New South Wales

Special Commission of Inquiry into Healthcare Funding

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Name: Karitane

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KARITANE®

Partnerships made for parents

KARITANE SUBMISSION TO SPECIAL COMMISSION OF INQUIRY INTO NSW HEALTH FUNDING

OCTOBER 2023

Submitted by:

Grainne O'Loughlin

CEO Karitane

31 October 2023

Mr Richard Beasley SC
Commissioner of the NSW Government Inquiry into Healthcare Funding
Send via: submissions.hfi@specialcommission.nsw.gov.au

Dear Commissioner,

Re: Karitane Healthcare Funding

Outlined below and attached is Karitane's submission to the NSW Government's Special Commission of Inquiry into Healthcare Funding.

Karitane is recognised as a respected and trusted service leader in child and family health, perinatal infant and child mental health, parenting, preventative and targeted early intervention services in Australia. This year we are celebrating 100 years of services to NSW families. We are recognised for our innovative and pioneering models of care including leading virtual care parenting support services and new integrated child and family hub models of care. We are deeply committed to evidence-based practice with robust research partnerships and academic outputs.

Karitane is a NSW Affiliated Health Organisation (AHO) under the governance of the Karitane Board of Directors and accountable as a NSW public health service through a Service Level Agreement to the South Western Sydney Local Health District to NSW Ministry of Health.

This submission addresses the terms of reference items with a list of recommendations for each section addressed.

We welcome the opportunity to provide deeper insights and further suggestions based on our 100 years of experience at your convenience.

Yours Sincerely,

Grainne O'Loughlin
CEO

About Karitane

Karitane is recognised as a respected and trusted service leader in child and family health, perinatal infant and child mental health, parenting, preventative and targeted early intervention services in Australia. Established in 1923, we are celebrating 100 years of services to NSW families. We provide state-wide and national services with a blend of virtual and place-based locations. We have a significant footprint in Southwest Sydney, Southeast Sydney, mid-North Coast, Hunter New England and Shoalhaven Illawarra.

Karitane delivers a stepped model of care across universal, secondary and tertiary services designed to match families to the right point of care that meets their needs, at the right time and in the right place across the First 2000 Days. We use a comprehensive triaging model through our Centralised Intake team to achieve the right service match for families (See Appendix 1 for service overview):

- Our work is based around the evidence-based Family Partnership Model with a strengths-based, trauma informed approach that facilitates genuine and effective engagement of all families, including those in disadvantaged communities with complex needs.

- Our work is strongly and specifically aligned to:
    - NSW Brighter Beginnings and the First 2000 Days Framework
    - NSW Building Strong Foundations Program Service Standards
    - National Early Years Strategy (in development)
    - National Children's Mental Health and Wellbeing Strategy
    - Productivity Commission Mental Health Inquiry Report
    - Productivity Commission review of the universal early childhood education and care sector
    - Reconciliation Australia – Our RAP Framework

- Karitane is recognised as an innovative leader in the sector and has developed many new models of care and strategic prototypes. We understand that innovation does not happen in a vacuum. To bring about lasting, population-level improvements for children facing adversity, we must foster a collective movement.

- Karitane is advocating for leaders and change agents to align their agendas, networks, and resources in support of a shared goal, to achieve larger and more sustainable breakthroughs for children and families. We believe that through Communities of Practice, Partnerships and Integrated models of care, together we can design leadership opportunities, produce educational resources, and build individual and organisational capacity to use research to drive new ways of thinking and working.

- Karitane was an early adopter of virtual, digital and hybrid models of care, with innovative online models of intensive support delivered virtually since 2017, attaining client outcomes on par with or better than in-person services. Karitane is a strong advocate for hybrid models of care that increase family choice and access to services in the ways that suit them.

- Recognised as a leader in perinatal infant mental health research, Karitane has a robust research portfolio in perinatal infant mental health and child and family health including a primary academic partnership with UNSW and many other Australian Research facilities. We are also recognised leaders in education and training of the Child and Family Health nursing workforce and write the content and deliver the Master of Child and Family Health Nursing in partnership with WSU, training some 260 enrolled Child and Family health students this year alone.

