Submission No 21

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Tresillian

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TRESILLIAN RESPONSE

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1. THE ADEQUACY OF CURRENT SERVICES AND STRUCTURES FOR NEW PARENTS, ESPECIALLY THOSE WHO NEED EXTRA SUPPORT, TO PROVIDE A SAFE AND NURTURING ENVIRONMENT FOR THEIR BABIES

The Royal Society for the Welfare of Mothers and Babies, now commonly known as Tresillian Family Care Centres (Tresillian), was formed in 1918 to co-ordinate early childhood and maternal services in New South Wales. The Society was formed in response to the high death rate of children under the age of five years.

Australia has a unique system of early parenting centres that are located in all states and territories except for Tasmania and the Northern Territory.

Tresillian is now the largest early parenting service in Australia, providing parenting advice, support and treatment to families in the early years as well as providing leadership, education and support for other agencies, organisations and health professionals. Tresillian's activity in 2016/17 included 31,550 occasions of service provided to families attending day services by psychologists, social workers and nurses (of which 2,800 were regional families), 5,423 families accessed our residential services; 39,797 parents called our helpline, 3,592 families accessed our digital chatroom.

Under the remit of the *2009 NSW Health/Families NSW Supporting Families Early Package – maternal and child health primary health care policy,* Tresillian provides services at Level 2 and Level 3 where early intervention and prevention requires ongoing and active follow up and review; and engages with families with complex parenting needs.

On referral from Level 1 universal child and family health services (which include General Practitioners), Tresillian provides a range of services to assist and support families experiencing early parenting challenges using a range of modes of delivery including centre based day programs, home visiting, telephone and online support and advice, residential services and targeted specialist services.

These families are experiencing a range of complex issues which impact on parenting capacity, parent-child relationships, child development, child and parental emotional wellbeing; which requires a targeted response that is appropriate to the circumstances and culturally safe and includes:

- parents experiencing or at risk of perinatal mood disorders / history of mental health issues
- families referred from child protection services
- young parents with little support
- parents transitioning from criminal justice system
- parents with history of drug or alcohol misuse
- parents with learning difficulty or cognitive impairment

Some of these parents and families identify as Indigenous and some are refugees whilst others are experiencing domestic violence which adds additional layers of complexity.

Tresillian's services tailored to families with complex needs include:

- Mothers with substance dependence:
  - Possum Play group interagency collaboration: services to mothers with substance dependence

  - Kathleen York House interagency collaboration: services to mothers with substance dependence
- Mothers with depression:
  - Perinatal anxiety and depression and the role of group therapy
  - Early Intervention Home Visiting Program
- Regional services for families

1.1. ADDITIONAL SUPPORT FOR MOTHERS WITH SUBSTANCE DEPENDENCE:

1.1.1. Possum Play group interagency collaboration

Families dealing with parental substance dependence are some of the most vulnerable within society. The prevalence of child maltreatment due to parental alcohol abuse has long been recognised as an issue across Australia. There is a complex relationship between parental substance dependence and adverse outcomes, including child maltreatment, involving drug use, maternal psychopathology, parenting practices, the family environment and socioeconomic factors. These children are also at an increased risk of substance abuse in their own adolescence and adulthood which sets off trans generational trends.

Women with a history of substance abuse have difficulties with or are reluctant to access available child and family services due to multiple barriers. A window of opportunity exists during the pregnancy and early childhood years to improve access to parenting services which can increase parenting confidence and capacity. One such opportunity presents with the Possum Play Group which was initially established in 2012 in response to focus groups where mothers expressed feeling aliened from mainstream health services (Fowler C et al, Clin Nursing 19:2835, 2014). Providing parenting and child health services, in a way which avoids mothers feeling judged by the staff and other mothers, is an important step to improving access to mainstream services and to enhancing capacity to appropriately and sensitively care for their infants and young children. The Possum Play Group provides a comprehensive, accessible, sensitive, supportive and educational service to families engaged with drug health services in Sydney Local Health District, with the Perinatal and Family Drug Health team in a non-judgmental, informal 'One Stop Shop' way to facilitate enhanced parenting skills.

