

Report

Paediatric (0 to 12 years) Needs Assessment

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Introduction

Purpose

South Western Sydney Primary Health Network (SWSPHN) conducts an annual Needs Assessment to identify and assess local health needs, service gaps, and opportunities to improve health outcomes across the region. Mandated by the Department of Health, Disability and Ageing (DHDA), Needs Assessments ensure funding and service delivery is allocated equitably to meet local population needs. The DHDA priority areas are Aboriginal and Torres Strait Islander health, aged care, alcohol and other drugs (AOD), digital health, health workforce, mental health, and population health.

Historically, the SWSPHN Needs Assessment only included targeted updates on population health concerns such as childhood obesity and immunisation rates rather than a comprehensive focus on children's health. Updates have included childhood obesity and immunisation rates. SWS has higher than state average proportion of children aged 0 to 14 years which justified the need to strengthen our evidence-base to guide future strategic planning and program development for children.

Therefore, access to paediatric health care (aged 0 to 12 years) in South Western Sydney (SWS) was selected as the focus for this round of Local Health Forums (LHFs) in the first half of 2026.

Objectives

1. Identify the barriers and gaps in accessing paediatric health services in SWS
2. Identify the enablers to enhance utilisation of paediatric health services in SWS
3. Determine the key priorities for the region to support the health of children in SWS
4. Strengthen SWSPHN's qualitative and quantitative evidence-base to guide strategic planning

Methodology

The health planning team delivered this needs assessment using a structured approach to gather the insights (both professional and lived experience) of the SWS community.

Data Gathering Phase

The data gathering phase involved research into the healthcare of children residing in SWS. Population health data was collected from publicly available datasets to help inform this report.

Discovery Phase

The discovery phase included face-to-face consultations with community (parents/carers and professionals), surveys and virtual consultation sessions with SWSPHN advisory committees. Thematic analysis was utilised to determine key themes for each consultation question.

Community Consultation

Community consultations were conducted face-to-face at three locations in March and April 2026:

- Rydges, Bankstown: 26th March 2026
- Rydges, Campbelltown: 16th April 2026
- Park Proxi, Bowral: 23rd April 2026

Forums were held in the evening to capture a wider range of community members, service providers, health professionals who could attend. Each forum was a two-hour session (30-minutes presentation, 90-minutes consultation).

Across the three community forums, there were a total of 33 attendees, being predominantly health professionals representing General Practice, community organisations, Allied Health, South Western Sydney Local Health District (SWSLHD) and schools.

Forum structure

Presentation phase: A member from the Executive team provided an overview of SWSPHN's strategic goals; showcasing programs and initiatives that focus on coordination, commissioning and capacity building in paediatric care. This was followed by a presentation on key child health statistics including childhood immunisation, early childhood development, emergency department presentations and hospital admissions.

Consultation phase: Forum participants were asked a series of six questions relating to paediatric care and given time to discuss each as part of small groups facilitated by a member of the SWSPHN team. Menti was utilised to record participant responses.

1. What makes it hard to access health care for children aged 0 to 12 years in SWS?
2. What are some of the biggest health concerns for children aged 0 to 12 years in SWS?
3. How can coordination between children's care providers be improved (what has been your experience?)
4. What is important to support the health of children from diverse community groups?
5. How can the workforce be better supported?
6. What are the key priorities for improving children's health in SWS?

Survey

To increase the opportunity to participate, a survey was developed to capture the insights of any community members, service providers or health professionals who were unable to attend the forums. The survey was developed in Survey Manager. To aid culturally and linguistically diverse communities, the survey was available in Arabic, Simplified Chinese and Vietnamese. SWSPHN communication channels including direct email, Community Pulse subscribers, and SWSPHN website were used for distribution. There were only 16 respondents to the paediatric health survey. Respondents were predominantly health professionals and community uptake of the survey was low. Findings have been incorporated into the *overall findings* presented in section 4 of this report.

SWSPHN Committee Consultations

Relevant SWSPHN advisory committees were consulted on three 3 key topics to strengthen SWSPHN's evidence-base on primary health concerns, barriers accessing care and support for children from diverse communities. Committees consulted were:

- SWSPHN Women and Child's Advisory Committee
- HealthPathways Operations Group
- SWSPHN Community Advisory Committee

Data Gathering

Population Profile

In 2024, the Estimated Resident Population (ERP) for SWS children aged 0 to 14 years was 233,566¹. There were more boys (120,182) in this cohort compared to girls (113,383) which shows the same trend as the overall NSW figures. Age profiling shows there is an estimated 75,446 children aged 0 to 4 years, 78,843 aged 5 to 9 years, and 79,276 aged 10 to 14 years in SWS. When looking at Local Government Areas (LGAs), Liverpool has the greatest proportion of children aged 0 to 14 years relative to the whole population (23.7%), followed by Campbelltown (17.9%) and Canterbury-Bankstown (17.9%). SWS has a higher proportion of persons aged 0 to 14 years compared to NSW (20.6% SWSPHN; 17.6% NSW) and is the PHN with the 2nd highest proportion nationally.

