017, on discharge from RPA Hospital 75.6% of babies were fully breastfed, 19.8% received some breastfeeding, and 31% were receiving formula only. On discharge from Canterbury Hospital, 75.4% were fully breastfeeding, 17.7% received some breastfeeding, and 4.7% received formula only.

## Disability

- Around 5% of the District's residents reported a need for assistance with core activities and around 10% provided unpaid assistance to a person with a disability
- The percentage of residents requiring assistance tends to be higher in the Canterbury region
- Overall, about 10% of Sydney Local Health District residents provide unpaid assistance to a person with a disability.

## Gender and Sexuality Diverse People

- The District has a proud LGBTIQ community and a number of suburbs within the District have the highest proportions of same-sex couples in Australia
- The District has a significant population of gender and sexuality diverse young people
- There is evidence that gender and sexuality diverse people experience high levels of health disparities, including higher rates of poor mental health, higher smoking rates and poorer engagement with cancer screening programs
- Data and evidence is building about approaches to address the health needs of Trans and Gender Diverse populations and the District will be looking more closely at this area of health in the life of this Plan
- Homosexually active men are disproportionately represented in HIV and STI diagnoses
- The District has one of the highest numbers of residents living with HIV in Australia.

## Violence, Abuse and Neglect

- In 2016-17 the overall District rate of recorded domestic assaults to NSW Police was 284 per 100,000 population, which is lower than the NSW average of 370 per 100,000 population, except for the City of Sydney LGA with 458 recorded domestic assaults per 100,000 population
- In 2016-17, 3.6% of children and young people in the District were reported to the Department of Family and Community Services (FACS) as at risk of significant harm
- Aboriginal children and young people are six times more likely to be involved in risk of significant harm reports.

## Hepatitis, HIV and Sexually Transmitted Infections

- The District continues to have the highest gonorrhoea and syphilis notification rates in NSW
- Notification rates for chlamydia in the District are double the average rate in NSW, whilst rates for gonorrhoea and syphilis are three-fold the NSW rate
- Hepatitis B notification rates have remained steady over the last 4 years, which is significantly higher than the NSW average
- The total number of new HIV infections in the District decreased in 2017 (65), from 2016 (85)
- In 2017, 92% of all new HIV infections in District residents were acquired through homosexual contact, compared to 74% across NSW
- In 2017, the proportion of newly diagnosed individuals with HIV that were on antiretroviral therapy within 3 months of diagnosis was 80% (though information was missing for 20% of all cases).





### Socio-Economic Factors

- The District is characterised by socioeconomic diversity, with pockets of both extreme advantage and extreme disadvantage
- The areas with the highest number of people receiving welfare assistance are Canterbury and the Inner West LGAs
- Mean taxable income is the lowest in Canterbury LGA, which has a higher index of disadvantage than the rest of NSW
- The highest levels of unemployment were reported in the suburbs of Lakemba and Wiley Park
- Young people (15–24 years) in the District were around twice as likely to be unemployed as other adults
- A higher proportion of the District's dwellings are social housing when compared to NSW as a whole; the majority are located in Waterloo–Beaconsfield, Redfern–Chippendale, Riverwood and Glebe–Forest Lodge
- The District has a large population of people experiencing homelessness, with 40% of NSW boarding houses located within the District

### Strategic Actions:

#### Community engagement and empowerment

- Strengthen community development and outreach approaches with clients and communities who are vulnerable
- Develop new place-based programs in areas of locational disadvantage, in consultation with local communities
- Deliver health and wellbeing information and education to the community through our websites, social media, playgroups, parent groups, at shopping centres and significant community events
- Deliver health and social care coordination for clients with complex health and social care needs
- Provide online access to Yhunger program resources (nutrition and physical activity resources for young people)
- Further invest in strategies and resources to engage Aboriginal young people
- Work towards eliminating HIV transmission by continuing to promote HIV prevention strategies including pre-exposure prophylaxis (PrEP) and achieving and sustaining undetectable viral load (UVL) for people living with HIV.

#### Collaboration to achieve better outcomes

- Explore opportunities to develop new strategic partnerships across all clinical streams
- Improve our response to violence against women by increasing access to specialised support and leading interagency planning and collaboration in our region
- Implement the Inner West Sydney Child Health and Wellbeing Plan 2016–21 and the Inner West Youth Health and Wellbeing Plan 2018–23 with our service partners, including Department of Community and Justice, the Central and Eastern Sydney Primary Health Network (CESPHN) and the Department of Education
- Work with schools with a focus on the development, behaviour and emotional health of preschool and school-aged children
- Work with early education providers to transfer knowledge and ability to identify developmental issues in children
- Continue to collaborate with ACON to provide HIV and sexual health screening services for the LGBTIQ+ community through the a[TEST] peer-led model
- Continue to collaborate with CESPHN as a key strategic partnership to support integration with primary healthcare providers
- Support hospital avoidance by providing clinical care and case management in community locations
- Improve continuity of care across District services for families with children
- Initiate a general practice communication quality improvement project.



## Focus Area 2: Our Facilities

Our largest health centres are located in Croydon, Canterbury, Marrickville, Redfern, Forest Lodge and Darlington. We will consult with our consumers regarding improvements to existing facilities and the introduction of new facilities.

In the next five years Sydney Local Health District is planning for growth and additional needs for services in the community and will open a HealthOne at Green Square.

**“We will consult with our consumers regarding improvements to existing facilities and the introduction of new facilities.”**

HealthOnes aim to integrate community health services with Commonwealth funded General Practice and primary care services.

Information technology is likely to transform community-based care in the next five to 10 years.

The development and use of apps, artificial intelligence, telehealth and virtual reality will mean that we deliver care in increasingly diverse ways, with more options for remote monitoring and client self-management.

### Strategic Actions:

#### Improving access and experience through new and improved service locations

- Continue to participate in the development of a new HealthOne integrated primary and community health centre in the Green Square zone
- Participate in the development of new HealthOne integrated primary and Community Health Centres in Waterloo, Canterbury and Concord-Homebush
- Introduce a new multidisciplinary Child and Family Health Centre in Forest Lodge
- Review the configuration of the Redfern, Marrickville and Croydon Health Centres to optimise client experience and support integration of services
- Ensure our facilities are welcoming of all our clients and reflect their diversity
- Increase client access by extending clinic opening hours to include more evenings and weekends
- Work with ACON on plans to strengthen service access for people of diverse sexual orientation and gender identity

- Continue to work with local councils to finalise the upgrade of 12 Child and Family Health Centres across the inner west
- Work more with local, government and non-government organisations on local, community-specific health initiatives.