This includes an opportunistic weekly child health clinic facilitated by Tresillian nursing staff and is available to women and their families from the time of antenatal engagement until their child is 2 years of age. Interagency services available to group participants include:

- parenting skills - promoting secure attachment
- lactation and breast feeding support
- availability of opportunistic immunization
- follow-up for babies of Hepatitis B and C positive mothers
- age appropriate activities to promote developmental achievement across all domains
- social interaction for mothers and children experiencing similar life style risks
- early intervention for services like physiotherapy and long term developmental follow up and integration to appropriate services
- opportunistic nutrition and healthy lifestyle choices education, including the provision of healthy snacks.
- access to specialist health advice – community paediatrician, drug health including aboriginal project officer for drug health, neonatologist, aboriginal liaison midwife, perinatal infant and maternal mental health
- contraception advice/ referral to clinic
- social work support
- legal aid

1.1.2. Kathleen York House interagency collaboration

Tresillian and Kathleen York House (KYH) staff have been working together since 2008 to provide an innovative parenting service for substance abuse mothers admitted to the KYH abstinence based drug rehabilitation residential program.

The differentiator for this program is the integration of the clinical skills of the staff from both agencies to partner with mothers in a way that gives them hope and abilities to break the cycle of intergenerational morbidity and trauma. Data showed that maternal confidence, self-esteem, coping skills and capacity to manage stress was increased hand in hand with providing a positive nurturing environment for the child; relapse rates were reduced with lower intensity in relapse episodes; and the collaboration resulted in capacity building for both the KYH staff (in parenting) and Tresillian staff (in substance misuse management).

Some of the publications arising from this work that leads practice development in Australia are: Fowler C, Rossiter C, Day C, Lee A, 2012. Partners in hope: an innovative program to support mothers affected by alcohol and drug dependence and their children. *Australian Journal of Child and Family Health Nursing* 9, 18-21.

Fowler, C., Rossiter, C., Sherwood, J., Day, C., 2015. New Understandings of Mothering: Mothers in an Abstinence-Based Drug Treatment Program. *International Journal of Mental Health and Addiction* 13, 173-184.

Rossiter C, Fowler C, Dunston R, Sherwood J, Day C, 2013. *Integrating parenting support in alcohol and drug treatment program for mothers and their children: a study of practice innovation.* University of Technology Sydney, Sydney.

1.2. ADDITIONAL SUPPORT FOR MOTHERS WITH DEPRESSION

1.2.1. Group therapy for perinatal anxiety and depression

Postnatal anxiety and depression is a significant mental health disorder during the first postnatal year and there is moderate evidence that poor mental health in the primary parent can impact adversely on the parent-infant relationship.

The primary goal of Tresillian's group therapy program is to promote recovery from depression and anxiety in mothers. In addition to changes in anxiety and depression, the group therapy program effects changes in parental reflective capacity as in itself this is a measure of an improvement in attachment security(Fonagy et al 1991). There is lesser evidence that if postnatal anxiety and depression is prolonged it can adversely impact infant development (Stewart et al 2003). A reduction in perinatal anxiety and depression and nil risk of suicide certainly minimises the level of risk to the mother and to the infant/children, reducing child protection concerns.

Tresillian trialled a Sequential Postnatal Depression and Circle Of Security Parenting Group (Sequential Group) in late 2016 following growing and compelling evidence of the benefits of attachment-based intervention in further reducing the impact of mental health on the mother, infant and her family, improving family functioning and minimising the likelihood of risk to mother and/ infant.

Data revealed all mothers had a significant improvement in firstly the level of suicide risk and feelings of anxiety and depression. Secondly, these data were further validated by qualitative data which revealed improved enjoyment of the infant, improved reflective functioning and parental confidence by the completion of the Sequential Group Program. These findings improve the safety and nurturing of infants, both reducing child protection risk and optimising infant development.

