



**The Hon Brad Hazzard MP**  
Minister for Health and Medical Research  
**The Hon Gareth Ward MP**  
Minister for Families, Communities and Disability Services

Ms Helen Minnican  
Clerk of the Legislative Assembly  
Office of the Legislative Assembly  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Our ref INQ17/15

Dear Ms Minnican

**Legislative Assembly Committee on Community Services Report 2/56 'Support for new parents and babies in New South Wales'**

Please accept the NSW Government's response to the Committee on Community Services Report 2/56 Support for new parents and babies in New South Wales.

A copy of the response is enclosed.

Sincerely

**Brad Hazzard MP**

*Encl.*

**Gareth Ward MP**

## Support for new parents and babies in New South Wales Report, 26 April 2019

Report recommendations	Position (Supported/In principle support/Not supported)	Comments
<p><b>Recommendation 1</b>                      That NSW Health appoints a coordinator in each local health district to coordinate health related services for new parents and liaise with the Department of Family and Community Services, and non-government organisations.</p>	<p>In principle support</p>	<p>NSW Health and the Department of Family and Community Services (FACS) recognise the benefits of greater coordination and collaboration across government and non-government services that work with new parents.</p> <p>Improved coordination and care planning within and across agencies is needed in particular for vulnerable children and families, to ensure they are able to access existing services.</p> <p>NSW Health will explore whether local health districts are able to identify any existing roles which could incorporate this responsibility. Any new roles would be subject to funding prioritisation. This will be done in consultation with FACS to ensure alignment with existing work in this area such as Their Futures Matter and the FACS Access and its System Transformation (formerly Access System Redesign) program of reform.</p> <p>Any response to Recommendation 1 will be developed in the context of the Government’s response to Recommendation 2.</p>
<p><b>Recommendation 2</b>                      That NSW Health works with the Department of Family and Community Services to improve service integration, collaboration and continuity of care.</p>	<p>Supported</p>	<p>NSW Health and FACS recognise the benefits of greater coordination and collaboration across government and non-government services that work with new parents.</p> <p>NSW Health’s First 2000 Days Framework, which was released in February 2019, has the support of FACS and other partner agencies and will help to foster an integrated and collaborative approach to improving service integration, collaboration and continuity of care for families expecting a baby, or caring for children from newborn to school age.</p> <p>The objectives of the Framework are:</p>

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		<ol style="list-style-type: none"> <li>1. All staff in the NSW health system understand and promote the importance of the first 2000 days and the best opportunities for action</li> <li>2. The NSW health system provides care to all and works in partnership to promote health, wellbeing, capacity and resilience during the first 2000 days</li> <li>3. The NSW health system provides additional services for those who need specialised help, when they need it.</li> </ol> <p>The NSW Government is reforming its approach to the delivery of services for children and families who are or may experience vulnerability, adopting a mechanism that combines a commissioning approach to service design, an investment approach to optimising outcomes in the allocation of funds, prioritisation of needs-based supports, and coordinated service delivery.</p>
<p><b>Recommendation 3</b> That NSW Health reviews funding for the universal health home visiting program to ensure consistent access to home visits.</p>	In principle support	<p>NSW Health has commenced a project to review universal health home visiting, in collaboration with local health districts. The project seeks to improve how districts ensure consistent, universal engagement of families with child and family health as soon as possible after the birth of their baby.</p>
<p><b>Recommendation 4</b> That NSW Health and the Department of Family and Community Services expand proven sustained home visiting programs for at risk families more broadly across the state</p>	In principle support	<p>Expansion of proven sustained home visiting programs for at risk families will be considered subject to funding prioritisation.</p> <p>The current evaluation of the Sustaining NSW Families will further contribute to the evidence base for sustained home visiting programs.</p>
<p><b>Recommendation 5</b> That the NSW Government reviews funding arrangements to enable longer contract periods and more flexibility in the design and delivery of child and family health services. Contracts with service providers should specify clear and measurable outcomes.</p>	In principle support	<p>The NSW Government supports outcomes contracting, with clearly defined measurable outcomes that allow services to be properly evaluated. NSW Health and FACS will:</p> <ul style="list-style-type: none"> <li>• Continue to progress changes to contracting arrangements that improve the clarity of contracts and deliverables, and that reduce confusion and duplication.</li> <li>• Work with Commonwealth departments that fund services to try to reduce fragmentation or duplication of services, and duplication of effort for service providers that receive funding from multiple sources.</li> <li>• Consider longer contract periods for organisations that are achieving outcomes, as demonstrated through evaluation.</li> </ul>

