

**INQUIRY INTO FOUNDATIONAL AND DISABILITY  
SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG  
PEOPLE IN NEW SOUTH WALES**

**Organisation:** Karitane  
**Date Received:** 27 April 2025

---



## ***Response to Select Committee Inquiry on Foundational and Disability Supports Available for Children and Young People in New South Wales***

***APRIL 2025***

23 April 2025

The Secretariat,  
Select Committee on Foundational and Disability Supports Available for Children and Young People in  
New South Wales  
Legislative Council  
NSW Parliament House  
6 Macquarie Street, Sydney NSW 2000

*Via: online portal*

Dear Ms MacLaren-Jones,

Karitane is pleased to make a submission to the **Inquiry into Foundational and Disability Supports Available for Children and Young People in New South Wales** and would like to thank the Select Committee for their leadership and interest in this critically important, emerging model of care and support across Australia.

We have reviewed the Terms of Reference and welcome the opportunity to contribute to certain elements where it may be useful and pertinent to the Inquiry and subsequent report.

Karitane recognises the significance and importance of the Inquiry and the relevance to future service planning for the families of NSW and would also be pleased to attend a Hearing should it be required.

Yours sincerely

Grainne O'Loughlin  
CEO

## Executive Summary

Karitane has a 100+ year history of providing trusted, evidenced-based early intervention and prevention services to support parents with young children in the early years during the First 2000 Days across NSW and Australia.

We have led a transformational shift in service delivery models over the last 7 years to improve accessibility, service coordination and impact. These models include:

- co-designed integrated child and family care hubs
- Navigator-led services
- virtual/hybrid services

with the aim of increasing accessibility for families through partnerships with other health, social services, NGOs, early education and disability service providers. Karitane is committed to and values authentic partnerships and collaboration to break down siloed services to ensure that existing resources in the child and family ecosystem are efficiently and impactfully optimised.

We recognise the challenges of unclear responsibilities and lack of coordination between different levels of government, different programs and providers, resulting in challenges for families to find the support that meets their needs.

We strongly believe that Karitane's integrated and partnership approaches will be an effective mechanism to provide **Foundational Supports** as outlined further below. We describe Karitane's partnership approach, principles and experience with integrated care hubs for children & families and navigator models of care. We discuss how our work is aligned to the Foundational Support's objectives, aligned to specific actions proposed by National Cabinet and then we propose a number of specific, highly scalable initiatives for the NSW Government's consideration.

## Karitane's well-established Partnership Approach

- *Research Partners*

Karitane has CI and AI partnerships on 3 large-scale national academic research projects, including an NHMRC Centre for Excellence at our Fairfield site with a focus on cross-sector integrated hubs and navigator-led models of care in the child & family ecosystem. Research & Evaluation Partners include UNSW, USyd, MCRI, Ingham Institute, Paul Ramsay Foundation and others. This work is highly aligned to the early intervention and prevention work proposed for the Foundational Supports across the ecosystem. Karitane can provide detailed information on the research works.

- *Service Provider Partners*

Karitane has extensive service provider partnerships across health, disability, NGOs and early education. Over 60 agencies attended a co-design partnership/stakeholder workshop in November 2023 for the Fairfield Integrated Child and Family Hub and a full report is available. These partnerships also cross all levels of government, both state and federal, Ministerial portfolios, departments, Alliances, Advocacy Groups, Boards and Academia.

We have integrated services in 7 sites across NSW over the last 6 years with various provider partners, building and connecting early intervention and prevention services and robust program logics that are highly responsive and co-designed to meet the needs of local place-based communities.

Our work on Integrated Child and Family Hubs and Navigators has attracted significant philanthropic support with a recent \$6.5M investment commitment from the Paul Ramsay Foundation (named partner - [Partners \(paulramsayfoundation.org.au\)](http://Partners(paulramsayfoundation.org.au))) for the Fairfield Hub and investment of a further \$1m per annum for 5 years from a private donor.

