



NATIONAL EARLY YEARS STRATEGY DISCUSSION PAPER RESPONSE– APRIL 2023

Karitane is pleased to provide this submission in response to the National Early Years Strategy Discussion Paper (February 2023). Karitane congratulates both Minister Rishworth and Minister Aly for their leadership and the level of consultation undertaken to inform the National Early Years Strategy.

Karitane recognises the significance and importance of the opportunity to contribute to the roadmap for the early years sector to ensure the sector is driven by a shared vision, understanding and goals.

Karitane has also led or participated in separate NEYS submissions through the following Peaks and Networks:

- Australasian Association of Parenting & Child Health (AAPCH)
- National Child and Family Health Hubs Network (Integrated Care)
- NSW Association of Child & Welfare Agencies (ACWA)
- Social Economic Empowerment Development (SEED) Advisory Committee

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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 our Centenary. Karitane is a NSW Affiliated Health Organisation (AHO) under the governance of the Karitane Board of Directors and through a Service Level Agreement to the NSW Ministry of Health and the South West Sydney Local Health District (SWSLHD). Karitane is also a registered charity and not-for profit/NGO entity.
- Karitane sits at the nexus of the health, social services and early education systems with a range of services provided in each domain across NSW and with a growing national footprint in Queensland, Tasmania and in virtual care programs nationally. We are therefore uniquely strategically positioned with a holistic purview across the broader child and family ecosystem, as well as our expertise across the social determinants of health and integration across the early years sectors.
- We are highly geared towards strategic partnerships and partner with NGOs, pre-schools, schools, universal health service providers, peer organisations, universities, State and Commonwealth Governments, PHNs, corporate organisations and Foundations, who share our values and vision to support the First 2000 Days
- Karitane receives NSW government, federal government, Medicare, grants, research, donation, philanthropic and own source revenue streams to support comprehensive child and family and perinatal infant mental health services, delivering high quality, comprehensive, evidence-based support for families with children aged 0-5 years.

