Central Coast Research & Innovation Centre

DEEP DIVE SERIES · REPORT 2 OF 4

Healthy Beginnings and Women's Health

Priorities for research and collaboration on the Central Coast

Findings from the Deep Dive workshop

Gosford · Thursday 30 July 2026

A partnership between Central Coast Local Health District and the University of Newcastle

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ABOUT THE DEEP DIVE SERIES

CCRI held four Deep Dive workshops in July and August 2026, one for each CCRI focus theme. Each brought together people already working in that area to build a shared picture of the system, identify existing capability, and shape collaborative ideas.

SECTION ONE

01 Introduction

The Central Coast Research & Innovation Centre (CCRI) is a partnership between Central Coast Local Health District and the University of Newcastle. It works to connect the people and organisations working across health, education, community services and research on the Central Coast, and to build a clearer understanding of the region's health priorities so that research and innovation are directed toward what matters most here.

The focus themes provide a way for researchers, clinicians, community organisations and other partners with related interests to find one another, build relationships and develop collaborative activity over time. They are intended to create focus and depth around areas that matter to the Central Coast, while remaining broad enough for different questions, disciplines and types of collaboration to develop within them.

The four focus themes

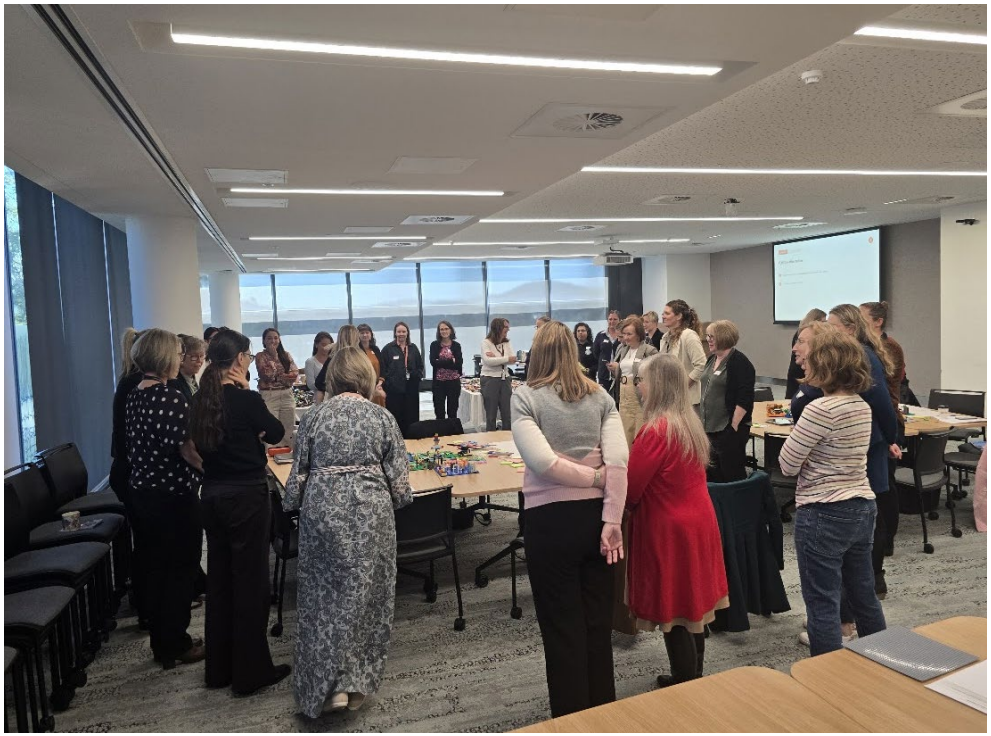
- Healthy Beginnings and Women's Health
- Healthy Ageing
- Food, Nutrition and Health
- Mental Health, Trauma and Family Safety

Healthy Beginnings and Women's Health

This theme includes pregnancy and maternity care, early childhood development, child and family health, and women's health across the life course. It recognises the long-term influence of health and wellbeing in the earliest stages of life and brings together areas spanning health, family, education, and community settings.