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		<ul style="list-style-type: none"> <li>• Provide a FACS funded services performance reporting framework that will:             <ul style="list-style-type: none"> <li>○ support design of outcomes and reporting regimes into contracts with funded services</li> <li>○ ensure contracted outcomes and expectations are clear and measurable</li> <li>○ improve FACS accountability and capability to report on contracted performance of the funded services sector.</li> </ul> </li> </ul>
<p><b>Recommendation 6</b> That NSW Health runs a public awareness campaign about perinatal anxiety and depression to raise awareness about treatment options and reduce stigma.</p>	<p>In principle support</p>	<p>The NSW Government supports ongoing awareness raising about perinatal anxiety and depression.</p> <p>Currently, a range of public awareness activities are in place that are supported by NSW Health. These include:</p> <ul style="list-style-type: none"> <li>• NSW Health funds the WayAhead (NSW Association of Mental Health) annual Perinatal Anxiety and Depression Awareness (PNDA) campaign (November)</li> <li>• NSW Health (Mental Health-Children and Young People) convenes an annual Perinatal and Infant Mental Health Symposium for health professionals during the PNDA campaign.</li> <li>• NSW Health works closely with the national peak body for Perinatal Anxiety and Depression Awareness (PANANDA) and the Centre of Perinatal Excellence (COPE), which raise awareness for consumers and professionals.</li> <li>• NSW Health will work with PANANDA and WayAhead to provide training and support to perinatal mental health consumer volunteers for increasing consumer participation in service development and improvement.</li> <li>• The NSW Government Baby Bundle initiative commenced on 1 January 2019. The initiative directs parents, including fathers, to well-trusted evidence based mental health information and resources.</li> </ul>
<p><b>Recommendation 7</b> That NSW Health develops strategies to ensure that women who receive private maternity care are given antenatal psychosocial screening consistent with that provided in the public health system.</p>	<p>In principle support</p>	<p>NSW private health facilities are independently owned and operated and are not bound by NSW Health policy. For this reason, NSW Health cannot mandate that private providers of maternity care offer psychosocial screening to women in the course of antenatal care. However, private health facilities are advised of key NSW Health policies on commissioning and again at annual inspection.</p> <p>The Australian Government has released national guidelines that recommend that women are screened early in pregnancy using the Edinburgh Postnatal Depression Scale, and are</p>

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		<p>asked questions about psychosocial factors, including previous or current mental health disorders. The Australian Government also added specific items to the Medicare Benefits Schedule to enable private providers of maternity care to claim for psychosocial screening.</p> <p>NSW Health will inform stakeholders including the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal Australian College of General Practitioners, and private maternity care providers about:</p> <ul style="list-style-type: none"> <li>• the changes made by the Australian Government</li> <li>• how recent changes to Medicare items for psychosocial screening of pregnant and postnatal women could be implemented to improve access to psychosocial screening in private antenatal and postnatal care, consistent with what is available in the public system</li> <li>• pathways into follow up care for private patients that could be documented, for example through Health Pathways and Primary Health Networks.</li> </ul>
<p><b>Recommendation 8</b> That NSW Health funds more public mother-baby mental health units in Sydney and key regional centres, with a minimum of 24 beds across the state.</p>	<p>In principle support</p>	<p>The 2018-19 NSW Budget included a funding commitment of \$700 million to develop a <i>Statewide Mental Health Infrastructure Program (SWMHIP)</i>. SWMHIP represents one aspect of a statewide transformation in public mental health care; supporting reform through the delivery of contemporary, accessible infrastructure across metro and regional NSW.</p> <p>A key objective of the SWMHIP is to provide two new mental health mother-baby units so women who require a hospital admission for specialist perinatal mental health care can remain with their newborn infant.</p> <p>These specialised beds will help to promote maternal recovery, early caregiving, the parent-infant bond and overall family wellbeing.</p> <p>Planning is underway for two mother-baby units as part of the SWMHIP to be located at the Royal Prince Alfred and Westmead Hospitals. The location of the units has been informed by factors such as proximity to integrated services, demand for perinatal mental health services and skilled workforce availability. In addition, the beds will provide capacity to support statewide referrals, ensuring mothers across the state can access the services.</p> <p>The ongoing detailed planning process will determine just how the units will operate, with patients and consumers to inform the ongoing design.</p> <p>The need for additional beds will be monitored.</p>