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

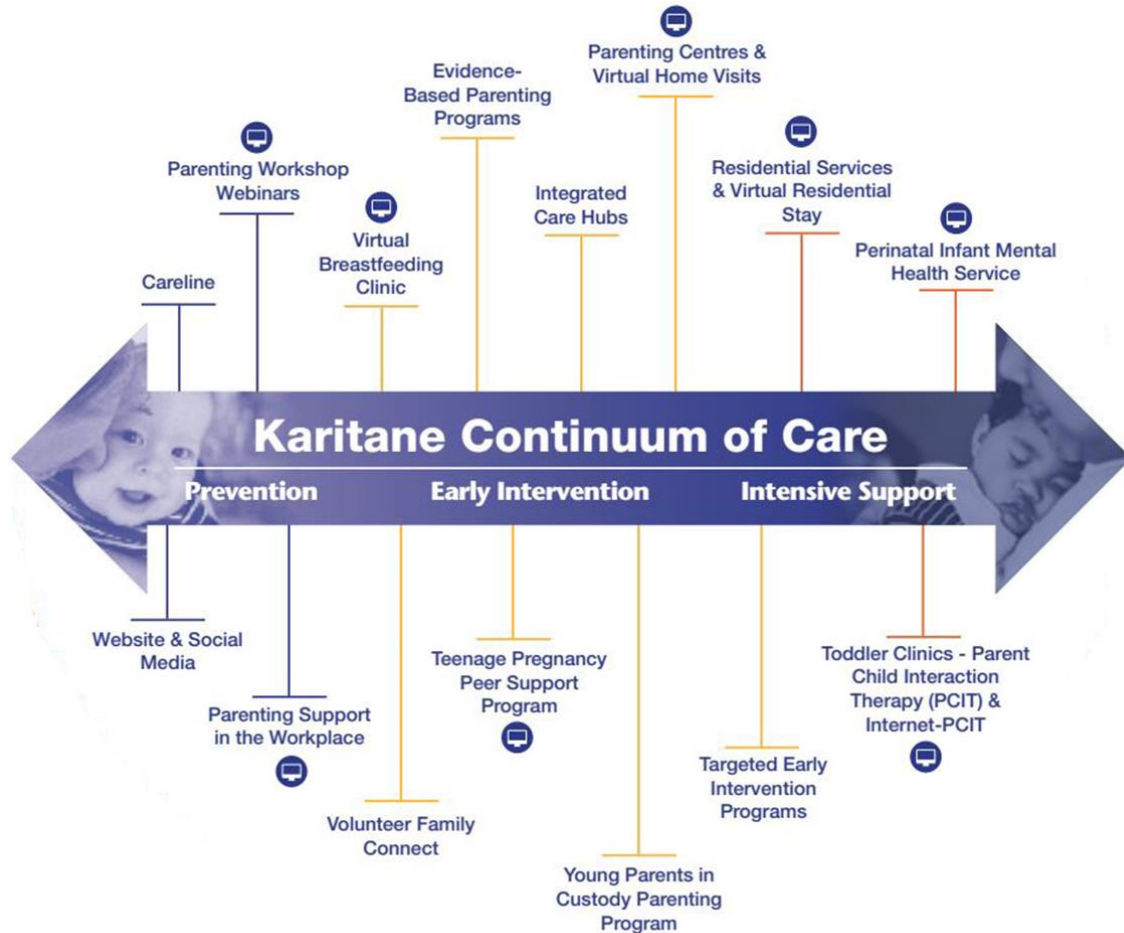
5. ACHIEVE SUSTAINABLE GROWTH

Our Practice Framework

- 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.
- 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.

See Figure 1 for summary of Karitane’s Service Offerings over page.

Fig 1. Karitane's suite of stepped care and hybrid services.



Karitane's Workforce and Sector Development Activities

- We have partnered with Western Sydney University to deliver the Master in 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 through the AAPCH members.

Opportunities for the Early Years Strategy

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. We propose that the new National Early Years Strategy include ways of working that cut across policy areas, to deliver a more integrated and family-centred sector.

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 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 submission and is fully aligned with the recommendations contained within that separate submission.
- 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.

Sustainable funding

- Funding models for the Early Years Sector should enable all families to access the services they need, regardless of where they live. Current funding arrangements are often based on geographic lines, and some families cannot access services because of where they live, including online and virtual services.
- Funding must include allocations for administration, evaluation and service development costs. Too often, staff are expected to work in an under-resourced way that is detrimental to their wellbeing and to the sustainability of the services they deliver (see for example, *Paying What It Takes*, Social Ventures Australia, 2022).
- Secure funding offers more secure jobs for staff, which improves workforce attraction and retention, and thereby improves overall service sustainability, and builds trust with communities.
- More consistency in reporting and administrative requirements for funding would greatly enhance efficiency in administration.

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.

Trained and capable workforce

- Ongoing workforce capacity building is needed across the sector.
- 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.
- Family Partnership Training should be delivered across the Early Years Sector, resulting in a consistent way of engaging with families.
- Consistent competency assessments for all staff are needed to ensure learned skills are applied appropriately when interacting with families.
- Cultural safety training is needed for all staff – for both First Nations and CALD communities. This should be a requirement to receive funding.

- See further workforce initiatives outlined in the Australasian Association of Parenting & Child Health (AAPCH) submission.

Co-designed with Parents & Families

- Services should be authentically co-designed, with recognition of power imbalances and what different parties bring to the partnership. This will help to deliver service designs that are family-centred, rather than provider-centred.
- Funding could also be made available for co-design and service design, as this work is often currently undertaken unfunded and haphazardly.
- A centralised repository of co-designed consultations should be established. Many organisations separately set up consumer groups and co-design consultations, and communities, especially First Nations communities, risk being over consulted by a plethora of well-meaning organisations in the same community. Where feasible, co-design should be undertaken for whole communities in a collaborative shared model with all providers in that area.
- The Commonwealth could establish a pool of nationally available Consumer Engagement groups as go to resources, with consumers remunerated for their consultation time.

Eliminating access disparities, including:

- **Access disparity based on funding arrangements**, including for virtual services.
- **Access disparity based on travel and communications infrastructure**, including improving rural and remote telecommunications infrastructure, and recognising the barriers of travel to access secondary and tertiary services.
- **Access disparity based on cultural and emotional safety**, ensuring all families are treated well and feel safe and cared for.

Eliminating waitlists through better primary and universal service delivery through:

- **Better use of triage** with clear consistent pathways for service access.
- **Enhanced funding for secondary services** to prevent escalation and reduce the need for tertiary services.
- **Ensuring access based on clear criteria** so that families who are better served by less intensive services are not artificially escalated to more intensive services.
- **Better use of universal online parenting programs** making use of evidence-based principles such as preventative PCIT, ensuring comprehensive prevention models of care.
- **More sophisticated needs analysis based on demographics**, including more infrastructure in regional hubs.

Strategy Enablers for the Commonwealth to consider

The Early Years Sector is complex with many system actors. Overall improvements to the sector require strong collaboration and partnership. Based on its specific role in the sector, there are some opportunities for the Commonwealth to make direct improvements.

