# Contents

Major achievements for 2013 .......................................................................................... 3  
Introduction .................................................................................................................. 5  
Staff update for 2013 ................................................................................................... 6  
Clinical Services & Programs ...................................................................................... 7  
  Developmental services ............................................................................................ 7  
  Aboriginal outreach services .................................................................................... 7  
  Refugee Child Health Program ................................................................................. 8  
  Hospital avoidance strategies ................................................................................... 8  
  Early intervention and health promotion ................................................................. 9  
  Child Protection services ....................................................................................... 9  
  International Community Child Health ................................................................. 9  
Policy, Research and Quality Improvement ................................................................. 10  
  Community Child Health Research ...................................................................... 10  
  Key Performance Indicators (KPIs) ....................................................................... 10  
  Early Years Research Group (EYRG) .................................................................. 10  
  Cochrane Collaboration Prognosis Methods Group ............................................. 10  
  Developmental Research ...................................................................................... 10  
  Aboriginal Research and Quality Improvement ................................................... 11  
    Aboriginal Parent Program (Ngala Nanga Mai) Evaluation ................................ 11  
    Teenage Parent Program ..................................................................................... 12  
    Reducing ED Presentations and Community Injury Prevention Project ............ 12  
    Parent Evaluation of Developmental Status in Urban Aboriginal Families ....... 12  
    Study of Environment on Aboriginal Resilience and Child Health (SEARCH) ... 12  
    Clinical Governance – Aboriginal initiatives .................................................... 13  
    Tracking the health status of Aboriginal children .............................................. 13  
  Refugee Research and Quality Improvement .......................................................... 14  
    Intensive English Centres Screening Project ...................................................... 14  
    NSW Refugee Health Plan Implementation ......................................................... 14  
    Longitudinal follow-up study ............................................................................. 15  
    Refugee Child Health Program ......................................................................... 15  
    Evaluation of the effectiveness of pre-departure Measles Mumps Rubella (MMR) vaccination given to refugee children en route to Australia ........................................ 16  
    TB screening in refugee children ......................................................................... 16  
    Systematic review of developmental delay in refugee children ......................... 16  
    Refugee Child Health Advocacy ......................................................................... 16  
    Sustainability of refugee services ...................................................................... 16  
    Prioritising highly vulnerable children ................................................................ 17  
Education and Training Programs ............................................................................. 17  
Research Publications, Presentations and Grant Funding ....................................... 18  
  Publications 2008 – 2013 ...................................................................................... 18  
  Grants & Research funding for 2008 - 2013 ......................................................... 23  
  Reports 2012 - 2013 .............................................................................................. 24  
  Invited Lectures 2012 - 2013 ............................................................................... 24  
  Abstracts and Presentations 2013 .......................................................................... 25
Major achievements for 2013

Aboriginal Health

- The Aboriginal outreach service at La Perouse Community Health Centre continues to have high levels of engagement with the local community and is documenting improvements in urban Aboriginal health status.
- The Parent Program, Ngala Nanga Mai, goes from strength to strength and has engaged almost 100 Aboriginal parents to further their education, gain employment, and produce high quality art work while accessing health care. Ngala Nanga Mai was awarded a 2013 SCHN Quality and Innovation Award and a 2013 Creative Partnerships Australia Arts and Health Award. The group held two highly successful art exhibitions resulting in art sales of approximately $15,000.

- Sue Woolfenden is on the Steering Committee of the acclaimed Study of Environment on Aboriginal Resilience and Child Health (SEARCH) and a co-investigator on a number of significant grants, adding to the evidence base in Aboriginal Child Health. Karen Zwi is on the Joint Working Party on Foetal Alcohol Spectrum Disorders (FASD), co-ordinated by the Mental Health and Drug and Alcohol Office, Ministry of Health, to address FASD in NSW.
- Both Karen Zwi and Sue Woolfenden were on the National Advisory Team for the Australian Medical Association’s Aboriginal and Torres Strait Islander Early Child Development Report Card.

Promoting Optimal Child Development

- Sue Woolfenden is a principal investigator for the NH&MRC Partnership Grant “Watch me Grow” which aims to enhance universal developmental surveillance. This grant is a flagship for collaborative research with NSW Kids and Families. Its initial findings have been presented at international and national conferences and are informing current government policy.
- Deborah Perkins continues to provide training in the use of developmental surveillance and screening tools to health and research staff.
- Sue Woolfenden and Deborah Perkins have obtained funding in partnership with the Benevolent Society and South East Neighbourhood Centre to promote child development in Culturally and Linguistically Diverse (CALD) communities.
- Members of the Department contributed to the “One People One Place” initiative to improve early child development and access to services in South Maroubra and La Perouse.