		Other initiatives underway to support families in regional and rural areas includes Telehealth Virtual Home Visits. This program, funded by Government and provided by Karitane, enables child and family health nurses to provide timely and comprehensive early intervention via a live secure and private web link with families.
<b>Recommendation 9</b> That NSW Health updates parenting information and services to recognise and promote the role of fathers in parenting.	In principle support	<p>NSW Health is committed to an inclusive response to the needs of parents, including fathers. NSW Health recognises the unique and vital role of fathers in the lives of their children. NSW Health will pursue resources for services designed to meet the unique needs of fathers.</p> <p>The NSW Men’s Health Framework articulates the importance of fathering, and the need for services to recognise and promote this role, and adopt father inclusive practice.</p> <p>NSW Health will promote father inclusive practices in ongoing work to improve the services and resources available for parents. This includes the development of ‘father-friendly’ internet resources for fathers affected by perinatal mental health problems.</p>
<b>Recommendation 10</b> That NSW Health expands programs for new fathers more widely across the state and explores other options for engaging this cohort.	In principle support	<p>NSW Health will continue to explore options for engaging fathers, including priority populations of men as identified in the NSW Men’s Health Framework.</p> <p>Expansion of services will be considered subject to funding prioritisation.</p> <p>Focus on New Fathers is a digital population-based screening project which seeks to identify men expecting a baby/with a newborn, who may be at risk of depression and/or anxiety and link them into referral pathways based on their level of risk. This project is funded through the Health Innovation Fund and is due to commence soon.</p>
<b>Recommendation 11</b> That NSW Health evaluates the Breastfeeding in NSW policy and prioritises its full implementation.	Supported	<p>The revised <i>NSW Health Policy Directive Breastfeeding in NSW: Promotion, Protection and Support</i> was published in September 2018.</p> <p>The NSW Breastfeeding Working Group will develop a strategic plan to promote, protect and support breastfeeding across the state. Evaluation of the policy will be considered as part of the development of the strategic plan.</p> <p>The NSW policy’s implementation will be supported by the Australian National Breastfeeding Strategy: 2019 and Beyond, that provides an enabling environment to</p>