- Our research informs the evidence-base of our clinical service delivery, contributes to wider knowledge and scholarship, and ensures families receive the best interventions, advice, and support available. Karitane's longstanding research relationship with the University of New South Wales

(UNSW) Discipline of Psychiatry and Mental Health has continued over 10 years. This partnership aims to develop a perinatal and infant mental health research program at Karitane, provide leadership for the development of perinatal and infant mental health services within Karitane, and contribute to UNSW undergraduate and postgraduate training and supervision of Higher Degree Research students. In 2022-23, the Karitane research team also collaborated with clinical teams at Karitane, and with researchers and clinicians from across Australia and internationally. The team has experienced significant successes this past year with 9 publications in peer-reviewed journals and 12 national/international conference presentations. The team has partnered on numerous funded research partnership projects, valued at $5.4 million.

Our Governance

Karitane is an NSW Affiliated Health Organisation (AHO) as per the Health Services Act 1997 of New South Wales. We operate under the governance of an independent Board of Directors and accountable as a NSW public health service through a Service Level Agreement to the South Western Sydney Local Health District to NSW Ministry of Health. (Please see separate submission from the Health Services Association of NSW (HSA)

Karitane is also a recognised registered charity through ACNC with full Deductible Gift Recipient Status (DGR) and not-for profit/NGO entity. We are a company limited by guarantee with Board Directors having fiduciary responsibility including that we do not trade if insolvent, meaning annual budget setting and known revenue streams are critical for our sustainability and to meet our corporate governance obligations.

Our Funding Mechanism

Karitane receives an annual budget allocation from NSW Health through South Western Sydney Local Health District (SWSLHD) as part of an annual Service Level Agreement (SLA) which runs each financial year and sets out a range of agreed Performance Measures and KPI targets which are reported on quarterly. Importantly, NSW Health funding is allocated to cover tertiary services for 19 state-wide residential beds to be accessed by families from across NSW (located in Campbelltown, SWS) as well local Early Parenting Day stay and outpatient clinics in our Early Parenting Services in multiple locations. Please note that while SWSLHD holds the funds for Karitane, service provision extends beyond the boundaries of the SWSLHD service footprint by agreement with the NSW Ministry of Health.

Karitane sources a range of other funding (currently approx. 56%), in addition to NSW Health funding via the SWSLHD, to deliver a range of NSW community and interstate programs. This includes program funds such as those from NSW DCJ and the Commonwealth government, philanthropic support, research, private health insurance, Medicare and grant revenue.

RESPONSE TO TERMS OF REFERENCE

A. Funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future;

Parenting has major implications for productivity both for the economy as a whole and for the delivery of parenting/health services – the care economy. Investment in early childhood and parenting services leads to substantial net economic gains over the life of the child, including increased family economic participation, reduced services costs, and greater social cohesion across society. When babies are nurtured by confident families and communities, the long-term benefits flow throughout society. In NSW this is well documented at policy level through the First 2000 Days, Brighter Beginnings Policy (First 2000 Days - Brighter Beginnings) and in the National Early Years Strategy at the Commonwealth level (still in progress).

Return on Investment – Integrated Child and Family Hubs

There is a clear need for Australian and NSW Governments to prioritise investment in effective early intervention services and supports for children and young people. The benefits of effective investment in the early years can extend from improving health and wellbeing for children and families in the short term, and reduced inequity and disadvantage in the long term. A focus on prevention and early intervention is critical as the cost to government of not intervening early is significant and estimated at $15.2 billion annually (Mathews et. Al 2023) in high-intensity and crisis services.

A breakeven analysis, conducted for the Benevolent Society showed that it takes only one single child attending Early Years Places to be 'better off' in terms of wellbeing domains for early years places to 'break even' or recover their costs. The analysis suggests that even if a small number of children benefit from systematic offerings in Early Years Places, then the costs of running centres will be covered by the cost savings created over time. In addition, the National Community Hubs Program identified for every $1 invested in the Hubs program, there were $2.2 in social benefits realised in Australia (Benevolent Society Impact Report 2022). This indicates that Integrated Child and Family Hubs, such as these, are an efficient use of investment.

While prevention and early intervention approaches have demonstrable return on investment, current government funding arrangements do not reflect this. Karitane generates 9% per annum of our revenue from philanthropic sources with around 10% of our NSW services delivered to new parents and babies wholly reliant on philanthropy and the generosity of high-net-worth individuals. And therefore also at considerable risk for services and staff job security.

