

## CHAPTER SEVEN: 1990s CULTURE CHANGE IN THE WEST

In this chapter Karitane found that State funding could be a mixed blessing. The Council felt pressured to move to South West Sydney, an area of greater need for early childhood services. This was a time of enormous change for Karitane as the Council and management strove to adapt to a changed workforce, a new clientele and a health care system remodelled by the rationalisations of the 1970s and 1980s. However, the wheel seemed to have turned a full circle for voluntary health services in the 1990s because again the State was funding voluntary community organisations to provide welfare services, in ways reminiscent of the laissez-faire days of the nineteenth century. The difference in the 1990s was however, that the State had moved from investing in the organisations to purchasing the organisations services; this had ramifications for the way volunteers operated.<sup>1</sup>

In the 1990s the ‘New Public Health’ came to the fore through WHO’s 1986 Ottawa Charter. The ‘New Public Health’ aimed for full community participation to promote health, rather than the prior expert-driven model of public health.<sup>2</sup> Meanwhile new threats to infants and young children had appeared in developed countries; communities worried about Sudden Infant Death Syndrome (SIDS) and child abuse.<sup>3</sup> Karitane was well placed to assist with the problems just continuing to do the work expressed in its founding slogan ‘To help the mothers and save the babies’ but the transition to Western Sydney and the loss of its student nurse workforce tested the organisation’s adaptability.

### *Health and ‘contracting out’*

In NSW the Department’s annual reports of the 1990s reflect the health sector’s embrace of commercial corporate culture with statements like ‘listening to what our customers are saying...to

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<sup>1</sup> M Taylor & J Lewis, ‘Contracting: what does it do to voluntary and non-profit organisations?’ in *The contract culture in public services*: 27-45.

<sup>2</sup> Baum, *The New Public Health*, 16-17.

<sup>3</sup> ‘Sudden infant death syndrome (SIDS) can be defined as ‘the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history (Willinger et al. 1991: 681). SIDS was the main cause of death among infants for most of the 1990s.’ F Al-Yaman, *Australia’s children: their health and wellbeing 2002*, Canberra: Australian Institute of Health and Welfare, 2002, 97.

It became a disease category in 1969 but there was question in the 1990s about the reality of there being a rising incidence of it as a disease or whether the rising numbers were merely deaths being re-categorised. P Lewis, ‘Infant mortality and SIDS in NSW 1969-1987,’ *NSW Public Health Bulletin* vol. 3, no. 2, 1992, 18-19.

*have been strengthened*' (my emphasis).<sup>4</sup> The Department continued restructuring and ensure customer satisfaction'.<sup>5</sup> Two editions of subjective goals and objectives were adopted that were difficult, if not impossible, to translate into health gains; for example: 'To ensure prevention and early intervention programs spinning off functions to achieve greater efficiencies. For example, six country Health Regions became twenty-three District Health Services in 1993 and then they were reduced to eight Rural Health Services in 1996. In 1999 the Blood Transfusion Service was transferred to the Red Cross.

Meanwhile public health was making a comeback; the medical profession showed renewed interest in public health by establishing a Faculty of Public Health within the Royal Australian College of Physicians; the Australian Public Health Association evolved and grew through a few realignments to be the Public Health Association of Australia in 1988, relaunching its journal in 1990.<sup>6</sup> In NSW restructuring within the Department re-established a Public Health Division, the Department was again training its own staff in public health, Public Health Units opened in the Areas and Regions in 1989-1990 and there was a new Public Health Act in 1991.<sup>7</sup> In relation to maternal and child health, the Department took the risks of postnatal depression seriously enough to undertake a review of postnatal depression services in 1994.<sup>8</sup>

A monthly *Public Health Bulletin* appeared in 1990, published by the Department. The first issue started with the acknowledgment that public health had lagged behind the attention given to hospitals. Child health got increasing mention in the *Bulletin* through the decade, the community fears about SIDS were recognised as well as an increasing awareness of intergenerational child abuse. In 1998 the *Bulletin* ran a series of articles that modelled a way to implement a population health approach to child health using existing policies and research. The start was to identify overarching international and national policies. For example, the United Nations Convention on the rights of children that Australia ratified in 1990 and Australia's policies for child health; the *Health Goals and Targets for Australian Children and Youth* and the *The Health of Young Australians: a National Health Policy for Children and Young People*. More articles followed; how to create statements on the health of the children in a community with existing data as indicators; how to develop a strategic plan based on the national child health policy; how to identify and prioritise

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<sup>4</sup> Department of Health, *Annual Report*, 1997-98, 3.

<sup>5</sup> Department of Health, *Annual Report*, 1992-3, 10.

<sup>6</sup> Australasian Faculty of Public Health Medicine, *History*, viewed 15 June 2008, <<http://afphm.racp.edu.au/about/history.cfm>>; Lewis, *The people's health*, vol. 2, 162-204.

<sup>7</sup> Armstrong called for the Act to be redrafted in 1921, 'Out of date: the Public Health Act', *SMH*, 27 September 1921, 6.