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		support breastfeeding through policies, baby-friendly health settings, health professional education and training, and universal and targeted breastfeeding education and support services.
<p><b>Recommendation 12</b> That NSW Health prioritises Baby Friendly Health Initiative accreditation for all public hospitals across the state.</p>	In principle support	<p>The revised breastfeeding policy recommends that maternity services use the relevant Baby Friendly Health Initiative frameworks to improve breastfeeding practices.</p> <p>The <i>Australian National Breastfeeding Strategy-2019 and beyond</i> will provide guidance regarding accreditation of hospitals.</p>
<p><b>Recommendation 13</b> That NSW Health works with local health districts to increase the number of community health facilities that have Baby Friendly Health Initiative accreditation.</p>	In principle support	<p>The revised breastfeeding policy recommends that community health facilities use the relevant Baby Friendly Health Initiative frameworks to improve breastfeeding practices.</p> <p>The <i>Australian National Breastfeeding Strategy-2019 and beyond</i> will provide guidance regarding accreditation of community health facilities.</p>
<p><b>Recommendation 14</b> That NSW Health develops easy English and Braille versions of parenting information and resources for parents with disability.</p>	In principle support	<p>NSW Health refers parents to the Raising Children Network website (cited in the Personal Health Record), which provides up-to-date, evidence-based, scientifically validated information for parents that is translated into everyday language.</p> <p>The website uses plain English and has developed low-text, graphic-rich resources for people who can't or prefer not to read English. The website aims to meet the Web Content Accessibility Guidelines, which aim to improve web accessibility for a wider range of people with disabilities, including blindness and low vision, deafness and hearing loss, learning difficulties, cognitive limitations, limited movement, speech disabilities, photosensitivity and combinations of these. For those with blindness or low vision, web accessibility allows them to use private devices or program applications on their devices to access these websites.</p>
<p><b>Recommendation 15</b> That NSW Health provides parenting courses adapted for parents with disability.</p>	In principle support	<p>This broadly aligns with key outcomes in the NSW Health Disability Inclusion Action Plan. NSW Ministry of Health will work with local health districts to improve the capacity of parenting programs to meet the needs of parents who have a disability.</p> <p>NSW Health will also explore where partnerships with non-government organisations could be used to improve access to parenting programs, especially for parents with a disability.</p>

<p><b>Recommendation 16</b>          That NSW Health develops strategies to improve communication with new parents from culturally and linguistically diverse backgrounds, including a wider availability of interpreters.</p>	<p>In principle support</p>	<p>NSW Health strategies to improve communication with consumers from culturally and linguistically diverse backgrounds are outlined in the soon to be released NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023. Key strategies include engaging with consumers from culturally and linguistically diverse backgrounds to build health literacy to enable involvement in care and treatment; and adopting new technology including video-interpreting to ensure access to interpreting services particularly for consumers in rural and remote locations.</p> <p>All parents of children born in NSW receive a free copy of My Personal Health Record (the Blue Book), which contains valuable information about a child’s health and development. The Blue Book is available in 18 community languages and has information about how to access the Health Care Interpreter Service and Translating and Interpreting Service.</p>
<p><b>Recommendation 17</b>          That NSW Health reviews hospital forms and systems to ensure they enable accurate recording of a child’s family, linking to family medical history, and medical consent to be given by their family. Hospital systems should be respectful to all members of the community, including those who value their identity as 'mother' or 'father'.</p>	<p>In principle support</p>	<p>NSW Health will consider recommendation 17 as part of the current review of the NSW Health Client Registration Policy, which outlines the minimum information to be collected and processes to follow for client registration. Following the review, guidance can be provided to local health districts and networks in relation to accurate recording of a child’s family.</p>
<p><b>Recommendation 18</b>          That NSW Health develops telehealth and technology-based ways to deliver services to new parents, particularly those in rural and remote areas</p>	<p>Supported</p>	<p>NSW Health supports increased use of effective telecare services for families. For example:</p> <p>In the 2018 Budget, the NSW Government provided funding for Karitane to extend their ‘virtual home visiting’ service for isolated families. In addition, Parent-Infant Interaction Therapy, an early intervention for child mental health will be extended to rural families.</p> <p>NSW Health also funds Royal Far West (RFW) to deliver the Paediatric Development Program (PDP), a multidisciplinary health program for country children with complex child</p>

