



# Creating a village

The story of child health  
advocacy in 2770

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On behalf of The Hive, United Way

## Acknowledgement of Country

The Hive, United Way Australia acknowledges the Darug People as the traditional owners of the land where we work. We pay our respect to Elders of the past and present and we acknowledge the care and custodianship that First Nations People have given to this land since time immemorial. Australia is and always will be Aboriginal Land.

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### Acknowledgements

**Together in 2770** is a group of organisations who take a place-based approach to working together across Mt Druitt to respond to the inequity that exists in 2770 in partnership with community. We want to start by acknowledging the collaborative work, dedication, and leadership of the organisations on our Governance group including:

- › BaptistCare HopeStreet
- › Bidwill Uniting
- › Blacktown City Council
- › Connect Children and Families
- › Jesuit Social Services (JSS)
- › Mission Australia
- › The Hive, United Way Australia
- › The Salvation Army

We also acknowledge these key Collective partners who have worked tirelessly to support the outcomes detailed in this report:

- › Connect Children and Families
- › Early Childhood Education Centres (ECECs) across 2770
- › Jesuit Social Services (JSS)
- › Western Sydney Local Health District (WSLHD)
- › Willmot Public School

We note that the impacts of this work, and the barriers that still exist are vast. The topics mentioned in this report are not exhaustive, rather, representative of the discussions that were had.

Please note, some of the quotes in this report have been shortened or adapted slightly for clarity.

# Introduction

This qualitative evaluation includes reflections conducted with stakeholders in the Child Health Advocacy space, including representatives from The Collective and practitioners from WSLHD.

Interviews were conducted using an adaption of the Most Significant Change framework; to talk about how individual and organisational practices have been impacted by Child Health Advocacy, these reflections are explored throughout this evaluation.

Child health advocacy in Mt Druitt began as part of a broader effort to support school readiness. Local educators and community workers began to observe widespread developmental delays among children entering preschool and kindergarten, often without any prior diagnosis or support. This observation aligned with the results Australian Early Developmental Census (AEDC), which is shown in the table below.

The table below shows the proportion of children in NSW, and each suburb of 2770 who are Developmentally Vulnerable in one or more domains, or two or more domains. Suburbs that have a higher rate than NSW are highlighted in yellow. Suburbs with rates double that of NSW are highlighted in orange.

Suburb	2018		2021		2024	
	DV1	DV2	DV1	DV2	DV1	DV2
NSW	19.9	9.6	21.2	10.5	21.8	11.2
Bidwill	36.5	23.5	37.7	21.2	50.8	28.6
Blackett	34.3	14.9	26.3	17.5	36	26
Dharruk	31.7	12.2	40.5	18.9	40.5	29.7
Emerton	32.6	14	36.4	27.3	31.3	15.6
Hebersham	27.5	17.6	30.3	19.5	37.5	13.8
Lethbridge Park	40.9	26.1	30.3	19.5	34.2	19.2
Minchinbury	19.5	7.8	25	10	31	9.9
Mount Druitt	25.7	15.8	31.1	17.9	23.5	11.1
Shalvey	37	22.2	50.8	31.8	42.9	22.4
Tregear	25	13.2	33.3	25	62.2	40
Willmot	52.3	37.8	62.9	40	73.9	60.9

The 2770 postcode has a high concentration of children who have or who are at risk of having developmental delays. This concentration exists especially in the outer suburbs of 2770, which have more barriers to accessing services.

Key barriers and gaps in the child health and early intervention system include:

- › Transport challenges in accessing health services
- › Extensive waitlists for paediatricians and allied health, and very few bulk billing options adding a financial barrier
- › Only one free option for speech and OT in the community health system, with wait times often 12-18+ months long
- › High cost in the private paediatric system
- › Limited trauma-informed care in the paediatric system able to support families experiencing complex circumstances
- › Confusing referral pathways, with no clear guidance on where, when or how to access paediatricians, community health services, or the NDIS
- › Limited support for families navigating assessments, therapies, and long-term care for children with additional needs
- › Inadequate capacity in early learning centres and schools to provide or sustain required support to the significant levels of developmental vulnerability in cohorts
- › Systemic confusion around the NDIS, including the misconception that a diagnosis is always required to access support
- › A sense of “normalcy” around developmental delays, which can lead to delays in seeking support—many children in Mt Druitt present with speech, behavioural, or developmental concerns, creating a peer norm that diminishes urgency
- › Lack of visibility and proactive presence of community health services in suburbs like Mt Druitt, despite high need
- › Limited access to culturally safe and accessible Aboriginal health services

Through community engagement and reflective sessions with local early educators, school staff, and parents, it became clear that many families were often unaware of routine child health checks, particularly the Blue Book assessments, which are designed to routinely monitor developmental milestones and offer guidance to families. Even when families had engaged with these checks early on, most stopped after the initial appointments, unaware of their ongoing purpose. This pointed to a broader issue of poor health literacy and limited access to information about available services, pathways, and eligibility, particularly regarding paediatricians, allied health services, and NDIS.