For example, Karitane has been strongly advocating to the NSW and Australian governments for investment in Integrated Child and Family hubs. An integrated Child and Family Hub provides a 'one stop shop', where families can access a range of support that improves child development as well as child and family health and wellbeing. Integrated Child and Family Hubs have two critical roles. Karitane operates or participates in 8 child and family hubs across the state with a generous philanthropist supporting 50% of these. There is a great opportunity for formal philanthropic, government and NGO partnerships with a strong appetite from the Philanthropic sector e.g. the Paul Ramsay Foundation and The Snow Foundation and other Foundations involved in the National Investment Dialogue for Australia's children with a focus on areas of socioeconomic disadvantage across Australia (Investment Dialogue for Australian's Children

Furthermore, Karitane contributes and supports the NSW Government in their approach to prevent deterioration of perinatal mental health clients (1 in 5 new mums and 1 in 10 new dads in the first 12 months after having a baby) and help to reduce Emergency Department presentations and the need for admission into acute mental health beds. Without early intervention there are a raft of downstream impacts on parents and children and higher costs for hospitals, the justice sector and society as a whole and streamlined and integrated parenting services deliver productivity and efficiency benefits for the health and social care sector.

Inequity of current funding

Over the past eight years, there has not been a strategic allocation of funds as per the benefits outlined above. Funds for secondary & tertiary parenting services and perinatal infant mental health services in NSW have often been awarded according to political preferences. This matter has been raised by Karitane to SWSLHD, NSW MoH and the various Ministers' offices in attempts to address the issue and to seek equitable distribution of funding based on demographic need, priority regions, robust business cases, robust data and submissions with a strong evidence base for proposed innovations, response and new initiatives.

SWSLHD Funding Allocation for Karitane

Whilst SWSLHD have articulated that they have been and remain very strong advocates for our services and understand and support the value and need for the families of SWS and NSW, they nevertheless have noted over the past eight years that they do not have sufficient allocated resources to fund their own suite of services as well as the identified recurrent gap for Karitane services. The Management team at SWSLHD will I'm sure attest to the many meetings, benchmarking activities, efficiency and activity reviews, cost saving strategies in the various attempts to close this funding gap over the past 8 years.

This funding gap led to the necessary closure of the listed (Schedule 2) Karitane Liverpool Parenting Centre in 2018, despite a growing demographic of parents and young families with complex needs in vulnerable circumstances in the LGA. The imminent threat of extensive closures to our services, particularly in South Western Sydney, remains today as does the risk of financial sustainability of Karitane.

This problem is exacerbated due to the protracted SLA and annual budget negotiation process often leading to uncertainty of funding well into the financial year creating unacceptable fiduciary risk for the company and Board of Directors.

An additional unwanted outcome of time-limited funding is that staff are often employed on year-to-year or non-permanent contracts, impacting staff retention as skilled workers seek greater job security during the current economic crisis in NSW which we know is impacting our essential worker workforces hard. Ongoing uncertainty around funding contracts (short term funding cycles for parenting programs) creates instability in workforces and also limits necessary capital investment and overhead eexpenses.

Karitane has worked extensively to increase its revenue base, has expanded its funding base to include Philanthropy, Foundations, grants, NGO partners, PHNs and the Commonwealth government, but this is often program-specific "tied" funding meaning very little other than attributable overhead contribution can be applied to plug the significant NSW Health funding gap which is currently about 25% FY 23/24 for the commissioned services provided by Karitane.

Efficiency Reviews

At the request of the SWSLHD, Karitane commissioned an external independent efficiency review by O'Connell Advisory Services in 2018. The analysis was presented to NSW MoH and SWSLHD in 2019. It confirmed underfunding of our services by $2M at that point in time for the SLA activity targets and services.

Subsequent internal efficiency reviews commissioned by and in partnership with SWLSHD as recently as FY 2022/23 consistently demonstrate that Karitane operates efficiently and that the funding gap remains along with further population increases and service demand in western and south western Sydney.

Indirect Costs

Indirect costs, or overhead costs, are a fraught topic in the not-for-profit world. Many people across philanthropy, government, the public and the media all expect them to be minimised, or not to pay for them at all. Yet they are essential to running a functioning, effective organisation.

In the context of a struggling not-for-profit sector, this is a crucial issue to ensure the long-term effectiveness of Australia's charities. US research has shown that one of the key drivers of not-for-profit vulnerability is insufficient funding of indirect costs. This is called the 'non-profit starvation cycle', which starts with funders' inaccurate expectations of the true costs needed to run not-for-profits. These expectations lead not-for-profits to underreport their costs to funders. In the end, they lead to a sector starved of the necessary core funding required to create resilient charities delivering long-term impact on complex social issues. Social Ventures Australia published an excellent report that addresses and benchmarks overhead costs for the NFP sector in Australia Paying what it takes: Funding indirect costs to create long-term impact (socialventures.com.au)