WHAT THIS REPORT DOES

This report captures the priorities, perspectives, capabilities and opportunities identified through the workshop and provides a basis for continued discussion and collaboration within the theme. It is written to be useful to both those who took part and others working in this area who did not, including researchers, clinicians, community organisations, industry and government partners considering where they could contribute.



SECTION TWO

02 About this workshop

The Healthy Beginnings and Women's Health Deep Dive was held on Thursday 30 July 2026 in Gosford. Twenty-eight people attended, from child and family health, midwifery and maternity services, women's health centres, paediatrics and allied health, schools and Schools as Community Centres, early childhood and community services, private practice, government, and research groups at the University of Newcastle, Hunter Medical Research Institute and the Central Coast Local Health District.

The workshop brought together people working across different parts of healthy beginnings and women's health on the Central Coast. This provided an opportunity to hear perspectives from different organisations and settings, identify connections between existing work and capability, and consider opportunities for collaboration. This workshop formed part of CCRI's ongoing work within the theme, with understanding, relationships and opportunities continuing to develop through further engagement and collaboration.

Workshop format

The first half of the session drew on LEGO-based play. Each participant built their own part of the system: the people they work with, what they are working on, the settings they work in, what is working, and the pressures and gaps present. Individual builds were then combined into a single shared system at each table. Participants then modified their shared models to represent the future they wanted to see for the Central Coast community in five years' time. Each table reported back to the room through a spokesperson.

The second half drew on Strategic Doing methodology. Each table was given a question designed to focus discussion on the future they wanted to work towards. Participants then identified the assets already in the room — knowledge, relationships, networks, facilities, data and experience. The aim was to find opportunities where combining different assets could enable something no one participant could achieve alone. From this, each table developed one collaborative idea that could realistically be taken forward.

The exercise served two purposes: to generate practical project ideas and to demonstrate a way of working that starts with existing resources and identifies small, achievable opportunities to act together. The underlying idea is that trust and collaboration develop through action: working together on something manageable can strengthen relationships and create a basis for more ambitious work. This reflected a central theme of the workshop — that a great deal is already happening across the Central Coast, and that there is value in looking more creatively at how existing assets can be combined.

WORKSHOP OBJECTIVES

Build shared understanding of the current system, including what is working, where gaps and pressures are experienced, and how different parts of the system connect.

Develop a shared direction by exploring what participants would want to be different in five years.

Surface capability and opportunity by identifying the knowledge, relationships, resources and experience already present across the group.

PARTICIPANT PROFILE

Health and clinical services · University and research · Community services · Education and early childhood · Government · Private practice

SECTION THREE

03 Executive summary

Three key priorities emerged throughout the workshop.

01

Navigation and visibility

Participants across health, education and community services described having a clear view of their own provision but only a partial view of what was available around it. Few participants felt they had a reliable source of current information about services beyond their own, and they described families as often left to coordinate their own care.

02

Prevention

Participants with extensive experience described preventive work as having narrowed over the past twenty to twenty-five years. Participants said populations facing greater barriers to care are seldom asked what might have helped them receive support earlier, before their needs reached the point of presentation, and wanted this perspective to inform preventive work.

03

Proximity and equity of access

Transport and service location were repeatedly raised as factors affecting access to care, with participants wanting more care positioned closer to communities. Participants also emphasised that families come with different resources, health status and prior experiences of services, and that the same provision may not produce the same outcome for everyone.

What follows

What we heard: sets out the current picture in five areas: navigation and visibility, prevention and early intervention, proximity and equity of access, how people experience seeking help, and pressure on the workforce and on services.

What better looks like: sets out the six things participants wanted to be different in five years.

What the region holds: an inventory of the skills, relationships and resources participants brought into the room and were willing to share.

