2014 Annual Report

Department of Community Child Health

Making a difference to children’s health
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Major achievements for 2014

Aboriginal Health

- The Aboriginal outreach service at La Perouse Community Health Centre continues to have high levels of engagement with the local community which has been further extended by holding regular community child health forums to share ideas and learn from the community.

- The team will shortly publish encouraging early health outcomes in local Aboriginal children, adding to the scarce evidence about urban Aboriginal child health status.

- The Parent Program, Ngala Nanga Mai, has engaged 112 Aboriginal parents and 165 of their children to further education, gain employment, and produce high quality art work while accessing health care. The group’s most recent Creative Writing Project produced a moving poetry book which sold over a hundred copies.

![Poetry book created by the Creative Writing group of Ngaia Nanga Mai](image)

- Sue Woolfenden chaired and coordinated a UNSW symposium on Aboriginal Community Child Health at Sydney Children’s Hospital.
Major achievements for 2014

- Sue Woolfenden is on the Steering Committee of the acclaimed Study of Environment on Aboriginal Resilience and Child Health (SEARCH). This project has moved into its exciting second phase and is collecting longitudinal data on 1500 children. SEARCH and its partners in the Aboriginal Controlled Community Health Services will inform services delivery models.

- Jennifer Winters, Early Childhood Nurse from the Child and Family team, and with whom we work closely, was the Sydney Children’s Hospitals Network Winner of the Excellence in Aboriginal and Torres Strait Islander Health Care Award and a Finalist in the NSW Health Excellence in Aboriginal and Torres Strait Islander Health Care Award 2014.

Michelle Jersky, Ngala Nanga Mai Project Officer, and Lola Callaghan, Aboriginal Early Childhood Worker SCH

Injury Prevention

- The department has developed Injury Prevention as a new focus area considering that injury is the leading cause of death in childhood and the distribution of injury is highly inequitable.

- Together with NSW Kids & Families, we have formed the Paediatric Injury Prevention and Management Research Forum. Jillian Skinner, NSW Minister for Health and Minister for Medical Research, opened the inaugural meeting which brought together the leading NSW researchers, practitioners and policy-makers.

- A community-based Injury Prevention programme for Aboriginal Children is being discussed with the La Perouse Community and will commence in 2015.
Refugee Health

- The refugee child health program enters its 7th successful year of working collaboratively with key local partners in SESLHD and ISLHD to ensure that 100% of newly arrived refugee children receive comprehensive health screening and immunisation shortly after arrival. Data from this extensive experience are being prepared for journal submission.

- The longitudinal study of refugee children has completed its second year of follow up of children's health and development and the analysis is generating important information to guide service delivery into the future.

- Our innovative model of nurse led health screening of new migrants and refugee students has been rolled out to 4 Intensive English Centres (IEC), demonstrating successful transferability of the model.

- Karen Zwi represented the Royal Australasian College of Physicians (RACP) on the Australian Human Rights Commission (AHRC) National Inquiry into Children in Immigration Detention 2014, which involved visits to detention centres, interviews with several hundred detainees and various media appearances in relation to children and unaccompanied minors in detention.

Prabha Nandagopal from the Australian Human Rights Commission, A/Prof Karen Zwi representing RACP and Dr Sarah Mares representing Royal Australian and New Zealand College of Psychiatrists on the AHRC Inquiry
Promoting Optimal Child Development

- Dr Deborah Perkins is our lead developmental researcher on a new research project being conducted in collaboration with the Dermatology Department of Sydney Children’s Hospital. Children who have been treated with Propranolol for their infantile haemangiomas are invited to participate in the study to assess their developmental outcomes.
- Sue Woolfenden is a Principal Investigator for the NH&MRC Partnership Grant “Watch me Grow”, a flagship for collaborative research with NSW Kids & Families. This project aims to enhance universal developmental surveillance and is informing current government policy.
- Sue Woolfenden and Deborah Perkins are collaborating with the Benevolent Society and South East Neighbourhood Centre on the project “Early Childhood Developmental and Surveillance: Everyone’s Business”. This pilots a model of integrated care between our team, child and family health nursing and service providers in the non-government sector to provide early detection and intervention for children and their families in Culturally and Linguistically Diverse (CALD) communities.

Leadership, Research, Training and Awards

- 2014 saw presentations at conferences all over the world, significant leadership and advocacy work, and the publication of many peer reviewed journals.
- Members of the Department of Community Child have been involved in service development and research grants to the value of $14.1 million in the last decade.

Sue Woolfenden was voted “The Best Consultant at Lunchtime Teaching” in the 2014 SCH Junior Medical Officer Awards.
Major achievements for 2014

• Maria Katakouzinos, our administrative officer, was awarded a Staff Excellence Award for outstanding service delivery contributing to the overall success of the Hospital.

• Karen Zwi was appointed Chairperson, RACP Health of Asylum Seekers and Refugees Working Party. The policy covers both adult and child health and addresses four key areas: health assessments, access to health care, supporting long term health and asylum seekers in detention.

• Sue Woolfenden and Deborah Perkins conducted two successful Family Partnership Model training courses for community child health trainees and allied health staff.

• Karen Zwi and Sue Woolfenden and have contributed actively to the Population and Indigenous Health Research Agendas of SCHN through the SCHN Research Advisory Committee, and recently represented RACP at the National Child and Youth Strategic Framework for Health Forum.

• Karen Zwi was appointed as a Visiting Associate Professor at the University of Wollongong in recognition of her collaboration with the Australian Health Services Research Institute on the refugee child health longitudinal study.

• Karen Zwi continues in her role as Clinical Director of the Community, Ambulatory, Rehabilitation, Population and Allied Health (CARPA) Directorate, Randwick, with full time Co-Director Virginia Binns. This involves leadership and management responsibility for staff and services in over 20 departments, with a focus this year on the development of more extensive Ambulatory services.

• Paediatric Advanced Trainees of all sub-Specialties undertook highly competitive interviews to gain a position in our department.
Major achievements for 2014

• Fellow Chris Elliot received a Highly Commended 2014 Junior Staff Teaching Award.

• Karen Zwi continues to be the SCHN representative on the NSW Chief Health Officer’s Population Health Priorities and Performance Monitoring committee.

Prioritising Vulnerable Children

• The team is exploring models of care in the community, as well as service-based tools and strategies to improve the health of vulnerable children.