Capital Funding

Affiliated Health Organisations such as Karitane do not receive budget for capital works/improvements through NSW Health in the way that other health services do. Funding for capital works is challenging to source. As a result, many Affiliated Health Organisations in the Child and Family Health sector are burdened with ageing infrastructure that creates an unwelcoming atmosphere and inefficient service delivery or cannot be repurposed to meet changing community needs

In summary:

The current funding model for support services for new parents and babies in NSW is fragmented, insecure and unsustainable. Funding is siloed and piecemeal, with unclear roles for key government funding organisations such as the NSW Ministry of Health, the NSW Department of Family and Community Services, and the Federal Department of Social Services. This has significant flow-on impacts, including workforce impacts, strategic planning impacts, overlap of service delivery, underserviced areas, and substantial regulatory burden.

Scarcity of funding creates considerable challenges for service providers like Karitane, limiting our ability to deliver long-term strategic vision for our organisation or our sector. Significant competition between service providers for scarce funding resources magnifies financial instability, increasing risk in developing and delivering innovative services, effective impact evaluation and attracting and retaining skilled staff.

RECOMMENDATIONS

Improve Funding Mechanisms

1. NSW MoH to review funding structure for AHO state-wide services – through LHDs/MoH Engagement/increased accountability and oversight
2. NSW MoH to clearly articulate and publish the funding method for funding distribution, accountability, escalation, indexation, efficiency savings and reporting for AHOs like Karitane
3. The funding mechanism for state-wide, tertiary parenting services needs to be reviewed to ensure there is no geographic (or political) disparity in service access/delivery. Residential Bed allocation numbers and location need to be strategically reviewed to ensure they are located in areas of true social disadvantage for the most vulnerable communities
4. A whole of government, systems approach to funding should be developed for Child and Family Health & Perinatal Infant Mental Health services, with clear delineation between the Department of Health & relevant branches, the Department of Communities and Justice and DSS overlay, ensuring service providers are not "bounced" between agencies when seeking or negotiating government support

Improve funding governance & transparency

5. Funding rounds should be long-term/recurrent to offer greater job security to the workforce, offering permanent work rather than temporary or short-term, uncertain contracts which ultimately affects attraction and retention of staff and continuity of care, or loss of highly trained staff where time and resources have already been spent

6. Regulatory requirements on funding should be rigorous but not onerous, and better streamlined across funding sources where possible.

7. A clear strategy for the growth and equitable support and resourcing of secondary and tertiary parenting support services in NSW

8. Ensure all parenting support services are high quality and evidence based, delivered by appropriately trained professionals.

Enablers to improve revenue generation

9. Ensure that fair and reasonable own source revenue targets are being set across the system in an equitable way
10. Explore Co-commissioning, cross-sector funding from NSW Health & DCJ and early education (First 2000 days);
11. Ensure funding is data driven, transparent and equitable across locations and providers based on need/demand/priority cohorts/data
12. A shift to outcomes-based funding where organisations like Karitane can report on the impact and efficacy of our evidence based interventions
13. Funding should be directed to evidence-based programs that have demonstrable outcomes. Programs supporting new parents and babies must be evidence based. Programs that have not yet been evaluated but that demonstrate a strong program logic and are likely to have positive outcomes should not be excluded, but programs that have strong evidence base should be prioritised. In particular, funding should be made available for PCIT, including Internet PCIT.
14. Facilitate, engage and incentivise philanthropic partnerships/matched funding initiatives.
15. For perinatal Infant Mental health services: Care should be co-ordinated across phases of the mother's mental health episode and across public, primary and private care providers; Care should be provided

wherever possible in the community and as close to home as possible in order to minimise the separation of the mother from her infant and from her family and community; Increase availability of specialist mental health community-based options to reduce the need for inpatient mother-baby beds/ED presentations;

Where to invest for ROI?

16. Invest in early intervention and prevention with demonstrable return on Investment/economic impact and efficiency savings such as ED admission avoidance, social services, recidivism justice system, schools, mental heath burden
17. Funding support for Integrated Child and Family Hubs in areas of high need and social disadvantage
18. Fund Trained Volunteer programs to support families and communities and increase social connectedness & belonging simultaneously

Enable innovative virtual models of care

19. Significant investment is required for organisations to improve IT/Data collection portals and Business Intelligence systems to record activity and outcome measures and to meet accountability reporting capability.
20. Improve access to services for families across NSW by supporting virtual models of care, including Karitane's virtual home visiting model, long term adoption of the Virtual Residential Parenting Service for NSW (currently funding only approved til June 2025 with workforce on temporary contracts, internet PCIT (Parent Child Interaction Therapy).