Prioritising Vulnerable Children

- We have explored models of care in the community, as well as service-based tools and strategies to improve the health of vulnerable children, and will be trialling a tool to identify vulnerable children through Early Childhood Nursing services in 2014.
- We are developing a pragmatic set of Key Performance Indicators (KPIs) in concert with SCHN Managers that will assist in improving child health outcomes and reducing inequalities.
- We are gathering evidence of the impact of our community programs on reducing hospital presentations and on improving health outcomes.
- We are working closely with Eastern and South Eastern Sydney Medicare Locals to develop a health needs assessment and KPIs to improve the health of local children.
- Sue Woolfenden was invited to be a member of International Network for Research on Inequalities in Child Health (INRICH), a global multidisciplinary group of researchers interested in tackling the problem of health disparities among children.
Refugee Health

- The refugee child health program continues to work 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.
- Our longitudinal study of refugee children is gathering data on the final year of follow up of children’s health and development and is generating information that will guide service delivery into the future.

The innovative model of nurse led health screening of new migrants in Beverley Hills Intensive English Centre (IEC) was successfully replicated at Evans Intensive English Centre in Western Sydney. In 2013 this project was awarded a National Australia Bank School's First funding grant to expand to Fairfield IEC, and received the SCHN Quality and Innovation Award, NSW Health Innovation Award in the category Building Partnerships in Delivery of Care, and the NSW Premier's Award for Delivering Quality Services.

- Karen Zwi represents SCHN on the NSW Refugee Health Plan Implementation Group, which oversees the implementation of the NSW Refugee Health Plan. She also represented the Royal Australasian College of Physicians at a Parliamentary Inquiry on the Healthcare for Asylum Seekers Bill at Parliament House in Canberra and undertook various advocacy initiatives in relation to children and unaccompanied minors in detention.

Leadership, Research and Training

- Members of the Department of Community Child have been involved in service development and research grants to the value of $13.8 million in the last 10 years.
- Karen Zwi was made a Conjoint Associate Professor, University of New South Wales and Sue Woolfenden a Conjoint Senior Lecturer, University of New South Wales.
- Karen Zwi continues in her role as Clinical Director of the Community, Ambulatory, Rehabilitation, Population and Allied Health (CARPA) Directorate, Randwick campus of SCHN, with full time Co-Director Virginia Binns. This involves leadership and management responsibility for staff and services in over 20 departments and the development of more extensive Ambulatory services.
- Sue Woolfenden and Deborah Perkins trained as Facilitators for the Family Partnership Model and then trained the entire Community Child Health team in this invaluable model for working in partnerships with families.
- Karen Zwi represents SCHN on the NSW Chief Health Officer’s Population Health Priorities and Performance Monitoring committee.
- Karen Zwi and Sue Woolfenden were appointed to the newly developed SCHN Research Advisory Committee and have actively contributed to the Population and Indigenous Health Research Agendas of SCHN.
- Paediatric Advanced Trainees of all sub-Specialties continue to view working in our department as extremely beneficial to their training and gaining a position in our department is highly competitive.
- Our Community Child Health module for phase 3 UNSW medical students continues to be highly ranked as an undergraduate paediatric learning experience by UNSW students.
- Karen Zwi and Sue Woolfenden were invited to be Editorial Board Members for the International Journal, Child: Care, Health and Development.
- 2013 saw significant grant success, several awards, the publication of many peer reviewed journals and presentations at conferences all over the world.

International Community Child Health

- Sue Woolfenden continues international service delivery with bi-annual developmental clinics, research and training in Fiji and has been made a guest lecturer at Fiji National University. The Department has also been involved in supporting visiting fellows from Fiji.
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.

Introduction

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 tertiary hospital settings, we focus on developing seamless health care from hospital to community and back again. In addition, many of 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 former South Eastern Sydney Illawarra Health Area (SESIH) 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 2013

### Permanent Personnel

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Position</th>
<th>Name</th>
<th>FTE</th>
</tr>
</thead>
<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</td>
<td>0.8FTE</td>
</tr>
<tr>
<td>May 2011 -</td>
<td>Community Paediatrician 0.6FTE</td>
<td>Dr Sue Woolfenden</td>
<td>0.6 FTE</td>
</tr>
<tr>
<td>1987 -</td>
<td>Child Health Medical Officer 0.45FTE</td>
<td>Dr Deborah Perkins</td>
<td>0.45 FTE</td>
</tr>
<tr>
<td>Jun 2007 -</td>
<td>Administrative Assistant 0.8FTE</td>
<td>Maria Katakouzinos</td>
<td>0.8 FTE increased to 1FTE April 2013</td>
</tr>
<tr>
<td>Mar 2010 -</td>
<td>Administrative Assistant 0.5FTE</td>
<td>Monique Micallef</td>
<td>0.5 FTE</td>
</tr>
</tbody>
</table>