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		<p>development complex needs. RFW provides significant telehealth support to children and families in the program.</p> <p>NSW Health’s State-Wide Outreach Perinatal Service is a telehealth perinatal psychiatry consultation service for expectant and new parents in rural and remote areas. This service supports health professionals in areas where specialist perinatal mental health care is limited, and extends the Perinatal and Infant Mental Health state-wide service network.</p> <p>NSW Health is leading the National Children’s Digital Health Collaborative on behalf of the Australian Digital Health Agency, and in partnership with all States and Territories. The Collaborative was established to identify and establish proof of concept projects that would use technology to support children’s health and wellbeing. These projects will be evaluated, with a view to implementing them on a wider scale, if successful.</p>
<p><b>Recommendation 19</b> That the NSW Government gives a higher priority to the protection and support of Aboriginal children, recognising the severity of the challenges many of them face.</p>	<p>Supported</p>	<p>The NSW Government recognises the severity of challenges faced by many Aboriginal children and their families, and is committed to finding ways to close the gap on health outcomes, mortality, educational outcomes, and the over representation of Aboriginal people in the child protection and criminal justice systems. There are plans in place to tackle these issues by improving the cultural safety of mainstream services, and increasing access to services that specifically address the cultural needs of Aboriginal families.</p> <p>To this end, FACS is implementing the Permanency Support Program (PSP) to help reduce over-representation of Aboriginal children and young people in the child protection and Out of Home Care (OOHC) system and build strong local relationships with Aboriginal communities. Under PSP:</p> <ul style="list-style-type: none"> <li>• FACS is implementing an Aboriginal Case Management Policy (ACMP), developed with AbSec using a co-design approach. The ACMP provides an operational policy framework to support casework practitioners deliver culturally sensitive casework services that are responsive to the needs of Aboriginal children, their families and communities.</li> <li>• Forty percent (40%) of Permanency Coordinator roles created to support PSP are targeted Aboriginal positions. Aboriginal Permanency Coordinators assist FACS and funded service providers (FSPs) in planning for an Aboriginal child’s permanency goal and linking them, their parents and family to the services they need.</li> </ul>

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		<p>FACS’ PSP reforms are already showing positive results with the number of Aboriginal children entering care in NSW having almost halved in just two years.</p> <p>NSW Government agencies will continue to work to build better working partnerships with Aboriginal families and communities, promote understanding among service providers of the challenges families face and the barriers that exist to achieving better outcomes for Aboriginal children, and to prioritise the needs of Aboriginal children and families to improve their health, wellbeing, and capacity to enjoy equity of outcomes with other NSW citizens.</p>
<p><b>Recommendation 20</b> That the Department of Family and Community Services increases funding for Aboriginal Child and Family Centres to increase the range of services they can provide.</p>	<p>In principle support</p>	<p>FACS remains committed to the ongoing success and sustainability of Aboriginal Child and Family Centres in NSW. FACS will continue to explore opportunities that support building the capacity of the centres to increase the range of services for families and communities, and to safeguard future sustainability.</p> <p>FACS is leading the development of an Aboriginal Child and Family Industry Development Strategy to target investment in the Aboriginal sector to ensure choice in service offerings is available to Aboriginal children, young people and families in early intervention through to permanency support.</p> <p>FACS, in partnership with Aboriginal peaks and organisations, is also implementing the Aboriginal Child and Family Investment Strategy to build the capacity and number of Aboriginal child and family services in NSW. And continue investing in community-led approaches that meet the needs of Aboriginal children, young people, and families, reducing the need for statutory child protection in favour of working with families.</p>
<p><b>Recommendation 21</b> That NSW Health and the Department of Family and Community Services ensure that early intervention programs for Aboriginal families emphasise nutrition education.</p>	<p>Supported</p>	<p>NSW Aboriginal Child and Family Centres provide a wide range of services to support improved nutrition for Aboriginal families. In addition to providing fresh, healthy and balanced meals for all children accessing child care programs, the centres deliver varied programs including Foodbank to provide access to affordable and healthy food for vulnerable families, breakfast clubs, community gardening programs to support growing fresh produce, cooking programs for parents and community catering. All children accessing the centres also have access to allied health services and a paediatrician to ensure regular health checks are completed.</p>