B The existing governance and accountability structure of NSW Health

There is a lack of understanding about AHOs in the service system generally in NSW and governance, accountability and reporting lines could be further strengthened. Strategic planning engagement at the funder and LHD level is welcomed but not always implemented consistently. Open, transparent, joint advocacy, shared conversations between the LHD, Karitane and NSW MoH and relevant Ministers would also be welcomed as negotiations tend to occur at organisational level, not in collaboration.

The regulatory burden imposed by uncoordinated funders with diverse reporting and accountability requirements creates large corporate overheads, reducing funding efficiency. Service providers working across multiple acquittal and data-gathering requirements must meet a range of different standards, requiring significant time and skill. Karitane advocates for the importance of rigorous accountability requirements across Parenting support services, however the diversity of requirements over different funding streams is costly and reduces organisational efficiency.

RECOMMENDATIONS

1. Aligned, visible budget submissions and advocacy jointly with LHD and Karitane
2. Compliance/engagement cycles – minimum meetings per year with CEO/delegate
3. Consultation about budget needs/budget agreed by May prior to the financial year or earlier with full engagement in budget requirements in tandem with LHD budget setting timeline with NSW Health
4. Regular planning and performance meetings between Karitane and the LHD and engagement in relevant Strategy consultations and workshops relevant to the delivery of child and family services.

5. NSW MoH has oversight of annual budget setting and opportunity to discuss and resolve together any funding challenges

C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;

See section A above.

D. Strategies available to NSW Health to address escalating costs, limit wastage, minimise overservicing and identify gaps or areas of improvement in financial management and proposed recommendations to enhance accountability and efficiency;
Providing Care, including preventive care in the Community

There are currently no obvious avenues for funding for preventative health services that can be delivered in the community.

Allocation for Preventative and Community Health Initiatives: The current funding strategy for preventative and community health initiatives lacks a forward-planning approach. Currently, resource allocation in these areas is rooted in traditional, block-funded activity, which doesn't account for the evolving demographic growth in LHD/regions or the increasing state-wide demands. This method of funding doesn't adjust for preventative care and community health services based on substantive data and forecast modelling. Instead of leveraging data to drive decisions, the funding model remains disconnected from forecasted demand and community needs. This is in contracts to the activity based funding (ABF) services, where services are directly funded by volume/forecasted activity.

There is a need to recognise the merits and sustainability benefits in advocating for expansion of community services, redirection of funding steams, to support anticipatory care models different to reactive acute care services.

Moreover, the funding approach is siloed, failing to consider cross-sector resources within regions, including existing services and initiatives. There is no comprehensive analysis to understand the gaps and responsibilities of the district, particularly in the context of contributions from Commonwealth-funded entities like the PHN and NGO health services.

RECOMMENDATIONS:

1. **Transition to Evidence-based Funding for Preventative and Community Health Initiatives:** The core of the challenge lies in reliance on historical, non-evidence-based models. There is a requirement to a shift towards evidence-based, outcome-driven funding strategies. It is crucial to have transparency across different funding sources and establish a clear, accountable mechanism that details how funding amounts are determined for affiliated health organisations. This mechanism should elucidate how demands and growth are factored into the funding decisions, moving away from a discretionary funding model.

2. Strategy for Preventative Mechanisms and Community Health Services within Regions: The overarching aim should be to develop a regional holistic strategy that underscores both prevention and the broader spectrum of

community health services. This approach ensures that resources are judiciously allocated to meet the diverse health needs of various communities. Achieving this requires a deep understanding of the service provider ecosystem, which includes state-run entities, Commonwealth providers, PHNs, NGOs, and other affiliated services. The strategy should encompass comprehensive community health services, focusing on both primary care and specialised services tailored to the unique needs of different community segments. By prioritising a data-driven, outcome-oriented approach, funding can be strategically allocated, ensuring that both preventative and ongoing health needs of communities are adequately addressed.

E **The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services**

We have partnered with Western Sydney University to deliver the Master Child & Family Health (Karitane) for over 20 years. In addition to providing services to families, Karitane is a respected leader in professional development and training for child and family health professionals. We deliver Parent-Child Interaction Therapy training, Family Partnership Model training, toddler workshops, and specialised child and family health professional workshops on nutrition, sleep and settling, brain development and toddlers. In collaboration with Parenting Research Centre, we lead the NGO Telepractice Venture to build capacity in virtual and hybrid models of care for NGOs in health and social services.