• We are developing a pragmatic set of Key Performance Indicators (KPIs) in concert with SCHN Managers, and working closely with Eastern and South Eastern Sydney Medicare Locals to develop KPIs to improve the health of local children.

• Sue Woolfenden presented at the 2014 Stockholm meeting of the International Network for Research on Inequalities in Child Health (INRICH). She is an invited member of this global multidisciplinary group of researchers interested in tackling health disparities among children.

International Community Child Health

• Sue Woolfenden continues international service delivery with bi-annual developmental clinics, research and training in Fiji. This includes key involvement in the development of the Fiji Disability Action Plan 2014-2015.

• The recent Honorary appointment of Staff Specialist Dr Shanti Raman will assist us in further developing our International Child Health commitment.
Introduction

*Our vision is to improve children’s health, well-being, and development. We promote equity and well-being in vulnerable children and their families, including children from Aboriginal communities, refugee and culturally diverse backgrounds, children living in low socio-economic circumstances and children with chronic and complex health problems. We have a particular focus on health promotion, early detection and intervention, and on strategies to enhance access to our high quality community services.*


- Our aim in Community Child Health is to improve children’s health and well-being and to reduce the health gap in children living in disadvantaged circumstances. As most of the health needs of children, including preventive services, early intervention and treatment occur outside hospital settings, we focus on developing high quality community health care. Our programs aim to reduce unnecessary and avoidable hospitalisation through innovative models of
care that can be replicated in other communities. The Department of CCH is collaborating across the Sydney Children’s Hospitals Network and with key stakeholders in Local Health Districts to develop accessible, cost effective and equitable strategies that make a positive difference to children’s health and well-being.

- The Department of CCH, formed in 2005, continues to provide a mix of primary, secondary and tertiary clinical Community Child Health services in the South Eastern Sydney Local Health District (SESLHD), including developmental surveillance, developmental and behavioural clinics, outreach Aboriginal clinics and community development programs, school based health assessments and health promotion. We also run refugee programs across the South Eastern Sydney Local Health District (SESLHD) and collaborate with the Illawarra Shoalhaven Local Health District (ISLHD) to meet the needs of newly arrived refugees.

- The Department is involved in service planning, training and advocacy across the Network, LHDs, the State and Nationally. Research is an integral part of our work and we have well developed systems for identifying evidence, trialling service delivery models, and measuring progress, as well as an extensive track record in producing high quality research. All activities are based on an understanding that to improve health outcomes, services need to be accessible, equitable, co-ordinated, culturally appropriate and involve partnership with communities and inter-sectoral agencies.

The objectives of the department are to:

1. Provide clinical services that are highly accessible, family-centred, inclusive, respectful, compassionate, culturally appropriate, multi-disciplinary and engaged with communities.
2. Ensure that services are progressively reducing health inequalities for children in need.
3. Enable optimal health and well-being outcomes through early intervention and intensive individual support, as well as through the development of effective systems that improve the health of the entire child population.
4. Provide high level training in children’s health, in a supportive and professional team environment.
5. Develop collaborative links with local, state-wide, national and international agencies to improve health outcomes.
6. Conduct high quality research and translate the evidence into service delivery.
7. Advocate for the needs of children and provide leadership in addressing children’s health and well-being.
# Staff update for 2014

## Permanent Personnel

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<th>Person Name</th>
<th>Institution and Funding</th>
<th>FTE</th>
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<tbody>
<tr>
<td>June 2012 - May 2005</td>
<td>Clinical Director (CARPA) 0.2FTE; Community Paediatrician and Department Head 0.6FTE</td>
<td>Conjoint A/Prof Karen Zwi UNSW; Visiting A/Prof University of Wollongong</td>
<td>0.8FTE</td>
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<tr>
<td>May 2011</td>
<td>Community Paediatrician</td>
<td>Dr Sue Woolfenden</td>
<td>Conjoint Senior Lecturer UNSW</td>
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<tr>
<td>1987 -</td>
<td>Senior Child Health Medical Officer</td>
<td>Dr Deborah Perkins</td>
<td></td>
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<tr>
<td>Jun 2007 -</td>
<td>Administrative Assistant</td>
<td>Maria Katakouzinos</td>
<td></td>
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<tr>
<td>Mar 2010 -</td>
<td>Administrative Assistant</td>
<td>Monique Micallef</td>
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## Service development and research staff (funded by external grants) 2014

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<th>Institution and Funding</th>
<th>FTE</th>
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<tr>
<td>Jan 2014 – Jan 2015</td>
<td>Refugee Child Health Fellow</td>
<td>Dr Santuri Rungan</td>
<td>(STP Commonwealth Funding)</td>
<td>1 FTE</td>
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<tr>
<td>Mar 2013 – Aug 2014</td>
<td>Refugee Nurse</td>
<td>Colleen Allen</td>
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<td>Jan 2014 – Jan 2015</td>
<td>Aboriginal Child Health Fellow</td>
<td>Dr Suzie Gardner</td>
<td>(Commonwealth New Directions Funding 0.5FTE &amp; SCH Foundation 0.1FTE)</td>
<td>0.6  FTE</td>
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<tr>
<td>Jan 2014 – Jan 2015</td>
<td>Community Child Health Fellow</td>
<td>Dr Katarina Kimla</td>
<td>(STP Commonwealth Funding)</td>
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<tr>
<td>Jun 2009 – Jun 2015</td>
<td>Aboriginal Parent Program Officer</td>
<td>Michelle Jersky</td>
<td>(Rio Tinto Aboriginal Fund &amp; general funds)</td>
<td>1 FTE</td>
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<tr>
<td>Mar 2014 – Jun 2014</td>
<td>Intensive English Centre Fellow</td>
<td>Dr Chris Elliot</td>
<td>(SESLHD Integrated Care Grant)</td>
<td>0.3FTE</td>
</tr>
<tr>
<td>Aug 2014 – Jan 2015</td>
<td>Intensive English Centre Fellow</td>
<td>Dr Alicia Montgomery</td>
<td>(SESLHD Integrated Care Grant)</td>
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<tr>
<td>Feb 2014 – Jun 2015</td>
<td>Project Officer, SCHN Population Health Research Collaborative</td>
<td>Vivian Isaac (SCHN Population Health Research &amp; UNSW funds)</td>
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<td>0.6 FTE</td>
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<tr>
<td>Nov 2014 – Jun 2017</td>
<td>Honorary Consultant in Community Child Health</td>
<td>Dr Shanti Raman</td>
<td></td>
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## Paediatric trainees in 2014