#### Better use of information and communication technology

- Ensure our information and communication technology supports high performance and personalised client care
- Improve eMR capacity to support clinical needs, including introducing eMeds
- Continue to collaborate with CESP HN to improve integration of clinical records with general practice to support improved coordination of care (such as increase use of My Health Record)
- Work with CESP HN to explore options for a multi-way eMR communication portal for clients, carers and GPs to empower clients to track their own health needs, provide self-assessed health information and link with their GP

- Introduce telehealth to complement and enhance clinical services
- Review and improve the efficiency and effectiveness of our Child Health Information Link contact centre to ensure a strong platform for future growth
- Evaluate the introduction of new technologies and explore associated research opportunities
- Explore the use of multi-point video conferencing to conduct virtual clinics with community providers (Project ECHO) to support capacity building activities with general practice and partner local health districts.

# Focus Area 3: Our Clients, Families, Carers and Consumers

We actively seek to engage and involve clients, families, carers and consumers in identifying health issues and assisting us in the design of services and information which are accessible, respectful, participatory and responsive to community and consumer needs, views and experiences.

We acknowledge the important influences on people's health of the social, economic and cultural conditions in which they are born, grow, live, work and age (the social determinants of health and wellbeing).

We will use evidence, including demographic and social information, community knowledge, and consumer consultation and feedback to understand the communities we serve, design responsive services, develop programs, and assess their effectiveness.

## Strategic Actions:

### Information and access

- Consult with consumers to tailor our communication to meet their information, literacy and language needs
- Ensure culturally competent practices, including the use of interpreters, availability of bilingual workers, valuing diversity, and participation in cultural competency training
- Continue to engage and promote the voice of clients through Patient Experience Interviews, regular Patient Perspective Surveys and new Patient Reported Outcome Measures
- Improve access to health services for the Aboriginal community by considering new opportunities to work with Aboriginal community based organisations such as the Aboriginal Medical Service Redfern

- Better identify health disparities, barriers to service access and support for gender and sexuality diverse people's health
- Continue to seek client and community member feedback on health needs and service experience through a range of methods.

### Clients with disability

- Support our clients and carers to access services for people with disabilities
- Continue to facilitate and advocate for client access to the National Disability Insurance Scheme.

### Holistic services for people with HIV

- Better address the mental health, drug and alcohol related health issues of our clients living with HIV by considering a co-case management model across services
- Support people diagnosed with HIV to access treatments as soon as practical following their diagnosis
- Continue to promote access to counselling and support services for Sexual Health Service clients to improve mental health and wellbeing.

