
Inner West Child Health and Wellbeing Strategy

A collaboration of: Sydney Local Health District, NSW Department of Communities and Justice, Central and Eastern Sydney Primary Health Network, NSW Department of Education and the Inner West Sydney Collaborative Practice Management Group.

2025–2030



The Inner West Child Health and Wellbeing strategy partners acknowledge the traditional owners of the land, the Wangal, Gadigal and Bediagal people of the great Eora Nation and pay our respects to all elders past and present and to emerging leaders.

We are living and working on Aboriginal land and pay our respects to all Aboriginal people in our community.

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Contents

| | |
|----------------------|----|
| Introduction | 4 |
| Vision | 5 |
| Mission | 5 |
| Background | 6 |
| Priority populations | 8 |
| Strategic priorities | 10 |

Introduction

The Inner West Sydney Child Health and Wellbeing Strategy 2025–2030 is founded on a strong commitment to improving the health and wellbeing of children and their families who reside within the Inner West Suburbs of Sydney. The Inner West refers to the Local Government Areas of City of Sydney (South and West SLAs only), Inner West, Canterbury-Bankstown (Canterbury part only), Burwood, Strathfield and Canada Bay.

Many child health and wellbeing issues cross the boundaries of government and non-government agencies. The partner organisations who have committed to developing and implementing the strategy include Sydney Local Health District, the Department of Communities and Justice, Central and Eastern Sydney Primary Health Network and the Department of Education. Each organisation plays a vital role in promoting child health and wellbeing through a diverse range of policies, programs, strategies and services. The Inner West Sydney Collaborative Practice Management Group (CPMG) will be responsible for implementing actions that arise from the Strategy.

This Strategy builds from the Inner West Child Health and Wellbeing Plan 2016-2021 and the important idea that agencies working together, in collaboration with communities, have added capacity to deliver sustainable change, particularly when vulnerable children and families are involved. The strategy uses the strong cross agency foundations and approaches to complement and enhance interagency action, communication, capacity and consumer engagement to ensure a proportionate response to need within priority populations. The Strategy commits the partner organisations to strong consumer engagement and codesign as a feature of service development and enhancement.

The strategies and initiatives in the Inner West Child Health and Wellbeing Strategy align with the major policies and plans of the organisational partners and have largely been derived from a series of online and face to face child health and wellbeing stakeholder forums conducted in mid 2023. The consultations included personnel from government agencies, non-government agencies, councils, community organisations and not for profit organisations. Priority populations including Aboriginal and Torres Strait Islander populations were also consulted to support the development of the Strategy. Thank you to the Sydney Local Health District Planning Unit for leading the development of this Strategy.



Vision

Doing Better Together — Working together to improve child health and wellbeing

Mission

Children in Inner West Sydney will be healthy, safe, respected, valued and happy; living in supportive families; and nurtured in strong, diverse, inclusive communities.

Children will be supported by a cohesive and integrated network of agencies working collaboratively to deliver child-centred universal services and specialist services assisting vulnerable families.

Community engagement and development will be integral.

Background

In 2021, there were 108,005 children aged 0-14 years living in the Inner West region