In 2021, there was an estimated 9,565 Aboriginal persons aged 0 to 14 years residing in SWS. Aboriginal persons aged 0 to 14 years represents 36.3% of total Aboriginal persons in SWS.

Looking at families of children under 15 years, in SWS, approximately 20.1% are single parent families. Fairfield and Campbelltown having the highest reported number of single parent families of children under 15 (24.1% and 23.4% respectively). There are pockets of socioeconomic disadvantage in which 8 of the 10 Statistical Area 2 (SA2) regions in NSW with low Index of Relative Socioeconomic Disadvantage (IRSD) fall within Fairfield and Liverpool LGAs². These regions are Ashcroft - Busby - Miller (rank: 1), Fairfield (rank: 2), Cabramatta-Lansvale (rank: 3), Lurnea-Cartwright (rank: 4), Canley Vale-Canley Heights (rank: 5), Fairfield West (rank: 7), Fairfield East (rank: 8) and Liverpool West (rank: 9).

Maternal Indicators

The first 2000 days of life (from conception to 5 years) sets the trajectory for good health outcomes in children. Maternal health is a critical underpinning of the first 2000 days, influencing fetal development, birth outcomes, and long-term child health³.

In SWSPHN more women were considered above healthy maternal weight (BMI ≥ 25) in 2023 compared to NSW (53% SWSPHN; 47% NSW)⁴. Becoming pregnant above a healthy weight increases the risk for both mother and baby⁵. Obese mothers have a higher risk of gestational diabetes, pre-eclampsia, birth complications and increased likelihood of caesarean section delivery.

Gestational diabetes mellitus (GDM) rates between 2016 and 2024 have increased both nationally and locally. In 2024, the rate for GDM was higher in SWS than that of NSW (19.9% SWSPHN; 16.5% NSW)⁶. SWS is a region of high GDM risk due to population risk factors such as high rates of ethnic diversity, co-morbidity and high BMI.

In 2024, the rate of gestational hypertension in SWS is slightly below NSW (2% SWSPHN; 2.6% NSW)⁶. Similarly, the rate of pre-eclampsia is below that of NSW (1.3% SWSPHN; 1.9% NSW). These lower rates may reflect increased first trimester screening, local gestational hypertension research, and use of low-dose aspirin in women with specific conditions and/or risk factors in pregnancy.

Smoking during pregnancy is a preventative risk factor which can lead to pregnancy complications and poor outcomes for mother and baby⁵. SWS demonstrates slightly lower smoking rates in pregnancy compared to NSW (5.5% SWSPHN; 6.5% NSW)⁷. Furthermore, SWS has slightly higher rates of smoking cessation in the second half of pregnancy (36% SWSPHN; 32.4% NSW)⁸.

Childhood Immunisation

Immunisations are an important public health measure to safety and effectively protect individuals from communicable diseases and prevent community spread⁹. Looking at childhood immunisations, the Australian coverage target for children registered on the Australian Immunisation Register (AIR) is 95% coverage.

Full immunisation means registered children have received the required vaccinations per the National Immunisation Program (NIP) which include vaccinations against diphtheria, tetanus, pertussis, hepatitis B, haemophilus influenzae type b, measles, mumps, rubella, meningococcal C, pneumococcal and polio. Between October 2024- September 2025, fully vaccinated childhood immunisation rates in SWS were below both state and national rates across the 3 key milestones (1 years old, 2 years old, and 5 years old)¹⁰.