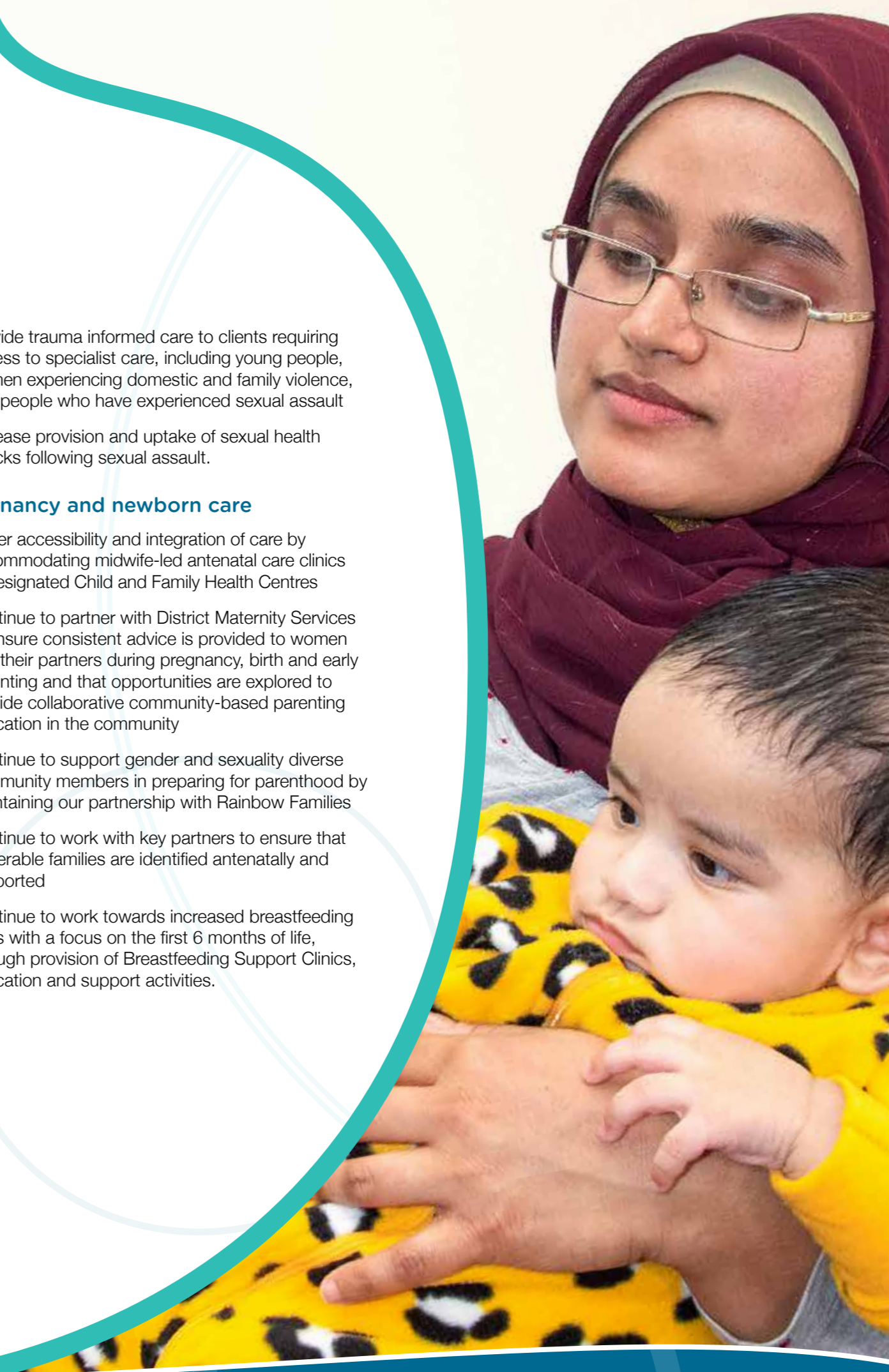
### Trauma-informed care

- Ensure Community Health Services are underpinned by the five principles of trauma informed practice: safety, trust, collaboration, empowerment, choice and acknowledgement of cultural, historical and gender issues
- Provide collaborative, strengths-based services, which are safe and appropriate for all members of the community, including survivors of trauma

- Provide trauma informed care to clients requiring access to specialist care, including young people, women experiencing domestic and family violence, and people who have experienced sexual assault
- Increase provision and uptake of sexual health checks following sexual assault.

### Pregnancy and newborn care

- Better accessibility and integration of care by accommodating midwife-led antenatal care clinics at designated Child and Family Health Centres
- Continue to partner with District Maternity Services to ensure consistent advice is provided to women and their partners during pregnancy, birth and early parenting and that opportunities are explored to provide collaborative community-based parenting education in the community
- Continue to support gender and sexuality diverse community members in preparing for parenthood by maintaining our partnership with Rainbow Families
- Continue to work with key partners to ensure that vulnerable families are identified antenatally and supported
- Continue to work towards increased breastfeeding rates with a focus on the first 6 months of life, through provision of Breastfeeding Support Clinics, education and support activities.



# Focus Area 4: Our Services and Programs

Community Health Services are integral to the provision of comprehensive and responsive healthcare services provided by Sydney Local Health District. Community Health Services seek to improve the health of clients and local communities by providing a range of universal, specialist and targeted services across the health continuum and life span. This includes health promotion, prevention, early intervention, treatment, recovery and health maintenance, using a comprehensive model that recognizes the interaction of physical, emotional and social aspects of health at community and individual levels. Within Sydney Local Health District, Community Health Services are located in the Directorate of Clinical Services Integration and Population Health.

**“Clinical services are complemented by targeted health education programs to support personal and community health and wellbeing, empowerment and responsibility.”**

This structural location supports collaboration with other community-based services and programs including Drug Health Services, Oral Health Services, the NGO Program and Population Health.

Our health services are accredited by the Australian Council on Healthcare Standards and we are assessed independently against the National Safety and Quality in Healthcare Standards and the Aged Care Standards.

Community Health has a strong equity focus. Inherent to our models of care is the purposeful design of many services and programs to address inequity. This may be explicit in the service model of care or may be enacted through the triage process.

Whilst a number of Community Health services are ‘universal’ and available to all, many are specifically designed for sub-groups in the community who experience poorer health and/or poor access to health services.

We will continue to deliver the core services and programs outlined below.

## Clinical Directorate – Child and Family Health Services

Healthy Families Healthy Children is the umbrella term for the program of services and resources that are available for families with children prenatally to five years in Sydney Local Health District. Community Health Child and Family Health services play a lead role in Healthy Families Healthy Children.

### Child and Family Health Nursing

Child and Family Health Nurses provide health and developmental checks for babies and children from birth to 5 years. These services are delivered from over fifteen community-based Child and Family Health Centres and through home visits. Also provided are Breastfeeding Support clinics, evidence-based information sessions on the introduction of solid food and parenting. Child and Family Health Nurses also provide support, education and information on child development and parenting as requested by families.

Child and Family Health Nurses do this by providing a graded and flexible response adapted to the individual needs and circumstances of each family by providing individually tailored packages of care to ensure the right interventions are provided at the right time to the right families.

### Healthy Families Healthy Children Sustained Health Home Visiting Program

The Healthy Families Healthy Children Sustained Health Home Visiting program promotes the health and development of families and their children by helping families, particularly mothers, to care for themselves and to interact with their children in ways that support optimal child physical, emotional and social development. The program also aims to reduce avoidable differences in the health and wellbeing of children and families across Sydney Local Health District.

This structured program is comprised of sustained Child and Family Health Nurse home visiting, allied health support and consultation, service integration and referral to improve outcomes for the broad range of families dealing with complex issues and who are at risk of poorer maternal and child health and development outcomes. The program commences antenatally (where possible) and continues until the child turn two years of age.

### Healthy Homes and Neighbourhoods Integrated Care Program

A number of families living in our community experience barriers to accessing health and social care. The problems that these families face are highly complex, often spanning generations, and cannot be addressed by one agency alone. The Healthy Homes and Neighbourhoods Integrated Care Program connects services to address these barriers, and ensure vulnerable families have their complex health and social needs met; keep themselves and their children safe; and keep families connected to society.

### Child and Family Counselling (Psychology and Social Work)

This service consists of both psychologists and social workers who see children aged three to 12 years and their families to provide treatment when children have difficulty with emotions, social functioning or behaviour.

Services include comprehensive psychosocial assessment, diagnosis, therapeutic intervention, counselling and group programs as well as liaison and advocacy, where relevant, for children and families presenting with emotional, social, behavioural and family relationship problems.

### Child Protection Counselling

This service works primarily with children and young people up to 18 years and their parents/carers who have suffered physical abuse, emotional abuse and/or neglect which has been confirmed by the Department of Communities and Justice. The service is delivered primarily through home visits and provides intervention for up to eighteen months. Priority is given to a previous non-accidental death in the family; a previous assumption of care of the child or its siblings; serious physical or psychological injury; a child under five years who has been physically or emotionally abused or neglected; multiple risk of harm reports; poly-substance use by the parents or other carer; and a parent or child with a disability.

### Early Childhood Social Work

The Early Childhood Social Work service provides therapeutic early intervention for families with children under three years. The service aims to assist parents and carers with adjustment to parenting; enhance parenting capacity and promote healthy attachment relationships, family functioning and infant-child mental health. Intervention is based on a home visiting model where the social and emotional wellbeing and attachment of the baby/child is regularly reviewed.