<sup>8</sup> NSW Health, *Postnatal depression services review*, North Sydney, NSW: Family and Child Health Unit, Planning and Performance Branch, 1994.

evidence-based initiatives.<sup>9</sup> Australia's first national statement on the state of its children's health was published by the Institute of Health and Welfare in 1998.<sup>10</sup> Collectively these policy documents and articles like the 'how to' series demonstrated an investment in new tools that were an essential step for the future analysis of policy and the evaluation of services.

One of the key indicators used to establish child health status was reported child abuse. A study commissioned in 1993 by the National Child Protection Council, *Australian Community Attitudes Towards Child Abuse*, showed there was a need and *Preventing Child Abuse: A National Strategy* was published by the National Child Protection Council in 1994. Child abuse was not a new problem; it was recognised in the nineteenth century, prompting child protection laws. It was rediscovered in the second half of the twentieth century as the 'battered child syndrome' when X-ray technology helped to diagnose non-accidental fractures, prompting reporting systems for health professionals.<sup>11</sup> Through the 1980s a social approach to the problem had emerged from studies in the USA and Britain that showed how home visiting could improve family relationships. Visiting by professionals or volunteers with suitable support was found to build a family's social connectedness and the mutual trust 'essential to the growth of social capital'. This approach was seen as a cost-effective prevention strategy to reduce child abuse.<sup>12</sup> The NSW Government responded to the new awareness of the importance of this social connectedness by providing funds for a multi-agency initiative called 'Families First', for families with children under three years. Announced by the Labor Premier in 1998 it aimed to support families in the care for their children through the reorientation of existing services and it promised home visits to mothers with new babies. 'Families First' was implemented initially in three areas that included South West Sydney.<sup>13</sup>

The causes of the social malaise that could give rise to child abuse became a topic of interest through the 1990s. In the USA economist Robert Putnam's view was that the connectedness engendered by involvement in public service and voluntary organisations had given way to many forms of individualism. His publication, *Bowling Alone: The Collapse and Revival of American*

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<sup>9</sup> E Murphy & C Wraith, 'Child health now! The state of children's health: historical contexts and current developments,' *NSW Public Health Bulletin*, vol. 9, no. 5, 1998, 60-63; E Sullivan & A Hogan, 'Indicators of the health status of children and youth,' *NSW Public Health Bulletin*, vol. 9, no. 6-7, 1998, 75-77; G Alperstein & V Nossar, 'Health gain for the children and youth of Central Sydney: a Strategic Plan,' *NSW Public Health Bulletin*, vol. 9, no. 10, 1998, 108; Alperstein & Nossar, 'Efficacy of interventions: an evidence based approach,' *NSW Public Health Bulletin*, vol. 9, no. 10, 1998, 109-110.

<sup>10</sup> L Moon, *Australia's children: their health and wellbeing*, Canberra: Australian Institute of Health and Welfare, 1998.

<sup>11</sup> GJ Rubin Williams, 'Child protection: a journey into history,' *Journal of Clinical Child Psychology*, vol. 12, no. 3, 1983, 236-243.

<sup>12</sup> G Vimpani, 'Home visiting: an essential building block to support families,' *NSW Public Health Bulletin*, vol. 9, no. 11, 1998, 130.

<sup>13</sup> D Hudson, 'Families First: a support network for families raising children,' *NSW Public Health Bulletin* vol. 10, no. 7, 1999, 84-85.

*Community* gained mainstream interest. In Australia Susan Keen saw the problem as being caused mainly by economic uncertainty while Eva Cox saw it as a loss of community identity. Cox viewed the contraction of state services and their privatization by ‘new right’ governments as part of the problem<sup>14</sup> Voluntary organisations (‘non-profits’ in USA) providing state funded services had been a long established practice in the USA where there were no universal social security systems.<sup>15</sup> In the 1970s the UK Government had resurrected the practice to mitigate some of the inertia inherent in its monolithic social welfare services.<sup>16</sup> Critics viewed privatization or ‘contracting out’, a catchall phrase, as an insidious way of cutting government expenditure on social services.<sup>17</sup> In Australia, the Public Health Association, concerned about the privatisation of health services, organised a seminar for health professionals on the topic in Melbourne in 1998.<sup>18</sup> Concerns about the position of voluntary organisations in Australia widened when conservative politicians spoke of them being key to ‘new social coalitions’ for the good of all.<sup>19</sup> Although the number of people in voluntary organisations was falling in USA, the number of organisations was increasing; Baldock’s study of West Australian voluntary welfare organisations confirmed that this was also happening in Australia.

Until the 1970s government subsidies to voluntary organisations were largely discretionary. The move to specifying performance in the disbursement of government funds started in the USA. Some analysts argued that it was not just a matter of re-channeling money because the whole relationship between government and voluntary organisations changed when government was effectively buying specific services. Evidence showed that ‘contracting out’ changed the ways voluntary organisations operated; for example, in some situations organisations changed their aims

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<sup>14</sup> E Cox, *A truly civil society*, Sydney: ABC Books, 1995; S Keen, ‘Associations in Australian history: their contribution to social capital,’ *Journal of Interdisciplinary History*, vol. 29, no. 4, 1999, 639-659; RD Putnam, *Bowling alone: the collapse and revival of American community*, New York: Simon & Schuster, 2000.