## **SUMMARY OF RECOMMENDATIONS**

- I. Support the NSW government to form a NSW Foundational Supports Community of Practice with government and non-government services, including Aboriginal Community Controlled Organisations, early learning services, educational settings and health services – propose building on the existing Child and Family Supports Alliance NSW (CaFSA NSW)
- II. Create clear boundaries and operational guidance for who is responsible for provision of services at an operational level – the ecosystem is large and there is an opportunity for NSW Government to streamline services better along a stepped/or continuum of care
- III. Support the establishment and ongoing funding of Child and Family Hubs in NSW to improve attendance and engagement with developmental surveillance and integrate foundational support services around families to intervene early. This will identify children with disabilities early and ensure proportionate engagement with foundational supports. Incentivise partnerships and collaborations in relational contracting and service commissioning.
- IV. Investment to support parents and carers in navigating the health, social care and foundational support services and connecting them with appropriate support is critical. Findings from Karitane's research (ForWhen Navigation program and Hub research) have shown significant improvement in access and engagement of child and family services, and better child developmental and family psychosocial care outcomes. A national approach to support implementation, and training of Place based and e-Navigators tools e.g. e-Hub, "BARB (@Kindship)", to assist families in navigating the wider health, including parental mental health, infant and child mental health, social support systems, in addition to education systems.
- V. The need for wraparound health and social care, particularly for those experiencing vulnerability and/or disadvantage via place-based hubs and other navigation models.
- VI. Expand Brighter Beginnings Health Screenings to playgroups and other environments where families experiencing vulnerabilities would help to ensure earlier identification of needs.
- VII. Ensure that Supported Playgroups are resourced to meet community demand. Community Playgroups should also be inclusive of all children, including those with disability, and provide a vital place-based, soft entry support for all. Community playgroups are an evidence-based model of support for children and families, with investment needed for backbone organisations.
- VIII. Peer support and peer workforces must be formally recognised as a legitimate form of early intervention and embedded within foundational supports—particularly for families who are not yet eligible for, or are navigating access to, the NDIS.
- IX. Support for Parents with a disability (PaWD). Karitane wishes to build knowledge and confidence of PaWD to access mainstream early parenting support and develop a new model for inclusion within parenting services to change attitudes and practices through system-redesign, workforce capacity building, and walking alongside PaWD. This approach will increase parenting capacity for PaWD, helping achieve an important life goal through equitable, accessible support in the crucial early years.
- X. Support Early Intervention and prevention of early onset behavioural issues and children's mental health and wellbeing with evidence-based interventions including Parent Child Interaction Therapy (PCIT).

- XI. Through our academic partnership with Western Sydney University delivering the Master's in Child & Family Health (Karitane) for over 20 years (up to 250 Child and Family Health Nurses per year) we would work with the NSW Government to ensure appropriate training modules and content and competency around Foundational Support Models of Care for Child and Family Health Nurses.
- XII. Karitane Education team can help to train and build capacity of the Foundational Support Navigator workforce using our Navigator competency and supervision framework that we have already developed,
- XIII. Establish Foundational Support and Disability Navigators Peer Support Network/ Community of Practice
- XIV. Showcase "Barb" [Barb \(kindship.com.au\)](http://Barb(kindship.com.au)). Barb is an AI-powered NDIS Navigator and personal assistant that lives on your phone.
- XV. Increase workplace and education participation through Karitane's partnerships with Angus Knight Group ([AKG - AKG Global](http://AKG-AKGGlobal)), global employment company, registered NDIS provider and registered Disability Employment Service provider and Parents@Work, empowering people through employment, health and education ;
- XVI. Extend **Volunteer Family Connect for families with children (or parents) with a disability** an evidenced based one-on-one early-intervention strategy to support families experiencing disabilities, social isolation and disconnection.
- XVII. Extend Peer Led Parenting Support Programs – Empowering Parents Empowering Communities (EPEC)
- XVIII. Co-design curation - share learnings from Community consultations undertaken by multiple providers/researchers to ensure communities are not "overconsulted"

- 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**, 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, disability and early education systems with a range of services provided across NSW and a growing national footprint. We are 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 sector.
- Karitane is geared towards strategic partnerships and partner with NGOs, pre-schools, schools, 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 during pregnancy until a child turns 5 years old.
- Karitane has partnered successfully with **\$13M of funding from the NSW Government and Paul Ramsay Foundation to deliver a comprehensive Integrated Child and Family Hub Model of Care** for families experiencing adversity and vulnerabilities in the First 2000 days. The Hub supports CALD and First Nations families in partnership with Health, Social services, NGOs and Disability/Foundational Supports ([Greater access to parenting support for families | NSW Government](#))
- **Karitane is a Founding Member of CaFSA NSW** – leading conversations at state and federal level on Foundational Supports [CaFSA-Position-Paper Aug-NF.pdf \(fams.asn.au\)](#)
- Karitane receives NSW government, federal government, Medicare, grants, research, donations, philanthropic and own source revenue streams to support comprehensive child and family and perinatal infant and child mental health services, delivering high quality, comprehensive, evidence-based support for families with babies and young 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