### Service development and research staff (funded by external grants) 2013

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Position</th>
<th>Name</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan - Jun 2013</td>
<td>Refugee Child Health Fellow</td>
<td>Dr Chris Elliot</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Jun - Dec 2013</td>
<td>Refugee Child Health Fellow</td>
<td>Dr Chris Elliot/Dr Shirleen Balbir Singh (STP Commonwealth Funding)</td>
<td></td>
</tr>
<tr>
<td>March 2013 – Dec 2013</td>
<td>Refugee Nurse</td>
<td>Colleen Allen</td>
<td>0.4FTE</td>
</tr>
<tr>
<td>Jan - Jun 2013</td>
<td>Aboriginal Child Health Fellow</td>
<td>Dr Angela Titmuss then Dr Alex Thorburn (Federal Government New Directions Funding 0.5FTE &amp; SCH Foundation 0.1FTE)</td>
<td>0.6 FTE</td>
</tr>
<tr>
<td>Jun - Dec 2013</td>
<td>Aboriginal Child Health Fellow</td>
<td>Dr Penny Tsovolos and Dr Suzie Gardner (STP Commonwealth Funding)</td>
<td></td>
</tr>
<tr>
<td>Jan 2013 – Dec 2013</td>
<td>Community Child Health Fellows</td>
<td>Dr Penny Tsovolos and Dr Suzie Gardner (STP Commonwealth Funding)</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Jun 2009 – Jun 2014</td>
<td>Aboriginal Parent Program Implementation Officer</td>
<td>Michelle Jerksy (Rio Tinto Aboriginal Fund)</td>
<td>1 FTE</td>
</tr>
</tbody>
</table>

### Paediatric trainees in 2012

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Position</th>
<th>Name</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2013 – Jul 2013</td>
<td>CCH Registrar</td>
<td>Dr Angela Titmuss</td>
<td>0.4 FTE</td>
</tr>
<tr>
<td>Jul 2013 – Jan 2013</td>
<td>CCH Registrar</td>
<td>Dr Gayathri Raman</td>
<td>0.3 FTE</td>
</tr>
</tbody>
</table>

### Our extended teams

We work in close collaboration with our extended teams, including the SCHN Aboriginal Health Strategic Management Francine Eades, Aboriginal Health Education Officer Lola Callaghan, Early Childhood Nurse Jen Winters, Speech Pathologist Lauren Hamill, 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 and we have provided research supervision to the newly appointed SCHN Population Health Research Officer, Vivian Isaac.
Clinical Services & Programs

The main referral sources to CCH are General Practitioners, allied health professionals, community nursing staff, paediatricians, SCH departments (such as the Child Protection Unit), non-government organisations, day care centres/preschools, schools and parents/carers. Service development is specifically planned 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.

Dr Woolfenden continues to run a behavioural clinic 2-3 times a month and has seen 52 children, with a total of 232 occasions of service. 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, and runs a monthly multidisciplinary developmental and behavioural clinic at La Perouse, working with a paediatric speech pathologist to provide fast track services for Aboriginal children.

Supported by Dr Woolfenden, the Community Paediatric Fellow provided Outreach Developmental Clinics to 10 patients in Wagga in 2013. 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 outreach 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 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.

The service is producing improved health outcomes through extensive local collaborative working.

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.

CCH provides La Perouse Paediatric outreach clinics run 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, all newborns and over 70% of Aboriginal children less than 5 years of age living within the Randwick LGA have been seen by our service. In the period from January 2007 to December 2013, 348 children were seen in Paediatric clinics, with over 1009 occasions of service. One in five children seen have a chronic condition requiring long-term follow up. Over half of all children seen 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.

The Paediatric Clinics are in addition to the many children seen by our early childhood workers doing home visits and in early childhood clinics, and longstanding screening of preschool Aboriginal children at Gujaga Childcare centre, where an additional 46 children were screened in 2013.
Refugee Child Health Program

The multidisciplinary clinical service for refugee families settling in the former SESIH commenced in 2007 and has become firmly established as part of the Multicultural Health Service in both SESLHD and ISLHD. There is a strong commitment to work collaboratively across these Local Health Districts and SCHN in the best interests of refugees. Other partners in the model of care include the Wollongong Hospital, Medicare Locals, 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 example for other LHDs.

Hospital avoidance strategies

We are increasingly appreciating the potential impact of our community outreach and screening programs. The extent to which hospital avoidance is achieved by community services is difficult to determine without control populations, but our data suggests that Aboriginal outreach is improving the management of children with chronic conditions and that inappropriate and repeat presentations to ED presentations have reduced. More accessible services has meant that Aboriginal children with developmental delay and emotional-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 (such as health eating and smoking cessation), engaging in 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.

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. Early screening for infectious diseases, vision and hearing defects and general health problems in children who have had limited prior access to health care optimises their health and reduces use of hospital services for advanced disease. Access to timely, culturally acceptable care in the community for these vulnerable groups is highly likely to impact on health and wellbeing over the lifespan and reduce the need for hospital care over the long term.