<sup>15</sup> SR Smith, ‘Contracting and the changing politics of need in the USA,’ in *The contract culture in public services*, 79-98.

<sup>16</sup> Wolfenden Committee, *The future of voluntary organisations*, London: Croom Helm, 1978.

<sup>17</sup> E Papadakis and P Taylor-Gooby, *The private provision of public welfare: state, market and community*, New York: St. Martin's Press, 1987.

<sup>18</sup> ‘Privatising health care: proceedings from the seminar Privatising Health Care held in Melbourne, June 1998’, organised by the Victorian Branch of the Public Health Association of Australia, C Stone and H Jonas (eds), Curtin, ACT: PHA Australia, 1998.

<sup>19</sup> Warburton and Oppenheimer, *Volunteers and volunteering*, 1.

to ensure a continued flow of funds.<sup>20</sup> From being ‘underestimated, under researched and undervalued’ voluntary organisations were emerging as essential to a community’s social capital.<sup>21</sup>

In NSW, the value of voluntary organizations was demonstrated by South West Sydney Area Health Service (SWSAHS) contemplation of a joint venture to build a residential family care unit with Karitane. While the venture was an acceptance of the place of voluntary organisations in the provision of health services, the State and SWSAHS also needed Karitane. This area west of Sydney had been a population growth area from the 1880s but it had developed very rapidly with migration after World War Two. This land east of the Blue Mountains had originally supplied Sydney’s provisions; in the interwar years Liverpool, Blacktown, Fairfield and Bankstown were municipalities that mainly serviced small farms and market gardens. During the Second World War industries were established and after the War industry and housing grew along the main transport corridors. Migrants and refugees from Europe accelerated the population growth. Social services and infrastructure were quite inadequate when the populations of places like Fairfield and Blacktown more than doubled between 1947 and 1961. From the 1970s migrants came mainly from the Middle East and Asia and ethnic groupings developed; the Lebanese gravitated to Canterbury and Bankstown; the Chinese and Vietnamese concentrated around Liverpool and Fairfield.<sup>22</sup> The SWSAHS area was considered an area of socio-economic deprivation. In 1993 the population was younger than the average for the State; it had a higher than average birthrate and a higher than average proportion of residents of a non-English speaking background (NESB).<sup>23</sup> There was a need in the area for assistance with community building and the knowledge about parenting that Karitane could provide.

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<sup>20</sup> Taylor and Lewis, ‘Contracting: what does it do to voluntary and non-profit organisations?’: CV Baldock, ‘Volunteer work as work: some theoretical considerations,’ in *Women, social welfare and the state in Australia*, CV Baldock & B Cass (eds), Sydney: Allen and Unwin, 1988.

<sup>21</sup> Warburton and Oppenheimer, *Volunteers and volunteering*, 1.

<sup>22</sup> C Allport, ‘Castles of security: the N.S.W. Housing Commission and home ownership 1941-1961,’ in *Sydney: City of Suburbs*, M Kelly (ed), Kensington, NSW: New South Wales University Press, 1987, 92-124; IH Burnley, ‘The geography of ethnic communities,’ in *Minorities: cultural diversity in Sydney*, S Fitzgerald & G Wotherspoon (eds), Sydney: State Library of New South Wales Press, 1995; H Proudfoot, *Exploring Sydney's West*, Kenthurst, NSW: Kangaroo Press, 1987; Peter West, *A short history of Western Sydney*, Armidale, NSW: University of New England, 1986.

<sup>23</sup> South Western Sydney Area Health Service, *Corporate Plan 1993*, Liverpool, NSW: South Western Sydney Area Health Service, 1993, 7.

### *Karitane at Randwick - to 1994*

Reconstructing activity at Karitane through the 1990s has been difficult to because of a lack of records. Only two annual reports were published between 1988 and 2000 and although the minutes survive the supporting material did not.<sup>24</sup>

### *Managing at Randwick - to 1994*

It seems that Council members believed that Karitane was at risk if they did not follow the State's plans to move health facilities to the population growth areas in Western Sydney. People involved with Karitane through the 1970s and 1980s commented that there was even talk that the children of the Eastern Suburbs would do well, with or without Karitane's services, because of the resources in the community. By comparison, South West Sydney was poorly resourced, and the NSW Department could well unilaterally choose to redirect their funds.<sup>25</sup>

Karitane's Council had watched budget cuts to the Eastern Area Health Service and the management was encountering difficulty in getting any increase in funds. An example of the difficulty was the situation over the 24-hour telephone help service. A case had been made for a dedicated telephone position for a number of years because of the disruptive effect on general duty staff who had to leave whatever they were doing to help a mother having a distant crisis. In 1990 when there was still no money forthcoming to alleviate the phone problem, the Council advised the Eastern Area Health Service in February that telephone services would have to cease at the end of March. Before the end of March, one unit of staff and money to upgrade the phones became available.<sup>26</sup> In 1990 Liverpool rather than Campbelltown became the focus in negotiations between Karitane and SWSAHS over a new residential unit. It seemed there would be room for Karitane on the campus being built for the new Liverpool teaching hospital; but brain injury services became a higher priority for that space and Karitane's unit was again in limbo.<sup>27</sup>

There were changes to management and the Council during in the early 1990s. Craig Turner, a business graduate whose wife had been a student nurse at Karitane, replaced CEO Townsend in 1992. Kocken resigned from the position of Director of Nursing at the end of 1992 and Mrs C A Richardson was appointed in 1993. After thirty-six years on the Council, Gemmell-Smith OAM resigned as President; she had taken over from her mother Mrs John Purves, a foundation Council

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<sup>24</sup> Various people involved have talked about what was happening during this time but not all wish to be named.