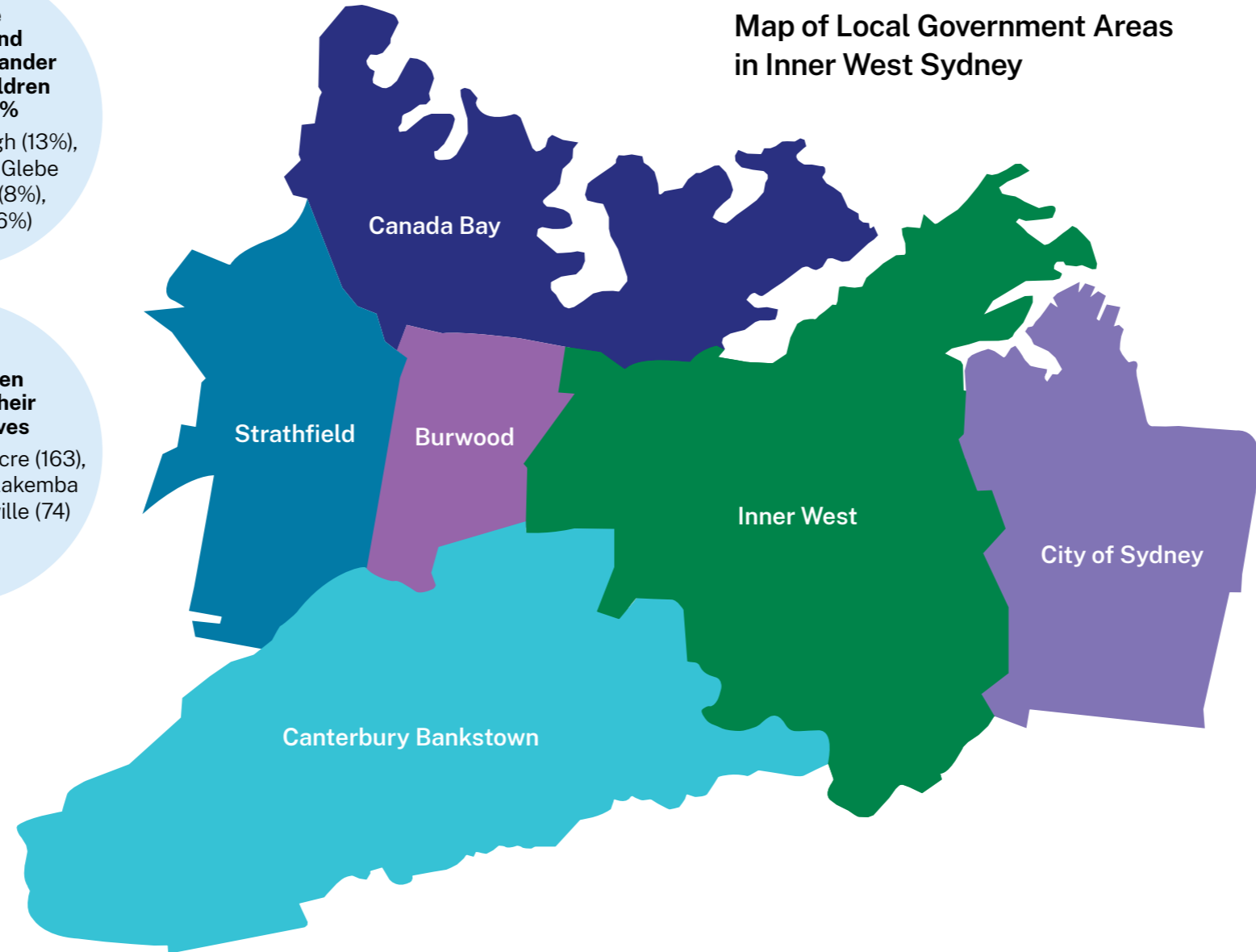
Children make up 14% of the total Inner West population
Most live in Greenacre (6,289), Punchbowl (4,545), and Lakemba (4,225)

Within the Aboriginal and Torres Strait Islander population, children comprise 21%
Most live in Eveleigh (13%), Darlington (9%), Glebe (8%), Waterloo (8%), and Redfern (6%)

There are 14,898 one parent families
Most live in Greenacre (671), Campsie (612), Marrickville (588), and Punchbowl (559)

2,254 children need help in their day-to-day lives
Most live in Greenacre (163), Punchbowl (153), Lakemba (83), and Marrickville (74)

There are 10,776 jobless families
Most live in Greenacre (1,039), Punchbowl (910), Lakemba (695) and Campsie (661)



- 82.7% of Aboriginal and 87.6% of non-Aboriginal mothers began antenatal care before 20 weeks.
- 16.6% of pregnant women who gave birth had gestational diabetes.
- 95.6% of non-Aboriginal mothers and 47.3% of Aboriginal mothers did not smoke while pregnant.
- 92.4% of Aboriginal and 94.6% of non-Aboriginal babies were a healthy weight at birth.
- 97.1% of Aboriginal and 91.4% of non-Aboriginal children were fully vaccinated at 5 years.
- There were 62 perinatal deaths (9 per 1,000 births).

The Inner West refers to the Local Government Areas of City of Sydney (South and West SLAs only), Inner West, Canterbury-Bankstown (Canterbury part only), Burwood, Strathfield and Canada Bay.

Priority populations

Contemporary practice is based on empowerment and supporting self-reliance; it is important to build on the existing strengths of children and their families and caregivers.

In identifying these priority groups, we recognise the resilience of people in our community, some of whom may need additional support to overcome challenges.