### Community Paediatric Medical

Community paediatrics provides population and community based non-acute medical services for children, young people and their families. Clinics are provided for populations with greater disadvantage including Aboriginal children, refugee 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 diagnostic and assessment services are provided in partnership with allied health and community mental health services, addressing issues such as autism, developmental disability, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, school difficulties, encopresis and enuresis.

### Paediatric Speech Pathology

Paediatric speech pathology services include assessment and intervention for children with communication impairment and feeding difficulties, working alongside their family members. This includes children with difficulties in receptive language, expressive language, speech, voice, stuttering, mild feeding difficulties, mild autism and mild developmental delay or disability. Intervention is provided through clinic, home, pre-school and school visits; parent and teacher training and individual or group therapy.

### Paediatric Occupational Therapy

Paediatric occupational therapy services provide 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 a developmental delay, learning difficulty, mild autism, mild intellectual or physical disability and sensory processing disorders. Intervention is provided through clinic and outreach services, and individual or group therapy.

### Paediatric Physiotherapy

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. Case management is also provided for children with recognised needs in the mild range of physical disability or delay. Intervention is provided through clinic, home and school visits and individual or group therapy.

### Early Childhood Nutrition

Child nutrition services are provided by early childhood dietitians and include consultations for babies and children from birth up to five years of age who are above or below the healthy weight range. Dietitians also see children for common nutrition issues such as iron deficiency anaemia and cow's milk protein intolerance.

Services provided include nutrition assessment, education and nutrition support for paediatric patients and their families and consultation on early childhood nutrition issues to early childhood community organisations, health professionals, Supported Playgroups, Long Day Care and Family Day Care services. Nutrition issues include demonstrated feeding practices which could potentially affect or are already having an effect on their growth, health or development. This includes, but is not limited to, children who are malnourished – below or above the healthy weight range and fussy eaters with compromised growth.

### Vision Screening and Orthoptics

Orthoptists and nurses provide screening and assessments to identify, diagnose and manage vision disorders in children from birth to 12 years of age.

### Audiometry

Hearing (audiometry) services assist with early identification of ear disease and hearing impairment through the provision of hearing assessments. Audiometry can make referrals to other health professionals and educators. Hearing checks are available from nine months of age up to 12 years.

### Disability Specialist Unit

The Disability Specialist Unit provides comprehensive developmental assessments, health services and support for children with or suspected to have developmental and/or intellectual disabilities from birth to 18 years of age. The team includes psychologists, social workers and doctors.

### Intellectual Disability Health Team

The Intellectual Disability Health team is one of six new state-wide hubs and will provide an 'across the lifespan' service for children, adolescents and adults with intellectual disability and a health problem, complex, chronic health co-morbidities and/or social vulnerability. Capacity building services for mainstream health staff providing care to people with intellectual disability in both Sydney and Western Sydney Local Health Districts is a secondary focus.





## Clinical Directorate – Violence Abuse and Neglect (VAN) & Specialist Services

### Sexual Assault Service

Our Sexual Assault Service is the busiest in the state and provides 24 hour, seven days per week crisis counselling, medical and forensic services to clients presenting to the Emergency Department, as well as medical follow-up, and ongoing counselling to adults and young people (14 years or older), non-offending family members and significant others. The Service also currently delivers an outreach service on the University of Sydney campus, in partnership with the University.

### Community Domestic Violence Team

The Community Domestic Violence Team (CDVT) offers a free and confidential trauma-informed clinical service which works with women and young women (aged 14 and over) to identify and address the impacts of domestic violence and to support their healing and recovery from the trauma they have experienced. Services include counselling, short to medium term case management, advocacy and training/case consultations for District staff.

## Sexual Health Service

The Sexual Health Service aims to reduce the transmission of HIV and other sexually transmissible infections (STIs) and to reduce the negative impacts of HIV, other STIs and hepatitis C on health status, personal and social wellbeing.

All services are targeted towards priority populations – those most impacted by HIV and STIs. Triage practice, dedicated outreach clinics and capacity building of general practitioners reflect this emphasis. The service maintains a significant research portfolio, contributing to local, national and international research evidence. The Service also currently delivers an HIV testing outreach clinic in Newtown, in partnership with ACON.

### Community HIV Allied Health Service (Positive Central)

Positive Central provides comprehensive allied health services for complex clients with HIV. The team includes occupational therapists, social workers, physiotherapists and dietitians. The service provides holistic case management, supporting clients to achieve their health and social care goals. The service also includes ongoing management of complex clients who fall under the Public Health Act (2010).

We will also deliver a number of programs and services to improve access for the following client groups to specialised care:

- Aboriginal children and their families
- Aboriginal adults with chronic disease
- Children with disabilities
- Children and young people in out-of-home-care
- Children with child protection concerns identified
- Victims of sexual assault or domestic violence
- Parents requiring additional support to parent well and to manage their own health
- People living with HIV
- People at risk of HIV and STIs
- Young people with complex health and social care needs.





### Youth Health Service (Youthblock)

Youth Health offers services across SLHD through centre based and outreach services. Youth block is a centre based service that aims to improve the health and wellbeing of young people. Trained youth health specialists provided young people 12–24 years with clinical services and education about health issues and other problems including school, relationships, alcohol and drugs, housing, mental health and finances. Youth Health offers outreach counselling and nursing services to various youth services, youth refuges, behavioural and mainstream high schools and Juvenile Justice. Youth health also partners with local schools, NGOs and youth services to deliver health education and social well-being initiatives.

### Violence Abuse and Neglect Strategy Unit

This unit leads strategic VAN work and actively facilitates integration and collaboration through leading policy development and implementation, providing specialist training, and identifying current and future priorities through analysis of data sources and monitoring trends.

The unit comprises two sub-units, one focused on Domestic Violence, and another on Child Protection.

