

**Submission
No 40**

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Submission to the Parliamentary Inquiry into support for new parents and babies in New South Wales

17 November 2017

Executive Summary

Karitane supports the position that 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.

New parents often wait until they have a significant problem to seek out early parenting support. At that stage these parents are most likely to be referred to Karitane through their GP, maternal and child health nurse or specialists such as paediatricians and mental health professionals. More parenting supports are needed pre-referral, and such supports must be easily and generally accessible in the community with high community awareness.

Recommendations

That the NSW Government:

- Support a standardised triage and intake system to identify family support needs and refer families to the most appropriate service provider. Increase focus on ensuring the right family is matched with the right service at the right time. The identification and triage system should be consistent across all government agencies so there is common language in assessing risk and levels of care required by the family.
- Improved governance and accountability:
There needs to be clearer requirements for service providers and systems to have robust governance and accountability to ensure and maintain quality service delivery to vulnerable families. Existing service providers should be mapped, including their governance structure, qualifications and competencies of their workforce. The maps should include which evidence-based programs are being offered, and whether any specific cohort is being

targeted. This will support more effective service and funding planning, enable areas of overlap and underservicing to be identified, and identify opportunities for collaboration.

- Recognises that 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
- Only vulnerable families meeting an agreed threshold of care needs should be admitted for residential parenting support for a defined model of care. NSW & Victoria for example have very different thresholds for admission to residential parenting support units. Engagement with the Australasian Association of Parent & Child Health (AAPCH) could assist
- Develop a whole of government approach with better coordinated funding for parenting support services. There should be clearer delineation between the programs and services that are funded by the NSW Ministry of Health and those funded by the NSW Department of Family and Community Services, ensuring that service providers are not bounced between agencies when seeking government support. Complementary and collaborative service & strategic planning between government departments is required.
- Insist on efficacy and outcome measures from all service providers to demonstrate outcomes for families in their care.
- 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.
- Rationalise the number of approved service providers in certain geographical regions and ensure there is structured collaboration between agencies to improve the coordination of service delivery to prevent service overlap and reduce underservice.
- Ensure all parenting support services are high quality and evidence based, delivered by appropriately trained professionals.
- Improve access to services for families across NSW by supporting new models of care, including telehealth models of care, such as Karitane's virtual home visiting model, CFHN (Child and Family Health Nurse) video call consultations and internet PCIT (Parent Child Interaction Therapy).
- Fund community outreach models and services in prominent, accessible locations such as shopping centres which could provide easier access to vital support services. To encourage soft -entry, easy access and stigma -free support
- 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 aim to minimise risk, improve mother and infant outcomes, reduce unnecessary separation of the mother from the infant and be family focussed and partner inclusive;
 - 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;

- Plan developments based on evidence of cost-effectiveness and improved treatment outcomes, whilst recognising that this is an evolving field of practice and that cost-effectiveness studies supporting dedicated Mother Baby Units in particular are lacking.

The Inquiry

The Parliamentary Inquiry into support for new parents and babies in New South Wales (the Inquiry) is an inquiry focused on ways to improve physical health, mental health and child protection outcomes for new parents and babies. Operated by the Legislative Assembly Committee on Community Services, the Inquiry will hear from parents and all interested groups about the services available to new parents. The Committee will also consider areas of disadvantage in relation to babies' health outcomes. Models of support for new parents in other jurisdictions and the role of technology in enhancing support services will be examined.

Karitane welcomes the opportunity to provide this submission to the Inquiry. As a leading parenting services provider, Karitane has an in-depth understanding of the issues affecting the support for new parents and babies in New South Wales. This includes the issues impacting families accessing services, families with multiples risk factors and vulnerabilities, as well as issues facing service providers, workforce and Parenting support services as a whole. Karitane would welcome the opportunity to discuss these issues in more depth with the Committee.

About Karitane

Karitane is a respected and trusted service leader in child and family health, perinatal infant mental health, parenting and targeted early intervention. Karitane delivers high quality, comprehensive, evidence-based parenting services for families with children aged 0-8 years of age. Karitane uses evidence-based programs and collects clear empirical data to demonstrate the efficacy of programs.