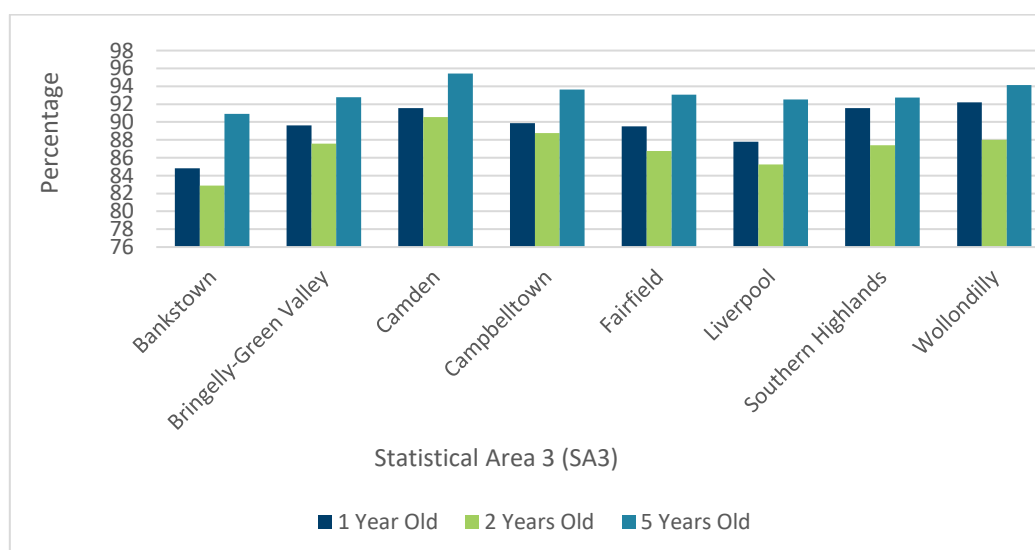
Table 1. Immunisation status of all children in SWS, 1 October 2024 to 30 September 2025

Region	1 years old (%)	2 years old (%)	5 years old (%)
SWSPHN	88.64	86.50	92.81
NSW	91.65	89.78	93.27
Australia	91.54	89.57	93.17

Source: Department of Health, Disability and Aged Care. Australian Immunisation Register (2026)¹⁰

Data demonstrated pockets of lower immunisation coverage within SWS, including Bankstown, Fairfield and Liverpool, highlighting the need for targeted outreach to improve immunisation coverage. These regions have the highest number of residents born overseas within SWS and lowest levels of English proficiency. Initiatives to improve childhood vaccination rates in these regions should focus on strengthening health literacy around childhood immunisations and culturally appropriate service delivery.

Figure 1. SWS full immunisation rates for children aged 1-year, 2-years and 5-years, 1 October 2024 to 30 September 2025, by SA3.



Source: Department of Health, Disability and Aged Care. Australian Immunisation Register (2026)¹¹

Early childhood development

The Australian Early Development Census (AEDC) is an instrumental tool to ascertain childhood development vulnerabilities as a child enters full-time school¹². Children are assessed across five domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge. The indicators used are 'developmentally on track', 'developmentally at-risk', and 'developmentally vulnerable'.

Data from 2024 indicates nearly one in four SWS children (24.5%) are developmentally vulnerable in one or more domains and 13.1% developmentally vulnerable in two or more domains¹. Both rates being higher than that of NSW.

Table 2. Proportion of children against AEDC 2024 indicators, by region 2024

	Developmentally vulnerable on one or more domains (%)	Developmentally vulnerable on two or more domains (%)	Developmentally on track (%)
SWSPHN	24.5	13.1	51.3
Greater Sydney	21.0	10.5	55.0
NSW	21.8	11.2	54.2

Source: AEDC, 2024 obtained through PHIDU, 2026¹

Trends show unchanged rates of children being developmentally on track in SWS between 2021 and 2024, however there has been a slight increase in children developmentally vulnerable in two or more domains. The LGAs with the highest rate of children developmentally on track were Wingecarribee (63.9%) and Wollondilly (57.7%).

Table 3. Proportion of children against AEDC 2024 indicators, by LGA

	Developmentally vulnerable on one or more domains (%)	Developmentally vulnerable on two or more domains (%)	Developmentally on track (%)
Camden	20.2	9.8	53.7
Campbelltown	25.9	13.1	49.5
Canterbury-Bankstown	23.6	13.1	53.1
Fairfield	30.9	18.0	46.4
Liverpool	26.1	14.6	49.1
Wingecarribee	13.8	6.1	63.9
Wollondilly	17.8	8.2	57.7

Source: AEDC, 2024 obtained through PHIDU, 2026¹

SWS has pockets of developmental vulnerability across the five domains notably in Fairfield (30.9%) and Liverpool (26.1%) which are regions of significant cultural diversity¹. Culturally and Linguistically Diverse (CALD) children experience greater developmental vulnerability burden compared to non-CALD children with twice as likely to have vulnerability in communication skills and general knowledge, and language and cognitive skills domains¹³.