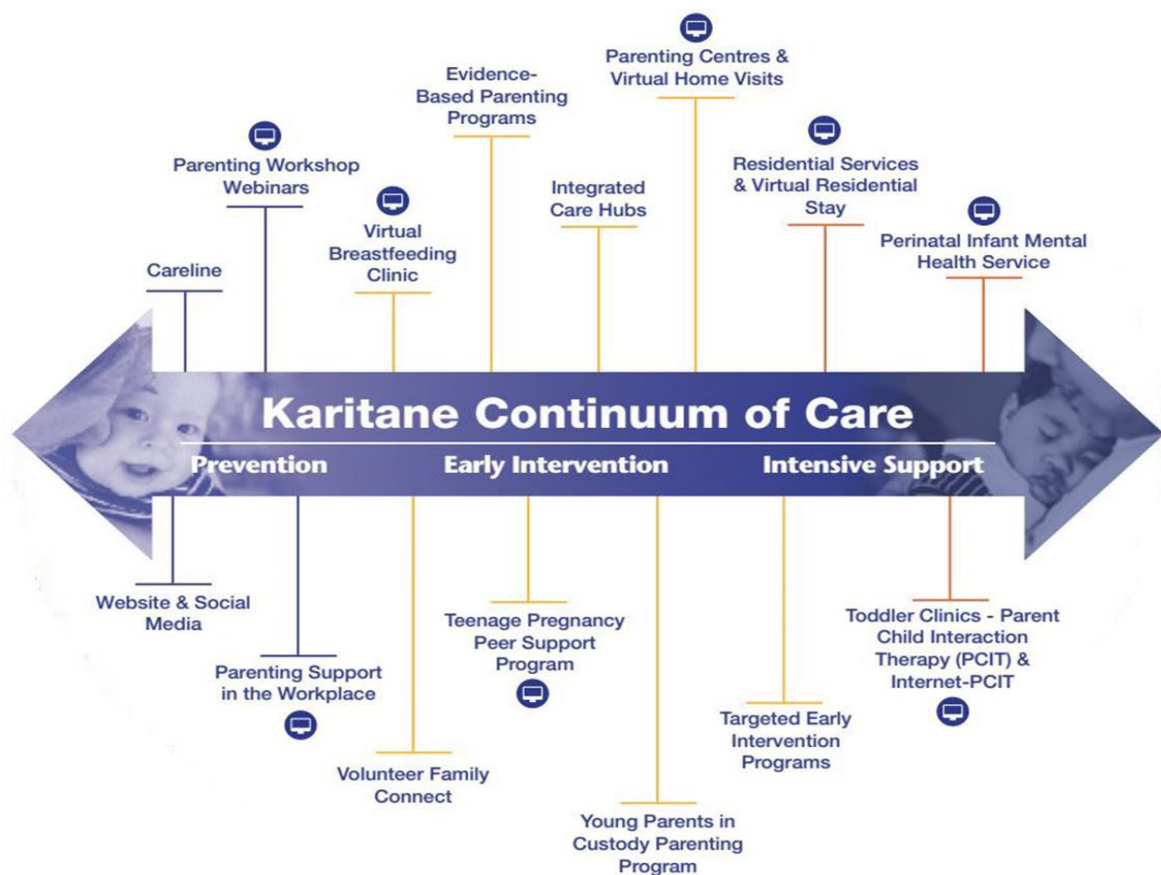
## Our Practice Framework

- **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 relational-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
  - 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 is the industry leader 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 and undertaking rigorous academic research to underpin our evolving models of care.

# KARITANE®

Partnerships made for parents

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



**Figure 2 – Integrated Child and Family Hub Model with Foundational supports**

Integrated Child & Family Hub Model of Care



## RESPONSE TO COMMITTEE TERMS OF REFERENCE

### (a) The role of child development, early childhood intervention services and other foundational and disability supports available for children and young people with developmental concerns, delays, differences or disabilities in New South Wales on a child's overall development, health and wellbeing

#### The First 2000 Days

- The importance of the First 2000 days for children's healthy brain development and later health and wellbeing has been acknowledged by the NSW Brighter Beginnings and national early Years work of the Australian government. However, approximately one-in-five Australian children start school with 'developmental vulnerability' leading to increased risk of poor socioemotional functioning, school difficulties, lifelong disability, chronic disease, mental illness, reduced economic opportunity, and intergenerational adversity. The rate is higher at one-in-three to one-in-two for children from priority (multicultural, Aboriginal, low socioeconomic status, and regional/rural) groups. There is also significant inequity with children from disadvantaged backgrounds not engaging with recommended child developmental checks. Only 20-30% of families engage with routine health and developmental services in some jurisdictions. Addressing this inequity in health service use and outcomes requires a fundamental shift to integrated service models. The NDIS Review noted that 'children with emerging developmental concerns and disability *need to be identified as early as possible* to ensure timely support can be provided. Gaps in development open early and widen progressively without early intervention. The average age of entry for children accessing the NDIS has lowered from 4.9 in 2016-17 to 3.8 in 2022-23. This is *still past the critical first 1000 days of life (from to conception to 2 years of age)*. This is the period of development where children have the greatest developmental capacity to adapt and therefore the greatest potential to affect health and wellbeing over their lives.