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<tr>
<td>Jan 2014 – Jul 2014</td>
<td>CCH Registrar</td>
<td>Dr Abhilasha Sharma</td>
<td>0.3 FTE</td>
</tr>
<tr>
<td>Jul 2014 – Jan 2015</td>
<td>CCH Registrar</td>
<td>Dr Laverne Lok</td>
<td>0.3 FTE</td>
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Our extended teams

We work in close collaboration with our extended teams, including the Tumbatin Developmental Team, SCHN Aboriginal Health Management Advisor, Wendy Bryan-Clothier, Aboriginal Health Education Officer Lola Callaghan, Early Childhood Nurse Jen Winters, Speech Pathologists Lauren Hamill and Camilla Ayling, Trapeze Principal Aboriginal Health Worker Lizzy Mayers, Royal Hospital for Women Social Worker Emma Searle and the Malabar midwives serving the Aboriginal community, the SESLHD Multicultural Health Manager Astrid Perry, Refugee Program Manager for Multicultural Health, Lisa Woodland and Refugee Nurses in Illawarra Shoalhaven LHD Lisa Atkins and Assunta Vellozzi. Our research teams extend across SCHN, nationally and internationally.
Clinical Services and Programs

The main referral sources to CCH are paediatricians, SCH departments, General Practitioners, allied health professionals, community nursing staff, non-government organisations, day care centres/preschools, schools and parents/carers. Service development is specifically designed to provide accessible services for high-risk, vulnerable children.

Developmental services

The department works in collaboration with Tumbatin clinic (the tertiary Developmental Service at SCHN Randwick) to provide the full range of integrated outpatient developmental services for children, ranging from developmental surveillance to comprehensive tertiary developmental assessment. CCH and Tumbatin have a combined intake system to ensure the most appropriate and efficient service is offered to each child and the waiting time for full assessment is kept to a minimum. The developmental surveillance clinic, led by Dr Deborah Perkins, saw a total of 80 children.

Sue Woolfenden runs a monthly multidisciplinary developmental and behavioural clinic at La Perouse, working with a Paediatric speech pathologist to provide fast track developmental services for Aboriginal children.

Dr Woolfenden continues to run a behavioural clinic 2-3 times a month and has seen 85 children, with a total of 291 occasions of service to date. Children from disadvantaged backgrounds are prioritised in the clinic. Dr Woolfenden also supports Tumbatin by joining the team as the paediatrician for multidisciplinary assessments once a month.

Supported by Dr Woolfenden, the Community Paediatric Fellow provided 5 Outreach Developmental Clinics to patients in Wagga Wagga in 2014. The purpose of this clinic is to provide a secondary level assessment to determine which children need travel to Sydney for tertiary diagnosis and assessment.
Aboriginal services

Clinical services
Outreach initiatives targeting Aboriginal children and their families at the La Perouse Community Health Centre continue since their commencement in 2006. Funded initially by NSW Health and currently by Commonwealth New Directions funding, this service includes continuity of care from antenatal booking with the Malabar midwifery team at the Royal Hospital for Women through the paediatric age range to 16 years. The service is producing improved health outcomes through extensive local collaborative working.

CCH provides La Perouse Paediatric outreach clinics on a fortnightly basis, together with Aboriginal community workers and an early childhood nurse. The paediatric team undertakes paediatric assessments, health and development checks, and a coordinating paediatrician role for children with chronic conditions. Since the service began, the vast majority of Aboriginal children less than 5 years of age living within the Randwick LGA have been seen by our service. Between January 2007 and November 2014, 384 children were seen in Paediatric clinics, with over 1058 occasions of service. One in five children seen have a chronic condition requiring long-term follow up. Over half of all children required further referrals, most commonly to audiology, followed by speech pathology, medical subspecialties and ENT services. Around 15% of children seen were in out-of-home or kinship care.

NSW Health provided funding for Aboriginal children in La Perouse to gain rapid access to speech pathology through the Hearing EAr health and Language Services (HEALS) project. This funding originated from our participation in SEARCH (Study of Environment on Aboriginal Resilience and Child Health) and amounted to around $40,000. 37 children have been seen and 458 speech pathology sessions delivered.
Aboriginal Parent Program (Ngala Nanga Mai)
Delivered at the La Perouse Community Health Centre, 2014 saw this program sustain its previous growth and continue to meet its objectives to (i) improve the health of young Aboriginal parents and their children; (ii) facilitate carer return to educational opportunities and (iii) improve social connectedness. The program provides a weekly 3.5 hour art program for parents, supported by our Aboriginal Early Childhood Worker, Early Childhood Nurse, and a Paediatric doctor. Onsite childcare, speech pathology, volunteer mentoring and tutoring services, transport and food are also provided.

Since the program commenced, over 112 parents with 165 children have participated; 31 parents have enrolled in higher education, and 13 have gained full-time employment with program assistance.

Past evaluations have demonstrated improved use of the health service and increased capacity for participants to make positive changes in their lives such as smoking cessation, breastfeeding and healthy eating. Participants also report improved mental health, decreased feelings of isolation, improved self-confidence, new aspirations for further education and employment, enhanced resilience, and a keenness to give back to their own community. As one participant said, “…the group has become like family…and has become fundamental in the creativity and learning for our children…What I have gained by attending this group and the confidence I have found has changed my life. NNM gave me opportunities that I could only dream of…”

Since the program commenced, over 112 parents with 165 children have participated. 31 parents have enrolled in higher education including 6 new participants enrolled with TAFE OTEN, and 13 have gained full-time employment with program assistance. One participant has registered for a Bachelor of Arts in Psychology for 2015. Ngala Nanga Mai also offers workshops and activities covering Social Enterprise (with the Junction Neighborhood Centre, Randwick), Mentoring Tools and Strategies and Creative Writing, attended by 33 participants during 2014. In addition 25 parents also attended creative play, music and movement workshops with their children to promote attachment and creativity in parenting.