In 2024, the vulnerability rate for all children in SWS was highest in the communication and general knowledge domain (11.4%), followed by social competence (11.1%). Key insights on developmental vulnerability in SWS (including AEDC descriptor explanations)^{1,12}:

- 9.5% of children are developmentally vulnerable in **physical health and wellbeing** compared to 9.2% in NSW. Children in Fairfield and Camden are more developmentally vulnerable (11.9% and 10% respectively) compared to other LGAs in this domain. This indicates that children in both these regions experience more challenges that impede the ability to physically cope at school, such as challenges dressing, being late often, being tired or hungry, and experience declining energy.
- 11.1% of children in SWS are developmentally vulnerable in **social competence** compared to 9.9% in NSW. Children in Fairfield and Liverpool are more developmentally vulnerable (15.3% and 12.1% respectively) and may overall demonstrate social challenges, such as not getting along with others, inability to follow rules, not accepting responsibility for their actions, and having low confidence.
- 8.4% of children in children in SWS are developmentally vulnerable in **emotional maturity** compared 8.1% in NSW. Children in Fairfield and Canterbury-Bankstown are more developmentally vulnerable (9.9% and 8.7% respectively). Vulnerability in this domain refers to challenges around emotional regulation. Children who are developmentally vulnerable may demonstrate aggressive behaviours that can't be managed, disobedience, inattentiveness or being upset when left by their caregiver.
- 8.9% of children in SWS are developmentally vulnerable in **language and cognitive skills (school-based)** compared to 7% in NSW. The regions of SWS with more children vulnerable in this domain are Fairfield and Campbelltown (13% and 9.8% respectively). Developmentally vulnerable children may demonstrate challenges with reading, writing and numeracy, especially disinterest in trying to connect sounds or in numbers.
- 11.4% of children in SWS are developmentally vulnerable in **communication skills and general knowledge** compared to 8.7% in NSW. Children in Fairfield and Liverpool were most developmentally vulnerable (17.5% and 12.9% respectively). Children may have trouble with communication and articulation, difficulty talking to others, and are often not understood.

Nutrition and physical activity

During the period of 2021 to 2024, an estimated 27.3% of children aged 5 to 16-years were living with overweight and obesity in SWS; a trend that has been steadily increasing between the reporting periods 2020/23 and 2021/24 (8.8% increase)¹⁴. The rates of childhood overweight and obesity in SWS are higher compared to NSW (27.3% and 22.8% respectively). More boys in SWS are overweight or obese compared to NSW (32% and 24% respectively).

Childhood obesity often stems from a prolonged energy imbalance which can be influenced by behavioural risk factors including increased screen time, insufficient physical exercise, increased sedentary activity and poor nutrition¹⁵. In SWS there are:

- Higher rates of **screen time (more than 2 hours)** in children aged 5 to 15 years (61.5% SWSPHN; 56% NSW)¹⁶
- Higher rates of **not doing 7 hours of exercise per week** in children aged 5 to 17 years (63.7% SWSPHN; 61.4% NSW)¹⁷
- Lower rates of **recommended fruit and vegetable intake** (fruit: 48.4% SWSPHN; 59% NSW; and vegetables: 3% SWSPHN; 4.2% NSW)¹⁸.

Mental Health

In the 2021 Census, more than 3,000 children aged 0 to 14 years were reported to have mental health conditions (including depression and anxiety) as a long-term health condition¹. The age standardised rate in SWS was 1.3 per 100. This was slightly below the NSW average which was 1.9 per 100. We observed the highest rates of mental health conditions within Wollondilly (2.3 per 100) and Wingecarribee (2.2 per 100).

STAR4kids is a SWSPHN commissioned service that provides free psychological therapies for children aged three to 12 years with, or at risk of, developing a mild to moderate mental illness, including depression, anxiety or stress disorders. The program is delivered across all LGAs, the top LGAs of residence for children accessing this service are Campbelltown, Liverpool and Bankstown. Service data reports that¹⁹:

- 1,477 kids across SWS have been engaged in this program.
- Approximately 30% of these children participated in group therapy sessions, predominately held in local schools.
- 65% spoke another language at home.

Discovery

Overall Findings

The SWSPHN Women and Children's and HealthPathways advisory committees were consulted independently to gain further insight into paediatric health needs and service gaps within SWS. Each committee were asked a series of three questions focusing on main health concerns, access barriers and opportunities to support children from diverse communities.