<sup>25</sup> C Turner, personal communication, 2006.

<sup>26</sup> KMS, Council Minutes, February 1990; March 1990.

<sup>27</sup> B Barnett, personal communication, 2007.

member in 1923.<sup>28</sup> Michael Goot who had joined the Council in 1976 became the President. Goot was a Randwick accountant and he had initially become a member of Karitane's Eastern Suburbs Committee in 1974, when his wife went to Karitane with their first child on the recommendation of a Karitane nurse friend.<sup>29</sup> Paediatrician Harris resigned after thirty years involvement with Karitane. His interest in educating parents had started at Royal North Shore Hospital in the early 1960s when the paediatric team leader, Dr Clair Isbister, gave him the job of giving talks to expectant parents' classes. He felt very ignorant on the topic and educating parents became his lifelong professional interest through the process of educating himself. He became a visiting paediatrician at Karitane in 1964 after being appointed to the consulting staff at POW Hospital in Randwick. Over the years he was involved at Karitane, Harris taught in the nurse education programmes, gave the talks to the prenatal classes, published papers on parenting and encouraged the staff to research and publish. He joined the Council in 1972 and was President in 1990 before retiring.<sup>30</sup> Richard Cobden, who had negotiated to protect the Karitane name in the Australian marketplace, resigned early in 1993 when an agreement had been achieved with KPS.<sup>31</sup> His mother, Judith Baker, had been a Council member for twenty-five years and was a past President.

Dr Victor Nossar, SWSAHS Community Paediatrician, and Psychiatrist Barnett joined the Council in 1991-92. Nossar was one of the editors of, and a contributor to the Department's 1998 *Bulletin* series on the population health approach to child health. Barnett had left the Karitane staff in 1990 to be a professor at Liverpool's new teaching hospital. She was also the author of a number of research publications on postnatal depression and preventive intervention as well as a book on postnatal depression for a general audience. Barnett was on the Steering Committee of the Department's 1994 review of post natal depression services. Her experience of working in the South West Sydney area was appreciated when it came to assessing the sites for the new residential unit; a site at The Horsley Drive at Carramar in Fairfield, was eventually agreed on in August 1991.<sup>32</sup>

The process of physically getting the new residential unit up and running in the South West was time consuming. Visiting potential sites, and later the building site, involved considerable travel for management and Council members. Aware that these were big changes for Karitane, the Council set up a strategic planning group and commissioned a consultant's report that essentially made the business case for moving services to the SWSAHS. The process produced job descriptions for staff

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<sup>28</sup> KMS, *Annual Report*, 1992, 3; 1995, 3.

<sup>29</sup> M Goot, personal communication, 2008.

<sup>30</sup> M Harris, personal communication, 2006.

<sup>31</sup> KMS, Council Minutes, March 1993.

<sup>32</sup> KMS, Council Minutes, August 1991.

and presumably also the mission statement that appeared in the 1992 Annual Report. The statement replaced the longstanding aims and objects that Karitane had shared with the NZ Plunket Society and it acknowledged the changes from primary care to secondary and tertiary care targeted to ‘those mothers or carers who are experiencing parenting difficulties, stress or dysfunction’.

Negotiations over the residential unit continued with a tripartite team representing SWSAHS, NSW Health and Karitane, and in March 1992 architects Hassell Health Systems were appointed. Karitane’s contribution to the Carramar twenty-bed facility came from the proceeds of the sale of three sites in Randwick, the Residential Unit and two of the three terraces in Avoca Street. The CEO and the President routinely visited the building site at Carramar every fortnight. Turner found it exciting to be part of an organisation growing at a time when most of the health sector was reducing services. Remembering this time in 2006 he said it was evident that SWSAHS was very keen to have Karitane in its area.<sup>33</sup> Barnett pointed out that some of the attraction for a public sector institution of a joint venture with an organisation like Karitane was the expense of providing accommodation for mothers and babies. Two beds were required for every mother and infant dyad and there was also the risk of the clients’ issues becoming publicly contentious.<sup>34</sup> Karitane’s move did not meet with community approval; concerns about losing Karitane were expressed from Tresillian and from the Eastern Suburbs community.<sup>35</sup>

### *The Residential Unit at Randwick*

At the end of 1990 the Council decided that the Residential Unit would no longer accept self-referrals.<sup>36</sup> It was a very practical decision but it was a break with the way Karitane had operated for nearly seventy years. Health professionals would decide who went to Karitane henceforth. It is hard to gauge if this made any difference to the work load because the recording systems changed by 1992, but media interest in Karitane was the reason given for the number of patients in 1992 increasing by eleven per cent and the occupancy rate for 1993-4 was ninety-two per cent.