Evaluation from the Aboriginal Parent Program demonstrated high levels of motivation in taking up healthy lifestyle choices (such as health eating and smoking cessation), engaging in 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.
**Early intervention and health promotion**

We offer a limited screening program 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). 488 children and adolescents were screened in this program in 2013, with a 49% yield of health problems requiring further assessment.

**Clinical services to Early Childhood Centres**

The department supports the early childhood nursing sector by providing registrar clinics at Eastgardens and Waverley Early Childhood Centres to which nurses can refer. Twenty-four children were reviewed during 2013.

**Health promotion**

Community talks target disadvantaged and migrant communities and cover health promotion topics; 19 were delivered in 2013. The paediatric fellows, Dr Alex Thorburn and Dr Suzie Gardner provided paediatric support for the Wellbeing Workshop health promotion event at La Perouse CHC, focussing on smoking cessation, Asthma and SUDI (Sudden Unexpected Death in Infancy). We also deliver a monthly health promotion program at La Perouse, covering child development, hearing and language, substance abuse and other topics as requested by the community.

**Child Protection services**

The CCH team 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 (Special Commission of Inquiry into Child Protection Services in NSW, November 2008). This has provided an easily accessible service in the community for health and developmental screening, as well as long term follow-up care. The community paediatricians, Fellows and registrars are key contributors to the after hours Child Protection on-call roster for SCHN Randwick campus.

**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 and child protection assessments, thus enhancing local capacity. All children also have a Fiji based paediatrician coordinating their care. She presented this work at Grand Rounds at both SCH and CWM in 2013.
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, Child Protection, Child Development and Disability.

Key Performance Indicators (KPIs)

Karen Zwi and CCH Fellow Chris Elliot are currently working 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, education and advocacy; (2) are specific, measureable, achievable, and have traction with stakeholders; (3) include those mandatory items required by government and (4) prioritise child health outcomes and address equity issues. National and international organisations, publications and strategic plans were examined and over 300 potentially relevant KPIs identified. A pragmatic list of these is currently being prioritised by Program Directors and hospital management. This will inform the next step in developing the final KPI set.

Dr Sue Woolfenden is a member of the International Network for Research on Inequalities in Child Health (INRICH); membership is by invitation only. This is global multidisciplinary group of researchers interested in tackling the problem of health disparities among children.

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. 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. Dr Woolfenden is a co-convenor and A/Prof Karen Zwi is a member.

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.

Developmental Research

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

Sue Woolfenden is the principal investigator on this project, funded by a SESLHD Multicultural Health Grant, in partnership with South East Neighbourhood Centre, Benevolent Society and SCH Diversity Health Coordinator. It aims to explore the attitudes, beliefs and perceptions of CALD families, community leaders and service providers regarding the purpose of developmental surveillance, and the availability and acceptability of such services provided by SCH. This includes an exploration of the understanding of the concept of early childhood development, and the importance of identifying developmental vulnerability early. This will inform service development at SCH to enhance access and culturally responsiveness to families from CALD backgrounds. Data currently being analysed includes 26 in-depth interviews conducted with health and early childhood professionals who work with CALD families, 13 interviews with CALD families and 3 with community leaders.
‘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 the National Community Child Health Council and various national and international forums. A follow-up NHMRC partnership grant with the above partners, South West Sydney Medicare Local, Karitane and University of Western Sydney has been submitted for 2014-2015. Further information can be obtained at the Watch Me Grow Website (link).

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. It 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. Those where developmental issues have been identified have been referred to early intervention services.

Early Diagnosis of Autism Research

A Cochrane systematic review of diagnostic practice for preschool children with autism is currently in progress. This will provide much needed information to clinicians and families about the best tools to use for diagnostic assessment.

Aboriginal Research and Quality Improvement

Aboriginal Parent Program (Ngala Nanga Mai) Evaluation

Delivered at the La Perouse Community Health Centre, 2013 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 hour art program for young parents, supported by an Aboriginal Early Childhood Worker, an Early Childhood Nurse, and a Paediatric doctor. Onsite childcare, allied health services such as social work and speech pathology, volunteer mentoring and tutoring services, transport and food are also provided.

Since the program commenced, over 100 parents with 150 children have participated; 25 parents have enrolled in higher education, 4 have commenced an external business course, and at least 5 have gained full-time employment with program assistance.