We also provide comprehensive education and training to healthcare professionals, non-government organisations and corporate partners.

Karitane is an affiliated health organisation under the joint governance of the Karitane Board and the South West Sydney Local Health District (SWSLHD), and is a registered charity and not-for-profit entity. Established in 1923, Karitane receives a combination of state government, federal government and own source revenue streams to support comprehensive child and family services.

Karitane services and programs are delivered by a highly skilled, professional and multidisciplinary team providing holistic assessments and evidence based interventions depending on the individual needs of families. Karitane engages families using the evidence-based family partnership approach ensuring families are included and empowered in the process of initiating change (Day, Ellis and Harris, 2014). This contributes to family retention and participation in our services.

Our centralised intake process ensures service provision for families across all levels of risk and the service delivery spectrum, including professional support through education and supervision, to tertiary early intervention services. Staff expertise is utilised not only in our work with families, but also in the provision of training, support and supervision to other partner organisations and NGOs.

Service Models delivered at Karitane

Karitane provides comprehensive service delivery along the continuum of care, with a variety of services addressing the needs of each family. This service agility allows the family to move between services depending on their level of risk and need at the time, be it primary, secondary or tertiary level care.

Our tiered approach to care planning and management of client-centred services with families utilises a multidisciplinary team including: Child & Family Health Nurses, Mental Health Nurses, Paediatricians, Clinical Psychologists, Social Workers, Psychiatrists, accredited PCIT clinicians to provide the most appropriate service to the right clients, in the right place and at the right time.

The NSW Supporting Families Early model of care supports holistic care to babies, children and families across NSW. The model has an established pathway of engaging and supporting parents from conception to two years with a focus on identifying early signs of vulnerability and risk. Importantly, these risks are considered within the context of the strengths and protective factors that families have available to them. Karitane works effectively within this model and delivers support at the universal, secondary and tertiary levels.

A general overview of services provided by Karitane is outlined in the table below.

Service type	Service	Description	Geographic intake
Universal services	Careline	Telephone support service staffed by Child and Family Health nurses	National
	Web resources	Education on a range of topics, including videos	National
	Community networks	Includes social media networks, baby expos and participation in community events	National and South West Sydney
	Parent Education	In-person sessions on a wide range of topics	South West Sydney
	Supported Playgroups	Include peer support opportunities and building strong attachment relationships	South West Sydney
	Early Intervention & Placement Prevention Program (EIPP)	Providing early intervention for vulnerable families through creating links with services in the local community	South West Sydney
	Parents in the workplace	Webinars and resources for parents in corporate workplaces such as Commonwealth Bank and KPMG	National
	Shopping centre drop-in centres	Includes resources, workshops and consultations at local shopping centres; new model beginning 2018	Sydney with a view to state-wide expansion

Secondary services (referral by health professional)	Parenting Centres	Located at Camden, Randwick and Liverpool; offering Child and Family Health expertise and in-centre clinical interventions	South Western and South Eastern Sydney Suburbs
	Psycho-education groups	Parent group education on a range of topics	South Western and South Eastern Sydney Suburbs
	Toddler Clinic-Parent Child Interaction Therapy (PCIT)	Specific support for toddlers using evidence-based clinical intervention Parent Child Interaction Therapy (PCIT) improving behaviour in disruptive toddlers; located at Camden and Carramar	South West Sydney
	Internet PCIT	PCIT delivered using video calling to families without access in their communities	Rural and remote
	Juvenile Justice – Young Parents in custody program	Provides classes to juvenile detainees and mentoring to detainees who are pregnant or parenting	South West Sydney
	Virtual Home Visiting - CFHN Video Call Consultations	Karitane Child and Family Health Nurses provide live video consultations with parents and carers on a wide range of issues concerning infants and children from birth to five years	NSW & Beyond
	Teenage Pregnancy Programs	Classes and peer support for teenage parents	South West Sydney
	Perinatal Infant mental health Services	Jade House provides psychotherapeutic support for parents in the perinatal period	South West Sydney
	Tertiary services (requires specific referral)	Residential Parenting Service	Located at Camden and Carramar; multi-day stays with children up to 4 years addressing wide range of parenting issues.
Foster carer Support & advocacy programs		Range of support services to foster carers	State-Wide

1. Adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies

1.1 Strengths of the current system

The child and family health sector has a number of strengths that enable it to deliver high quality support services to families in need. The system offers a range of support types to meet the needs of different family types, and actively considers the needs of new parents in service delivery. There is a clear difference, for example, in the difficulties faced by teenage parents and grandparent carers and these differences are usually met through specific service delivery.

Parenting support services and Karitane in particular has very strong links to the academic research sector. Karitane has active partnerships with the University of New South Wales, the University of Western Sydney and the University of Sydney, including conjoint academic appointments and formal collaborations with university research and education partners. In 2016-17, Karitane's clinical research team published eight peer reviewed publications and eight conference presentations. These strong relationships result in effective research translation and sound evidence-based supports.

Overall, Parenting support services boast strong community links that support effective service delivery. Relationships between service providers are generally collaborative and use each provider's specific skills and networks to generate more effective service delivery. Karitane has a number of strong partnerships with other service providers to deliver high quality support programs, including the Benevolent Society, Mission Australia and the Smith Family. Parenting support services is underpinned by a skilled professional workforce that demonstrates integrity and care in their work.

However, despite these general strengths, a large number of specific challenges face Karitane and other service providers in delivering strong, necessary supports that help babies and new parents to thrive.

1.2 Challenges

- *Lack of support for Primary Parenting Support Services*

Karitane is concerned that universal/primary interventions are being neglected due to current sectoral fragmentation, leading to a greater number of presentations at the secondary and tertiary stages. For example, parents are being referred to Karitane Parenting Centres with minor adjustment to parenthood issues. These issues should be managed through universal/primary services, but decreased access and availability of services in the primary sector has resulted in limited choices for support. This can be prohibitive for families who have increased vulnerability and risk. This also has a significant impact on waitlists for key secondary and tertiary services.

Since the introduction of the Universal Health Home Visit (UHHV) program, efforts at NSW Health in the primary service delivery has been highly focused on achieving set KPIs for UHHV.

This has also resulted in a reduction in secondary services availability across the state. As one of the few secondary services providers, demand for Karitane services has increased, but access is restricted due to set geographical boundaries and limitations of access.

Karitane has also noted an increasing number of tertiary referrals due to a lack of primary and secondary services. Families are limited in their choice of alternative supports, and are therefore entering inpatient care models, when they could and should be treated in the community. This reduces the availability of inpatient care to families experiencing high levels of need and displaying multiple significant risk factors and creates significant delays in service access due to long waiting lists.

- **Insecure funding**

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, underserved areas, and substantial regulatory burden.

Scarcity of funding creates considerable problems for service providers, limiting their ability to deliver long-term strategic vision for their organisation or their sector. Significant competition between service providers for scarce funding resources magnifies financial instability, increasing risk in developing and delivering innovative services.

Time-limited funding means staff are often employed on year-to-year contracts, reducing staff retention as skilled workers seek greater job security. Ongoing uncertainty around funding contracts (short term funding cycles for parenting programs) creates instability in workforces and limits necessary capital investment.

Multiple evidence-based programs run by Karitane, including Parent Child Interaction Therapy (PCIT), which is recognised as a gold standard intervention of best practice for disruptive behavioural disorders in toddlers, remain completely unfunded by government and rely on philanthropic support which is constantly under threat.

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.

While prevention and early intervention approaches have demonstrable return on investment, current funding arrangements are not appropriately targeted at evidence-based models of support. A significant proportion of NSW services delivered to new parents and babies rely on philanthropy and the generosity of high net worth individuals.

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 must be sought elsewhere, however this is often excluded from funding options such as grants. 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.