In 1991 the registered nurse (short course) programme was reduced to five months. Joint educational arrangements that had worked well for years between Karitane and Tresillian did not proceed so smoothly when funds for education came through multiple channels. Karitane set up a subcommittee of Harris, Council Member Joy Heads and the executive managers. They met with the Department and the NSW College of Nursing and a review of the courses was conducted later that year. The resulting report recommended that the short course be transferred to a university

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<sup>33</sup> Turner, 2006.

<sup>34</sup> Barnett, 2007.

<sup>35</sup> K O'Connor, ‘Karitane goes West’, *Weekly Southern Courier*, 22 March 1994, 6.

<sup>36</sup> KMS, Council Minutes, November 1990.

setting and from this point Tresillian and Karitane developed relationships with different universities. In 1992 registered nurse courses at Karitane ceased and efforts were concentrated on establishing a course at the University of Western Sydney to operate in 1993. The post graduate course for enrolled nurses was shortened in 1991 from sixteen to six weeks and in 1992 there were ten per cent cuts to that as well.<sup>37</sup>

These students were now supernumerary and Karitane was operating with a trained nurse workforce. Nina Long who had worked at Karitane as clinic sister and on night duty in the residential unit through the late 1980s and early 1990s said how she particularly missed the mothercraft students. 'They were the backbone of the place and I loved the students and loved the teaching role. They were energetic, young, very keen to learn and brought a lot of life to the place.' In the community Jenny Waldron also missed the mothercraft nurses. She ran a nursing agency, the commercial successor to the Karitane Nurses Booking Bureau. Discussing the situation in 2006 Waldron considered there was increasing need for mothercraft nurses because women were delaying childbirth and the increasing use of IVF had led to more multiple births. She would not employ the enrolled nurses who did the short courses because they did not have sufficient experience. Mothercraft nurses were 'a dying breed' she said, and she had thought hard about starting a training programme but it was 'just too big a thing to take on'.<sup>38</sup>

The reality that the nursing profession did not rate mothercraft or early childhood nursing as a specialist area of nursing prompted a group of early childhood nurses attending a Karitane seminar in 1990 to start organizing a child and family nurse special interest group. Nurses from Karitane and Tresillian worked together with early childhood nurses in the community to create the Child and Family Nurses Association of NSW.

Staff were also contributing comments on the evolving plans for the new building at Carramar, making suggestions about layout and workflow. Council member Joy Heads was particularly keen that the physical layout ensured the close proximity of mother and baby to foster breast feeding. Heads was involved with the Australian Breastfeeding Association and she had felt in the early 1980s that Karitane needed to get more up to date with breast feeding information.<sup>39</sup> Her way of doing that was to volunteer for the Council. She was instrumental in getting Karitane to adopt the 1986 NHMRC guidelines for breast feeding. It incorporated the WHO code for the marketing of breast feeding substitutes ratified by the Australian Government. Her focus was on getting conforming policies in place and at times this engendered a few differences with management over

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<sup>37</sup> KMS, Council Minutes, June 1990, April 1991, May 1991, August 1991, October 1991, November 1991.

<sup>38</sup> J Waldron, personal communication, 2006.

<sup>39</sup> Australian Breastfeeding Association; An organisation similar to the *La Leche League* in other parts of the world.

the milk formula companies' posters displayed around Karitane. Two of the Council members would do a round once a month and this was how she got to see what was actually happening in the Residential Unit. The 1992 Annual Report indicated that breast feeding was increasing, the lactation consultant was busier and more inpatients were being assisted with breast feeding routines. Heads promoted the idea that the mother was the main carer and this was the principle behind her views of the plans for the new Residential Unit at Carramar. She was in favour of no division between mother and baby but when the accommodation units were finalised parent and baby spaces were partially separated.<sup>40</sup>

### *Clinics at Randwick*

Karitane's primary provision of normal early childhood supervision in NSW came to an end in 1992. The planned move to Western Sydney included the establishment of a Family Care Cottage (FCC) in the Liverpool area but its funding was a problem. Eventually agreement was reached that the clinics, by then known as Early Childhood Centres, would close to allow the resources to be reallocated from the Eastern Area Health Service to SWSAHS. The control and operation of the Early Childhood Centres at Randwick, Roselands, Sylvania, Waterfall and Guilford and the last mobile moved to the relevant Area Health Service at the end of June 1992. The farewell party for the nurses was bittersweet; it was the end of another Karitane institution. Liverpool's FCC was ready to operate in December 1992 and was officially opened in March 1993.<sup>41</sup> (See Figure 14) It was a typical suburban house in Murphy Street, Liverpool, purchased and modified for the purpose by SWSAHS. Clovelly House in Avoca St, started as an infant stress unit in 1985 became known as the Randwick Family Care Cottage. Their programmes for 'sLongp and settle' groups were popular and provided isolated parents with social opportunities.