We are committed to the ongoing professional development and competency skills of our internal workforce offering new graduate training, the Karitane Competency Skills Assessment, undergraduate and postgraduate interdisciplinary student placements (nursing, allied health and medical professionals) and have shared our work across our peer networks though the AAPCH members.

The child and Family health nurse and perinatal mental health workforces are in high demand across NSW with critical frontline workforce shortages evident across the system. Whilst University training courses are admitting higher numbers than before, the gaps in the system remain and the relative skill sets of new graduates and staff with only a few years post graduate experience means it is critical to ensure we invest in supervision and onsite training. To do this we also require resourcing for Child and Family Health Clinical Nurse Educators to ensure a trained, skilled confident and competent workforce.

There are few “casual pools” which means during high periods of sick leave, it is difficult to find additional staff to provide clinical backfill often leading to excessive overtime or bed closures and the risk of staff burn out and long wait lists for families seeking care and support.

Our staff health and well being and the focus on psychological hazards in the workplace through recent legislation changes, means that as a system we need to thing of new and innovative strategies to attract, train and retain staff.

We have a high female workforce participation rate of 97% also leading to the burden of caring responsibilities for children and aging parents is affecting our workforce and their need for highly flexible work hours. Not many frontline roles are able to be done as work from home or hybrid models of work enjoyed by other parts of the healthcare sector.

There is a significant burden of “mandatory training” which is very challenging to maintain, afford, backfill and monitor compliance due to limited IT reporting systems

RECOMMENDATIONS

1. Build statewide casual pool for Child and family Health workforce
2. Ensure investment and resourcing for training and supervision for new graduates and staff with little post graduate experience
3. Ensure a supply of Nurse educators and Clinical Nurse Educators
4. Resource "Supernumerary" staff during agreed training and onboarding of new staff to ensure clinical competency and support when dealing with families at risk and with complex needs including family violence, child protection, mental health, drug health related issues
5. Ensure we can be funded to support health and well-being to prevent burn out
6. Ongoing workforce capacity building is needed across the sector.
7. Micro-credentialling through university partners has strong potential to address skill-gaps across the sector, including for the non-medical workforce. For example, a micro-credential in perinatal infant mental health could support an NGO case worker to attain better outcomes for their clients.
8. Family Partnership Training should be delivered across the Early Years Sector, resulting in a consistent way of engaging with families.
9. Consistent competency assessments for all staff are needed to ensure learned skills are applied appropriately when interacting with families.
10. Cultural safety training is needed for all staff – for both First Nations and CALD communities. This should be a requirement to receive funding.

H. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation;

The Early Years sector is vital to the health and wellbeing of children and families. The sector spans multiple traditionally siloed policy areas, including health, education, social and community services, Aboriginal affairs, mental health, and more.

RECOMMENDATIONS

Stepped care

- Early Years services should be available along a stepped continuum of care, with universal, proportionate universal, secondary and tertiary services available.
- Effective triage and navigation should be incorporated into every part of the system, so that families in need of additional more intensive services (secondary & tertiary) can be identified and supported to access those services.
- This should include integrated multidisciplinary and interdisciplinary teams, enabling access to a wide variety of supports, with good data sharing so that families do not need to continuously re-tell their story to each provider.
- Stepped care should include soft entry points through universal and self-referral services, including child and family "walk-in" hubs supporting reduced stigma in seeking and accessing help, and enabling service delivery to harder-to-reach families.

Hybrid models of care

- Virtual and hybrid models of care present an enormous opportunity to increase service accessibility and effectiveness.
- There is a continuing perception that virtual care is a second-tier service. Evidence shows that this is not the case. When delivered with appropriate clinical models of care, virtual care delivers outcomes on par with or sometimes exceeding in-person services (see pull-out box: exemplar models). Hybrid models of care enhance flexibility and choice for families.
- The COVID-19 pandemic saw a rapid and fragmented introduction to virtual services across the sector. There is now urgent need to consolidate learnings and improve practice (clinical, governance, data management) to realise gains, meet family expectations, and prevent slippage back to outdated practice.

- A piecemeal approach risks further fragmenting the system, making system navigation harder for families and exacerbating existing access disparity.
- Families must be centred in the introduction and consolidation of new hybrid and virtual models of care. The emphasis must be on enhancing the client experience, not solely on service provider efficiency.
- There is opportunity to invest in development of appropriate clinical and governance models of hybrid models of care across the sector, building on existing successful models, to ensure quality outcomes for families.