Table 4. Key consultation outputs from SWSPHN committees

Main health concerns	Barriers and challenges	Supporting diverse communities
Combined Committee Outputs		
Limited access to services: • Increased burden on paediatricians specialising in development paediatrics for a diagnosis • Large specialist waitlists due to increased number of referrals for autism • Access to Aboriginal specific clinics to support children with developmental or behavioural concerns, and complex trauma • Increasing number of referrals to paediatrics for developmental disabilities, however with many referrals children are presenting with behavioural concerns	Finances: • Gap payments for private specialists including paediatricians • Cost of living influencing healthcare utilisation	Increase health literacy: • Need to support parents and caregivers to appropriately identify concerns or developmental delays • Parenting workshops
Mental health: • Anxiety is a concern, especially school transitions	Wait times: • Increased wait times particularly through public settings. Especially speech pathology, occupational	Cultural appropriateness: • All First Nations's children in SWS should have access to culturally appropriate care delivered

Mental health stemming from traumatic events with a community impact (local and/or international context)	therapy, paediatricians and mental health (psychologists and psychiatrists).	through an Aboriginal Community Controlled Health Organisation (ACCHO) Utilising schools and daycare/preschool as entry points to deliver culturally appropriate care and education
Resources and information: - Parents awareness of the difference between developmental and behavioural challenges - Online misinformation about health conditions	Availability of services: - Regional demand outweighs the availability of services - Access to baby clinics in some regions	Refine models of care: Implement outreach models of care to support vulnerable communities and working parents

Table 5. Key consultation outputs from each of the Local Health Forums, by theme of consultation question

	Barriers and challenges	Main health concerns	Coordination of care	Supporting diverse communities	Supporting workforce	Key priorities
All forums	Financial barriers	Development concerns	Connected care	Education and awareness	Training and development	Improve accessibility of services
Bankstown	Appointment and wait times	Parent health behaviours and literacy	Improved knowledge of services available	Education and awareness	Training and awareness	Improve workforce support
	Suitability of clinic opening hours				Increased SWSPHN support to health professionals	
Bowral	Systemic barriers	Parent health behaviours and literacy	Improve referral processes	Community engagement and consultation	Training and awareness	Education and awareness
			Better access to services			Improve provider collaboration
						Health promotion
Campbelltown	Financial barriers	Development concerns	Connected care	Reduce stigma	Training and awareness	Improve accessibility of services

Primary health concerns

Developmental Concerns

The dominant health concerns raised during Local Health Forum consultations were **developmental concerns** across the domains; an issue compounded by limited access to services to support these concerns including speech pathology, occupational therapy, psychiatry and developmental paediatrics. Consultation participants reported the issue with accessing these services is not only physical accessibility, but the increasing waitlists and out of pocket costs associated with accessing private services.

Community feedback indicated underdeveloped play skills is a common concern amongst some professionals. Some children are not demonstrating role playing skills or going through the appropriate stages of play which is impacting school progression; an issue potentially linked to increased technological utilisation among young people. Participants also identified underdeveloped fine motor skills (e.g. dexterity and pincer grip) which impact fundamental activities such as using cutlery and feeding. Another prominent concern was speech and language delays.

The importance of parent awareness and early intervention to support children with developmental difficulties was raised throughout consultations. Some participants reported that often there are delays in parents identifying missed or delayed milestones which could be due to poor understanding of childhood milestones, or benchmarking development against their other children. Misplaced perceptions of “normal” childhood development can be detrimental to ongoing development and school readiness/progression of the child.

Health literacy, behaviours and health of parents

Many participants expressed the view that children are profoundly influenced by their parents. Children are being inadvertently exposed to risky health behaviours through poor role modelling, such as not prioritising physical activity and nutritious meals due to time constraints.

Poor understanding of childhood milestones was a reported concern by many professionals. If parents do not have a clear understanding of these milestones, then there is no clear time for them to differentiate normal and concerning behaviours and escalate these concerns to a health professional. This issue is compounded by limited access to translated or culturally appropriate support to diverse communities.

There was recognition that managing complex health conditions can be stressful. Family dynamics can impact routines, stability and safe management of children with complex medical conditions. Managing the health needs of a medically complex child can disrupt family dynamics and lead to unmanaged stress which can in turn negatively affect the child.

Impact of Technology

Technology reliance is detrimentally affecting development in young children as per consultation findings. Anecdotally, increased screen time leads to postural issues, behavioural concerns and reduced physical activity. Furthermore, technology use amongst young children is leading to displaced play opportunities negatively impacting social skills development. Children utilising screen time may not be developing role playing skills and not progressing through stages of play.

Refer to *Appendix 1* for key consultation outputs.