During 2014, the NNM entered a new and exciting partnership with Yulang (the Aboriginal Education and Training Unit, TAFE NSW Sydney Institute) to deliver a Creative Writing program. This resulted in the publication of a poetry book, ‘Mother Sista Friend’, launched in October. The launch celebration was attended by over 80 community members, participants, local service providers and supporters.
NNM was also invited to participate in NAIDOC Week Celebrations organized by the TAFE NSW Western Sydney Institute OTEN and exhibited art works at this event.

Ngala Nanga Mai was selected as one of six in-depth case studies of successful programs for the Social and Emotional Wellbeing of Indigenous Youth. The Report, written by the Muru Marri Indigenous Heath Unit, University of New South Wales, was entitled ‘Case Study of the Ngala Nanga Mai pARenT Group Program: Strengths, challenges and implications for policy and practice’ (see Reports 2012-2014). This promotes our long term goal to replicate Ngala Nanga Mai in other vulnerable communities.

**La Perouse Health Forums**

Community based Aboriginal Child Health Forums started in November 2013. These bi-monthly forums act as a setting for community consultation enabling members of the La Perouse Aboriginal community to raise their areas of concern regarding child health and guide the Community Child Health team’s health promotion and service delivery. The forums are open for any community members to attend and are frequently attended by Elders, carers, parents, Aboriginal workers, school Principals and health workers. Forums invite feedback regarding new initiatives to address the community’s concerns and then focus on an area of health with invited speakers. To date forums have discussed hearing problems in children, supporting teenage mothers, injury prevention and mental health concerns, particularly depression and suicide in school age children. The new school screening initiative was started in response to this community consultation process.
Refugee services

Refugee Child Health Program

The multidisciplinary clinical service for refugee families settling in South Eastern Sydney and the Illawarra commenced in 2007 and has become firmly established as part of the Multicultural Health Services in both SESLHD and ISLHD.

There is a strong commitment to work collaboratively across Local Health Districts and SCHN to achieve the best outcomes for refugees.

Active partners in the model of care include the Wollongong Hospital, Primary Healthcare Networks, and NSW Refugee Health Service, with the LHDs now leading refugee co-ordination meetings. Evaluation to date indicates that a collaborative approach has consistently produced outstanding health outcomes for refugee children and their families and acts as an exemplar good practice model for other LHDs.

Hospital avoidance strategies

We are increasingly appreciating the potential impact of our community outreach and screening programs. More accessible services has meant that Aboriginal children with developmental delay and behaviour difficulties are presenting to our services at earlier ages, and their active engagement with early intervention suggests they are less likely to experience long term sequelae of their conditions. Evaluation from the Aboriginal Parent Program demonstrated high levels of motivation in taking up healthy lifestyle choices, engaging in health services, education and work, and appreciating the health needs of their children. We are also beginning to see reduced rates of low birth weight, prematurity and smoking during pregnancy, all of which are highly significant determinants of childhood and subsequent adult health.

Refugee students screened through our Intensive English Centre School programs are more likely to have had vision and hearing checks, to have visited a GP and dentist, and to have been screened for Tuberculosis and Hepatitis B. This is highly likely to impact on health and wellbeing over the lifespan and reduce the need for hospital care over the long term.
Furthermore our refugee models of engaging families with GPs are clearly highly successful, with the data from the longitudinal follow up study showing that 96% of refugee children have been seen at least once in the previous 12 months by their GP, and 50% on average once every two to three months. Our Intensive English Centre school screening programs have shown that students within our screening programs are less likely to present to hospital for health care than those who have not been in our programs over the course of their first year in Australia. Furthermore they are more likely to have had thorough health screening. Access to timely, culturally acceptable care in the community is highly likely to impact on health and wellbeing over the lifespan and reduce the need for hospital care over the long term.

**Early intervention and health promotion**

We offer highly targeted screening programs for schools and preschools with high deprivation indices.

**School Screening**

School screening has continued at Cleveland Street Intensive English High School (for new non-English speaking immigrants). 264 children and adolescents were screened in this program in 2014, with 80% (211) identified as having health problems requiring further assessment. We also saw 48 preschool Aboriginal children at Gujaga Childcare centre this year.

In response to community request, school hearing screening was performed at the several primary and high schools. To date 101 children have been screened. 18% were referred for formal Audiology assessment. Screening data is being collated to evaluate this program.

**Early Childhood Centre support**

The department provides registrar clinics at Eastgardens and Waverley Early Childhood Centres to which early childhood nurses can refer. 24 children were reviewed during 2014.

**Health promotion talks**

Community talks target disadvantaged and migrant communities and cover health promotion topics. Dr Deborah Perkins (Medical Officer) gave community talks to groups at the South East Neighbourhood Centre (SENC), Randwick Council, Mumsence (Royal Hospital for Women) and the Holdsworth Centre. The paediatric fellow, Dr Katarina Kimla, gave talks about ear infections and the importance of hearing and vision screening for parents, carers, teachers and Aboriginal workers. Michelle Jersky conducted an art activity as part of a Quit Smoking Workshop at La Perouse with the SESLHD Tobacco Control and Aboriginal Health teams.
International Community Child Health

Dr Sue Woolfenden is involved in setting up a tiered child development system in Fiji. She conducts developmental and behavioural clinics at Colonial War Memorial Hospital (CWM), Suva, every 6 months and has trained local paediatricians to undertake developmental assessments, thus enhancing local capacity. She has facilitated the visits of speech pathology, clinical genetics and child protection professionals to CWM. 130 children with developmental disorders were seen by the team, all of whom have a Fiji based paediatrician coordinating their care. The model of care she has developed is now informing the Fiji Disability Action Plan 2014-2015, which aims to build community paediatric services in Fiji.

We are expecting to expand our International Child Health commitments with the honorary appointment of Dr Shanti Raman, who has extensive international expertise and will assist us in developing this area of our work in coming years.

Child Protection services

The community paediatricians, Fellows and registrars are key contributors to the after-hours Child Protection on-call roster for SCHN Randwick campus.