While the building at Carramar proceeded educator Lockhart was visiting institutions in the South West, working to introduce Karitane to its new community. In August 1991 Karitane launched a new parent book, *The Baby Book: A practical guide to caring for your young child*, published by Doubleday and supported by the *Woman's Weekly*. It involved the input of many staff members led by Tutor Sonia Asman.<sup>42</sup>

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<sup>40</sup> J Heads, personal communication, 2006.

<sup>41</sup> KMS, Council Minutes, November 1992; *Annual Report*, 1992, 4-5.

<sup>42</sup> S Asman, et al., *The baby book: a practical guide to caring for your young child*, Sydney: Doubleday, 1990.

### *Karitane at Carramar - from 1994*

When Karitane moved to Carramar in 1994 there were still builders' planks to negotiate. It was fortuitous that the first week had been planned to be patient-free for staff orientation, because the sewerage system hydraulics failed, requiring a large clean up operation. The project had cost \$3.8 million and ten of the available twenty beds were commissioned. The Health Minister in the Coalition Government, the Honourable Ronald Philips, officially opened the Residential Unit on 21 August 1994.<sup>43</sup>

### *Managing at Carramar*

After the move to Carramar the Karitane Council was known as the Board. A new strategic plan was approved for the 1996-99 period and Karitane's mission statement and goals changed to be more general in scope but were targeted to those 'most in need'.<sup>44</sup> This process also launched a different management structure with an Executive Manager replacing the positions of CEO and Director of Nursing. Richardson left in 1996 and Turner left in 1997. Nursing Unit Manager Michelle Manley acted as Director of Nursing until Executive Manager Billie Gibbins was appointed to start in 1998. Later in 1998 a consultant was engaged to review the 1938 articles of association, work on the next triennium's strategic plan and assist with marketing. Again Karitane was asking itself what it did and what it wanted to do. A plan that included the principles 'Leading through knowledge', 'Spreading the ideas', and 'Gathering broad support' was developed but when it was presented to staff in mid-1999 their input resulted in a modified report with recommendations to create positions for a Development Coordinator and Information Scientist.<sup>45</sup> A decision to move from vice regal patronage proved to be expensive; a consultant was required to find a suitable patron and then to draw up a contractual agreement.<sup>46</sup>

A number of factors may have contributed to the succession of four nursing directors inside a decade. One was that the changes within the organisation made the job less attractive, another might have been a failure to match expertise with a position that had changed. A change in the attitude of nurses to their functions in a managerial environment could also have been an influence. Nevertheless the outcome was a lack of continuity in nursing leadership and the eventual restructuring of the dual management functions into a single executive management position for which nursing was not an essential qualification.

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<sup>43</sup> KMS, *Annual Report*, 1995, 5.

<sup>44</sup> KMS, *Strategic Plan 1996-1999*. See Appendix I for full text.

<sup>45</sup> KMS, Board Minutes, May 1999.

<sup>46</sup> KA Gronbjerg, 'Transaction costs in social service contracting: lessons from the USA' in *The contract culture in public services*, 99-118.

In 1998 Ken Watts, retired CEO from SWSAHS, joined the Board and he was instrumental in Karitane joining the Health Services Association, in part to get assistance with the implications of *Corporate Governance in Health: Best Practice Guide* and concerns over director liability. By 2000 the only Board members remaining from the Council that had operated at Randwick were Goot, Barnett, Dr D Burnham and Major D Cumming. However, the Board by then included an elected staff member, initially educator Anne Simpson.

Karitane was following trends observed in studies of voluntary organisations since the 1970s, increasing professionalism, a pre-screened clientele and changing roles for volunteers.<sup>47</sup> Karitane had redefined its aims to accommodate to its new circumstances. The staff was more specialized; allied professional staff, psychologists and social workers, seemed to be a growing proportion of the staff. They amounted to twenty-five per cent of the therapeutic staff in 1992-95, but comparison cannot be made with previous decades because ‘full-time equivalents’ had not been in use. Consultants were increasingly employed, the Board was smaller, averaging nine, and the members were corporate or health management professionals and concerned about their corporate responsibilities.<sup>48</sup>

### *The Residential Unit at Carramar*

New nursing staff had been engaged to work at Carramar because most of the nurses at Randwick opted to be made redundant by the Eastern Area Health Service. The visiting medical officers all changed; Angel-Lord finally retired as she did not enjoy the drive out to Carramar. The nursing staff encountered patients with complex personal problems and continuing education for staff covered the use of the Edinburgh Postnatal Depression Scale and SWSAHS psychosocial screening tools.<sup>49</sup> The possibility of needing nurses trained in mental health was discussed in 1998, but the Board did not see any need for that, considering it a sign of differing approaches to what constituted ‘normal’ client care.

In Karitane’s first year of operating at Carramar phone calls to the 24-hour telephone help-service, *Careline*, more than doubled to over 18,000. By 2000 they were dealing with approximately 2000 calls a month (24 000 per annum).<sup>50</sup> At last, there was a purpose-built operation room for *Careline* and the first nurse to operate the service there was Vicki Samson. In 2007 she and colleague Joanne Ramjan shared their experiences of giving advice to parents on the phone. For neither of them was it a first choice of work but they had enjoyed it and Ramjan continued with the

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<sup>47</sup> Smith, ‘Contracting and the changing politics of need in the USA,’ 78-79.