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		<p>Justice Health provides comprehensive Maternity, Perinatal Mental Health and Drug and Alcohol services to provide support/education about both physical and emotional health for expectant and new Aboriginal mothers in the female prisons.</p>
<p><b>Recommendation 22</b> That NSW Health and the Department of Family and Community Services develop specialised, integrated support services to meet the needs of young parents in each district.</p>	<p>Supported</p>	<p>Their Futures Matter is working with government agencies and non-government organisations to design evidence-based wrap around service solutions for vulnerable children and young people. A key priority is service responses to vulnerable young parents (aged 25 years and under), and their children (0-5 years).</p> <p>There are a number of initiatives across FACS aimed at improving outcomes for young parents and their children. These include:</p> <ul style="list-style-type: none"> <li>• Early support (Targeted Early Intervention) programs to prevent the escalation of risk factors, and meet identified needs for vulnerable families. Priority groups include young parents and Aboriginal families.</li> <li>• Initiatives under <i>Future Directions for Social Housing</i> including early intervention and support initiatives for young parents and their children in social housing to support early child development through sustained health home visiting (Sustaining NSW Families) and access to early childhood education, as well as assistance to support young people to sustain a tenancy in the private rental market.</li> <li>• The Brighter Futures program, which delivers targeted early intervention services to families with children who are at high risk of entering or escalating within the statutory child protection system.</li> <li>• Intensive family preservation and restoration models that target high need families, including Aboriginal children and their families.</li> </ul> <p>From October 2017, the NSW Government commenced implementing significant reforms in its approach to service delivery to vulnerable children and families - the Permanency Support Program (PSP). The Permanency Support Program is driving sector wide reform to child protection and OOH service provision and practice culture. Individual funding packages can be mixed and matched to provide targeted support to suit a child and their family’s individual needs. Funding is provided for intensive casework tasks including targeted, purposeful and regular visiting the child and family/carer.</p> <p>NSW Health also has strategies in place to meet the needs of young parents. The Red Cross Young Parents Program is co-funded with FACS, and provides a residential service specifically for vulnerable young parents and their babies. While mainstream services to</p>

		<p>support new parents and babies cater for young parents as well, local health districts may have tailored programs to offer care to pregnant young people or new parents who are young themselves. In addition, programs such as Sustaining NSW Families include young parenthood among the specific eligibility criteria for the program.</p>
<p><b>Recommendation 23</b>          That the Department of Family and Community Services allocates dedicated positions for young parents in youth homelessness services.</p>	<p>Noted</p>	<p>Integrated support should be achieved through close local working relationships with a range of Specialist Homelessness Services that already cater to the needs of young parents. Youth homelessness services need to make operational decisions on a daily basis about intake to manage the safety and needs of children and young people. Dedicated beds would not guarantee access.</p> <p>Four services are currently funded under the Specialist Homelessness Services (SHS) program to provide support specifically for young families and/or young mothers who are experiencing, or at risk of, homelessness. These services operate in the Western Sydney, Sydney and Central Coast districts.</p> <p>The services support young families by providing various responses including crisis accommodation and transitional accommodation, intensive responses for clients with complex needs and post crisis support.</p> <p>In addition, there are 50 specialist homelessness services across NSW which are funded to provided support and/or accommodation specifically for youth experiencing homelessness.</p>
<p><b>Recommendation 24</b>          That the NSW Government reviews services for babies and children with developmental delay and disability, to address gaps and improve referrals for support.</p>	<p>In principle support</p>	<p>NSW Health supports the recommendation to review services for babies and children with developmental delay and disability, to develop an understanding of the gaps in referral processes for supports and services.</p> <p>Activities to address gaps and improve referral pathways that would address the findings of the review would be considered subject to prioritisation of funding.</p> <p>The NSW Ministry of Health is in the process of establishing a networked model of specialist disability health teams across NSW. The teams will build capacity of the NSW health system to provide health care to people who have complex health needs and an intellectual disability. There will be six teams across NSW and each will provide outreach services to other local health districts. The health teams will not provide diagnosis and</p>