The CCH team also provides clinical and case management services for Aboriginal children in out of home care at the La Perouse Community Health Centre. Initial and follow-up assessments are conducted in accordance with the Wood Inquiry Recommendations. This has provided an easily accessible service in the community for health and developmental screening, as well as long term follow-up care.
Policy, Research and Quality Improvement

Community Child Health Research

The department has taken a lead role in promoting a collaborative approach to research, advocacy and practice in the field of Community Child Health, working collaboratively with other specialists from SCHN and community paediatricians in NSW and interstate. Collaborations include common grants, research projects, trainee supervision, advocacy and sharing service development experience in the fields of Child Population Health, Aboriginal and refugee health, Child Development and Disability. Karen Zwi and Sue Woolfenden have also contributed actively to the Population Health Research Agendas of SCHN through the SCHN Research Advisory Committee. They both continue to be Editorial Board Members for the International Journal, Child: Care, Health and Development.

Aboriginal Research and Quality Improvement

Reducing ED Presentations and Community Injury Prevention Project

We have previously published data on Aboriginal children presenting to SCH Emergency Department between 2005 and 2008. This demonstrated that nearly 45% of presentations were considered potentially preventable, largely due to asthma and injuries. Since we commenced outreach services at La Perouse, the repeat presentations and asthma presentations have reduced but we are determined to progress the agenda of injury prevention.

Working in collaboration with the community and injury prevention experts, a community-based injury prevention pilot study has been initiated at La Perouse. Community engagement through regular meetings with the La Perouse community elders, parents and teachers is being conducted. Buckle-up Safely – Safe travel for Kids in Cars project, in collaboration with George Institute, is being negotiated. This will provide subsidised car restraints, health promotion programs and community employment in monitoring safe car restraint usage.

The first Injury Prevention and Management Research Forum took place in August 2014 and is a collaborative initiative of NSW Kids & Families and the Population Health Research Collaborative (PHRC), Sydney Children’s Hospital Network. Further collaborative work is planned to improve recording and surveillance of injuries and to work towards implementation of successful, evidence-based, injury prevention strategies.
Study of Environment on Aboriginal Resilience and Child Health (SEARCH)

Sue Woolfenden is a chief investigator and steering committee member on SEARCH, which is a partnership between researchers, the Aboriginal Health and Medical Research Council and four NSW Aboriginal Community Controlled Health Services. Its aim is to achieve long-term improvements in the health of Aboriginal children by identifying the children most likely to benefit and the most effective time to intervene. Sue Woolfenden is active in a subgroup that examines the prevalence and incidence of middle ear disease, hearing loss, developmental vulnerability and speech and language delay to identify potentially modifiable risk factors. Data analysis and paper write up is currently being undertaken. More information is available from Sax Institute.

SEARCH has recruited more than 1500 children and their families in order to better understand urban Aboriginal health. SEARCH will provide high quality research evidence to support governments and medical services in developing policies and programs needed to close the gap in health outcomes and life expectancy.

Documenting the health status of Aboriginal children

There are numerous health disparities between Aboriginal and non-Aboriginal children. However there is little published research describing the health status of urban Aboriginal children and interventions that have improved health outcomes and well-being. Since intensive services addressing the health of Aboriginal women and children began in La Perouse in late 2006 we have been recording routine clinical encounters. Reductions in maternal smoking, premature delivery and low birth weight delivery rates have been achieved in some years and look promising, though no statistically significant trends have emerged. Accessibility is demonstrated by an increase in Paediatric referrals seen each year. Most frequent diagnoses were nutritional problems, language delay/disorder and developmental delay/learning difficulty. Twenty percent of children had a chronic medical condition requiring long-term follow up. Our work noted that Aboriginal children were more likely to be discharged from hospital against medical advice than non-Aboriginal children, and that routinely collected data did not include some information essential to monitor determinants of health and health outcomes. This study will inform service planning, data collection and service development to ensure that health outcomes are improving. This work will be submitted for publication shortly.
Evaluation of model of care of child and family service for Aboriginal children
Karen Zwi is supervising, with A/Prof Lis Murphy of NSW Kids & Families, a University of Notre Dame Medical Honours student in 2015. This project will evaluate the La Perouse child and family health service, which delivers various health services (including home visiting, clinics, surveillance, and health promotion) to Aboriginal children under five years of age.

This work is likely to become a useful resource when considering the future delivery of care delivery for Aboriginal families.

We will analyse data collected over the past five years, compare with similar services within NSW and evaluate against the National Framework for Universal Child and Family Health Services, a set of evidence-based objectives set out by the Commonwealth Government to support human development in Australia.

Clinical Governance – Aboriginal initiatives
The department continues to take a leadership role in co-ordinating Aboriginal child health initiatives locally at La Perouse through various committees in collaboration with other key players. These include the SCH Aboriginal Child Health Interest Group chaired by Karen Zwi; SESLHD-run Aboriginal Health Link which has several community representatives; Aboriginal Maternal and Infant Health Committee, run by SESLHD Director of Women’s and Children’s Stream, which aims to develop a collaborative approach to the planning, implementation and evaluation of strategies to improve health outcomes for Aboriginal children.

Refugee Advocacy, Policy, Research and Quality Improvement

Intensive English Centres Screening Program
With funding from National Australia Bank (NAB) in 2011, we commenced an innovative model of health screening located at Beverly Hills Intensive English Centre (IEC) which serves migrant and refugee high school students arriving from non-English speaking countries. In 2014, the SESLHD Multicultural Health Service, in partnership with CCH, was successful in obtaining an Innovations in Integrated Care Grant to expand the program to Kogarah IEC. The program has now been successfully implemented in 4 IECs across a number of Local Health Districts and Education Regions.
In 2014, this award winning project was successful in obtaining a SESLHD Innovations in Integrated Care Grant. A business case to expand the project to all 15 IECs in NSW is under consideration by the Ministry of Health.

Screening includes hearing, vision, general health and pathology, and aims to improve early identification of health issues likely to impact on student health and learning. Screening is complemented by parent education sessions and hospital tours for families. Families are linked with local GPs to whom the project team provides clinical support. Clinical follow up is provided through refugee child health clinics at SCH as required.