In 2012/13 formal evaluations were conducted by medical students supervised by the Muru Marri Indigenous Health Unit, UNSW, working with Karen Zwi, Michelle Jersky (Project Officer) and Lola Callaghan (Aboriginal Health Education Officer) of SCH. The evaluations 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. Key informant interviews and results from a standardised questionnaire (the Growth and Empowerment Measure) demonstrate that participants 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. A key informant stated “I can see the change over the last 2 or 3 years … none of them say I can’t do that anymore.” Since the program commenced, over 100 parents with 150 children have participated; 25 parents have enrolled in higher education, 4 have commenced an external business course, and at least 5 have gained full-time employment with program assistance.
These achievements were recognised by a 2013 SCHN Quality and Innovation Award and a 2013 Creative Partnerships Australia Arts and Health Award. The Ngala Nanga Mai group has participated in two highly successful art exhibitions ("Underexposed" in partnership with ANTaR NSW and "We Dream, We Speak" with Jewish artists at the Bondi Pavilion Art Gallery resulting in art sales of approximately $15,000). "We Dream, We Speak" attracted 2000 visitors and response to the exhibition was overwhelmingly positive with high praise for its works. All the Ngala Nanga Mai artists sold at least one of their works, with a total number of 32 works sold. For an outline of the ANTaR NSW partnership please visit UnderExposed.

Ngala Nanga Mai was selected from over 40 similar programs as one of six in-depth case studies of successful programs for the Social and Emotional Wellbeing of Indigenous Youth report by the Muru Marri School of Public Health and Community Medicine at University of New South Wales and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The aim of the report was to obtain a deeper and broader understanding of current knowledge in this area and to translate this knowledge into practical and useful information to enhance policy, resource allocation decision and practice. The full report is available from the UNSW website. Our goal in the long term is to use Ngala Nanga Mai as a model in other vulnerable communities. We are currently exploring ways of sustaining funding and rolling out this program across the SCHN.

Teens Parent Program

We have identified that very young parents (aged 14-17 years) require a separate and dedicated program apart from the Ngala Nanga Mai Parent Program. We are currently exploring new models of service delivery and seeking funding to trial this in 2014. This will include training those currently engaged in Ngala Nanga Mai to be mentors for the younger parents.

Reducing ED Presentations and Community Injury Prevention Project

We have published data on Aboriginal children presenting to SCH Emergency Department between 2005 and 2008. This study 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. We are currently commencing an injury intervention program to reduce injury presentations, working in collaboration with the community and injury prevention experts.

Parent Evaluation of Developmental Status in Urban Aboriginal Families

A UNSW medical student and Aboriginal woman, Mikayla Couch, completed her Individual Learning Project under the supervision of Sue Woolfenden and Karen Zwi. She evaluated the use of the Parent’s Evaluation of Developmental Status (Peds) surveillance tool on children in an urban Aboriginal community. Recommendations from this study are being implemented, including increased Peds use in the La Perouse paediatric clinic and at the Gujaga preschool, and will be reassessed.

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. 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. 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 will soon be undertaken. More information is available from Sax Institute.
Clinical Governance – Aboriginal initiatives

The department continues to take a leadership role in co-ordinating Aboriginal child health initiatives locally at Malabar and La Perouse through various committees in collaboration with other key players. These include the Aboriginal Child Health Interest Group chaired by Karen Zwi; SESLHD-run Aboriginal Health Link which has 6 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, development, implementation and evaluation of strategies to improve health outcomes for Aboriginal children women and families. We will be working closely with the Aboriginal Health Management Adviser, Francine Eades, and the SCHN Aboriginal Health Committee, chaired by Elizabeth Koff, CEO of SCHN, to enhance access to services for Aboriginal children across the Network, increase Aboriginal identification and community representation in SCHN and to promote research and service enhancement at SCHN.

Tracking the health status of Aboriginal children

Despite documentation of a significant health gap seen in Aboriginal compared with non-Aboriginal children, little published information is available regarding the health status of urban Aboriginal children and the interventions that can improve their health and well-being. We have been monitoring health status since intensive services addressing Aboriginal women and children began in late 2006 in La Perouse. We will be analysing into the future whether or not these interventions are being successful in closing the health gap. Baseline data (from the commencement of services in 2007 until December 2012) has been analysed and is being prepared for publication. We are also reviewing our routinely collected data to ensure that we are recording information relating to key health indicators to assess change into the future. Further data collection will continue over the next 6 years and we plan to repeat the 2013 to 2018 analysis in 2019. This research will provide better understanding of the current health needs of the local population, the changing needs over time and will allow us to tailor services to best meet their needs.

Analysis of antenatal and perinatal data for women accessing the Aboriginal midwifery service demonstrates a reduction in smoking during pregnancy and an increase in the number of women who cease smoking during their pregnancy. There have been some years where the prematurity and low birth weight rates have fallen to overall NSW rates for non-Aboriginal pregnancies.