#### Other Considerations

- There are significant barriers for many families to access mainstream services in the early years, including those for whom services are inaccessible or culturally unsafe.
- Inconsistent data collection and reporting across jurisdictions makes it difficult to monitor uptake of health and development checks and evaluate outcomes and links to early intervention services.
- Underservicing Parents with a disability. Karitane seeks support to implement an innovative model for disability inclusion in early parenting support services that can be adopted nationally. Improved parenting capacity increases confidence and ability to meaningfully socially connect with community (VFC JointAlliance,2019). Approx.8.5% of

parents of children 0-14 have a disability (Performl,2023). Research shows 90% of all parents need support in the first 2000 days (Karitane,2021) – but parents with a disability (PaWD) rarely access mainstream parenting support services. Karitane wishes to build knowledge and confidence of PaWD to access mainstream early parenting support and develop a new model for inclusion within parenting services to change attitudes and practices through system-redesign, workforce capacity building, and walking alongside PaWD. This approach will increase parenting capacity for PaWD, helping achieve an important life goal through equitable, accessible support in the crucial early years.

**(b) the types of services and supports available and measures to improve effectiveness, availability and access of such services and supports in metropolitan, regional, rural and remote New South Wales, including medical, community-nursing, allied health services, NDIS services and other service delivery models**

**Integrated Child and Family Hubs (First 2000 days)**

- Karitane’s focus on supporting parents through the First 2000 Days includes the development of **Integrated Child and Family Hubs (First 2000 days)** as per Figure 2 Model above. The Hub promotes optimal child development outcomes by addressing inequity in health and developmental service access for children, particularly from priority populations, in the first 2000 days. Children and families remain with the service from birth until school age (0-5), concierge style services and a strong client focus ensure families can and do access support they are eligible for. Integration and collocation of existing services provided by other organisations ensures government funding (State and Federal) is better utilised.

Children and parents have equitable access to health, wellbeing and education services. Hubs provide a safe and convenient space for families to build social connections.

Karitane’s Fairfield Hub for families from culturally and linguistically diverse backgrounds and the Village Connect Hub in Campbelltown for young parents aged 14 to 25 years have been able to demonstrate peer connection, belonging, navigation services and improved engagement and outcomes for children. Work with our SPHERE research partners has shown that Hubs doubled engagement with Child and Family Health Services (from 30 to 60%), increased the identification of health and social needs, and reduced inequities in access to services.

Child and Family Hubs also provide an opportunity to integrate services to provide early

intervention and foundational supports to those children experiencing a disability, developmental delay, or developmental concerns. Hubs provide a non-stigmatising setting that can improve access to developmental surveillance and early intervention for those children who need it, potentially reducing the cost of NDIS to the government, reducing wait-lists and family stress.

### **Children's Behaviour & Mental Health – Parent Child Interaction Therapy (PCIT)**

- 1 In 7 Australian children experience a mental health disorder, in many cases representing the start of a trajectory towards lifelong mental health issues. One of the strongest predictors of childhood mental health is the quality of the early caregiving environment; several recent key Australian mental health strategy documents have argued for the implementation of preventative parenting interventions delivered in early childhood. The first two years of life offer the best opportunities for prevention and effective early intervention and a 'proportionate universal approach' to early childhood mental health prevention/intervention is required, i.e., universal education for all parents, with additional support for those with moderate-level needs, and the most intensive support for families with high-level parenting needs and/or psychosocial risks/vulnerabilities.

Children with neurodevelopmental disorders (NDDs) have five times higher risk of mental health co-morbidities; these mental health comorbidities necessitate lifetime mental health service use, Emergency Department presentations and hospitalisations, specialist care and use of psychotropic medication. However, they often do not receive timely assessment and intervention as we currently do not have a way of predicting risk in order to target intervention and supports.

Parent-Child Interaction Therapy (PCIT) is one of the most effective early treatment approaches for early disruptive behaviour concerns for children with moderate-severe disruptive behaviours. There is a large body of evidence demonstrating long-lasting positive parent and child psychological outcomes, and substantial cost savings to the larger community. Karitane is the leading provider of PCIT in Australia with over 25 years of service delivery, training of over 100 Clinicians, winner of global awards for our research team and a number of publications and conference dissemination.