### Domestic Violence Strategy Unit (DVSU):

This unit is responsible for delivering District-wide capability and capacity to effectively identify and respond to domestic and family violence in all services and facilities. The unit provides leadership and support in relation to domestic and family violence across a range of domains including safety and quality, strategic planning, training and capacity building, policy development and implementation, service evaluation, cultural consultation, and stakeholder feedback and engagement. DVSU works from a feminist lens and within a trauma informed, person centred framework underpinned by the principles of social justice.

Specialist projects include:

- Coordination of District participation in Domestic Violence Safety Action Meetings to reduce morbidity and mortality for women in high risk domestic violence situations
- Specialist consultation and advocacy for increased access to domestic and family violence and sexual assault information and services for local First Nations Women
- Targeted training, supervision and consultancy on domestic violence related issues, including screening, risk assessment, safety planning and documentation
- Support and advice on service development, evaluation and redesign.

### Child Protection Strategy Unit

The Child Protection Strategy Unit (CPSU) provides strategic leadership for the districts response to child protection to enhance the safety of children and young people and their families. This is done by providing child protection expertise and consultation, contributing to improving child protection service delivery with a focus on planning, policy and procedure development and better coordination of health services, developing and trialling innovative models for practice and building capability and capacity in our workforce through education.

### Out of Home Care Health Program

This program ensures that children and young people entering statutory care have their health needs assessed and health plans developed to meet those needs. Children and young people in the program are provided with a primary health screen within thirty days of entering statutory care, and a comprehensive assessment where required. Health plans are developed for each child with six monthly reviews for children under five years, and annual reviews for older children and young people.

### Pregnancy Family Conferencing

Pregnancy Family Conferencing is a strengths-based, trauma-informed program offered to pregnant women and their families where significant child protection concerns have been identified for the unborn baby. This is a joint partnership Between the Department of Communities and Justice and Sydney Local Health District

### Child Wellbeing

The Child Wellbeing Coordinator support health workers and services in preventing abuse and neglect and responding early, whenever a child safety, welfare or wellbeing concern is raised. Child Wellbeing Coordinators advice health workers, respond to complex cases and work closely with other government departments and agencies providing advice about referral pathways and information sharing.

## Strategic Actions:

### Child, youth and family health services

- Promote the importance of the NSW Health *First 2,000 Days Framework* across the Sydney LHD community, including partner agencies, and review implications for local operational planning
- Establish a model of collaborative and integrated care involving child and family health nurses and maternity services specifically targeted at vulnerable women and their families who are currently receiving support from programs such as the Sustained Health Home Visiting program or Healthy Homes and Neighbourhoods
- Consider implications of the Ministry of Health evaluation of Universal Health Home Visiting Services and the *Final Report of the Inquiry into Support for New Parents and Babies in NSW (2018)* on models of care
- Lead the implementation of an *Aboriginal Early Years, Children & Young People Action Plan*, in collaboration with our service partners
- Continue to deliver free vision screening for 4 year olds before they start primary school through the Statewide Eyesight Preschooler Screening program (StEPS).
- Continue to review models of service across paediatric medical, allied health and child and family health nursing to ensure these services offer timely, evidence-informed and where available evidence based care and are responsive to growth in demand
- Review allied health service models of care to increase our capacity to provide comprehensive care over a longer period to children requiring the most support
- Expand and strengthen school-based services that focus on early identification and intervention for children and young people with developmental, emotional, behavioural and mental health concerns

- Continue to partner with the CESPHN to deliver speech pathology screening project to families in a range of targeted outreach locations
- Meet existing strategic commitments in the *NSW Youth Health Framework 2017-24*
- Continue to engage marginalized youth populations through engagement of young people outside of typical adolescent spaces
- Implement the Community Health Waiting List Management Policy to enable stronger oversight of the monitoring, reporting and responses to clinical waiting lists, and support equitable and timely access to clinical care
- Respond to service demand and extended wait lists through provision of flexible modalities of care which enable service efficiency and improved capacity, including the use of telehealth for identified services, MyVirtualCare for Community Paediatric clinics, and virtual group programs across allied health including language interventions and parenting support.
- Implement the outcomes of quality improvement projects that present opportunities for strengthening care coordination and integrated care, including review of the Multidisciplinary Assessment Screening Clinic, Allied Health service demand and eligibility project, models of care vulnerability project, and understanding factors impacting on uptake and sustained engagement with HFHC Sustained Health Home Visiting Programs
- Undertake the service evaluation of the Child Health Information Link to understand future opportunities for effective utilisation of CHILas an important resource of information and advice for families and referrers, including potential for single session models of care to support demand and wait list management, and strengthening care navigation functions to support timely triage to appropriate health and social care service partners, ECEI and NDIS services



- YouthBlock Youth Health Service to trial the STAT model (Specific Timely Appointments for Tri-age) which is designed to reduce waiting times for community outpatient services by booking patients directly into protected assessment appointments and combining triage with initial management as an alternative to a waiting list and triage system. The STAT model will be trialled for a 6 month period with a review undertaken at the end to determine what impact it has on the waiting list for the service.

### Gender and sexuality diverse people and people with HIV

- Participate in the implementation of the *NSW HIV Strategy 2021–2025* and the review *NSW STI Strategy 2016-20*
- Improve access for clients with low English proficiency to testing for hepatitis C, HIV and other STIs by investigating opportunities for home testing.

### People who have experienced violence, abuse and neglect

- The Community Domestic Violence Team, the Sexual Assault Counselling Service and the Violence Abuse Neglect Strategy Units to continue to implement strategies for staff from the different services to provide time limited assistance to each of the services when there is an identified need, such as staff vacancies or an increase in demand for service, in order to limit the number of clients placed on the waitlist and to provide a timely service

- Finalise the review and redesign of our services for clients who have experienced violence, abuse and neglect so they are accessible, integrated and client-centred in order to best facilitate recovery from trauma
- Provide a 24/7 counselling, medical and forensic service for people who have experienced domestic and/or sexual violence
- Evaluate the sexual assault counselling clinic provided on the University of Sydney campus to inform future outreach models
- Ensure Community Health Services are underpinned by the five principles of trauma informed practice: safety, trust, collaboration, empowerment, choice and acknowledgement of cultural, historical and gender issues
- Provide collaborative, strengths-based services, which are safe and appropriate for all members of the community, including survivors of trauma
- Provide trauma informed care to clients requiring access to specialist care, including young people, women experiencing domestic and family violence, and people who have experienced sexual assault
- Increase provision, uptake and data collection of sexual health checks following sexual assault
- Implement new programs, including a Child Sexual Assault Counselling Service, and the Safe Wayz program.