- **Lack of coordination** between key government funding agencies such as the NSW Ministry of Health, the NSW Department of Family and Community Services, and the Federal Department of Social Services has resulted in incidences of over-supply of services of a particular type or to a particular cohort, leaving other cohorts and service types unfunded. There is a perception of inequitable processes in securing funds, and a lack of transparency and information in tender processes and funding negotiations.
Parenting Support Services are diverse and fragmented with unclear roles for each provider. A large number of service providers operate in this field, but it is unclear what services each provider delivers, and what expertise and competencies each player brings. This leads to confusion in service delivery and access for vulnerable families who may struggle to understand their options.
- **Lack of agreed workforce models** across Parenting support services, there are no set standards for staff ratios in essential programs, such as parenting residential units. This leads to inconsistent service delivery to vulnerable families, who may receive a different standard of service and a different level of care depending on which service provider they are referred to.
- **Lack of collaboration between parenting support services.** While Parenting support services are generally highly collaborative, intense competition for scarce funding can lead to service providers being hesitant to collaborate. Perceptions of inequitable funding processes and lack of transparency around funding negotiations can also lead to distrust between service providers, reducing collaboration opportunities and potentially reducing opportunities to reach vulnerable cohorts. Although NSW Ministry of Health, the NSW Department of Family and Community Services, and the Federal Department of Social Services all fund 'early intervention' services, this is done in an uncoordinated way. Each agency defines early intervention differently, and thresholds for admission to services are sometimes unclear and often subjective. For primary and universal level services, collaboration and service awareness must be considered. Many new parents who would gain considerable benefits from support services have no awareness of the existence of such supports, or how to access them.
- **Demand outstripping supply**
Demand for services in NSW is increasing faster than Parenting support services can deliver, and is outpacing allocated funding. The waitlist for families accessing residential parenting services at Karitane is now 20 weeks for families with two children and 14 weeks for families with one child. These extensive wait times can exacerbate already serious problems and clearly could not be considered as timely intervention.

Demand for services supporting babies and new parents will continue to grow as the population of NSW grows over coming decades. The population of South Western Sydney alone is expected to grow from 875,763 people in 2011 to 1.256 million in 2031 (SWSLHD). Without increased investment, particularly in primary service delivery, Parenting support services will be unable to cope with this increased demand.

- **Lack of streamlined Intake**

At present, there is a lack of a streamlined or central intake process and system that identifies family support needs and provides triage to ensure families reach the most appropriate service delivered by the most appropriate provider.

Without a standard intake system, it is difficult to identify all valid indicators of social and health problems that would match families to appropriate pathways of care. Significant variations in threshold criteria across funding streams further complicate matters, as does disparities in the definition of early intervention. There is no agreed 'admission criteria' in NSW that defines the threshold for admission to services, nor any agreed model of care or standard clinical pathways that can be applied once parenting needs are identified. This leads to inconsistent service delivery, with services rendered dependent on subjective assessments.

Improved intake screening has the potential to more rapidly identify families experiencing key risk factors and ensure they can access the right support in a timely manner. This includes greater access to primary services before issues escalate, reducing demand on already oversubscribed secondary and tertiary services and providing more cost effective outcomes.

Ideally, intake assessments are also delivered by a workforce with a highly-developed understanding of trauma-informed care and the complex needs of families with multigenerational trauma. Intake must be underpinned by a model that supports engagement and interrupts the transmission of trauma across generations.

- **Limited Access to services**

Vulnerable families experience significant barriers in accessing relevant, appropriate support services. Aboriginal and Torres Strait Islander families, CALD families, and families with disability all experience specific difficulties in service access.

As a South Western Sydney-based service provider, Karitane is keenly aware of the need to provide services to marginalised groups. South Western Sydney is a rapidly growing region with a high number of residents from vulnerable and marginalised groups, including CALD groups. We believe these groups are underserved by Parenting support services due to multiple levels of disadvantage and language difficulties.

Lack of interpreters and bilingual workforce are key issues in trying to reach CALD communities. In South Western Sydney, 74% of residents speak a language other than English. Amongst recent humanitarian arrivals, 78% speak no English, and the need for support services is high.