Results to date suggest that access to health services and service use has increased. The age of first presentation for Aboriginal children with language concerns has dropped over the last 2 years from 4.5 - 5 years to 3 - 3.5 years. In addition, more children are seen for review suggesting an increase in management of chronic conditions. Analysis of antenatal and perinatal data for women accessing the Aboriginal midwifery service demonstrates a reduction in smoking during pregnancy and an increase in the number of women who cease smoking during their pregnancy. There have been some years where the prematurity and low birth weight rates have fallen to overall NSW rates for non-Aboriginal pregnancies. Although the rates fluctuate these results are encouraging. More work is being done to understand which interventions have a positive influence on pregnancy outcomes.

A/Prof Karen Zwi and Dr Meredith Sissons conducting an Aboriginal child health clinic
Refugee Research and Quality Improvement

Intensive English Centres Screening Project

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. The 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. This project links families to a network of local GPs, to whom the project team provides clinical support, provides parent education sessions, hospital tours for families, and offers clinics at SCH if required. Over 80% of children screened had a health condition identified, with most having more than one problem. 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. Qualitative and quantitative data from the evaluation of this project is currently being prepared for publication.

2013 has seen this project successfully expand to include first Evans IEC in Western Sydney (with existing funding), and then Fairfield IEC (with a 2013 NAB Schools First funding grant). These achievements were recognised by a 2013 SCHN Quality and Innovation Award, the NSW Health Innovation Award for Building Partnerships in Delivery of Care, and the NSW Premier’s Award for Delivering Quality Services.

A cost-effectiveness analysis of the project is currently underway in collaboration with the Centre for Health Economics Research and Evaluation (CHERE) at the University of Technology Sydney.

Partners in this project include South Eastern Sydney Local Health District (SESLHD); Western Sydney Local Health District (WSLHD); South Western Sydney Local Health District (SWSLHD); South Eastern Sydney and WentWest Medicare Locals; Beverly Hills, Evans and Fairfield IECs; Menai, Evans and Fairfield High Schools; NSW Refugee Health Service; South Eastern Area Laboratory Services (SEALS); St George Migrant Resource Centre and SydWest Multicultural Services.

Left to right: Chris Elliot, Hon. Jillian Skinner, Lisa Woodland, A/Prof Karen Zwi, Melissa Kang, Vivianne Challita-Ajaka at the NSW Health Innovation Awards

NSW Refugee Health Plan Implementation

Karen Zwi represents SCHN on the NSW Refugee Health Plan Implementation Group, which oversees the implementation of the NSW Refugee Health Plan 2011-2016. The Plan is coordinated by the Ministry of Health in close collaboration with NSW Refugee Health Service. A funding injection and a team of refugee nurses is already increasing access to refugee screening for newly arrived refugees throughout NSW. Karen Zwi led SCHN in developing our own SCHN Refugee Health Plan, which details our commitments to refugee children and their families. Karen Zwi also represents SCHN on the Refugee Health Nurse Program Committee.

Left to right: Chris Elliot, Hon. Jillian Skinner, Lisa Woodland, A/Prof Karen Zwi, Melissa Kang, Vivianne Challita-Ajaka at the NSW Health Innovation Awards
Longitudinal follow-up study

This landmark study follows up refugee children over the first three years in Australia, to assess their physical health, development, mental health, educational needs and social adjustment. A collaboration between CCH and the Multicultural Health Services of SESLHD and ISLHD, this study aims to ensure that the health and educational needs of refugee children are identified and suitable services provided. The Refugee Fellow and Refugee Health Nurse employed by the study commenced in January 2010. Led by Karen Zwi, we are currently preparing an NHMRC Grant Submission together with SESLHD to extend and continue this important study. Partners include SCHN, UNSW, NSW Refugee Health Service, University of Wollongong, University of Melbourne, and Hunter New England LHD.

Since May 2009, 124 children (age 0-12 years) have been recruited into the longitudinal study. Countries of origin included Burma, Congo, Burundi and Lebanon. Early data provides a snapshot of demographics, health service utilisation, psychosocial supports and challenges at six and twelve months post settlement. Parents/guardians were asked to complete a semi-structured interview and social readjustment rating scale (SRRS), with 96% of children having been seen at least once in the previous 12 months, and 50% on average once every two to three months. Approximately 20% were either partially or completely unimmunized at study entry. Only 40% of the children had been to the dentist in the previous 12 months. Approximately half of the primary care-givers do not have a partner, and two thirds have great difficulty with English. Most community support is provided locally by the respondents' own ethnic community. Of concern is that 40% of parents/guardians scored “at risk” of developing a stress-related disorder in the next 12 months on the SRRS, the effects of which could significantly impact on their children. Analysis of factors promoting health and wellbeing of families and the developmental outcomes of children is ongoing. Developmental and mental health data, as well as 2 year follow-up data is currently being analysed under the supervision of Karen Zwi in a series of Fellow research projects. This will inform policy development for this vulnerable population.

Refugee Child Health Program

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 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.