The ability to identify child developmental and mental health risk early starting from pregnancy and providing tiered services from birth based on risk, embedded within the existing resources and services of the Child and Family Health system is optimal. Karitane is engaged in several research projects to:

- **Objective 1 – Identify early:** Determine the most significant bio-psycho-social risk



factors and provide targeted monitoring of high-risk pregnancies in order to prevent or mitigate the risk of adverse child neurodevelopmental outcomes.

- **Objective 2 – Intervene effectively:** Assess the effectiveness of a co-designed, integrated, and personalised health care with wraparound social care at scale in the first 1000 days (from pregnancy to 2 years).
- **Objective 3 – Increase capacity:** Increase capacity among clinicians to promote strength-based approaches to improve child and family outcomes and in research-related activities.
- **Objective 4 – Integrate knowledge:** Integrate new knowledge through a knowledge translation framework to develop a blueprint for translation of evidence into policy and practice.

Until now, however, there has been a lack of scalable evidence-based prevention programs designed specifically for delivery during the key developmental period of early toddlerhood, and for families/toddlers across the different levels of need/risk (i.e., low, moderate and high). **Parent-Child Interaction Therapy–Toddler (PCIT-T)** is a program that can fill this gap. PCIT-T is an early intervention/prevention parenting program that builds parenting capacity among parents of toddler-aged children so that they get the best start in life, and trajectories towards mental illness are averted. PCIT-T is a highly scalable program: it is evidence-based, manualised, and has a well-developed training program for clinicians.

Further, to support Australian families across the full spectrum of need, a stepped-care PCIT-T model is available, i.e. intensive one-on-one PCIT-T (for high-risk groups), group-based PCIT-T (for families of mild-to-moderate level risk), and a PCIT-T educational video series (designed for universal health promotion).

The delivery of PCIT as an early support is closely linked to and integrated with mainstream services, particularly education and early childhood services for children transitioning to school with disruptive behaviours.

### **Supported Playgroups**

- Supported playgroups are an informal yet evidence based learning environment, providing access to early learning for children who may not otherwise be engaged. This enables socialisation skills, along with the opportunity to enhance other areas of development through learning opportunities provided in the environment. Due to the professional nature of the staffing, children can be observed and parents provided with targeted support, coaching and education to support their own confidence and capacity for supporting their family. Other supports can be offered as required due to the staff members with strong community and developmental knowledge.

**Volunteer Family Connect for families with children (or parents) with a disability**

- Extend an evidenced based one-on-one early-intervention strategy to support families experiencing disabilities, social isolation and disconnection. Aligned with the National Strategy for Volunteering, and the NSW Volunteering Strategy, Volunteer Family Connect is a 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 crisis point. As well as helping families to feel connected and supported, the program has also demonstrated benefits to the volunteers who have an improved sense of belonging and connectedness to their community. Funding is required for the Volunteer Coordinators who recruit, train and supervise the volunteers and case manage the parents and children that the volunteer is matched with.

- **Peer Led Parenting Support Programs – Empowering Parents Empowering Communities (EPEC)**

EPEC is a well-tested, highly effective method of prevention and early intervention that can transform the scale, reach and impact of local parenting support for socially disadvantaged and excluded families. Karitane is a trained facilitator and delivery partner for EPEC across NSW. One in 7 Australian children suffer significant social, emotional and behavioural difficulties that undermine developmental progress, educational achievement, future success and resilience.

EPEC is most effective when commissioners and providers are ambitious to:

Improve parenting, child development and family outcomes in local disadvantaged communities and neighbourhoods; Develop innovative parenting support that combines professional parenting expertise and evidence-based methods with a parent-led approach that builds community assets; Host and resource an EPEC Hub, and recruit local parent group leaders to deliver EPEC parenting courses. Use local multi-agency partnerships and networks to promote EPEC courses and engage local parents.



**(c) the role of diagnostic services, existing gaps and barriers, and measures to improve effectiveness, availability and access of such services**

- As noted earlier, children with disability and developmental concerns are not consistently identified early. The frequency and timing of recommended child health and development checks varies considerably between jurisdictions. There are significant barriers for many families to access mainstream services in the early years, including those for whom services are inaccessible or culturally unsafe. Inconsistent data collection and reporting across jurisdictions makes it difficult to monitor uptake of health and development checks and evaluate outcomes and links to early intervention services.

We need to prioritise investment in early intervention supports that could improve or stabilise functional capacity and minimise the need for more costly acute late-stage interventions.