Barriers

Finance

There are many barriers which impede access to timely and appropriate paediatric care within SWS. Finance is noted as the most significant. Direct financial costs encompass out-of-pocket payments for primary and specialist care and travel costs for appointments. Participants emphasised that the gap payment for paediatricians, especially for autism or behavioural assessments, is a huge barrier to care. This is problematic as delayed access to these assessments can entrench developmental disadvantages and school readiness in young children.

Systemic Barriers

There are many system barriers which make accessing paediatric care challenging. The process of obtaining a diagnosis, and receiving post diagnosis care, can be complex and overwhelming for families. Participants also noted that children with complex needs may experience fragmented care. Thus, contributing to family burn-out and increased levels of stress, which in turn can be detrimental to the health of the wider family.

Service Availability

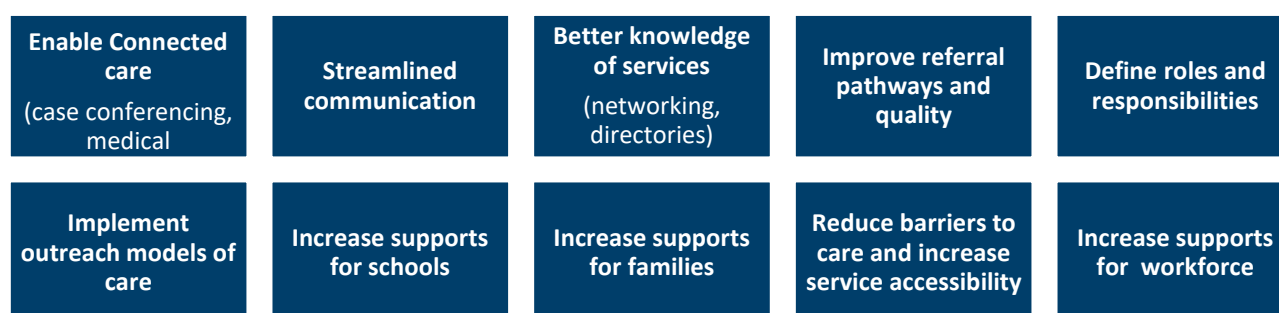
Availability relating to the access to required services in our region to support children's health were consistently raised throughout consultations, including access to speech pathology, occupational therapy, paediatricians, and child psychiatry, especially in Wingecarribee LGA. There are societal pressures to label a child's behaviour which leads to increased burden on local paediatricians from more referrals for assessment of behavioural problems. Paediatrician burden may also stem from societal pressures parents experience to diagnose their child Attention Deficit Disorder.

Refer to *Appendix 2* for key consultation outputs.

Improving Care coordination

Care coordination is pivotal for patient-centred care and improving the experiences of families with children accessing health services, especially those with complex health needs.

Figure 2. Key themes raised in consultations to improve care coordination for children in SWS



Connected Care

There is need for **connected care** opportunities such as facilitating more case conferences, establishing medical neighbourhoods, and strengthening intersectoral collaboration between health professionals and schools. Connected care is important for proactive and timely intervention and can enable transparency of goals amongst all care providers.

Communication and Information Exchange

Strengthening **communication and information exchange** between health care professionals was an emerging theme. Effective communication is essential for continuity of care and improving the patient journey throughout the health care system. Within SWS, the identified need is to improve the timeliness and quality of information exchanged between health professionals, particularly between specialists and GPs, as specialist reports are often delayed. Improving information quality was highlighted with more information being required from GPs in specialist referrals and mental health care plans. Communication with parents and carers is also essential, particularly when multiple services are involved in a child's care, to ensure families can confidently communicate with them all. It is also important for communication to be at an appropriate level to match the parent's reading level. Opportunities identified involved the implementation of case management systems or a shared QR code to access shared information.

Participating health professionals communicated the need for better **referral pathways and quality of information** provided within a referral. This ensures continuity of care and seamless information exchange. Evidently, there are gaps for health professionals knowing who to refer to and health concern indicators for escalation. Quality in mental health care plans was voiced as a concern amongst health professionals, with an emphasis on improving the level of detail provided by some General Practitioners.

Supporting children from diverse communities

Figure 3. Key themes raised in consultations to improve support for children from diverse communities in SWS



Education and Awareness

Consultation findings emphasised that education and awareness are critical to support children from diverse communities and family structures. Cultural norms and religious beliefs influence mental health perceptions. Targeted and tailored education is important for parents is important to support children with mental ill health. Similarly, in these same cultural groups, there may be heightened stigma and reluctance to seek early intervention for developmental concerns or neurodivergence, potentially entrenching developmental delay and impacting school readiness and progression. Parent education should focus on destigmatising mental health and

developmental concerns, supporting safe conversations with their child regarding their condition, and to overcome misconceptions around their child's health.