Since March 2007, when the service commenced, every one of over 300 newly arrived refugee children in the Illawarra area (on visa class 200 and 204) was seen by the service. In addition, the majority of children on sponsored visas were also screened. All have accessed a GP for health assessment and screening. Problems detected included: Under-immunity to hepatitis B (35%), Vitamin D deficiency (20%), Vitamin D insufficiency (36%), positive tuberculosis quantiferon gold test (11%), schistosomiasis (12%), anaemia (10%), active hepatitis B (3%), malaria (3%) and strongyloides (2%).
Evaluation of the effectiveness of pre-departure Measles Mumps Rubella (MMR) vaccination given to refugee children en route to Australia

This study was published in an international Paediatric Infectious Disease Journal in February 2013. MMR vaccine serology of 164 newly arrived refugee children was retrospectively reviewed. The study confirms the appropriateness of current guidelines which suggest that immunisation is not required in the face of documented prior vaccination. Given that the study found seropositivity rates less than the expected 95%, the recent introduction of a two dose pre-migration MMR regimen for refugee children is welcome.

TB screening in refugee children

Refugees settling in the Illawarra currently have health screening undertaken by GPs as part of the collaborative care model, with 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, a condition that can progress to a life-threatening condition. A database linkage project is being conducted to describe current practice in our local population, and contribute data on our experience of the utility of different tests for diagnosing latent tuberculosis in children < 15 years old. A paper is currently being prepared for publication and will add to the evidence base in this area.

Systematic review of developmental delay in refugee children

Previous Refugee Fellow Marion Mateos and Karen Zwi have been working collaboratively with the refugee team at the SCHN Westmead campus who are leading a systematic review of developmental delay in refugee children. The protocol has been completed in line with Cochrane collaboration requirements. The source article review is now complete and a paper for publication is being written.

Refugee Child Health Advocacy

Since late 2010, Karen Zwi has represented the Royal Australasian College of Physicians (RACP) on the Federal Government’s Immigration Health Advisory Group (IHAG), previously Detention Health Advisory Group (DeHAG). The group’s remit was to provide the federal government with independent, expert advice regarding the provision of health care to asylum seekers in detention and offshore, as well as refugees post arrival. Unfortunately this group was disbanded by the government on 13 December 2013. Karen Zwi developed Children’s Health Recommendations in collaboration with refugee child health experts across the country, which could have made a difference to the health management of children in detention whilst their refugee applications are being processed. In addition, the role involved visiting detention centres across Australia and making formal recommendations on the facilities, and the levels of care and expertise available to children, adolescents and unaccompanied minors such that the harmful effects of detention are minimised.

Karen Zwi and Gervase Chaney (past President Paediatrics and Child Health Division, RACP) were invited to write an advocacy piece on the rights of refugee children, which was published early in 2013. Karen Zwi continues to work closely with the RACP to advocate for and monitor the implementation of recommendations to improve the care of refugee and asylum seeker children throughout Australia and New Zealand. We have been involved in several media releases, letters to Ministers and Inquiry submissions regarding refugee issues and children’s rights. Karen Zwi also represented RACP on the Department of Health and Ageing (DoHA) National Summit on Female Genital Mutilation (FGM) held at Parliament House in Canberra and will be working on a study to document with incidence of FGM in Australian refugees together with the Australian Paediatric Surveillance Unit (APSU).

Sustainability of refugee services

Illawarra Shoalhaven LHD remains committed to the long term employment of the Refugee Health Nurses and the continued running of the refugee health screening program. This is important for sustainability of refugee services. CCH attends Refugee Co-ordination Committees, which are now well established in both SES and ISLHDs, and include key players (such as Public Health, Multicultural Health Services, Medicare Locals and NSW Refugee Health Service). We are also focussing on shared experiences and models of care in refugee health across the SCHN.
Prioritising highly 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 tool for identifying and prioritising high risk children. Ethics approval has been obtained to trial to this tool within the early childhood nursing service in 2014. Two papers addressing high risk children and prioritisation strategies have been submitted for publication. This proposes a vulnerable child health improvement model, incorporating an identification tool and framework for the delivery and evaluation of services.

Education and Training Programs

Family Partnership Facilitator and CCH Training

Sue Woolfenden and Deborah Perkins trained as Facilitators in the Family Partnership Model and then trained the Community Child Health team in this highly effective method for working in partnership with families. They will offer further training courses in 2014.

Advanced training program

The department plays a significant role in education and training of community paediatricians across NSW and is consistently one of the most highly ranked training placements. We provide clinical rotations suitable for sub-specialist training and clinical and research supervision to multiple trainees. We deliver a combined education program for CCH trainees across both sites of Sydney Children’s Hospitals Network, Liverpool, Kogarah, Newcastle, Canberra and Wollongong. This program will continue in 2014, using weekly teleconferencing, monthly meetings for each trainee group at their local site and intermittent combined face-to-face sessions. Sue Woolfenden also supports paediatric registrar training in Fiji and we have recently hosted clinical training for Fiji staff at SCH.