## People living with a disability

People with a disability face more challenges navigating everyday activities than people without disabilities. The 2008 Convention on the Rights of People with Disabilities highlight that people with disabilities must enjoy all human rights and fundamental freedoms. Disabilities can be temporary or permanent and can be physical or mental. The way in which a person lives with a disability can be impacted by various factors such as their ability to interact with their environment, people's attitudes, their support network, health and financial status. People with disability experience poorer health outcomes, have reduced life expectancies and die prematurely. Collaboration between the health and disability sectors (NDIS) are crucial to reduce these health disparities.

SLHD is fortunate to have specialist disability services which aim to provide quality health care to people with a disability in a timely and appropriate manner, and respond to the needs of carers. This includes the Specialist Team for Intellectual Disability Sydney (STrIDeS), which is a whole of life service, the Disability Assessment and Rehabilitation Team for Young People with Multiple Disabilities (DARTYP) which provides services for those over 16 years of age, and the statewide Adult Intellectual Disability Mental Health Hub. Strides also has specific capacity building functions focused towards improving the knowledge, skills and confidence of health professionals treating people with disabilities. Within the paediatric space, there are multidisciplinary teams whose programs are aimed at early diagnosis and intervention for young children with a disability (Disability Specialist Unit and the Community Paediatrics Services) and provide some support for older children and adolescents with developmental disabilities and complex behaviour/mental health issues.

Within SLHD we are committed to enabling all people with a disability to have equal access to healthcare services. We work collaboratively with all services involved in their health care such as their GP, specialists, carers, schools and other service providers. We take a wholistic approach to health and strive to reduce health inequalities for people living with a disability within SLHD.

## Gender and Sexuality Diverse Communities

Community Health celebrates the diversity of our community and is committed to ensuring that our gender and sexuality diverse clients and their families feel accepted, welcomed and valued when engaging with any of our services.

Sydney Local Health District has a significant gender and sexuality diverse population. Some suburbs have the highest proportions of same-sex couples in Australia and we have the highest number of residents with HIV. Collaboration with consumers and our partner organisations, such as ACON and Rainbow Families, is essential to ensuring we are responsive to the needs of the community.

Some examples of specific initiatives include:

- Prioritising gay and other homosexually active men and gender diverse people for sexual health care, STI and HIV testing and management
- Using technology in our sexual health clinics to improve the experience of clients when providing a sexual history
- HIV treatment clinics and allied health services and case management for people with HIV
- Delivering a rapid HIV testing outreach clinic with peer-workers to improve the experience of clients
- Antenatal classes and parenting programs for gender and sexuality diverse people and same-sex couples
- Display of signage at all our service locations to create and promote environments that are visibly welcoming and inclusive of LGBTIQ people
- Affirming our acceptance, welcoming and valuing of all people in our community regardless of sexuality or gender identity through material displayed in our service sites and across Sydney Local Health District hospitals
- Including education on sexuality and diversity in our health education programs for young people.



## Culturally and Linguistically Diverse (CALD) Communities

As at 2016 Community Health clients are from 133 different countries of birth and speak a total of 81 different languages. After Australia, the top five countries of birth are China, Bangladesh, India, Vietnam and England. After English, the top five preferred languages of our clients are Mandarin, Bengali, Vietnamese, Arabic and Nepali. There is an increasing number of smaller CALD communities with up to and less than 1,000 people. Limited English proficiency is most common among those aged 75 and over (32%). In 2017-18, our clinicians used healthcare interpreters for 51,089 appointments, a 6% increase on the previous year.

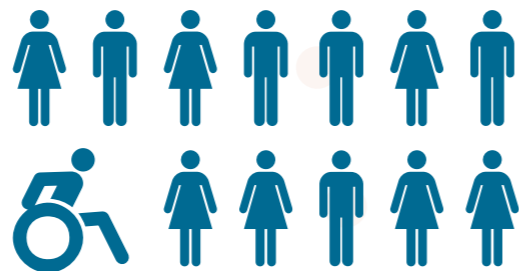
We will continue to ensure culturally responsive practices across our clinical services, including the use of face-to-face and telephone interpreters, providing bilingual workers in specific programs, offering cultural competency training for staff and valuing the diversity of cultural and linguistic background of both our clients and our staff.

Examples of recent initiatives to improve healthcare provision to CALD clients include:

- Language-specific parenting programs have been developed that address issues specific to being a new migrant when becoming a new parent including, adjusting to motherhood and transitioning to life in Australia. Groups are run with Bangla and Mandarin speaking parents by a nurse with an interpreter
- A project to improve access to paediatric occupational therapy services by providing services at additional outreach locations, the project focused on developmentally vulnerable children living in Lakemba, Wiley Park, Riverwood and Punchbowl – suburbs with very high proportions of CALD community members
- The Sexual Health Service makes services available for clients who may be Medicare ineligible.

# In 2019/20 our teams:

Delivered care to **33,500** people



Offered over **2,600** talking and listening checks to children in outreach settings



Delivered care to **10,440** clients in their homes



Managed **30,982** phone calls through our Child Health Information Link contact centre

Delivered care to **40,000** children on **66,500** occasions, and provided **31,500** occasions of care to parents



Delivered emergency counselling to **313** victims of sexual assault in the RPA Emergency Department



Tested the vision of **4,000** four-year old children



Conducted **7,700** HIV tests for Sexual Health and Youth Health Service clients

# Focus Area 5: Our Staff

We have a multidisciplinary workforce of 280 staff spread across 25 service locations. The work experience and skill mix of our staff support ongoing competency based education; development of policies and procedures; a strong research agenda; specialised clinical services; new graduate programs; student placements; and, internal supervision and mentoring. 3.8% of our current staff in 2021 identify as Aboriginal.

To provide services close to where people live, we work across the inner west in client homes, Community Health Centres, Child and Family Health Centres, youth services, playgroups, early childhood education centres and schools. Our largest health centres are located in Croydon, Canterbury, Marrickville, Redfern, Camperdown, Forest Lodge and Darlington.