- **Population screening and prevention services**, including immunisation programs and early childhood health and development checks
- **Diagnostic and therapeutic services**, including primary care and allied health services such as speech pathology, occupational therapy, physiotherapy
- **Refer SPHERE partner submission on Watch Me Grow-Electronic (WMG-E)**. Use of opportunistic contacts for access, engagement, and care for children and families in the first 2000 days. A multi-prong approach of using every opportunistic contact (e.g., Immunisation and general practice clinic visits, child and family health nurse contacts), and ECECs (e.g., supported playgroups, day care centres), Social services, Council and Community (multicultural, Aboriginal etc.) programs in the preschool period to ascertain child and family needs is critical. Using the opportunistic contact families have with trusted service providers will not only help in early identification of needs and provide targeted supports but also empower parents and caregivers in regularly monitoring their children's developmental progress. An example is the Watch Me Grow Electronic program.
- **Multiple services and Navigators** provide a “no wrong door approach to service systems”. Integrated care hubs ensure families can be effectively navigated to the point of care that best meets their needs, where they need it and when they need it
- **Karitane uses the iCOPE platform** with a range of *bespoke* digital screening tools and a sophisticated Karitane Triage Tool to help support navigation of families to the right level and type of parenting support.
- **Karitane has developed an Outcomes Framework** of pre and post intervention measures which we would be happy to share with the Inquiry

**(d) gaps and barriers to accessing early childhood intervention and their impact on a child's overall development, health and wellbeing, as well as on their family or carers and other government services and systems**

- Unclear roles and responsibilities across State and Federal governments and lack of clarity on which part of the service system is responsible for delivery of foundational supports and how funding will be allocated. Increasing urgency with the NDIS reforms underway and families left in limbo.
- Perverse incentives to cost shift, given the different incentives between the NDIS and mainstream services across state and federal funding mechanisms.
- Gaps in diagnostic and therapeutic services, including primary care and allied health services such as speech pathology, occupational therapy, physiotherapy
- Need for more advocacy supports for parents
- Lack of accessible information on Foundational Supports for service providers and families
- Difficulty navigating complex service systems. Lack of accessible and coordinated early intervention supports for children and families; limited planning, coordination and collaboration across NSW (and other jurisdictions) which continues to invest in non-NDIS disability supports; the types of supports available across NSW are inconsistent and make it challenging for people with disability to navigate and find the most appropriate support.
- There is inequity in access to supports based on parental capacity – some families are not empowered or do not have the capacity to navigate the complex service system.
- Many NGOs and NDIS providers are struggling to be adequately resourced to maintain operations – resulting in cut backs in education and training, research, service evaluation and frontline services
- Inaccessible or culturally unsafe services
- Inconsistent data collection and reporting
- A fragmentation of supports, with professionals working individually with children in clinical settings rather than a collaborative approach with other professionals

**(e) opportunities to increase engagement across sectors and improved collaboration across both government and non-government services, including Aboriginal Community Controlled Organisations, early learning services, educational settings and health services**

***Leadership and participation in National and NSW -based Peak Bodies & Alliances***

- **Establish a** NSW Foundational Supports Community of Practice with government and non-government services, including Aboriginal Community Controlled Organisations, early learning services, educational settings and health services

Karitane is a Founding Member Child and Family Supports Alliance NSW (CaFSA NSW) <https://www.linkedin.com/company/cafsa> and Australian Child and Family Supports Alliance (ACaFSA). These existing networks could be easily galvanised.

- Member of collaborative coalition of leading Australian universities, research centres, state government, and non-governmental community organisations, actively engaged in research and implementation through **Sydney Partnerships in Health Education Research and Enterprise (SPHERE)**, **Sydney Health Partners** – This partnership would be pleased to work with the NSW government on Foundational support implementation, research and evaluation
- Karitane is a Leading member of the National Child and Family Hub Network – advocating to the Commonwealth Government as part of the National Early Years Strategy. [Home - National Child & Family Hubs Network \(childandfamilyhubs.org.au\)](http://childandfamilyhubs.org.au). This group would be pleased to have representation on a NSW Government led Foundational support Community of Practice
- Karitane currently Chairs the Australasian Association of Parenting & Child Health (AAPCH) [Australasian Association of Parenting and Child Health \(aapch.com.au\)](http://aapch.com.au) ;This group would be pleased to have representation on a NSW Government led Foundational support Community of Practice
- Chair of the National Ability Roundtable [Ability Roundtable : Service Benchmarking for Excellence in Disability](#) ; This group would be pleased to have representation on a NSW Government led Foundational support Community of Practice
- Karitane's Partnerships with Angus Knight Group ([AKG - AKG Global](#)), global employment company, registered NDIS provider and registered Disability Employment Service provider and Parents@Work, empowering people through employment, health and education ; Around twice as many parents with a child with disability reported moderate to high psychological stress compared to parents without a child with disability. Women caring for either a child or partner with disability also report poorer physical health outcomes and lower access to emotional supports. Caring for children with intellectual disability and/or autism spectrum disorder often reduces the workforce participation of carers, particularly women. This results in lost or reduced income for Australian families and has broader socioeconomic impacts. It also poses wellbeing risks, as employment can give carers greater empowerment and sense of social connection and a higher health-related quality of life.
- Partner with Partnership Brokers Association ([The Partnership Brokers Association](#)), building capacity across the sector to support and strengthen partnerships.
- Director and collaboration with Kindship <https://www.kindship.com.au/> helping families with children with a disability to navigate confidently and advocate for the support and care they deserve. Kindship would be pleased to have representation on a NSW Government led Foundational support Community of Practice
- Foundational supports must:
  - Be designed and implemented with people with disability