What could be built from it: sets out four worked examples developed by participants from that capability, followed by further ideas raised but not worked up.

Questions raised: lists eight questions participants identified as not yet well answered locally, where stronger evidence would help make the case for change.

Connections and commitments: records some of the early connections made on the day, and what participants said they would like to do in the following month.

The workshop also mapped capability and resources across the organisations represented and used these to develop four worked examples.

SECTION FOUR

04 What we heard

Participants were asked to describe the healthy beginnings and women's health system on the Central Coast as they currently experience it, including what works, where the gaps and pressures are, and how their work connects with others.

Participants also identified what is working. They described children and families as central to practice, relationships with families grounded in trust and respect, early childhood education and care settings as places where families can reach support, and multidisciplinary teams working cohesively where they are established. Participants described the differences between services as differences of method and professional background rather than of purpose.

The five areas

- Navigation and visibility
- Prevention and early intervention
- Proximity, transport and equity of access
- How people experience seeking help
- Pressure on the workforce and on services

Navigation and visibility

Participants from health, education, community services and private practice each described a clear view of their own provision and a partial view of everything around it. Services often have a limited view of what else is available.

> *"We need to actually have some central way to link, so that this health service knows exactly what's going on over here in this education service."*

Participants described referrals that do not connect, pathways that differ each time, and services holding a place open for a family to return after a referral elsewhere has not worked out. Participants described families moving between services, repeatedly telling their history, and having to decide where to go next without clear information.

Families also ask clinicians for advice about services beyond health, and clinicians have limited access to current information about them. Participants also described some services as not presenting as accessible and some systems as feeling transactional to the people using them.

Participants described some families falling out of view entirely, where a referral does not connect and nothing follows up.

Prevention and early intervention

Participants with long experience in the sector described preventive investment as having narrowed over the past twenty to twenty-five years, with services often meeting people once difficulties have already emerged.

Participants said populations facing greater barriers to care are seldom asked what might have helped them receive support earlier, before their needs reached the point of presentation. Several wanted these perspectives sought before further preventive programs are developed.

> *"We respond a lot to the person presenting with their health need, rather than listening to people with lived experience around what would actually work for prevention."*

Participants described waiting lists for developmental assessment in early childhood, and the effect of delay on families navigating alone.

Proximity, transport and equity of access

Three of the four groups raised transport. Participants described some families as unable to reliably reach services and noted that some services are located away from parts of the Coast where need is high. Participants wanted care distributed closer to communities, covering clinical services alongside community health. The far north of the coast came up as an area where distance limits access.

Participants described families arriving with different resources, health status and prior experiences of services, and emphasised that the same provision can produce different outcomes. Participants distinguished improving access from improving equity of access on that basis, and returned to it throughout the discussion.

How people experience seeking help

Participants said that how people are treated when they first seek help can strongly influence whether they come back. They named inward-facing systems, closed doors and single entry points repeatedly, and described the difficulty of knowing who is safe to disclose to. Changes of staff and role make that harder.

Participants working with women described competing demands and mental load shaping when and whether women present at all. Participants also described women's needs changing across the life course and felt that services do not always accommodate those changes. Trauma was discussed both in relation to individual experiences and to the accumulated experience some communities have of services. Participants saw understanding both as important to respectful engagement.

Pressure on the workforce and on services

Participants described clinicians experiencing burnout. They pointed to funding limits, uneven distribution of resources, and the effort required to work around fragmentation.

Participants described private practice as sitting awkwardly alongside public provision and did not identify a clear way to address the disconnect within the workshop.

THE THREAD RUNNING THROUGH ALL FIVE

Across these areas, participants pointed both to existing services and relationships that could be better connected, made easier to navigate or extended, and to gaps that remain.

SECTION FIVE

05 What better looks like

Groups were asked to describe the healthy beginnings and women's health system they would want for our community in five years. Several common priorities emerged across the four groups, particularly around connecting services, improving where and how support is accessed, and making better use of existing resources. Alongside the practical priorities, participants came back to hope for families and for the people working alongside them.