Interpreters can be cost-prohibitive and are not always available. Use of interpreters can interfere with the building of trust and rapport between program staff and vulnerable families, and this can be exacerbated when the same interpreter is not available for each session,

reducing continuity of care. Bilingual clinicians and support workers would greatly benefit service delivery, but these highly skilled people are hard to come by.

Parenting Support Services often lack Aboriginal support staff to help engage with Aboriginal families who are experiencing parenting issues. Culturally appropriate service delivery is essential in delivering services to this group, and Aboriginal support workers are a key part of developing the right services. Karitane has had success in delivering adapted programs that show greater sensitivity to Indigenous culture. Our newly appointed Aboriginal Health Liaison Officer is also proving successful. However we believe that Aboriginal families remain underserved.

Disability access is a common issue throughout services. Families with disability may be unable to access facilities where services are delivered. Old-fashioned premises with inaccessible facilities prevents this key group from accessing services, while limitation on funds available for capital works prevents improvements being made. Better physical access is essential in meeting the needs of families with disability.

- [Lack of robust benchmarking](#) across Parenting support services in terms of efficiency and effectiveness outcomes, and a lack of clarity over which organisations provide effective service delivery. There is a lack of agreement on which outcomes demonstrate the effectiveness of care. Evidence-based programs are not always delivered by appropriately trained professionals to the right clients that require that particular program. Karitane has concerns that in some instances, other service providers consider that any evidence-based program can be delivered to any family. Such programs are not tailored to specific needs of the family, but are more based on what the service provider is offering. Further, programs are not always delivered with the required program integrity, leading to patchy outcomes and inconsistent delivery.

Further, the programs that do have strong evidence for efficacy and effectiveness are often underinvested.

- [Workforce gaps](#)

There is a lack of an appropriately skilled and trained workforce, especially Child and Family Health nurses and perinatal infant Psychiatrists. There is no coordinated workforce plan at the NSW state level to replenish the child and family health nursing workforce as existing workers approach retirement. This is exacerbated by low remuneration, difficulties recruiting and retaining qualified practitioners, and poorly defined career paths, with problems more pronounced in rural and regional areas.

New graduate programs, incentive schemes, and improved pay and conditions could all help to attract more people to training and entering Parenting support services. Karitane has implemented an innovative New Graduate Program for Child and Family Health Nurses. This program is the first of its kind in NSW, and is likely to have a highly positive impact on the Child and Family Health workforce. No workforce funding has been made available to support this type of new initiative. There is a lack of Aboriginal support staff to engage aboriginal families who are experiencing parenting issues. Increased Aboriginal workforce would support better engagement of Aboriginal families, who are often overrepresented in disadvantaged groups.

2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes

A range of changes could be made to support improvements across the child and family health and perinatal infant mental health parenting support services. These changes include greater emphasis on early intervention & prevention, clear alignment of services with client need, specific funding for proven evidence-based programs and better coordination between siloed services.

- **Greater investment in early intervention and prevention**

The government should invest in specific early intervention and prevention (primary and universal) services. By focusing only on problems that already exist, crucial opportunities are being missed to prevent problems from escalating in the first place. Better early intervention & prevention will reduce the load of secondary and tertiary services. Service delivery should be varied to suit the wide range of families, needs and specific vulnerabilities.

- **Improved cultural sensitivity**

Improved cultural sensitivity has the potential to dramatically improve service access and effectiveness for Indigenous and CALD families. Delivering services that are culturally appropriate to the wide range of cultures that comprise our multicultural society is not simple, but it will yield significantly better outcomes for families.

- **Services more clearly aligned with client need**

Services must be structured to meet clients' needs, rather than delivering a prescribed program which may not actually be what each family requires. Programs must be evidence based, delivered by appropriately trained professionals *who have a deep understanding of attachment theory*, and delivered to the right clients at the right time.

Clearly defined universal and tiered parenting services will support this.