- Be delivered by trusted organisations
- Be delivered in local place-based settings with wraparound services
- Be trauma-informed, culturally safe and neurodiversity affirming
- Address known geographic and service gaps
- Be supported by longer-term funding arrangements to ensure workforce and sector stability and certainty

**(g) workforce issues in the child development and early childhood intervention sectors, including workforce demand and the availability, quality and capacity of existing workers, and**

Karitane proposes that we build partnership capability of the child and family ecosystem. As professionals in the child, family and social services sectors, we are all committed to ensuring every child has the best start to life. Working together in partnerships is the foundation that enables us to deliver the best wrap-around service for families. At Karitane, we develop impactful partnerships with parents and partners to support the first 5 years of raising a child. Through our experience in developing integrated care hubs and models of care within the child and family ecosystem, we have witnessed firsthand the transformative power of collaboration.

**Karitane's Workforce and Capacity/Training Activities**

- **Child & family Health Nurses:** We have partnered with Western Sydney University to deliver the Master's in Child & Family Health (Karitane) for over 20 years (up to 250 Child and Family Health Nurses per year) and would work with the NSW Government to ensure appropriate training modules and content to include training and competency around Foundational Support Models of Care
- **PCIT & Family Partnership Training:** 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 (PCIT)** training, **Family Partnership Model (FPM)** training, toddler workshops, and specialised child and family health professional workshops on nutrition, sleep and settling, brain development and toddlers across Australia.
- **Competency skills:** 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)
- **Partnership & Collaboration capacity-building (training) across the child and family ecosystem** -We are committed to working with health professionals to deliver integrated care and support to parents. We work in partnership with Partnership Brokers

Association to deliver Partnership Brokers Training. Karitane co-hosts training with a focus on child and family health. We seek to train leaders across not for profit, government, community and philanthropic sectors over a 4-day training course that will build sector capacity.

*"The training provides a framework that enables shared language, processes, and values for developing, navigating, and sustaining partnerships in the community sector. The experiential nature of the course allows participants to immerse themselves in the content and develop tangible skills that can be applied in practice."*

- Sharlene Vlahos, Director of Education and Business Development Karitane.

**(h) measures to implement recommendations of the NDIS Review Final Report and the Disability Royal Commission Final Report in relation to foundational supports, and**

- **Addressing Action 1.4: National Cabinet should agree to jointly invest in navigation support for people with disability outside the NDIS.**
- Karitane could establish a disability Navigator at the Fairfield Hub, develop and trial the role and provide insights to government
- Our Education team can help to train and build capacity of the Foundational Support Navigator workforce using our Navigator competency and supervision framework that we have already developed,
- We could establish Foundational Support and Disability Navigators Peer Support Network/ Community of Practice
- Showcase "Barb" [Barb\(kindship.com.au\)](http://Barb(kindship.com.au)). Barb is an AI-powered NDIS Navigator and personal assistant that lives on your phone. Think of her like Apple's Siri except, instead of, "Play this song", you can ask Barb to "Show me how to budget an extra day of support work", and she'll do it in thirty seconds. Barb is the ultimate NDIS advocacy coach. She understands family's unique circumstances and is available 24/7 to offer instant and personalised advocacy advice, resources and reporting tools. Whilst this tool is directly available to families, there is an opportunity to introduce the tool to agencies and government to increase efficiency in the Disability & Foundational Support Navigator workforce.

These actions would help to ensure that people with disability outside the NDIS receive fair, adequate and appropriate navigation supports, support people to determine their own goals, connect with mainstream services, community supports and foundational supports and to participate in their community.