75% of migrant students and 90% of refugee students were found to have at least one condition requiring treatment. 80% of refugee students had two or more health problems detected through screening. Commonly detected conditions included Vitamin D and iron deficiency, incomplete immunization, past exposure to TB, blood and intestinal parasites over- or under-weight, dental problems and less commonly, active Hepatitis B infection. A cost-effectiveness analysis with the Centre for Health Economics Research and Evaluation (CHERE) at the University of Technology Sydney demonstrated promising results with evidence that the program will reduce avoidable presentations to hospital over time. A business case was developed, with the assistance of the Ministry of Health Integrated Care Branch and NSW Kids & Families, to implement the screening program in all 15 IECs within NSW.
Refugee Child Health Program evaluation

Our ongoing evaluation of the first 6 years of the refugee child health program demonstrates the ongoing high health needs of this community and that community-based models can provide accessible services for the vast majority of newly arrived refugee families. These families are linked with local GPs and refugee nurses, who are actively supported by key clinicians including A/Prof Karen Zwi. Karen also runs a dedicated SCH refugee clinic, which takes GP referrals and brings together to one site (either SCH or Wollongong) the range of sub-specialists required for each clinic referral.

Evaluation over 2007 to 2012 demonstrated that health assessments successfully identified the health burden and need for screening for treatable, and frequently asymptomatic, conditions. Over the period 367 children participated in the screening, including all (100%) of the newly arrived refugee children (on visa class 200 and 204) and most of the children on sponsored visas. Common conditions identified included Vitamin D insufficiency/deficiency (22.6%), iron deficiency (56.7%), chronic hepatitis B infection (3.0%), malaria (3.3%), and parasitic infection (10.1%). This work identified the need to assess the long-term health, education and developmental outcomes of this cohort and has reinforced the need for a longitudinal study.

An additional study evaluating the effectiveness of pre-departure Measles Mumps Rubella (MMR) vaccination given to refugee children en route to Australia was published in an international Paediatric Infectious Disease Journal in 2013. The study confirms the appropriateness of current guidelines which suggest that immunisation is not required if prior vaccination is documented.

Longitudinal follow-up study

Between May 2009 and April 2013, refugee children under 16 years of age were recruited to a longitudinal study assessing development and psychological wellbeing over a 2 year period.

This landmark study follows up refugee children over the first two years of settlement in Australia.

The study assesses their physical health, development, mental health, educational needs and social adjustment and aims to ensure that the health and educational needs of refugee children are identified and suitable services provided. It is a collaboration between CCH and the Multicultural Health Services of SESLHD and ISLHD, and employs the Refugee Fellow and Refugee Health Nurse. Led by Chief Investigator Karen Zwi, a NHMRC Project Grant application submitted in early 2014 was unsuccessful but alternative avenues will be pursued to expand the study to additional
sites in 2015, and to include additional partners, notably Settlement Services International, University of Wollongong, NSW Refugee Health Service, University of New South Wales, and Royal Hospital for Children, Melbourne.

Sixty-one children from refugee backgrounds, settling in the Illawarra area, have been recruited over a two year period and received an assessment at arrival (T0), at 6-12 months (T1) and at 18-24 months (T2). Countries of origin included Burma, Congo, Burundi and Lebanon. The data provides a rare perspective on demographics, health and developmental status, health service utilisation, psychosocial supports and challenges for 24 months post settlement. Physical health examinations and pathology testing was conducted by GPs on arrival and demonstrated a high prevalence of nutritional deficiencies, parasitic infections and under-immunisation.

Pictures courtesy of Settling Dust, an exhibition of photographs by Christopher Lawrie. Portraits of refugee and migrant teenagers from Beverly Hills Intensive English Centre

The follow up rate at 1 year was impressive at 100% and 85% at 2 years. At these times, children were assessed for development (6mths–5yrs) [Australian Developmental Screening Tool (ADST)]; psychological wellbeing (4yrs-16yrs) [Strengths and Difficulties Questionnaire (SDQ)]; and settlement factors impacting on the family. Refugee children were more likely to have delayed language development compared with Australian-born children in the first year, but this had normalised by the second year post arrival. The SDQ highlighted concerns in emotional symptoms and peer relationships. Families continued to experience significant stressors at one and two years post-arrival. This included unemployment, low income, changes pertaining to schooling, and the death of spouses or close family members. Analysis of factors promoting health and wellbeing of families and the developmental outcomes of children is ongoing and will highlight those children needing more intensive support. Engagement with GPs, a central tenet of our Refugee Child Health Program was outstanding, with 96% of children having been seen their GP at least once in the first year.

The study suggests that follow-up of refugee populations and the screening tools used in the study are feasible for use in refugee populations. It also reinforces the high health needs of refugee children. Two papers are being prepared for publication addressing the methodology and the detailed results of the study.
TB screening in refugee children
Refugees settling in the Illawarra currently have tuberculosis screening undertaken by the Wollongong Chest Clinic. There is a global paucity of data on how best to screen and manage young people under 15 years old for latent tuberculosis, which can progress to active and serious tuberculosis (TB), especially in young children.

The Australian Federal government has been interested in our findings regarding region-specific disease prevalence and latent TB to inform their screening policies.

Screening for latent TB can be done using a skin test (TST) or a blood test (Quantiferon Gold in-tube ®). However there is concern that relying on the more convenient blood test alone will mean some children with latent TB may be missed. This study retrospectively analysed TB testing of 272 refugee children (<15 years of age) from 2007-2010. Results confirm emerging findings from the literature of discrepancy between the two tests and, of particular importance, that the blood test may miss children under 2 years old.

RACP Policy: Health of Asylum Seekers and Refugees Working Party
Karen Zwi has been appointed Chairperson, RACP Health of Asylum Seekers and Refugees Working Party in early 2014. The policy covers both adult and child health and addresses four key areas: health assessments, access to health care, supporting long term health and asylum seekers in detention. Karen has co-ordinated a team of adult physicians and paediatricians representing the specialties of Paediatrics, Public Health, Infectious Diseases and General Medicine to produce a concise document that was circulated for consultation in late 2014 will be launched in early 2015.

SCHN Refugee Health Plan and NSW Implementation
The SCHN Refugee Health Plan was developed in 2013, led by Karen Zwi. The immediate priorities identified are to work in collaboration with other key agencies to provide equitable, accessible care to refugee children and adolescents and their families; to implement the best practice models of refugee healthcare in SCHN; to sustain the significant research output in refugee child health undertaken by SCHN; to undertake training and capacity building within mainstream services for children and adolescents and to advocate for the health and wellbeing of refugee children and adolescents and their families at State, national and international levels. Karen also represents SCHN on the Ministry of Health NSW Refugee Health Plan Implementation Group, which overseas implementation in NSW.
Our SCHN Refugee Health Plan 2013-2017 details our commitments to refugee children, adolescents and their families.