<sup>48</sup> Taylor & Lewis, ‘Contracting: what does it do to voluntary and non-profit organisations?’

<sup>49</sup> KMS, Board Minutes, February 1999.

<sup>50</sup> KMS, Board Minutes, November 1995.

job part-time for seven years. It was different to face-to-face contact; while they had to listen harder and think at the same time about all the possible options in the situation they could also do things like thumbing through directories for specific information. They had received some tuition from 'Lifeline', the nationwide telephone counselling service, and they had supervisory support, but often they found it helpful just to talk to other staff. After Samson had received a call from a mother threatening to kill her child, a buzzer to summon help was installed so calls could be simultaneously traced. They rarely took direct calls, operating an answering machine, and systematically working through the recorded messages from 8 am to 11 pm when the night staff took the calls. People seemed reassured to know someone was going to call back. Most of the problems related to settling and feeding. Both had found operating the *Careline* isolating and stressful but they were emphatic about how rewarding it was.<sup>51</sup> In the mid-1990s there was some pressure for Karitane to amalgamate its telephone service with Tresillian but this did not eventuate.<sup>52</sup>

The situation regarding Karitane's contribution to nurse education continued to evolve; in 1995 the University of Western Sydney commenced teaching a Graduate Diploma in Nursing (Child and Family: Karitane) as well as its Child and Family Health continuing education course, although the latter course was progressively phased out. The Graduate Diploma was a one-year full-time distance course with a two-week residential school. Karitane provided clinical placements for the students and their educators were involved in writing the Graduate Diploma modules. The enrolled nurse courses were classified as being 'short skill development', eventually coming under the auspices of NSW's Vocational Education and Training Board and subject to tender.<sup>53</sup> Karitane no longer had control over its education programs and there was some difficulty in 1996 recruiting the appropriate category of staff to fulfill the contractual requirements of running these courses. However, research at Karitane was formalised with a research grant programme. In 1994 \$25 000 was available to projects selected by a research advisory panel.<sup>54</sup> Two studies were underway in 1995, *The Significance of shared everyday activities in facilitating young children's development* and *Digestibility of breast milk* and support continued for up to three projects per annum.

No information is available to compare the activity at Karitane in the 1990s with previous decades although the availability of useful management statistics was discussed at a number of Board meetings from 1997 to 1999. The available beds increased from twenty-four in 1991 to thirty-six in 1999 but people were still kept waiting for admission because of a shortage of staff. A study involving sixteen mothers in 1999 by nurse consultant Karolyn Vaughan gives an idea of the

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<sup>51</sup> V Samson and J Ramjan, personal communication, 2007.

<sup>52</sup> KMS, Board Minutes, November 1996.

<sup>53</sup> M Hughes, personal communication, 2008.

<sup>54</sup> KMA, *Annual Report*, 1995, 9.

experience of mothers in the Residential Unit. For all of them the presenting problem was an unsettled baby and their stay in Karitane resulted in a significant reduction in their levels of depression as measured by the Edinburgh Postnatal Depression Scale. Overall, they felt supported and nurtured by the staff and welcomed the opportunity for their partners to stay. Some of their comments were quoted; one person did not want anyone, not even her mother, to know she was going to Karitane; another described the environment as being ‘so nurturing that I did not want it to end’ and others expressed relief that it was not like a hospital.<sup>55</sup>

### *Clinics at Carramar*

Whereas in Randwick there were networks of established social services to which staff could refer clients, in Fairfield the community services were underdeveloped and the public hospital services were struggling. Karitane was actively looking to create new services for the South West and two were very successful. One was their parent support programme and the other was a day care service for mothers with mood disorders.

Their parent support programme (PSP) was a volunteer visiting programme for selected parents set up with funds received from the NSW Department of Community Services. Karitane’s PSP was based on studies in the USA and the UK that had shown that regular visits from a helping person improved the parenting experience irrespective of whether the visitor was a volunteer or a professional. It was targeted towards NESB and indigenous parents. The funds employed a coordinator and provided training for prospective volunteers. The first thirteen volunteers graduated towards the end of 1995 and the programme was evaluated after six months of operation. Like the volunteers that Baldock had studied, Karitane’s volunteer home visitors were appreciative of their opportunities for training. Baldock however used this finding to question the motivation for volunteering, suggesting that while altruism is socially acceptable it may camouflage a real interest in paid work.<sup>56</sup> The choice of a Vietnamese coordinator appeared to be an important feature of Karitane’s success; Anh-Linh Pham had both an academic and a practical background in social work and she was able to build a network of contacts between Karitane and the people of the area.<sup>57</sup> Training volunteers to give support to parents through home visiting proved to be an attractive proposition politically; in NSW there were substantial new entrants in the field, ‘Good Beginnings’

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<sup>55</sup> K Vaughan, ‘Mother, baby residential admission: the mother’s experience’, M.N. Hons, University of Western Sydney, 2000.

<sup>56</sup> Baldock, *Volunteers in welfare*, 87-103.