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		<p>assessment services, ongoing health care or ongoing supports to their clients but will be able to refer families to appropriate services.</p> <p>Note that the responsibility and funding for the provision of specialist disability services was transitioned to the National Disability Insurance Scheme (NDIS) on 30 June 2018, this includes Early Childhood Early Intervention (ECEI), assessment and disability screening of children and young people across the NSW. ECEI under the NDIS offers supports to children aged 0-6 years who have a developmental delay or disability. NSW Health’s role in the implementation of this pathway is the initial screening, assessment and diagnosis of any medical conditions the child may have, and the diagnosis of any disability. From that point, the NDIA becomes responsible for determining the support requirements for the child’s disability needs including referral, early intervention, or admission to the scheme.</p>
<p><b>Recommendation 25</b> That NSW Health surveys each local health district to identify current and future workforce needs for child and family health services and develop strategies to address staff shortages in each district.</p>	<p>In principle support</p>	<p>NSW Health supports the development of a workforce planning strategy that puts the needs of children and their families at the centre of the service.</p> <p>NSW Health local health districts are responsible for the review of clinical care requirements and delivery of services, supported by cross divisional state-wide planning approaches. The local review of service requirements should be clearly understood and forward planning undertaken to define specific requirements in metropolitan, regional and rural areas to ensure timely attraction and recruitment of specialist workforce for existing healthcare as well as future healthcare facilities.</p>
<p><b>Recommendation 26</b> That NSW Health funds additional perinatal psychiatry registrar positions.</p>	<p>In principle support</p>	<p>As part of the NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022, a Statewide Psychiatry Workforce Plan is being developed to grow and support a skilled psychiatry workforce.</p> <p>The Plan will provide direction to stakeholders involved in training, recruiting and supporting psychiatrists in NSW to ensure adequate supply across NSW, with attention to difficult-to-service locations and subspecialties such as perinatal psychiatry. The Plan will identify strategies and practical actions that can be implemented to support a sustainable psychiatry workforce and to meet the needs of people living with a mental illness, carers, families and kinship groups.</p>

<p><b>Recommendation 27</b>          That NSW Health ensures all staff involved in SAFESTART psychosocial screening receive training to perform the screening effectively.</p>	<p>Supported</p>	<p>NSW Health has Supporting Families Early (SFE) and SAFESTART online training modules that are available to all staff involved in SAFESTART psychosocial screening. NSW Health is currently undertaking a review of the SFE package (including SAFESTART) which will include a review of the SFE and SAFESTART training modules.</p>
<p><b>Recommendation 28</b>          That NSW Health develops and implements training on cultural awareness and engaging with diverse communities for staff who provide child and family health services.</p>	<p>Supported</p>	<p>The Health Education and Training Institute (HETI) provides a number of appropriate training modules available to all NSW Health staff including those who provide child and family health services. These modules include:</p> <ul style="list-style-type: none"> <li>• Working in Culturally Diverse Contexts</li> <li>• Aboriginal Culture – Respecting the Difference</li> <li>• Community and Inclusion</li> <li>• Workplace Gender Diversity and Inclusion</li> </ul> <p>HETI is also developing a new training module on cultural awareness and safety in the workplace.</p>
<p><b>Recommendation 29</b>          That NSW Health includes a consumer voice component in face to face training for child and family health service staff.</p>	<p>In principle support</p>	<p>NSW Health recognises the importance of a consumer voice and looks to include this where appropriate in the development of any HETI training provided to NSW Health staff, including face to face.</p>
<p><b>Recommendation 30</b>          That NSW Health trains staff who provide child and family health services on appropriate referral pathways for babies with developmental delay and disability.</p>	<p>In principle support</p>	<p>NSW Health notes the finding of the Committee that the transition to the NDIS has created gaps and delays in early intervention services for babies and children with disability, and that this recommendation would seek to improve the consistency of pathways into assessment and care for babies with developmental delay and disability.</p> <p>Rather than training, the NSW Ministry of Health will work with local health districts to develop, document and promote local pathways into services and care for children in their district that cover access to government and non-government services. This would ensure that all staff are informed of the pathways and how to use them to ensure better, timely access to services for babies with developmental delay and disability.</p>