**In the working group we asked, ‘what do we think we can do?’ It was very clear there was a [health] model in place, but how do we bring that model into community? I think all of us recognising that it needed to be more outreach focused.**

**Laura Faraj**

Partnerships & Policy Lead, The Hive

Reflecting on early conversations about advocating to Health

Through the Collective's engagement, the message from families was constant and clear, parents want to provide the best possible start to their children, but the barriers from lack of knowledge of the available services, or services being inaccessible, made it difficult, if not impossible, for parents to provide for their children the way they aspired to.

In 2019, in response to the known barriers and gaps within health services, The Collective piloted a localised health screening initiative, CUBS (Check Ups Before School). CUBS integrates WSLHD nurses into trusted community spaces, including ECECs, and community centres to provide health and development checks and referrals for the children where required. Later iterations of the CUBS program integrated a speech pathologist to work alongside children with identified speech delays, and a Child Health Linker (CHL) who could provide support to families to navigate the steps following the assessment such as accessing a paediatrician, therapies or the NDIS.

CUBS was evaluated in 2022 by Western Sydney University, and the program proved highly effective in supporting families to access developmental checks and engaging those not yet engaged with health services or faced barriers doing so. The CUBS Program is now completely delivered and funded by WSLHD, and is running in 8 ECECs, Playgroups, and Schools across 2770.

In 2022 the model of CUBS was adopted by the NSW Health in partnership with NSW Department of Education to design a new program, Brighter Beginnings, across New South Wales. This program works similarly to CUBS, providing free developmental checks for 4-year-olds in ECECs across NSW. This 111 million dollar investment from the NSW government was a result of advocacy from The Collective, and two representatives from The Hive now sit on the steering committee for this project.

In 2022 – 2023, building on the success of CUBS, further advocacy efforts from The Collective in Willmot resulted in the establishment of a free paediatrician clinic place-based in Willmot Hub operated by Western Sydney Local Health District. This clinic now provides an essential, accessible service to families who previously would have been unable to access paediatric care and works in partnership with the local schools, ECECs, and family support organisations.

From July 2023 – June 2024, the Paediatrician Clinic had **285 appointments**, and **78.5%** of children seen received **one or more allied health referral**.

We have seen so many students demonstrate increased attendance, increased time in class, as opposed to absconding and roaming the grounds, decrease in those students disrupting the learning of others, decrease in destructive behaviour, and an increase in positive relationships with peers and staff.

**Carley Bugeja**  
Willmot Public School Principal  
on the outcomes of the Willmot Paediatrician Clinic

The improved access to health services in parts of 2770, and the removal of barriers such as cost, transportation, and trust, will have life changing impacts on children now and into the future in Mt Druitt. It has also had an unplanned impact: residents of Mt Druitt are becoming more empowered to dream about how they can demand better for their children and communities.

Understanding [community members] have the right to more and can ask for more... I think there is a growing amount of voices realizing what they've been missing... And feeling like if they ask for it, they might even get it. They feel less helpless and are advocating for themselves.

**Rubie Ireson**  
Director of Place Based Initiatives, The Hive

This evaluation revealed that another unplanned impact has been a shift in service culture, away from deliverables and outputs, and a shift towards holistic medical support and partnership across organisations to achieve common goals. Collective work has shown practitioners and government agencies a better way to work; a way of working that empowers both communities and services.

In the **2024-2025** financial year,  CUBS delivered **216** assessments   
**70** children had never been seen by a Children and Families provider,  
 **62** had not been seen since their 1-4 week check.

# Outcomes

## Services that work for the people

### Moving away from siloed ways of working

One of the most significant outcomes of The Collective's advocacy efforts is encouraging a shift away from siloed and transactional ways of working towards being integrated and relational, with the goal of working with, not doing to, community.

I think the biggest thing for me is, aside from the work with families, is that increased engagement with The Hive and with other stakeholders within the community. And I think that's just really expanded our practice... [Health] now has a better insight into what's available, how we access services and who's the right person to work with for the family. I think it's stopped just being a little silo of health and opening the doors to work with other organisations.