- **Improved governance and accountability**

There needs to be clearer requirements for service providers and systems to have robust governance and accountability to ensure and maintain quality service delivery to vulnerable families. Existing service providers should be mapped, including their governance structure, qualifications and competencies of their workforce. The maps should include which evidence-based programs are being offered, and whether any specific cohort is being targeted. This will support more effective service and funding planning, enable areas of overlap and underservicing to be identified, and identify opportunities for collaboration.

- **Funding for evidence-based programs**

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.

- **Improved data collection to better target services**
Clear metrics should be defined so that services can be more effectively targeted to where they are likely to have the greatest impact. Effective data capture will help identify the extent of the demand for services, enabling more useful planning, service design and delivery.
- **Better coordination between siloed services**
Siloing of services is common, and can have negative impact for service users. Key related silos, such as mental health, child protection, family violence and drug & alcohol services, need to have much more effective support for collaboration between services to ensure that the best outcomes are achieved for children and their families.
- **Reduced burden of regulation**
Multiple funding programs delivered through multiple funding bodies each with different reporting, governance, accountability and acquittal requirements has created a substantial regulatory burden and high corporate overheads. A regulation reduction program – without losing key safeguards ensuring accountability and quality – would support Parenting support services to become more agile, reducing overheads and directing more funds into key programmatic outputs.

3. Specific areas of disadvantage or challenge in relation to health outcomes for babies

Parenting challenges can affect people from all walks of life, including families without risk factors, and families with multiple complex risk factors. It is essential that the right support service is delivered to the right family at the right time. There needs to be a focus on early intervention and preventative measures as well as universal service delivery to ensure that less complex problems can be mitigated, reserving secondary and tertiary services for families with complex risk factors.

Karitane considers that the following groups are likely to display multiple complex risk factors in relation to health outcomes for babies and that special attention needs to be paid to ensuring services are available and accessible to these groups:

- Single parents
- Teenage parents
- Young women and men in custody who are pregnant or parenting
- Culturally and Linguistically Diverse families
- Indigenous families
- Families who have limited ability to communicate in English
- Families with refugee backgrounds, including recent humanitarian arrivals
- Families who have experienced trauma
- Families that have a history of family violence
- Families with child protection concerns

- Families that have a history of drug or alcohol misuse
- Families with an intergenerational history of disadvantage
- Families experiencing mental health problems
- Families with disability
- Families residing in remote locations.
- Foster, Kin and Guardianship carers

- **Trauma informed care**

Karitane has identified a steady and continuing increase in service referrals for complex families and CALD families. Many of these families have refugee backgrounds, or have migrated from countries where they have experienced considerable adversity and trauma. Accessing interpreters for these CALD families who have limited English language skills remains a challenge, and can impact continuity of care. It is essential that these families are provided with an appropriate trauma-informed service.

Families who have experienced trauma can be difficult to engage, at times reactive, and challenging to substantially improve outcomes. These families need a skilled workforce and a clear model of care to ameliorate the insidious impact of transgenerational transmission of trauma on children and families.

A skilled trauma-informed workforce is better able to identify what works for each family and targets resources where they are most effective. For example, parenting education classes may not be an effective way to engage with or intervene with families who have experienced trauma. Such families may respond better to individualised services or mentoring services.

In NSW, service providers are generally good at identifying families with concerns around trauma. However there is a lack of clarity around who has the skills to work with complex families and which service providers are responsible for their care. There also needs to be consideration for additional training and support to frontline workers who encounter these families.

Treatment guidelines should be established for the treatment of families with multigenerational trauma to ensure a more consistent, effective approach to support. A specialist service should be funded to provide training and support to frontline worker to implement a trauma informed approach in the management of complex families.

4. Models of support provided in other jurisdictions to support new parents and promote the health of babies

A wide range of models of support exist in other jurisdictions that could inform an improved model of care in NSW. There is growing evidence internationally that there is strong economic benefit in investment in early intervention and prevention programs, with multiple studies detailing specific ROI estimations. The Washington State Institute for Public Policy is the leading international agency for estimating returns on prevention.