## Strategic Actions:

### Supporting the health and wellbeing of our staff

- Continue to celebrate and showcase the achievements of our staff
- Identify leaders of the future and support structured succession planning
- Support workforce flexibility where possible
- In addition to direct line management ensure separate, regular and appropriate clinical supervision is available to all clinicians, in particular those at risk of vicarious trauma, Finalise and implement the Community Health Workplace Vicarious Trauma Guidelines

### Valuing professional development

- Enable staff to take part in ongoing professional development which assists them to carry out their role and develop their knowledge and skills.
- Support new managers by adopting the Management Accountability Framework, improving orientation and providing access to coaching and mentoring
- Maintain professional networks with clinical groupings and service partners to support the sharing of knowledge and combined professional development.

### Workforce design

- Strive to ensure that our workforce is reflective of the cultural diversity of our local community
- Better respond to the increasing complexity of our clients by introducing specialised positions
- Consider workforce modifications needed to address the shortage of child and family health nurses, including the introduction of a transition to specialty program
- Increase our Aboriginal workforce, so that services and programs are responsive, appropriate and effective for Aboriginal people.

## Community Health Centre



# Focus Area 6: Our Research

We value and invest in a strong research and evaluation program in order to inform and improve the delivery of high-quality and effective healthcare services. We actively seek out and contribute to evidence of high quality and effective community health services and seek to apply this evidence to our practice.

**“We support the development and extension of research and evaluation skills of community health staff members”**

We support the development and extension of research and evaluation skills of community health staff members and aim to engage consumers meaningfully in research, including consumers with low English proficiency.

The ‘Guide to support decisions for research activity in Community Health Services’ will assist clinicians and managers to ensure research activities reflect strategic priorities, are well designed and adequately resourced, and contribute to the evidence base on delivery of effective community health services.

## Strategic Actions:

### General

- Maintain our annual Community Health Services Research and Evaluation Showcase
- Prioritise engagement in translational research projects which inform clinical practice and address key health issues
- Continually revisit our clinical indicators to ensure we are measuring improvements in practice and clinical outcomes
- Use data systems to identify and describe service delivery and reach, and identify further issues for further research and evaluation
- Strengthen our partnerships with universities and CESP HN by looking for new opportunities to collaborate.

### Health Communication

- Assess and analyse the health communication needs and capacities of our clients including those receiving in-home nursing care, child and family health services and youth health services. Use these findings to develop staff capacity to improve their own health communication
- Identify opportunities to extend health promotion and health communication components in service delivery.

### Children, young people and families

- Participate in the evaluation and renewal of the Child Health and Wellbeing Plan
- Collaborate with the Sydney Institute for Women, Children and their Families to develop its research, education and policy agenda
- Consider specific opportunities to further research into youth health and wellbeing
- Continue to contribute to national and international evidence regarding the design and delivery of integrated care programs for vulnerable families.

### Gender and sexuality diverse people and people with HIV

- Be actively involved in collaborative translational research which identifies and improves determinants of physical, social and emotional health and wellbeing among individuals at risk of, or living with HIV
- Work with partners to identify research, data collection and innovative service delivery approaches that can benefit gender and sexuality diverse people in areas such as mental health, cancer screening and prevention, and drug and alcohol use



# Focus Area 7: Our Education

Sydney Local Health District seeks to develop and support the education of its community health workforce to ensure their commitment and ability to deliver safe, respectful, evidence-based, participatory and responsive care. We will assist staff to extend their skills and capacities to better meet service needs and to develop innovative approaches to current and emerging health issues.

## Strategic Actions:

### Staff development

- Enable our clinicians to attend a broad range of professional development opportunities for their development. These will include forums, short courses, workshops, conferences, enrolment in further studies and secondment opportunities
- Provide a range of tailored education and tertiary education options for our managers
- Develop the capacity of clinicians to deliver inclusive healthcare for people who are: young, culturally and linguistically diverse, and/or gender and sexuality diverse
- Include consumers and consumer stories in staff orientation and education forums
- Enhance opportunities for clinicians to engage in research through the Sydney Institute for Women, Children & their Families, and other relevant research organisations

### Building the future workforce

- Develop pathways for progression to support specialist and other identified positions, for example within the Safe Wayz program
- Implement the Child and Family Health Nursing Transition to Specialty Program
- Expand our student placement program across a range of disciplines to provide experience in a community-based setting and ensure a work-ready workforce.

### Medical education and training

- Collaborate with CESPHE to build the capacity of general practice and District clinicians to support the physical and mental health and wellbeing of people, including those with intellectual disabilities
- Continue to support the clinical education of medical registrars and trainees
- Provide high quality undergraduate, postgraduate and GP education on STI prevention and treatment
- Continue to support and expand primary healthcare e-Learning including promotion of the Well Child eLearning Module.

### Trauma-informed practice

- Collaborate with CEWD to roll-out a trauma informed practice training initiative, with the aim to increase the awareness, knowledge and skills of our workforce to deliver services that are evidence-based, recovery oriented, respectful and person-centred
- Deliver evidence-based education to the District workforce on identifying and responding to domestic and sexual violence



### Aboriginal Community

Sydney Local Health District's vision as outlined in the Sydney Local Health District Aboriginal Health Strategic Plan 2018–2023 is to 'Work to make our Aboriginal community the healthiest Aboriginal community in Australia'

We recognise the importance of prevention and early intervention programs and the need to address the social determinants of health as a way of 'Closing the Gap' for Aboriginal people.

A range of Aboriginal-specific strategic actions will be implemented by Community Health Services with our partners as a means of improving access to health services and health education programs for our local Aboriginal community. Our specific areas of focus are: early years, children and young people, including parent support and care coordination; chronic disease management; prevention, treatment and care for STIs, HIV and other blood-borne viruses. In 2017-18 we saw a total of 2,189 Aboriginal clients in our services.

This equates to 3.63% of our total client admissions and is an increase on previous years. There are 7,051 Aboriginal people living in Sydney Local Health District.