Refugee Child Health Advocacy

A/Prof Karen Zwi was nominated as RACP representative to work with the Australian Human Rights Commission (AHRC) on the Inquiry into Children in Immigration Detention, led by Professor Gillian Triggs. Karen joined the AHRC team, including Megan Mitchell, National Children’s Commissioner, and Tim Wilson, Human Rights Commissioner, on visits to Christmas Island and Darwin detention facilities and conducted interviews with several hundred detainees. She gave evidence at the AHRC public hearings and submitted a Report to the Inquiry in collaboration with the RACP Refugee and Asylum Seekers Working Party. This work has led to a number of appearances on television news, media interviews on radio (The World Today, ABC Radio National; Melbourne community radio) and articles in the print media (including an Invited OpEd piece for the Sydney Morning Herald and news reports in The Guardian, The Age, Sydney Morning Herald and The Hoopla).

Karen also assisted the RACP to produce several media releases addressing the release of children from detention, standards of care in offshore detention centres, the need for independent health oversight of detention health services and doctors’ duty of care to asylum seekers. Media statements can be accessed at www.racp.edu.au/page/asylum-seekers.

Karen Zwi’s Invited OpEd piece for the Sydney Morning Herald on 22 August 2014
Developmental Research

Accessing developmental surveillance: Understanding Barriers for CALD (Culturally and Linguistically Diverse) Communities

_In response to research we are training child and family workers in non-government organisations to conduct developmental surveillance within their multicultural playgroups to engage those children we have shown miss out on early detection of developmental delay. A simple referral pathway to health services has been created._

Sue Woolfenden was the principal investigator on this qualitative project, funded by a SESLHD Multicultural Health Grant, in partnership with South East Neighbourhood Centre (SENC), Benevolent Society and SCH Diversity Health Coordinator. Its aim was to explore the family and service characteristics, beliefs and experiences that influence the journey of families from CALD backgrounds in accessing developmental surveillance and early intervention services. Children from CALD backgrounds with developmental problems were perceived to miss out on early detection and intervention despite language delay being a key issue identified by participants. This project has led to the next project “Understanding Early Childhood Development: Making it Everyone’s Business”, which is currently in progress.

Back row, left to right: John Gilbert (SENC), Sue Woolfenden (SCH CCH). Front row, Natalie Posada (SENC), Bronwyn Jursik (SENC), Jill Crawford (Diversity Health Coordinator SCH) Renata Krchnakova (Benevolent Society). Absent from picture: Debbie Perkins (SCH), Vanessa Sarkozy (SCH)
Developmental Outcomes in Infants Treated with Propranolol for Infantile Haemangioma

This research project is being conducted in collaboration with the Dermatology Department of Sydney Children’s Hospital, with Dr Deborah Perkins as our lead developmental researcher. Children who have been treated with Propranolol for their infantile haemangiomas are invited to participate in the study to assess their developmental outcomes. Parents are sent Ages and Stages Questionnaires and provided with appropriate developmental recommendations. If clinically indicated, participants are offered further developmental assessments.

A new research project is exploring developmental outcomes in children treated with Propranolol for infantile haemangiomas.

‘Watch Me Grow’ study

Sue Woolfenden is a chief investigator on the ‘Watch Me Grow’ (WMG) study, an NHMRC Partnership Project in partnership with UNSW, SChN, South Western Sydney Local Health District (SWSLHD), NSW Kids and Families, and La Trobe University. This study is an exploration of the barriers to the uptake of developmental surveillance as outlined in the NSW Personal Child Health Record (blue book) for infants from birth to 18 months of age. The research team is also investigating methods of improving diagnostic accuracy in NSW processes. To date over 2000 families have been recruited and both qualitative and quantitative data are being analysed. Sue Woolfenden and other investigators have presented findings to national and international forums. Further information can be obtained at: www.swslhd.nsw.gov.au/Liverpool/wmg

Early Years Research Group (EYRG)

The Early Years Research Group is a multi-disciplinary collaboration of perinatal and paediatric clinical and population health researchers in South Western Sydney and throughout NSW. Dr Woolfenden is a co-convenor and A/Prof Karen Zwi is a member. The Group is conducting research to advance our understanding of developmental origins of health and disease, to improve outcomes for children, and to deliver improved health services. The overall goal is to translate research into clinical practice. The group has started an exciting new data linkage project where routine obstetric, maternal, and child data has been linked for further analysis of the longitudinal health and development trajectories of children and their health service usage. Such information is being used to identify gaps and inequities in maternal/child health and health care.
Prioritizing Vulnerable Children

High risk children include those from Aboriginal and Torres Strait Islander communities, homeless, refugee and disabled children, those living in out of home care, children of parents with mental illness and some cultural and linguistically diverse groups. This project explored systems and processes for strategically prioritising health care services for high risk children, and culminated in the development of a 4-question Vulnerability Tool. Two papers addressing high risk children and prioritisation strategies have been submitted for publication. The current research project, entitled ‘Prioritizing Vulnerable Children: Evaluation of a tool in the Early Child and Family Health Nursing Service’, aims to trial the Vulnerability Tool in the Early Childhood Nursing Service setting. Results from the trial period (January to April 2014) are being compared to children born in the same time period of 2013.

Key Performance Indicators (KPIs) Research

Karen Zwi and Fellow Chris Elliot have progressed work on the development of a set of Key Performance Indicators (KPIs) applicable to SCHN that: (1) address the organisation’s mission to improve health through clinical care, research and advocacy; (2) are specific, measureable and achievable; (3) include mandatory items required by government and (4) prioritise child health outcomes and address equity issues. SCHN Clinical Directors have voted on a proposed suite of KPIs and a KPI portfolio has been presented to management for their consideration. An academic paper describing the process, challenges and lessons learned is in the final stages of preparation.

Cochrane Collaboration Prognosis Methods Group

Dr Sue Woolfenden is a co-convenor of the Cochrane Prognosis Methods Group, which aims to develop methods for dealing with prognostic data and conducting systematic reviews of prognosis. It is an entity of the International Cochrane Collaboration, a key body for evidence based medicine.