- **More cohesion across siloed policy areas** – recognising that stronger collaboration within the sector is sometimes impeded by siloed policy and funding arrangements at the Commonwealth government level. A shared national framework of effective collaboration led by the Commonwealth could deliver much needed cohesion. Effective Commonwealth/State roles and responsibilities that are well articulated with clearer reform and funding demarcations.

- **Mapping of programs and availability** – this is a complex task that must be resourced, centralised (or shared to reduce inefficiency and duplication of effort) and would enable more systematic understanding of need and service gaps. The diversity of services and programs available is not well understood across the system. The Commonwealth government should allocate resources to fully map available services, consolidate and review any mapping activities which have been conducted recently or are underway, prioritising C4C, TEI, Health and NGO services, and building on work carried out through the PHN network. This will help to ensure new initiatives dovetail/do not conflict with jurisdictional initiatives, and enable excellent practice to be identified, recognised and replicated.
- **Measuring outcomes**
Outcomes must be measured across individuals, organisations and sector/community wide, with good data governance practices to enable confidence in the data. Good outcome frameworks can be applied across providers – for example, a new outcome framework will be operational across all seven Early Parenting Centre providers in Victoria. This approach is aligned to the Value Based Health Care (VBHC) principles.
- **Improved Data collection and Data sharing/visibility** – the DEX platform imposes a ‘one-size-fits-all’ approach that does not allow for important qualitative data to be collected, and may not demonstrate relevant changes for each community, as a small shift can be significant in some communities but is not recognised in the DEX platform. A redesigned data system that better acknowledges relevant changes would enhance data use.
- **Supportive funding models** – short-term competitive grants do not facilitate collaboration across the system and can impede workforce retention owing to insecure jobs. Such models also limit funding availability for vital governance and administrative work, creating clinical risk and difficult work environments. More supportive funding models could include longer contracts, longer lead time for grant applications, and specific funding allocated alongside service delivery costs to achieve best-practice governance.
- **More direct Commonwealth-funded programs** – especially virtual programs that enhance equity of access nationally. This will reduce service disparity where state-funded programs cannot be accessed outside of specified regions.

Identified Karitane programs suited to Commonwealth funding

Internet Parent-Child Interaction Therapy (I-PCIT)

A highly effective evidence-based service that helps children with moderate to severe disruptive behaviours that are impacting on their health, social and emotional wellbeing, and education. Commonwealth support for I-PCIT would help to decrease health disparities due to access discrepancies between metro and rural families in Australia. This service has been delivered successfully to families in NSW since 2017.

Integrated Hybrid Kids Connect (Child and Family) Hubs

These virtual hubs aim to help families access developmental and early intervention services through a one-stop shop, and will accelerate the provision of a more responsive and accessible care system starting from pregnancy and offering ‘warm’ hand over and continuity of care into early preschool years. Failure to engage parents is a key barrier to children receiving early identification and opportunities for early intervention for developmental and mental health needs. This program of implementation and research will be embedded within the existing service frameworks and

demonstrate that it is possible to value-add routine health service contacts to engage and empower families and provide integrated care.

National Volunteer Family Connect

This is a one-on-one early-intervention strategy to support families suffering from social isolation and disconnection. Aligned with the National Strategy for Volunteering, Volunteer Family Connect is an evidence-based, community-based early intervention service that mobilises trained volunteers to provide targeted 1-1 home support for communities that are feeling overwhelmed or isolated, before they hit a crisis point.

Workforce capacity building for Hybrid Models of Care

This national initiative aims to scale up and build on the momentum and learnings from phases 1 & 2 of the NGO Telepractice Venture, led by Karitane and the Parenting Research Centre over the last 2 years and involving 18 state/territory and national NGOs. Together, in collaboration with ANZSOG and UNSW, we propose to nationally scale an approach that effectively uses training, coaching, action learning, knowledge translation and implementation support with the NGO sector through structured Communities of Practice. Hybrid models of care have benefited children and families, particularly during COVID-19, and this project ensures that the benefit is shared, sustained, measured and recognised as contributing to positive outcomes for families and children.

Other Strategy Enablers

- Department contacts and information on how to navigate, connect and consult with the relevant Department portfolios and key personnel would be welcomed.
- Regular Department/Peak/Organisation connection and updates.
- Opportunities to showcase exemplar bodies of work and innovation through a Child and Family Roundtable approach.

Karitane welcomes the opportunity to further discuss the National Early Years Strategy and is happy to expand on any and all ideas covered in this paper. We look forward to continued involvement in the development and implementation of the Strategy.

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