Community Health complies with the NSW Health Aboriginal Health Impact Statement and Guidelines to ensure the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of new initiatives. Our Aboriginal programs and services are delivered within the framework of the Sydney Metropolitan Local Aboriginal Partnership Agreement.

A range of measures are in place to ensure the cultural relevance of our programs and services. Specific Aboriginal Health Workers are part of our teams and provide cultural advice and expertise. A number of services are delivered in settings where there are high numbers of Aboriginal people, including the Aboriginal Medical Service Redfern, local playgroups, pre-schools and primary schools.





### Vulnerable Children and their Families

Community Health is committed to supporting children and families and recognises the importance of providing children with a good start in life to ensure their optimal growth and development. Child and Family Health Services provide a mix of universal services to improve the health and wellbeing of all families and targeted, individualised programs to address the social determinants of health. Youthblock also provides services to marginalized young people 12–25 years old.

Community Health Services aim to deliver Services to vulnerable families, children and young people which are responsive and tailored to their individual needs, in partnership with parents, carers and other agencies to provide wrap around support.

These include clinician continuity of care, sustained support during the antenatal period to two years of age, a structured sustained health home visiting program, care coordination and allied health services for families with additional needs.

These programs and services aim to support the best possible start in life for children, by working in partnership with parents who would benefit from extra support to establish foundations for a positive life trajectory for their children. This is achieved by promoting the health and development of mothers, families and their children by helping families to care for themselves and to interact with their children in ways that support child physical, emotional and social development and targeting programs to reduce avoidable differences in the health and wellbeing of children and families across the District.



# Partnerships in Action



## Healthy Homes and Neighbourhoods

Healthy Homes and Neighbourhoods (HHAN) is an interagency collaboration for children, young people and their families. The program provides long-term care coordination for vulnerable families with health and social care needs who require multi-agency support.

**“Clients can be confident that they can discuss any concerns, get the tests and referrals they need, in a community-based setting.”**

Our clinicians have been working in collaboration with colleagues at the Housing NSW site Redfern, known as RedLink, since 2015. Over the four years since the program was established, the number of internal and external partners has grown. HHAN at RedLink now works collaboratively and in partnership with many external agencies including: Sydney District Family and Community Services, Aboriginal Medical Service Redfern, Tresillian, Poet's Corner Medical Practice, WEAVE, The Benevolent Society, SDN Brighter Futures, Family Referral Service, Legal Aid, Redfern Legal Centre, TAFE, Counterpoint and The Factory, Hospital Maternity Services and Child and Family Health Services.

## Increasing Safety for Women Experiencing Domestic Violence

Domestic violence affects people from all backgrounds and communities. Research has shown that a lack of information sharing between service providers can prevent victims from receiving the most effective and timely support and is a contributing factor in domestic violence-related deaths. In order to address this, the NSW Government has implemented Safety Action Meetings (SAMs) to facilitate information sharing between service providers in order to prevent or lessen serious threats to the life, health or safety of domestic violence victims and their children.

Our Safer Pathway Senior Clinician coordinates the District's contribution to the four SAMs in our boundaries (Burwood, Newtown, Central Sydney and St George). This includes liaising with Local Police, Community Corrections, Women's Domestic Violence Court Advocacy Services, Family and Community Services, and SLHD Clinicians to support the development of tailored, time-specific Safety Action Plans.

Related outcomes have included: improved communication pathways between consumers, health professionals and police; increased access to emergency and long-term housing; more integrated and informed care planning; and increased access to domestic and family violence counselling and case management. This work is supported by the District's inpatient, outpatient and community-based services. Key partners include Drug Health, Mental Health, hospital Emergency Departments, Department of Social Work and the Community Domestic Violence Team.

## Talking and Listening Check-Ups - Speech Pathology Early Referrals and Access Project

The Speech Pathology Early Referrals and Access Project is a partnership between Sydney Local Health District and CESP HN which aims to link developmentally vulnerable children with the services they need. Together with CESP HN, the Sydney Local Health District Speech Pathology Project team have developed, implemented and are continuing to evaluate a care pathway for children with communication difficulties to be able to access appropriate services via screening assessments, called Talking and Listening Check-Ups.

These Check-Ups are provided in child and family friendly locations within the community, including early childhood education facilities, playgroups, community events and medical practices.

Our Talking and Listening Check-Up model has also been shared with similar CESP HN supported Speech Pathology Projects conducted by South Eastern Sydney Local Health District and the Sydney Children's Hospital Network.

## Hospital Maternity and Child and Family Health Services

Integrated supportive care is critical to the experience of families during pregnancy, birth and early parenting. Midwifery outreach antenatal clinics began in August 2018 at Croydon and Marrickville Community Health Centres to provide antenatal care close to home in a community setting. Clinic sessions are scheduled alongside child and family health clinics to introduce pregnant women to child and family health services available in the community after birth. Planning is underway to open more outreach antenatal clinics including a specific clinic for pregnant Aboriginal women.

These clinics would operate alongside specialist breastfeeding support clinics. Close collaboration and communication is also routine practice across hospital and community teams when vulnerable women present for antenatal care. Child and Family Health Services are able to initiate care coordination and/or enrolment in a longer-term nurse home visiting program.

## Rainbow Families Antenatal and Postnatal Parent Education Classes

Rainbow Families is a volunteer organisation supporting children and families within the NSW LGBTIQ+ community, and advocates to reduce discrimination and other social disadvantage faced by LGBTIQ+ families. In May 2018 they approached SLHD requesting antenatal and postnatal parent education classes adapted to the needs of the LGBTIQ+ community. Existing antenatal and postnatal education is typically based on traditional heterosexual parenting models and Rainbow Families suggested that many LGBTIQ+ families would prefer attending classes specifically tailored to their needs. In response Rainbow Families, Macquarie Group and SLHD collaborated to develop combined Antenatal and Postnatal Parenting Education Classes tailored to the needs of the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer plus (LGBTIQ+) community. Classes were designed for delivery in an inclusive, safe and accessible environment. Since August 2018 eight classes with 119 participants have been held with overwhelmingly positive feedback from attendees. The program of pre and post-natal education has increased knowledge and cultural sensitivity within Child and Family Nursing for the specific needs of this community. The project demonstrates the power of collaborative practice for meeting emerging and specific community needs.

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