International Community Child Health

Sue Woolfenden continues to be a co-investigator in the Fiji Newborn Integrated Care Initiative, a collaborative project between the Paediatric Department Colonial War Memorial Hospital (Fiji), the Royal Children’s Hospital (Victoria), and University of Melbourne. This study aims to assess the health and developmental outcomes for a cohort of neonatal intensive care graduates compared with controls, and the feasibility and validity of alternate methods of developmental screening in this high risk population. Data has been collected on approximately 300 children and is currently being analysed. Those in whom developmental issues have been identified have been referred to early intervention services.
Education and Training Programs

Family Partnership Facilitator and Foundation Training

Sue Woolfenden and Deborah Perkins are trained as Facilitators in the Family Partnership Model and have run 2 foundation courses in this model. The theoretical framework underlying the Model emphasises the need for highly skilled professional communication. It assumes that a respectful partnership between parent and professional is a powerful support in its own right and the means by which quality of services may be increased. The course enables people working with children and parents to improve their understanding of the helping process and to practise the skills of engaging parents and developing effective relationships. The course consists of five full days of training conducted at weekly intervals with two facilitators. To date Sue and Deborah have trained 15 medical and allied health staff. Evaluation of the course has been very positive with all participants stating that they would highly recommend it. Another course will be offered to SCHN and external staff in 2015.

Advanced training program

The department actively engages in the education and training of community paediatricians across NSW and is consistently ranked one of the top training placements. Clinical rotations include opportunities for sub-specialist training in Community Child Health as well as research supervision. Multiple trainees work and train within the department annually. An educational program of excellence is delivered for CCH trainees across sites of Sydney Children’s Hospitals Network, Liverpool, Kogarah, Newcastle, Canberra and Wollongong with weekly training via teleconferencing or face-to-face sessions. Sue Woolfenden also ran a Research Methods Symposium for Community Child Health trainees with the Ingham Institute.

Undergraduate medical students

A Community Child Health module for Phase 3 UNSW medical students has been successfully continued in 2014. This has exposed students to the breadth of Community Paediatrics, including clinical assessment in the context of developmental disability, refugee and Aboriginal health, as well as public health and prevention activities. This module has been ranked as one of the best undergraduate paediatric learning experiences at SCH by UNSW students. CCH staff have also continued their extensive involvement in other aspects of Phase 1, Phase 2 and Phase 3 teaching and assessment including a training session with kindergarten children from a local public school. Sue Woolfenden also conducts medical student teaching for Fiji Medical School.
Community training

We delivered over 44 training sessions or lectures to early childhood nurses (PEDS and ASQ training), Griffiths (GMDS) trainees, health staff and medical students. Dr Deborah Perkins continues in her lead role as trainer to early childhood nurses in using developmental surveillance instruments (PEDS and ASQ) for SESLHD and is the main trainer in the ADST for the Community Child Health trainees in NSW. In addition multiple teaching sessions are delivered by the department to registrars, medical students, hospital staff and allied health forums.

Symposium on Aboriginal Community Child Health

Dr Sue Woolfenden chaired the UNSW Paediatric Research Week Aboriginal Community Child Health Symposium with a range of Aboriginal clinical, research and service development experts from across the community child health teams of metropolitan Sydney. This was primarily for the State-wide Community Child Health fellow teaching but was formally included in the 2nd Annual UNSW Paediatrics Research Week.

Siblings Celebration

Michelle Jersky facilitated an art activity at a weekend event hosted by Tumbatin Clinic. The Siblings Celebration aimed to acknowledge the role siblings have in the care of their brother/sister with additional developmental needs, to connect siblings with each other and to provide access to information and support services. The event was attended by 47 siblings, 14 children with special needs and 29 family groups.
Research Publications, Presentations and Grant Funding

Members of the department are involved in ongoing clinical research and evaluation activities and hold various grants, employ externally funded project officers and are principle researchers in many collaborative research initiatives.

Publications 2013 – 2014


In preparation for publication and submission


Research Publications, Presentations and Grant Funding


Artwork copyright Carley Jones Ngala Nanga Mai

Awards 2010 – 2014

1. “Optimising health and learning for refugee and migrant students” project (Beverly Hills, Evans and Fairfield Intensive English Centres health screening program) was awarded a National Australia Bank School’s First funding grant, the SCHN Quality and Innovation Award (Collaboration), NSW Health Innovation Award (Building Partnerships in Delivery of Care), and the NSW Premier’s Award (Delivering Quality Services) in 2013.

2. Ngala Nanga Mai was awarded a 2013 SCHN Quality and Innovation Award (Improving Patient and Family Experience) and was the NSW Winner of a 2013 Creative Partnerships Australia Arts and Health Award.


4. “Optimising health and learning for refugee and migrant students was awarded NAB Schools First Local Impact Award of $50 000, and was the Winner of the
Research Publications, Presentations and Grant Funding

NSW Impact Award (a further $50,000) in NAB Schools First is a national awards program that recognises and rewards outstanding school community partnerships.

5. Beverly Hills Intensive English Centre Screening of migrant and newly arrived refugee students was the winner of SCH Health Awards 2011 and was selected as an SCHN finalist for the NSW Health Awards 2011.

6. The Back to School Program for Teenage Aboriginal Parents (Ngala Nanga Mai pAREnT Group Program) won the NSW Health Award (Improving Primary Health and Care in the Community), the NSW Aboriginal Health Award (Innovation in Aboriginal Health), a Commendation in the NSW Premier Awards and was a Finalist in the Deadly Community Awards (Outstanding Achievement in Aboriginal and Torres Strait Islander Health), the NSW Health Excellence in Healthcare Quality Award and the Health Minister’s Excellence Award 2010.

Grants and Research funding for 2010 – 2014


2. Hearing EA r health and Language Services (HEALS) for Speech Pathology services at La Perouse. ($40 000) 2014.


Research Publications, Presentations and Grant Funding


Reports 2013 – 2014

1. Workplace report: Community Child Health, the Australian experience. Elective Student Report, Neil Lawrence, University of Sheffield Medical School, United Kingdom. 2014
Invited Lectures and Workshops 2014


6. Jersky M. Art activity offered for the Quit Smoking Workshop with the Tobacco Control Team Health Promotion Service Directorate Planning and Population Health and Aboriginal Health Team. La Perouse July 2014.


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Abstracts and Presentations 2014


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