Karitane encourages the consideration of models of support provided in other jurisdictions: -

- Victorian/Queensland models of care for admission to Parenting residential units
- US models of PCIT (PCIT International)
- NZ models of early intervention & prevention – shopping centre access models (Plunkett Centre)

5. Opportunities for new and emerging technology to enhance support for new parents and babies

Many services supporting babies and new parents in NSW are centred around the Sydney metropolitan region. There are limited comprehensive secondary services in regional and rural NSW, and families in remote areas face great difficulty in accessing any services locally. Telehealth methods have significant potential to improve outcomes for these families, but suffer from lack of investment. Many promises were made around the potential impact of telehealth in overcoming the tyranny of distance before the technology was ready, leading to distrust amongst funding bodies and service users. Now, the technology required has matured and telehealth may be able to reach its potential in delivering services to families in regional and remote NSW.

Karitane has already demonstrated the effectiveness of PCIT delivered via video camera and is rolling out a trial to support remote families. Child and family health nurses at Karitane are providing virtual home visits and consultations to families via telehealth, funded by philanthropic contributions and Karitane Board seed funds. Despite applications and cases for support, no government funding is available to fund or sustain these innovative services. Greater investment in this area will effectively support more families.

Rapidly developing computer technology, broadening Internet availability, and increasingly sophisticated capacities for live home-based broadcasting via webcams are transforming how we work and communicate. In 2010-2011 approximately 4 in 5 Australian citizens had household internet access with potential to transform health care delivery (DHS). In 2017, this number is certainly even higher.

Innovative telehealth methods are also helping to address regional healthcare workforce shortages. Families can now participate in real-time treatment conducted by experts regardless of where they are located. Telehealth methods offer more resource-efficient care than in-office care, and can reduce costs by as much as one third. Telehealth methods are already being incorporated into routine care in the United States with high parent satisfaction and preliminary efficacy, tolerability, and sustainability.

However, in Australia the uptake of telehealth methods to deliver healthcare has been limited, particularly in delivering services for young families. This was noted by the Ministry of Health in its 2015 review of mental healthcare programmes/services. It emphasised the importance of incorporating telehealth methods into a stepped and integrative care model in the community.

While the concept of telehealth and access to specialists via the internet is not new, to date implementation has been patchy, and often limited to follow-up consultations rather than active

treatment sessions. Specific efforts need to be made to take advantage of this technology and realise the potentials of telehealth.

With a specific, time-limited Innovation tender grant support from the NSW Government, Karitane is conducting a pilot program delivering Parent Child Interaction Therapy via webcam to families in remote parts of NSW. This project is 50% government funded. Increased government support would enable more families to be able to access this effective evidence-based treatment in a sustainable program.

Karitane is developing a virtual home visiting program with support from the NSW Agency for Clinical Intervention. In their investigation into the delivery of paediatric sleep services via telehealth, Witmans et al (2008) report that “preliminary findings suggest that telehealth sessions saved families hundreds to thousands of dollars in travel and associated costs, were convenient, and provided a high quality of care by professionals to which families may not otherwise have had access.” (Witmans et al , 2008, p217)

Findings in the use of telehealth as an intervention for children with behavioural issues resulting in maternal stress and mother–child relationship issues suggest that ... “cost effective telehealth interventions may support maternal health.” (Whitney and Smith, 2015, p3735)

These promising programs require further investment in research to build the evidence base and test the outcomes for the program.

Webinars and social media avenues, such as Karitane Facebook Live have significant potential as new delivery mechanisms for support services for babies and new parents. Karitane offers a suite of web-based resources with developing capacity in social media and a range of educational parenting webinars and online parenting education videos. This is a promising part of early intervention and universal service delivery.

6. Other related matters

- The need for services that support parents and babies

The transition to parenting can be difficult, and can be made more complex by a range of risk factors and vulnerabilities in families. Parental support is one of the critical challenges of our time, with one in seven women and one in ten men suffering from postnatal depression or anxiety. Mental health concerns in parents, including depression and anxiety, have been shown to negatively impact the formation of strong attachment relationships between babies and their parents, and impact the achievement of key developmental milestones. The First 1000 days Evidence Paper states:

“During the first 1000 days, the developing foetus and infant are at their most vulnerable to external exposures and experiences, good or otherwise. At the same time, developmental plasticity is at its greatest, giving us the biological capacity to adapt to the particular physical, social, and nutritional worlds we are born into. Adapting to adverse experiences may help in the short term but have negative biological and developmental implications in the long-term.”