> *"We all have hope for the future, we have hope for our families, we have hope for our children."*

Care distributed closer to communities

Participants wanted more care located closer to where people live, covering clinical services alongside community health, to reduce the distance and effort required to access care and better reach families who may not currently present to services. Improved transport, walkability and physical access sat alongside this.

> *"Bringing down the one big hospital service and putting that closer to community, and closer to people."*

More than one way in

Participants wanted multiple points of entry where single pathways now exist, the obstacles cleared from those pathways, and services turned outward. They raised hybrid delivery, balancing technology with written and in-person options, since families differ in what they can use.

ONE DIRECTION

Across these priorities, participants emphasised care closer to communities, multiple ways to access support, stronger connections between community organisations and formal services, better information sharing, and closer links between research and clinical practice.

Community as part of the system

Participants wanted community organisations built into the system, with two-way pathways between them and formal services, so that community organisations are no longer only a destination for referral. They saw community organisations as particularly important in reaching people who have disengaged from services or never engaged with them, noting that these organisations may already hold relationships where formal services do not.

> *"The community sits at the heart of this; it's not isolated from our system."*

Information moving between services

Participants wanted services to have greater visibility of one another and for family feedback to inform more than the service that initially received it. They saw better information sharing as one way services could respond to what families are experiencing.

Prevention re-established

Participants wanted earlier intervention and a return of preventive activity, informed by consultation with the populations that preventive work is intended to reach. They raised school readiness, early developmental support and health education from an early age as areas for earlier intervention, with the aim of reducing later demand.

Research and clinical practice working closely

Participants wanted clinicians involved in shaping the questions research addresses, and researchers more closely connected to clinical practice and how evidence is used. Both clinical and research participants described the current distance between them as a constraint on the usefulness of research locally, and wanted a continuing relationship that outlasts individual projects.

SECTION SIX

06 What the region holds

In the second half of the session, each table named the assets already present around it: the knowledge, relationships, resources, facilities and experience participants brought with them, and were willing to make available to others. Set out below is what was identified across the room.

Research methods and evidence

Qualitative and quantitative research expertise, ethics applications, interviewing, focus groups and participant observation, patient-reported measures, health economics, social science and health services research contacts at the University of Newcastle, implementation science links, systems thinking, demographic and economic data analysis, and experience piloting new services.

Clinical specialty and service knowledge

Extensive developmental paediatrics experience, paediatric developmental assessment, pregnancy and preconception care, women's continence and pelvic health across public and private settings, mental health clinical expertise, trauma and recovery, violence, abuse and neglect, paediatric occupational therapy, allied health and multidisciplinary team practice, knowledge of child and family health clinicians across NSW local health districts, and knowledge of health and education programs across local schools.

Access to people and communities

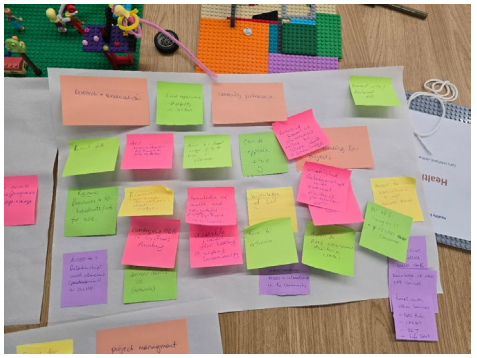
Relationships through early childhood education and care services that reach children aged nought to five and their families, relationships with existing family and parent groups, rapport with young people, connections across local health district services, established relationships with external partners including general practice, links with Kids Hub, CAMHS, the Department of Education and Life Start, consumer representation, and lived experience perspectives relevant to neurodiversity and family support.

Space, facilities and resources

Potential access through participating organisations to rooms at community and university facilities and other participating venues, shared workspaces and hot desks for research, studio space suitable for counselling and group sessions, knowledge of local health district mental health data, with any project access subject to relevant approvals, university electronic databases, a children's book library, and access to a large rural garden.