**Shona Ryan**

Child and Family Health Nurse with WSLHD

It has been made very challenging for families to even know what Child and Family was, so having extra legs, that extra reach that The Hive has been able to do to get our partnership out there has been a really positive thing. Not working as a silo, but allowing ourselves to work in partnership to come up with some strategies to work with how we can best serve this community, I think, has been the biggest outcome for us.

**Rowena Urweiss**

Nurse Unit Manager, Child and Family Health WSLHD

CUBS nurses and Dr Ryan Lucas, the Willmot Paediatrician, now work closely with The Hive's Child Health and Early Learning Linkers, helping to integrate their services and transition children through assessment, referral, and intervention.

### Using CUBS as professional development

After CUBS was brought under WSLHD, there was a shift away from having one exclusive nurse who works with CUBS to have more nurses go through the program for a set period, working in a specific location. Although there were initial concerns about this within the Collective, WSLHD worked to ensure that trust and community centred care were still priorities for the program, and that trust did not hinge on one lone nurse. Shona Ryan, one of the first CUBS nurses, now works as a mentor for the nurses going through CUBS.

We have lots of nurses who have the opportunity to work in CUBS, to do a term or two in a preschool, to really add to their skill set. And it's a really interesting process, cause often they're really hesitant because it's different and nobody likes change, but by the end of doing the term at CUBS, they're really excited about how it's a different way of working, how working with the preschools, but also working with The Hive and whoever else they've engaged with has really opened their eyes to what's available in the community and how to access that for the families and how that really maintains that support. I think it's about not just doing our check, but then making sure things follow through and that's what we're able to do. I think it has helped build our skill set in our staff... It's really increased our resources and, you know, just different knowledge around things.

**Shona Ryan**

Child and Family Health Nurse with WSLHD

WSLHD is now using CUBS as a quasi-professional development, supporting nurses to learn essential trauma informed practices and learn about the community centred care. This is also working to empower healthcare providers, as they see their role going beyond the walls of their appointment.



## Encouraging services to work outside their scope

### Shifts in practice at WSLHD

#### Reverting to community centred practice

WSLHD once operated in a more community centred way, previously having more outreach and community-based services.

[CUBS] is old school practice. It's what I had with my eldest daughter at 20, where you had community health nurses in schools... between my two daughters they were slowly pulling the nurses out of the schools and saying, ohh, well, there's no take up there. So, you know, they'll just all have to go to the Community Health Centre

Jo Everingham  
Connect Children and Families

The Collective's approach, placing services where people are, is not new, but it contrasts with the current push for cost-saving service models. The success of CUBS and the Paediatrician Clinic demonstrates that, within some parts of WSLHD, the need for equity and investment in health services is starting to be recognised.

[Health] sort of lost our way a little bit. Years ago, we had a Child and Family Health Nurse in every school. We had a strong presence, that was very much what we did. We had smatterings around community as well and a lot of I saw the culling of those clinics, whether it was about lack of awareness, lack of promotion, lack of attendance. So we you know you know there is a need to redefine what we do and use our use our resource into its best gain

Rowena Urweiss  
Nurse Unit Manager, Child and Family Health WSLHD

### Shift in evaluation practice

Additionally, in discussions with Eva Litherland, Program Lead of Child and Family Health at WSLHD, she reflected that they have begun using some different approaches of evaluation and data collection to show the outcomes of these place-based initiatives.

We had one year to demonstrate the effectiveness of the paediatrician clinic. One year is not a very long time to recruit, establish a clinic and collect good measures and outcomes...We couldn't show impact in numbers, we couldn't show impact in referrals. So we sent out a survey or we completed a survey with parents. And we had Laura and Carly and probably a couple of other people give us these golden stories of the impact we've had on individuals and those individual patient stories. Those individual children's stories came to us informally...but they came at the right time and they were like little pockets of gold. And we had a new director who is very passionate about this work and he put those little nuggets of gold into executive reports, board reports, and so we were able to secure the funding for further year.

Eva Litherland  
Program Lead of Child and Family Health at WSLHD

The organisations in the Collective often struggle with finding ample evidence or tools to gather and present the outcomes of their work. This means that we often rely on qualitative data. The Health District's success with this style of reporting may help shift the focus of data from outputs to impact.

Eva mentioned that Health's outputs are our The Hive's outcomes...She was reflecting that, [The Hive's] job was to help Health do better for this community... It was just an interesting way she framed it. So, it just shows that that Eva herself is an amazing story of internal advocacy.