Resources

All materials provided to patients and their families should be available **in-language** to ensure equitable access to health information. Resources should also be presented in child-appropriate formats, such as simple cartoons, to better support their own understanding of their health needs.

Strengthening health literacy is a critical underpinning of education and awareness. Health professionals need to not assume that availability of translated materials equates to understanding amongst Culturally and Linguistically Diverse (CALD) communities. This could be better supported with increased availability of interpreters and bilingual educators across all services.

Supporting the workforce

Figure 4. Key themes raised to better support the workforce caring for children in SWS



Training and Development

Consultation participants emphasised the need to strengthen workforce capacity and competency to improve health outcomes. Continuing Professional Development (CPD) opportunities for our primary care workforce will support preventative care, early intervention and long-term developmental health for children in SWS. Key focus areas raised were trauma-informed care to facilitate warm hand overs, suicide prevention, behavioural issues, and education around other modalities. Some participants reported the increasing pressures amongst the primary care workforce can negatively impact access to additional training and education opportunities; these need to be free and increasingly facilitated in more accessible modes, such as webinars.

Key priorities

Drawing on the findings from all consultations, there are several priority needs to improve access to paediatric care and health outcomes of children within the region.

1. Increase service accessibility

- There needs to be flexibility in existing and new models of care to support parents working fulltime or those unable to attend appointments in the sociable hours. Outreach models of care need to be developed to improve accessibility and utilisation among vulnerable community groups.

- The region needs improved access to key specialists and allied health services to better support children with complex care needs, especially paediatricians, psychiatrists, and speech pathologists.
- First Nations families need improved access to Aboriginal Medical Services across the region to ensure children access culturally appropriate preventative care and early intervention.

2. Improve education and awareness

- Targeted health promotion for prevention delivered through accessible channels such as preschool or school communications.
- Focus on capacity building in parents to enable them to better identify milestone delays which is critical for early intervention.

3. Strengthen the workforce:

- Support local attraction and retention of a skilled workforce.
- Provide more education opportunities for GPs working in children's health.
- Build cultural competency across the workforce.

4. Focus on prevention and early intervention:

- Utilise existing community hubs to enhance health opportunities focusing on prevention and early intervention
- Improve parent education and wrap around supports
- Remove systemic barriers to ensure all families have access to subsidised supports focused on preventative health
- Distribute health information through existing communication channels with parents, including through school newsletters

References

1. Public Health Information Development Unit (PHIDU), Torrens University Australia. Social Health Atlas of Australia (online) 2026. Accessed 22/07/2026 [<https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-population-health-areas>].
2. Australian Bureau of Statistics. *Socio-Economic Indexes for Areas (SEIFA), Australia* [Internet]. Canberra: ABS; 2021 [cited 2026 July 29]. Available from: <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/2021>.
3. The Australian Prevention Partnership Centre, Systems and solutions for better health. Why invest in prevention in the first 2000 days
4. NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <https://healthstats.nsw.gov.au/r/135875>. Accessed: 07/07/2026
5. AIHW (Australian Institute of Health and Welfare) (2026) [*Australia's mothers and babies*](#), AIHW, Australian Government, accessed 07 July 2026.
6. NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <https://healthstats.nsw.gov.au/r/136326>. Accessed: 30/07/2026
7. NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <https://www.healthstats.nsw.gov.au/r/116437>. Accessed: 30/07/2026
8. NSW Perinatal Data Collection (SAPHaRI). Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <https://www.healthstats.nsw.gov.au/r/136325>. Accessed: 07/07/2026
9. AIHW (Australian Institute of Health and Welfare) (2026) [*Immunisation and vaccination*](#), AIHW, Australian Government, accessed 30 July 2026.
10. **Department of Health and Aged Care. (2026). [Childhood immunisation coverage data by PHN- [NSW]- [1 October 2024- 30 September 2025]].** Australian Government. [<https://www.health.gov.au/resources/publications/2025-phn-childhood-immunisation-coverage-data?language=en>].
11. **Department of Health and Aged Care. (2026). [NSW Childhood immunisation coverage data by SA3 - [NSW] - [1 October 2024- 30 September 2025]].** Australian Government. [URL of the publication page].
12. Australian Government. Australian Early Development Census: About the AEDC domains. [Online] 2025. <https://www.aedc.gov.au/resources/detail/about-the-aedc-domains>