- **Action 1.7: The Department of Social Services and the National Disability Insurance Agency should improve linkages between the NDIS, Disability Employment Services and related initiatives targeting improved employment outcomes for all people with disability, including NDIS participants.**
- In partnership with Angus Knight Group and Parents@Work we will deliver employment support services. AKG are registered to provide both NDIS and DES services across a range of disabilities. 62.5% of their staff have a lived experience of disability and 66.5% have a personal connection. They have existing relationships with employers in Greater Western Sydney and are an existing ParentsNext provider.
- **Action 1.8: National Cabinet should agree to jointly invest in a capacity building program for families and caregivers of children with development concerns and disability.**
- The Fairfield Integrated Child and Family Hub fully addresses this action. Our diverse community and families will be better supported through universally available family programs which will include information, peer support and creating and implementing a vision for their child for a valued and included life. Families will have access to timely support, be empowered with information and resources and connected with other families so they can build skills and confidence to support their child. This will be underpinned by mainstream service systems building workforce capacity to identify developmental concerns and disability, and greater support from Navigators for families. This model can be scaled to other hubs.
- **Action 1.12: National Cabinet should agree to jointly invest in early supports for children with emerging development concerns and disability.**
- Karitane delivers specialised intervention and early prevention for very young children with clinically significant disruptive behaviours, offering Parent Child Interaction Therapy (PCIT). We also employ a Developmental Paediatrician (research funded) at the Fairfield hub to help support differential diagnoses of Autism Spectrum Disorder, ADHD, Behavioural issues, and developmental concerns.  
PCIT is highly scalable through an evidence based virtual delivery model also.  
1 In 7 Australian children experience a mental health disorder, in many cases representing the start of a trajectory towards lifelong mental health issues. One the strongest predictors of childhood mental health is the quality of the early caregiving environment; several recent key Australian mental health strategy documents have argued for the implementation of preventative parenting interventions delivered in early childhood. The first two years of life offer the best opportunities for prevention and effective early intervention and a 'proportionate universal approach' to early childhood mental health prevention/intervention is required, i.e., universal education for all parents, with additional support for those with moderate-level needs, and the



most intensive support for families with high-level parenting needs and/or psychosocial risks/vulnerabilities.

Until now, however, there has been a lack of scalable evidence-based prevention programs designed specifically for delivery during the key developmental period of early toddlerhood, and for families/toddlers across the different levels of need/risk (i.e., low, moderate and high). Parent-Child Interaction Therapy–Toddler (PCIT-T) is a program that can fill this gap.

PCIT-T is an early intervention/prevention parenting program that builds parenting capacity among parents of toddler-aged children so that they get the best start in life, and trajectories towards mental illness are averted. PCIT-T is a highly scalable program: it is evidence-based, manualised, and has a well-developed training program for clinicians.

Further, to support Australian families across the full spectrum of need, a stepped-care PCIT-T model is available, i.e., intensive one-on-one PCIT-T (for high risk groups), group-based PCIT-T (for families of mild-to-moderate level risk), and a PCIT-T educational video series (designed for universal health promotion).

The delivery of PCIT as an early support is closely linked to and integrated with mainstream services, particularly education and early childhood services for children transitioning to school with disruptive behaviours.

#### **Data Governance for an Integrated Care system**

Data governance, consent, information sharing and systems across the sector can be challenging when working in integrated models of care. Karitane proposes a bespoke piece of work that produces a blueprint for government in tackling data governance matters when working across our complex system. Our experience shows that health, disability, community and NGO data systems are unlikely to integrate with one another directly, but we can demonstrate how to build a framework for information sharing, outcome measures and data governance ensuring that families only have to tell their story once, as well as developing and sharing consent pathways and gateways between providers.

#### **Co-design curation - share learnings from Community consultations**

Many organisations are committed to co-design and community consultation. In disadvantaged and vulnerable communities, this can lead to concurrent or multiple co-design sessions being undertaken, with good intent, but often highly repetitious. Communities may feel overwhelmed or fatigued from over consultation undertaken by various agencies. Karitane proposes to use our learnings from the Fairfield Co-design experience to develop a mechanism where all co-design and community consultation information, from many sources, can be curated and made available in a centralised location so that all agencies can benefit from information.

Importantly, that communities are then kept informed of actions and activities that are being addressed and implemented across the sector based on their input.

**Willingness to participate in NSW Foundational Supports government advisory committee or roundtables**

Karitane is very willing to participate in roundtables or committees as required to contribute to further discussions and initiatives on Foundational Supports.

Karitane would be very pleased to progress any/all of the above with further details and costings with the NSW Government.