Undergraduate medical students

A Community Child Health module for Phase 3 UNSW medical students was successfully continued in 2013. 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. Sue Woolfenden also conducts medical student teaching for Fiji Medical School.

Community training

An additional 38 training sessions or lectures were delivered 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.

A/Prof Karen Zwi and team ride to raise funds for refugee child health clinics
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 2008 – 2013


Department of Community Child Health Annual Report 2013
Page: 19


In preparation for publication submission in 2014


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

2. Ngala Nanga Mai was awarded a 2013 SCHN Quality and Innovation Award and was the NSW Winner of a 2013 Creative Partnerships Australia Arts and Health Award.


4. Beverly Hills Intensive English Centre Screening of migrant and newly arrived refugee students “Optimising health and learning for refugee and other vulnerable newly arrived students”. NAB Schools First Local Impact Award of $50 000, Department of Education Schools First. Winner of the NSW Impact Award (a further $50,000). 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 selected as an SCHN finalist for the NSW Health Awards 2011.

6. Beverly Hills Intensive English Centre Screening of migrant and newly arrived refugee students was the winner of SCH Health Awards 2011.

7. Karen Zwi was selected for the SCHN Clinical Excellence Commission Clinical Leadership Program (2011).

8. The Back to School Program for Teenage Aboriginal Parents (Ngala Nanga Mai Program) won several highly prestigious awards in 2010, the NSW Health Award (Improving primary health and care in the community category) and the NSW Aboriginal Health Award (Innovation in Aboriginal Health category). The program was awarded 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 category), the NSW Health Excellence in Healthcare Quality Award and the Health Minister’s Excellence Award (2010).

9. Karen Zwi was selected for the UNSW Academic Women in Leadership Program, a program to foster leadership skills in women with leadership potential at UNSW (2010).


12. SCH Health Improvement Awards Finalist and 2nd prize: Collaborative Care for Refugee Children, SESIH. Entry to Australian Resource Centre for Health Care Innovation for NSW Award 2008.

13. Aboriginal Health Awards 2008: Malabar Community Midwifery Link Service was awarded Director-General’s award for the most outstanding nominee across all categories and Winner in the Excellence in Program and Service Delivery category.
Grants & Research funding for 2008 - 2013


9. Zwi K. Community Child Health Fellow positions. Sydney Children’s Hospital Foundation Grant. ($20,000) 2011 and ($40,000) 2012 - 2015.


14. SESIAHS Consortium. Go4fun® to address childhood overweight and obesity by assisting parents and children aged 7-13 years to develop a long lasting and healthy approach to living. NSW Health. ($250,000) Sept 2010 - Sept 2011.


24. Williams K, on behalf of the Cochrane Child Health Field Board. Category 2 Funding for Cochrane Entities. Commonwealth Department of Health and Aged Care. ($41,000) 2008 - 2009.
27. Zwi K in collaboration with midwifery group from the Royal Hospital for Women. Delivery of accessible, community based health services to Aboriginal families residing in the northern sector of the SESIAHS. NSW Health. ($236 912 per annum) 2006 - 2008.

Reports 2012 - 2013

2. Contribution by K Zwi on behalf of RACP to a Submission to the Inquiry into the Migration Amendment (Health Care of Asylum Seekers) Bill 2012 (outlines some of the complexities involved in detention health service provision both on and offshore, and the importance of establishing a clearly defined independent monitoring and reporting process and independent expert health advisory process to the Department of Immigration). October 2012
5. Freeman N. Follow-up Evaluation of the Ngala Nanga Mai pARenT Program. ILP Submission UNSW March 2012. Supervisors Karen Zwi, Sally Fitzpatrick, Muru Marri Indigenous Health Unit, UNSW.

Book chapters 2008 - 2013


Invited Lectures and Workshops 2012 - 2013

2. Zwi K. Aboriginal child health in an urban setting: Celebrations and Challenges. UNSW 5th Annual Symposium: Dreaming up the future of Aboriginal and Torres Strait Islander Public Health. Sydney October 2013 (Invited talk)
Abstracts and Presentations 2013

14. Centre for Primary Health Care and Equity, University of NSW (Comino E, Grace R, Anderson CJ, Kaplun C, Kemp L), South West Sydney Local Health District (Goulding J), Tharawal Aboriginal Corporation (Wright D), Muru Warri Indigenous Health Unit, School of Public Health & Community Medicine, UNSW (Jackson Pulver L, Haswell-Williams M), Sydney Children’s Hospitals Network (Zwi K, Jerksy M, Callaghan L). Building Networks to support research with Aboriginal children and families: time, trust and tenacity. Primary Health Care Research & Information Service Conference Workshop, July 2013. Sydney. (Oral)