<sup>57</sup> S Rappell, ‘Karitane Mothercraft Society parent support program evaluation’, University of Western Sydney, Faculty of Health, c.1996.

and 'Home-Start' were two such organisations, starting in 1995 and 1998 respectively.<sup>58</sup> A State audit in 1997 identified 615 child abuse prevention programmes in NSW, 281 of which were PSPs.<sup>59</sup> Karitane was able to contribute its expertise with programme evaluation to a National Audit Group working towards uniform long-term outcome measures for PSPs.

The second successful new service was Jade House, a day care service for mothers with perinatal mood or anxiety disorders. Through the work of Lockhart running groups for distressed mothers in Sylvania, Harris's years of promoting mothercraft and Barnett's doctoral research into infant attachment, Karitane was at the forefront of the realisation that many mothers were actually depressed in the perinatal period. Jade House was set up in Fairfield to support women with this type of problem. It was a joint venture between SWSAHS and Karitane, with the assistance of the Centre for Mental Health and supported by the Perinatal and Infant Mental Health Service. It started operating in 1996 on SWSAHS purchased premises. Jade House provided early intervention so that mood disorder did not progress to a stage requiring psychiatric services and a number of factors had coincided to facilitate its operation. Not only was Karitane wanting to extend services but SWSAHS had a CEO with prior experience of managing mental health services and Barnett was teaching at Liverpool. It quickly became accredited for clinical experience in the educational programmes for nurses and doctors as well as being involved in research projects.

Karitane also took opportunities to set up other services and looked at other sites. A Family Care Cottage at Camden was contemplated in 1997; a clinic at Villawood proved unsuccessful and in 1999 a weekly service in a pharmacy was given a trial for twelve months. In 1999 Karitane put up a website and when the Labor Premier's 'Families First' scheme started its pilot programmes, Karitane put in a successful proposal.

### *Conclusion*

In the 1990s voluntary health and welfare organizations were again desirable conduits for government moneys to provide for community health and welfare services. In NSW this was supported by an ALP Government, a change from the ALP's aspirations in the early twentieth century for State provided care. However, the money came with onerous responsibilities to account for the funds received and the services provided. The volunteer function at Karitane had broadened from mainly contributing governance and fundraising skills to providing direct client services, but

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<sup>58</sup> Good Beginnings, viewed 25 June 2008, <<http://www.goodbeginnings.net.au/index.shtml>>; Home Start National, viewed 25 June 2008, <<http://www.home-startnat-aust.org/>>

<sup>59</sup> AM Tomison, *Preventing child abuse and neglect in NSW: findings from a State audit*, Sydney, NSW: New South Wales Child Protection Council, 1997.

the number of people willing to take on the increasingly onerous task of voluntary governance were shrinking; a trend consistent with findings from research in voluntary organisations.

Karitane at Carramar not only looked different to Karitane at Randwick but its services were different. (See Figure 15) The only primary service was *Carelina*; the clientele at the Residential Unit, Jade House, and from 1997 at the FCCs, were all referred by other health professionals. In moving to the South West, Karitane lost a substantial part of its institutional identity. Longstanding personnel retired or resigned; one of the reasons proffered for the almost total turnover of nurses was the travel time involved. It also lost the main way it had developed and maintained its standards when the nurse education programmes ceased. In the 1990s nurse education became an ancillary activity over which Karitane had no direct control. Relieving Sister Long had said of the student mothercraft nurses: 'They were the backbone of the place', so Karitane had in effect lost its 'backbone'.<sup>60</sup> Karitane also lost some of its 'community' identity, sustained by the communities that had supported its clinics and the Karitane Home. No clinics operated after 1992 and in 1994 the Home/Residential Unit moved to a community where it was health professionals who knew it best.

Pressure from the State resulted in the relocation of the majority of Karitane's services to the area considered to have the greatest health deficit. By being so dependent on State funding to operate, Karitane had little choice in the 1990s but to redefine its aims and become a specialist secondary and tertiary service in South West Sydney. Karitane had to accommodate the external circumstances beyond its control like the managerialism prevailing in the health sector; similar processes overtook the Plunket Society in NZ.<sup>61</sup> It was however doing what the Department advocated to improve the health of children in NSW, being one of many voluntary organisations providing support to stressed mothers with the aim of reducing the risk of difficulties in future family relationships. Karitane had to work to create an identity in South West Sydney, but at least there was security of tenure and a long-term need for knowledge about parenting.

The 'old' and the 'new' Karitane were connected at Carramar by the *Karitane* bell. In May 1999 the Waterhouse family presented the Board with the ship's bell from the USSCo's *Karitane*.<sup>62</sup> Leslie Waterhouse, past President Dorothy Waterhouse's husband, had salvaged it when the ship, named after the same peninsula in Otago NZ that gave the Karitane Mothercraft Society its name, sank off the coast of Tasmania in 1922.

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<sup>60</sup> H Long, personal communication, 2007.

<sup>61</sup> L Bryder, 'The Plunket Society: part of the New Zealand way of life?' *Australian Historical Studies*, vol. 39, 2008, 183-198.

<sup>62</sup> P Walker, 'Family history tolls the bell,' *The Fairfield Champion*, 26 May 1999.