Rubie Ireson  
Director, The Hive, Mount Druitt



## Empowering educators to provide wrap-around support

Integrating health and education is working to empower educators to talk about developmental concerns with families.

The benefit for our families is that the timing of these appointments is not dragging out over six months. They see they see the paediatrician and within days we're messaging Dr Ryan to say 'this is what we're noticing in the school setting'...The partnership with the school [and health] strengthens that message and gives [families] the confidence that the messaging from the school is accurate and appropriate.

**Carley Bugeja**  
Principal at Willmot Public School

Mainstreaming CUBS into ECECs allowed conversations about a child's development to not feel targeted or shaming towards families as the program was for all children in the Centre.

Preschool Educators said that maybe they tried to have conversations with parents, and they weren't received well... hearing it from a nurse or medical professional was a bit different... It's not a judgement, just a mainstream project recommended to every single child.

**Laura Faraj**  
Policy & Partnerships Lead, The Hive

Educators can now use consistent language and supports that are being given at appointments and at school, to allow for better outcomes for young people.

# The problem still

Despite the progress of Child Health Advocacy in 2770, serious gaps in the health sector continue to affect community members' access to essential services.

## The need for futureproofing

Often, advocacy success hinges on finding the right person in the right department who buys into the work. The Collective has been able to engage with those individuals within WSLHD, but in discussions with Eva Litherland, she voiced the desire to stabilise the work, so it no longer relies on individual actors.

I heard the nurse who was doing the program at the time [Deb] spoken about with such high regard, referred to as Auntie, and as struck as I was by the richness of that relationship and the beautiful connection that she had made with the community, I realized at the same time, what if there's no Deb? How do we keep this going without a Deb?

**Eva Litherland**

Futureproofing requires formalising the work, through MOUs and other techniques, with involved organisations and integrating a range of health practitioners into community spaces so that relationships and continuity of care do not depend on a single individual.

## Systemic funding barriers

Outdated funding and billing codes for bulk billing appointments do not account for the time and investment needed to provide proper diagnostic support for families. Most families who access the Willmot Paediatrician Clinic would need to see a Paediatrician who bulk bills, as private paediatricians charge upwards of \$400 per consultation which is not feasible for those experiencing financial stress.

The only way [The Willmot Paediatrician Clinic] works is because the funding isn't attached to patients, or time, or complexity. It's just, this is your salary and there's an expectation that you can keep up with this amount of work. The whole health system is based on activity-based funding... It's not too difficult to demonstrate that this operation is more complicated than this one, or this length of stay in a hospital is longer than this one. But how do you capture that I had to go twice as slow because Mum was really nervous about being here...if I had to code that for the system, I'd see half as many kids cause I'd spend all my time doing data entry.

**Dr Ryan Lucas**  
Willmot Paediatrician

Medicare billing codes in Australia need to be restructured to properly allot the time and investment needed to support families and children with significant barriers to access health.

### Existing health services cannot meet the rising demand

It is widely known and accepted that there are widespread and dramatic staff shortages in the allied health sectors in Australia. These staffing shortages are going to be compounded with the rising need for these interventions, as evidenced by the increase in the proportion of children who are developmentally vulnerable in the AEDC. These gaps will have a significant impact in areas experiencing significant disadvantage, such as 2770.

Current wait times for many allied health services is often several months. That wait time is further amplified by geographical barriers in Mt Druitt. There are very few allied health or health centres within 2770, meaning that the wait time to access accessible practitioners is even longer or requires families to travel outside the area. The Willmot Paediatrician Clinic has a 12 – 18 month wait list for new patients, and the other WSLHD Community Health Clinics have similar wait times.

Continued investment in localised health initiatives in 2770 is essential to meet this growing demand. Improvements to the overall health sector, improving wages for essential workers, and other improvements must be made to help to combat the staffing shortages.

### Next steps

The Collective is working to advocate to Health to increase the financial investment for place-based health initiatives across 2770 and working to shift these practices on a system wide basis.

While the model draws on existing evidence-based government service structures, its success lies in reimagining those systems through a place-based, equity-driven lens to overcome the access gaps felt by families who need it most.

# Conclusion

The Child Health Advocacy initiatives by the Collective in 2770 such as CUBS & the Willmot Paediatric Clinic, have influenced the practice of local health workers and the broader Health District and have helped reshape how services are delivered—bringing themselves into the community rather than expecting families to come to them.

“For families that we support, everywhere they turn there is support that’s available. They have a village now.”

Jean Villacorta  
Early Years Strategy Lead, The Hive