Parenting difficulties can impact parents from all walks of life, including those with multiple complex risk factors and those without any additional risk factors. Parenting support resources are not always readily available, or evidence-based, and may provide conflicting advice.

- **Persistent Behavioural Problems**

Infants and toddlers who display persistent behaviour problems are at greater risk of pervasive behaviour problems later in life, including criminal behaviour. In a recent longitudinal study of over 4500 Australian families, parents reported that 56% of 2-3 year olds are “sometimes” or “often” restless or unable to sit still. Signs of aggression were reported to be prevalent in this age group, with 20-25% of children demonstrating some aggressive behaviours “sometimes” or “often”. Left untreated, early onset conduct problems typically persist, placing the child at greater risk of developing more severe and chronic behaviour and conduct disorders. In another study it was calculated that by the age of 28 years, the health, education and criminal costs associated with individuals with pervasive behavioural problems are 10 times higher than individuals with no such problems. Evidence-based interventions that improve family dynamics prevent these emergent problems later in life.

Australian research shows that the single strongest variable risk factor for mental health problems in young children is negative parenting practices. Support for parenting, particularly early intervention and universal supports, is strongly associated with positive change and is widely recognised as the most cost-effective way to improve mental health outcomes in young children and prevent difficulties in later life.

While evidence-based child and family support programs demonstrate clear success for treating early childhood disruptive behaviour disorders, most affected children do not have access to such services in their communities. It is estimated that only 25% of families of children with a clinical diagnosis (12% with sub-clinical problems) seek professional assistance, and only 20% of pre-schoolers with disruptive behaviour disorders ever actually receive treatment. Those who do receive services do not always receive evidence-based care. There are also barriers to accessibility, which are particularly apparent for children and families living in rural areas, where the rate of mental health problems is considered to be just as high as in metropolitan areas, but with fewer specialised clinicians available.

The need for services to support families will continue to grow in NSW as the population expands in coming decades. The need for integrated services that meet the unique needs of each family is clear.

- **Social and economic benefits**

Investment in early childhood and parenting services is often perceived as an economic drain, but it is imperative to consider the long-term economic benefits of these services from a perspective of social investment.

Access Economics determined in 2010 that the value of benefits from intervening in childhood and early adolescence is around \$5.4 billion. Numerous studies around the world have demonstrated clear monetary return on investment (ROI) for a range of parenting support programs, including

Parent Child Interaction Therapy (PCIT) which is estimated to generate AU \$12.99 in cost savings to government for every \$1 invested.

Left untreated, severe early childhood problems have a 50% chance of persisting into adulthood, leading to increased risk of school dropout, substance abuse, family violence, unemployment, involvement with criminal justice services, and suicide. Early intervention to prevent this trajectory not only improves the lives and outcomes of individuals and their families, but delivers cost-savings to government in reduced service usage across a wide range of supports.

- **Karitane Shopfront**

Karitane is trialling an early parenting support shopfront model to be rolled out in shopping centres across NSW/Nationally. This shopfront model will create a soft entry point, free of stigma that allows all families opportunistic access to professional parenting advice and support. This will include emerging vulnerable families through to highly vulnerable families, with a particular emphasis on families who are unknown to support providers.

The shopfront takes parenting support services to where the families are – local shopping centres. This model would extend the reach of early parenting services, and through early identification and intervention in community, reduce pressure on tertiary service waiting lists for the most vulnerable families. It will prevent deterioration and the requirement for more intensive resources such as residential unit admission or mental health services, and provide evidence-based low-level supports to families who just need some support.

It is anticipated that the shopfront model, because of its location and visibility in a high traffic area, target audience, reach and potential education, merchandising and health outcomes would attract a range of financial support and funding streams including consumer pays, brand sponsorship and philanthropic support. There is significant potential for public-private collaboration.