- **Exemplar models of Karitane's virtual and hybrid services**

Internet Parent-Child Interaction Therapy (I-PCIT) – Karitane

- Parent-Child Interaction Therapy (PCIT) is a highly effective evidence-based therapy, traditionally delivered in a clinic setting for young children aged 18months- 4years with disruptive behaviours. A core feature is live clinician coaching of parent interactions with their children, using a 2-way mirror and earpiece. I-PCIT is delivered via videocall using consumer-grade technology. Studies show that outcomes attained via I-PCIT sometimes exceed those attained in clinic-based PCIT, likely because the therapy is delivered directly into the home. I-PCIT sessions also require no travel, meaning sessions are more consistently accessible, less disruptive and more convenient for many families across a dispersed geographical area.

Virtual Residential Parenting Services

- Residential stays are an effective tertiary parenting support service offered across Australia. In response to the COVID-19 pandemic, residential units were closed. Karitane developed the Virtual Residential Unit, a wrap-around intensive support service delivered to families via videocalls. The NSW Government subsequently invested and enhanced this model of care for NSW families and now the Virtual Residential Parenting Service operates across NSW with NSW Ministry of Health, Karitane and Tresillian partnering on the design, delivery and evaluation of the model. Early data and outcomes show the VRPS service demonstrates outcomes on par with in-person services, with many families preferring the virtual option.

Virtual Breastfeeding Clinic (VBC) – Karitane

- The VBC supports breastfeeding via interactive chat and offers enhanced care through video and audio assessment using the HelpMe feed App. This service recognises that breastfeeding parents require timely support throughout their breastfeeding journey and is responsive to the care preferences of younger parents. Parents report finding the HelpMe feed App simple, convenient and accessible.

Stronger integration of health, social services and education – Integrated Child and Family Hubs & Navigator models

- Families in need of secondary and tertiary supports typically face multiple challenges, and require a range of supports. These challenges are often interwoven, with health concerns impacting on education, and social factors influencing health, etc.
- Siloed approaches in health, education and social services can impede service access.
- An integrated approach will result in better access for families, with greater awareness of available services and improved visibility across the ecosystem for all involved.
- Including Virtual integrated care models will enhance access and system navigation for families and service providers where place-based hubs and workforces do not exist or as an adjunct to place-based initiatives where some, but not all expertise is available
- Karitane has participated in the National Child and Family Hubs Network and has submitted business cases to NSW government for the further development of these types of hubs in areas of social disadvantage including Fairfield
- Specifically, we support Integrated Child and Family Hubs that will provide a 'one stop shop', where families can access a range of supports that improve child development as well as child and family health and wellbeing. Integrated Child and Family Hubs have two critical roles:
improving access to a range of health, education, and social services using a family centred approach; and providing opportunities to build parental capacity and for families to create social connections. The social function of a hub means that there is a natural and safe place for families with young children to meet and connect with other parents and children in their community. We endorse the Network's vision:

"Families are able to walk through a Child and Family Hub's welcoming front door and receive the right care and support for the child and family at the right time, leading to improved and equitable health and development outcomes".