Skills that move work forward

Group facilitation, workshop delivery, project management, document and funding writing, advocacy, teaching and education program delivery, communication and presentation, storytelling, knowledge of governance and NSW Government financial processes, and connections to statewide child health policy processes.



WHAT THIS LIST IS

Each of these assets was identified by participants during the workshop and informed the collaborative ideas developed in the following activity.

SECTION SEVEN

07 What could be built from it

Participants developed four worked examples by combining the capability and resources identified above. Each drew on assets identified within the group and is recorded as an idea that could be explored further by those interested.

IDEA	WHAT IT RESPONDS TO	CAPABILITY IT DRAWS ON
Map service access from a parent's perspective and communicate it to families and clinicians	Navigation and visibility; families carrying the coordination work	Relationships with families with young children through participating services, qualitative interviewing and ethnographic methods, relationships across local health district services, knowledge of allied health pathways, and writing and communication skills
A preventive health program for young women delivered through local high schools, with practical thought already given to what would get that age group to attend	Prevention; women's health across the life course; early health education	Teaching experience, leadership of a women's health clinical team, experience with sexual and reproductive health, rapport with young people, lived experience within the group, and relationships with local high schools
Consultation with populations facing greater barriers to care about what would prevent presentation	Prevention as a knowledge gap; equity of access	Qualitative research and interviewing expertise, community insight and lived experience networks, connections with local government and services working with populations facing greater barriers to care, and potential access to local health district data, subject to relevant approvals
Reciprocal site visits between public and private services	The disconnect between public and private provision; visibility and knowledge sharing	Relationships across public and private clinical settings, facilitation skills, potential access to venues through participating organisations, and a participant already willing to convene it

SECTION EIGHT

08 Other ideas raised

Participants raised further ideas during the session that were not worked up in detail.

- A multidisciplinary outreach clinic serving the far north of the coast, and an outreach centre beyond Lake Haven
- An expo of services across health, education and community, to lift visibility
- Education for nursing staff on child development
- School-based breakfast programs reaching siblings and parents
- An access gateway for people seeking services remotely
- Funding and recognition for peer support groups
- Early developmental and school readiness programs built from existing provision

OPEN TO ANYONE

These ideas are recorded here as starting points for anyone interested in exploring them further.

SECTION NINE

09 Questions raised

The workshop also raised a number of questions participants felt were not yet well answered locally and could benefit from further research or evidence.

- How families on the Central Coast experience seeking help and moving between services, which participants were not aware of having been mapped from the family's position
- What populations facing greater barriers to care identify as having helped them receive support earlier, before their needs reached the point of presentation
- Where families disengage from referral pathways, and what happens to them afterwards
- What is currently operating across health, education and community provision in this area, where it overlaps and where it leaves gaps
- The distribution of unmet need in areas where distance limits access, particularly the far north of the coast
- The effect of delay in developmental assessment on children and families locally
- What reaches women whose competing demands prevent them presenting at all
- Whether services distributed closer to communities produce measurable differences in access and outcome in this region

SECTION TEN

10 Connections and commitments

The workshop generated new connections across Schools, Community Centres, child and family health, research, women's health and community organisations, with several participants planning follow-up conversations or pilots.

Connections reported on the day included Schools as Community Centres connecting with child and family health and with research, and leaving with plans to meet; a connection between child and family health services heading toward a pilot for early baby group facilitation; a community centre looking at connecting new baby and toddler groups with local health services; researchers connecting with a women's health centre, with the local health district research team and with a youth focused services group at Wyong; new connections with the University of Newcastle and Hunter Medical Research Institute; and a participant finding someone willing to help with policy writing. Several people running not-for-profit organisations met one another for the first time.

Participants were also asked to commit to one thing in the following month to support collaboration within the theme. Commitments included sending an introduction, looking up a funding opportunity, or connecting another participant with someone in the room.