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		Each local health district has an NDIS Transition Lead in place. This role assists in providing advocacy, advice and case resolution for patients applying for NDIS funding, especially individuals facing hardship as a result of NDIA decisions and/or process issues or service access and/or quality issues. They will be an important resource in the development of pathways and the promotion of appropriate referral processes among service providers in local health districts.
<p><b>Recommendation 31</b> That the Department of Family and Community Services trains child protection workers on support available for parents with disability under the National Disability Insurance Scheme, to enable children to remain with their families where possible.</p>	Supported	FACS works with child protection services to ensure that the interface between disability services and child protection is effective. Preserving families is an important priority for child protection services
<p><b>Recommendation 32</b> That the Department of Family and Community Services and NSW Health run disability awareness training for child protection workers and staff who provide child and family health services.</p>	In principle support	The NSW Government supports workforce training to build disability confident staff as a key aspect of disability inclusion.
<p><b>Recommendation 33</b> That NSW Health prioritises the implementation of measures to improve information sharing between government and non-government child and family health service providers.</p>	Supported	<p>NSW Health is leading the National Children’s Digital Health Collaborative on behalf of the Australian Digital Health Agency, and in partnership with all States and Territories. The Collaborative was established to identify and establish proof of concept projects that would use technology to support children’s health and wellbeing. These projects will be evaluated, with a view to implementing them on a wider scale, if successful.</p> <p>NSW Health notes the interagency work that has occurred to promote understanding of Section 16A of the Children and Young Persons (Care and Protection) Act 1998. The interagency work has clarified the relationship of this Act with other laws such as the Privacy and Personal Information Protection Act 1998, the Health Records and Information</p>

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		<p>Privacy Act 2002 and the Commonwealth Privacy Act 1988. NSW Health will continue to promote improved understanding of how information sharing can be respectfully and legally undertaken in the best interests of a child.</p>
<p><b>Recommendation 34</b> That the Department of Family and Community Services and NSW Health implement the use of an information sharing system across the state.</p>	<p>Supported</p>	<p>FACS and NSW Health support further information sharing that aids improved service design and delivery.</p> <p>FACS and NSW Health (along with other NSW Human Services agencies) use HSNet (<a href="http://www.hsnet.nsw.gov.au">www.hsnet.nsw.gov.au</a>) to provide information for the general public and for human services practitioners about support services in NSW across health, disability, aged care, welfare, community, education, legal and housing. The group and referral function allow for secure sharing of information between members and services.</p> <p>FACS is continuing to enhance ChildStory to better support the exchange of information between FACS and partner agencies including NSW Health and NGOs. ChildStory currently supports information sharing between FACS and Health through the Child Wellbeing Unit.</p> <p>FACS, NSW Health and Education currently have a number of information sharing projects to support program evaluation and research.</p> <p>Information Sharing between agencies is currently being reviewed by the Department of Finance, Services and Innovation as part of their Marketplace Program.</p>

Findings		
<b>Finding 1</b> Universal child and family health services for new parents and babies can be inconsistent and fragmented.	Noted	The findings of the Committee are noted, and the information will inform Government responses to implementing the recommendations.
<b>Finding 2</b> Co-located health, housing and community services can reduce fragmentation and improve access to services for new parents and babies.	Noted	
<b>Finding 3</b> There are gaps in perinatal mental health services for new and expectant parents.	Noted	
<b>Finding 4</b> Child and family health services and parenting programs can exclude new fathers.	Noted	
<b>Finding 5</b> Aboriginal children face disproportionately greater challenges arising from intergenerational trauma, violence and abuse.	Noted	
<b>Finding 6</b> The transition to the National Disability Insurance Scheme has created gaps and delays in early intervention services for babies and children with disability.	Noted	
<b>Finding 7</b> Better information sharing between service providers and government agencies could improve the quality of services and programs for new parents and babies.	Noted	