The following populations were identified as priority populations within the Inner West catchment:

Children and their families who identify as Aboriginal and Torres Strait Islander

'Closing the Gap' between Aboriginal and non-Aboriginal community health and wellbeing outcomes remains a priority.

Children and families with mental health / alcohol and other drug dependency

Children with mental illness, particularly those aged 8-12 years, experiencing specific issues relating to self-harm and suicidal ideation, eating disorders, and children with drug dependency including alcohol and vaping.

Children with disability and other complex health needs

Including children with disability, who are carers of parents or siblings with a disability, and children with life limiting or chronic health conditions.

Children ineligible for Medicare and NDIS due to parent/s visa status.

Children with limited access to/disengaged from education

Children with limited access to early childhood education prior to school and older children who may lack a sense of belonging in early high school due to gaps created by COVID; children who are disengaged from education prior to the age of 14 years and are isolated transitioning from primary school to high school.

Children and families who are at risk of or impacted by Violence Abuse and Neglect

This included those children who are at risk of physical, emotional and sexual abuse; families living with domestic violence; children and families living in refuges; children living in Out of Home Care (OOHC); children with incarcerated parent/s.

Children and families impacted by homelessness, insecure housing, and financial insecurities

Children and families from culturally and linguistically diverse communities with low proficiency in English or low health literacy levels.

Children and families residing in the Canterbury catchment including women on spousal visas and young mothers living in the family home, who are required to care for both their young child and younger siblings.

Gender diverse children and families

The LGBTIQ+ community of children and families, include those that identify as transgender and gender diverse or have carers who are gender diverse, as well as LGBTIQ+ community from culturally and linguistically diverse backgrounds.



Strategic priorities

1

Establish collaborative interagency structures and promote integration across systems, that support children and their families by:

- Implementing single referral pathways across agencies to simplify access for families.
- Enabling seamless sharing of information between agencies to reduce duplication and the need for children and families to tell their stories multiple times.
- Expanding and maintaining databases of service information that promote referral ease.
- Developing collaborative approaches that support health promotion and colocation, whilst ensuring the services are taken to the community and where the children are.

2

Enhance interagency communication & co-ordinate resources for children and their families. This may include:

- Fostering collaboration through interagency meetings, communities of practice and partnerships.
- Cross agency navigator roles: Roles that guide families to the most appropriate integrated services and support integrated care.

3

Enhance interagency workforce education and development to support trauma-informed care to children and their families. This may include:

- Interagency staff development and training sessions that support collaborative practice and trauma-informed care.
- Opportunities for interagency staff mentoring, development and capacity building.

4

Support children and their families to access services, information, and social supports

- Flexible approaches to hours of operation, models of care and locations.
- Support children and their families to have access to technology and low-cost services, especially those deemed ineligible for NDIS and Medicare.
- Providing soft entry points to services that are visible within the community and build trust to promote access.

5

Identify and support strategic development of collocated neighbourhood services (Hubs)

- Explore new opportunities for service integration at collocated sites, including schools
- Design Hubs that promote accessible, trauma informed care and culturally-safe spaces.
- Ensure Hubs offer a diverse range of services based on the community's need and include multidisciplinary care, support services and holistic care for the family.

6

Build capacity across the system to provide care to children and their families

- Identify opportunities to pool resources across agencies, including commissioning for a continuum of care.
- Build capacity within communities by partnering with organisations, engaging community leaders, and supporting, culturally-responsive workers to work within priority populations.
- Ensure all commissioned programs use a model of care that has included the child's voice and community consultation/co-design prior to implementation.

7

Ensure that there is a proportionate response to need within priority populations

- Work together to support tailored programs that provide:
 - Health and Education programs modelled on nurturing relationships, locally determined with family input to ensure they are appropriate to population needs.
 - Mental health services for 5-10 year old children, particularly in the former Canterbury LGA
 - Early intervention services in Mental Health and Drug Health Services for 8-14 year olds.
 - Community Allied Health services for children.
 - Programs for Domestic and Family Violence and Child Safety

8

Implement an integrated approach to *Brighter Beginnings: the First 2000 Days of Life* strategies that addresses significant gaps and barriers to access. This may include:

- Early childhood programs for children who are not "classroom ready".
- Reaching children and families who do not access early childhood education (0-5 years).
- Innovative approaches to delivering 4 year old screening checks.

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Sydney
Local Health District



Education



Communities and Justice