BUILDING MOMENTUM

These early connections may provide starting points for future collaborative work. The Collaborative Research Grants outlined on the next page provide one way for suitable ideas to be developed further.

SECTION ELEVEN

11 Where CCRI goes from here

FUNDING

Collaborative Research Grants

Seed funding of up to $15,000 for projects of up to twelve months. Projects require a collaborative team involving both Central Coast Local Health District and the University of Newcastle, with community partners encouraged. Projects must also align with at least one CCRI focus theme, have a clear output, and include a pathway to future funding, translation, or implementation.

Call opens late August 2026, with guidelines released beforehand

EVENT

2027 Research and Innovation Symposium

Better Health for Everyone: Research Driving Change, hosted by Central Coast Local Health District with CCRI and the University of Newcastle. The symposium showcases research, innovation and quality improvement work making a tangible difference to health and wellbeing on the Central Coast.

Held 11 and 12 February 2027 · Abstracts close 30 September 2026

Submissions and enquiries: CCLHD-Research@health.nsw.gov.au

MONTHLY

CCRI Connect

A monthly online check-in, open to everyone who attended any session in the Deep Dive series. It provides a way to report progress, ask for assistance and make connections between sessions. Attendance is voluntary. Join when you can, skip when you cannot, and there is no pressure to come if it is not useful to you.

Invitations issued directly

ON REQUEST

Project shaping

CCRI supports groups ready to develop an idea further and will make introductions to research or delivery partners on request.

Get in touch any time

Jenn McGhie
Jennifer.mcghie@newcastle.edu.au · www.ccri.asn.au

APPENDIX

Notes on this report

How this report was made

This report draws on recordings of the table report-backs, in which a spokesperson from each group presented what their table discussed and built, along with the written records made by each group, photographs of the asset mapping and worksheets, and a participant feedback form completed on the day. Quotations are taken from the recordings and lightly edited for readability while retaining the speaker's words. Individual participants are not named. Organisations and services are referenced where they were part of the workshop discussion or asset mapping.

What is recorded here reflects the knowledge and experience of those present on the day. Where an idea moves toward becoming a project, CCRI can connect groups with partners who can help shape the approach, review relevant evidence and refine the work.

THE SERIES

This is one of four reports covering CCRI's focus themes. Reports from each session are shared with attendees of all workshops and with other interested stakeholders.

Participant feedback

A feedback form was made available at the end of the session and completed by a number of participants.

What worked

Respondents described the LEGO-based play as the strongest part of the day, particularly the hands-on approach, the creative thinking it supported and the group discussion that followed. Several also valued the day's structure and flow, the mix of methods, the open questions and the asset-sharing activity that led into practical planning. Starting from what already exists rather than a blank page was specifically mentioned as valuable, as was the silent writing time, which gave everyone at the table an opportunity to contribute.

> *"The flow was amazing, great dialogue."*

What changed for participants

Respondents reported leaving with a broader understanding of programs outside health, services within and beyond the local health district, potential research connections, and the diversity of need within women's health. Several said the workshop confirmed existing concerns about gaps in connection and awareness of services. Others noted how many people were encountering similar challenges independently, and how much activity was already underway across the Coast.

What participants would change

More time was the clearest message: more time for the building, an extra hour to develop project ideas, more time to shape the questions, or a full day. Several said this while also appreciating the short format. Respondents noted that a few louder voices carried the post it exercise and asked for more guidance on identifying a common issue so that a group can reach a clear initiative. There was also a request for a CCRI networking event with stalls where local organisations share what they do. This feedback will be considered in planning future CCRI workshops and activity.

Thank you

To everyone who gave their time, experience and ideas to the Healthy Beginnings and Women's Health Deep Dive. We look forward to continuing the conversation.

GET IN TOUCH

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CCRi Central Coast Research & Innovation Centre

NSW GOVERNMENT Central Coast Local Health District

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

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