13. Atalell KA, Pereira G, Duko B, Nyadanu SD, Skirbekk V, Tessema GA. Developmental vulnerability in children from culturally and linguistically diverse backgrounds in Western Australia: A population-based study. *World Journal of Pediatrics*. 2025 Jul;21(7):744-54.
14. NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <https://www.healthstats.nsw.gov.au/r/136349>. Accessed: 31/07/2026
15. AIHW (Australian Institute of Health and Welfare) (2022) [Australia's children](#), AIHW, Australian Government, accessed 31 July 2026, doi:10.25816/5ebca4d0fa7dd.
16. NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <https://www.healthstats.nsw.gov.au/r/136350>. Accessed: 31/07/2026.
17. NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <https://www.healthstats.nsw.gov.au/r/136351>. Accessed: 31/07/2026
18. NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <https://www.healthstats.nsw.gov.au/r/136096>. Accessed: 31/07/2026
19. SWSPHN (2026). Commissioned Service Provider Data [unpublished].

Appendix 1

Table 6. Key consultation outputs for primary health concerns for children aged in SWS

Developmental Concerns	Parent Health Behaviours and Literacy	Mental Health	Technology	Access to Services	Other
Speech and language delays	Health literacy of parents	Anxiety and depression	Displaced play opportunities	Access to public services	Neurodivergence
Lack of dexterity impacting cutlery use and feeding	Poor role modelling with physical activity and nutrition	Emotional regulation challenges	Decreasing fine motor skill development	Access to paediatricians, ENT and child psychiatry	Overweight and obesity
Delayed identification of developmental vulnerabilities	Lack of family support or awareness of health concerns can impact school performance	Children with mental health concerns being able to access services causing child to fall behind	Postural concerns	Unable to access services or supports for early intervention	Food insecurity and nutrition
Lack of social skills	Parents not understanding the milestones and not being able to recognise vulnerabilities	School transition anxiety	Increased screen time linked with overweight and obesity	Health services not being available once a child commences school	Bullying
Lack of role playing skills	Unmanaged parent stress negatively impacting children	Global issues having local impacts on communities	Social media impacting independent ideas	Long wait lists for local Allied Health	Behavioural concerns

Appendix 2

Table 7. Key consultation outputs for barriers and challenges accessing care for children in SWS

Barriers	Key consultation outputs
Finance	• Need for more publicly available health services • Out of pocket costs are significant for specialists, especially when accessed for assessments (e.g. Autism and ADHD) • Financial constraints are increasing health inequity
Systemic	• The process of obtaining a diagnosis can be fragmented and overwhelming, which can increase family pressures which can inadvertently have negative outcomes for the child • Referral processes for some public services are difficult to navigate • Non-case management approaches, especially for children with complex needs, increases likelihood of fragmentation and children falling through the cracks • Acquiring all the evidence to support assessments and diagnoses can be overwhelming
Service Availability	• Access to services in SWS for the following services can be difficult: - Occupational Therapy - Paediatricians (especially for developmental concerns) - Speech Pathology - Child Psychiatrists (especially within Wingecarribee LGA) • Demand for services is outweighing availability
Appointments/Wait Times	• Long wait times for services which can hinder access to early intervention and treatment • Some wait times are significant: - Child psychiatry (9-12 month wait time) - Occupational Therapy - Paediatricians • Private access is particularly challenging for single-income or low-socioeconomic families • Access for specialist services only available during work hours which negatively impacts access
Logistical	• Distance to some services can be significant given the wide geographical spread of the region, especially when requiring specialist paediatric care at The Children's Hospital Westmead or Sydney Children's Hospital Randwick • Some difficulty accessing transport for people unable to afford a car
Cultural and Language	• Language barriers can impede ongoing access to required services • Finding services with professionals that speak the same language is difficult • Cultural barriers influencing perceptions on health concerns
Health Literacy	• Parents not knowing how to navigate the health system or how to engage with services, especially for children with complex health conditions • Parents not understanding their child's health condition • Health Literacy concerns more prominent among vulnerable communities
Suitability of Clinic Hours	• Most hours of operations are between 9-5 which does not support working families
Stigma and Fear	• Stigma from family • Fear of judgement • Parents may feel ashamed or embarrassed
Service Navigation	• Parents often unsure what services are available or how to access them
Misinformation	• There is misinformation within community which impacts engagement with required health care services • Parents utilising unreliable sources for health information • Inconsistent public health messaging