Equitable, diverse, inclusive and welcoming

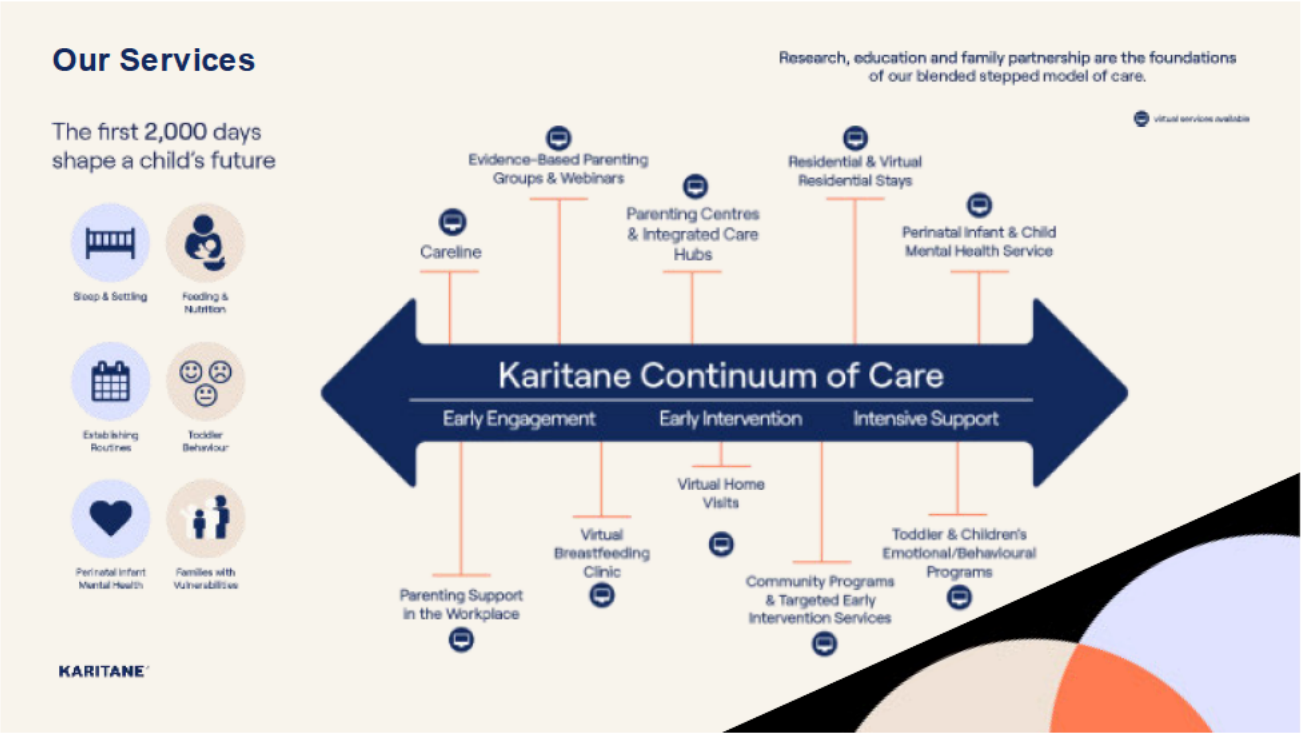
- All services in the early years must be welcoming for all families.
- First Nations families must have cultural safety to ensure service relevance and effectiveness. Services must be authentically co-designed with First Nations communities.
- Effective services must be inclusive of Cultural and Linguistically Diverse families, LGBTQIA+ families, families with disability, rainbow families, etc.
- The needs of rural and regional families must be considered, especially when this intersects with other types of diversity.
- Fathers and partners have a key role to play in parenting. Support services must be open to and inclusive of partners, and to fathers who are primary carers.

Evidence-based

- Proportionate funding should be available for research, evaluation, and research translation both within organisations and across university partnerships, and also support innovation that is evidence informed.
- Proven models with strong results should be supported to scale with clear mechanisms, pathways and frameworks for how this can be approached and/or considered and achieved. There is current ambiguity as to who to speak with, and how to showcase exemplar bodies of work for government consideration.
- University and academic partnerships support a strong evidence-base for services, enabling strategic prototyping of innovative services, such as Teacher Child Interaction Therapy (TCIT), Parent Child Interaction Therapy (PCIT), Volunteer Family Connect (VFC), and others.

<END>

APPENDIX


Our Services
The first 2,000 days shape a child's future
Sleep & Settling
Feeding & Nutrition
Establishing Routines
Toddler Behaviour
Perinatal Infant Mental Health
Families with Vulnerabilities
KARITANE
Research, education and family partnership are the foundations of our blended stepped model of care.
Careline
Evidence-Based Parenting Groups & Webinars
Parenting Centres & Integrated Care Hubs
Residential & Virtual Residential Stays
Perinatal Infant & Child Mental Health Service
Karitane Continuum of Care
Early Engagement
Early Intervention
Intensive Support
Parenting Support in the Workplace
Virtual Breastfeeding Clinic
Virtual Home Visits
Community Programs & Targeted Early Intervention Services
Toddler & Children's Emotional/Behavioural Programs

OUR PURPOSE

We are trusted early parenting experts empowering families and children to be healthy, confident and resilient.

OUR VISION

Our impact will enable children to have the best start in life.

OUR VALUES

STRATEGIC DIRECTIONS

1. DEVELOP A PROGRESSIVE AND IMPACTFUL ORGANISATION
2. CONTINUE TO EVOLVE AND INNOVATE ACROSS OUR SERVICES
3. ENGAGE SKILLED PEOPLE IN A SUPPORTIVE, COLLABORATIVE AND PRODUCTIVE CULTURE
4. FURTHER STRENGTHEN PARTNERSHIPS AND COLLABORATIONS THAT ENABLE OUR VISION
5. ACHIEVE SUSTAINABLE GROWTH