Some of the publications arising from this work that leads practice development in Australia are: Mental Health Care in the Perinatal Period: Australian Clinical Practice Guidelines, October 2017

Milgrom J. , Gemmill A.W , 2015 Identifying Perinatal Depression and Anxiety: Evidence-Based Practice in screening, psychological assessment and management

Getting Ahead Of Postnatal Depression, HYPERLINK "http://www.piri.org.au" www.piri.org.au

1.2.2. Early Intervention Home Visiting Program

In 2001, Tresillian received funding from the Commonwealth to implement an Extended Home Visiting Intervention Program for mothers experiencing moderate mental health problems. The criteria for an admission was an Edinburgh Postnatal Depression score 12 or above or taking prescribed antidepressant medication. The program consistently achieved positive outcomes against the key performance indicators.

In 2009, to ensure Tresillian complied with the new funding expectations of the Department of Families, Housing, Community Services and Indigenous Affairs Family Support Program criteria, Tresillian developed a new program model called the Early Intervention Home Visiting Program (EIHVP). The new program model was informed by attachment theory, strength and relationship based approaches and underpinned by a population health, ecological approach to service provision and early intervention. The EIHVP model moved from a maternal-child focus to a focus on the parent-child and family as a whole and the criteria were adjusted to meet the needs of families with identified vulnerabilities and complex issues that were potentially impacting on the parent-child relationship and/or the parent's ability to provide a safe nurturing environment.

The child and family health nurses provide between 10 and 12 intensive home visits aimed at improving child and family outcomes by increasing parental sensitivity, confidence, sense of wellbeing and social connectedness. For the financial year ending June 2017, 51 families were on the program: all identified as having a past or current mental health issue e.g. anxiety, depression, post-traumatic stress disorder, social anxiety; 3 families (6%) identified as having current or previous FaCS involvement; 7 families (14%) identified with a past history of substance misuse and 2 families had refugee status.

They were provided education, information and strategies to promote problem solving by child and family health nurses thus increasing the parents capacity as a caregiver. All home visits (522 visits in financial year ending June 2017) and negotiated activities are deliberately aimed at enhancing interactions between the primary carer and their child and increasing the parent's self-efficacy. Evidence-informed clinical tools are used to help inform the child and family health nurse and primary carer in the development of individualised care plans and interventions tailored to meet the needs of the child, parent/s and the family which include:

- Seeing is Believing program which is a video recording of parent and child interactions of 3 to 5 minutes. The nurse reviews the recording with the parent asking questions about the child's and the parent's feelings. This adds support to the development of reflective parenting practice.
- Home Observation for Measurement of the Environment (HOME) Inventory which is a widely used validated tool. The HOME Inventory measures the stimulation potential of a child's early developmental environment (Caldwell & Bradley 1984) which is a widely used for the mothers and children living in the community.
- The NCAST Keys to Care Giving program which provides a framework for parents to increase their sensitivity to their child's needs. NCAST Parent Child Interaction (PCI) program objectively looks at what is happening within the parent-child interaction and assessments provide the basis for individualising interventions and act as a pre and post intervention

measure. The outcome of the assessments can be measured against an international database.

- Circle of Security program which provides a framework to promote positive parent-infant interaction over a period of some eight weeks.
- The 1-2-3 Magic program is used to help parents deal with their child's challenging behaviour by using an easy-to-learn and easy-to-use signalling system and helping the parent view the world from their child's eyes.
- Mothering at a Distance program is used if an incarcerated parent does not have full access to their infant or child.

Strong partnerships with other agencies and community services are developed to ensure appropriateness of referrals to the program and to negotiate the continuum of care post discharge from the program.

The program has rigorous evaluation processes and continues to deliver positive outcomes.

Some of the publications that were used to develop and enhance the program and publications arising from this work that leads practice development for in Australia are:
Fowler C, McMahon C, Kowalenko N, Rossiter C, 2004. *Home visiting intervention project: project evaluation.* Tresillian Family Care Centres, Sydney.

Hoffman K, Cooper G, Power B, Marvin R, 2006. Changing toddlers' and pre-schooler attachment classification: the Circle of Security intervention, *Journal of Consulting and Clinical Psychology* 74(6) 1017-1026.

Jung V, Short R, Letourneau N, Andrews D, 2007. Interventions with depressed mothers and their infants: Modifying interactive behaviours, *Journal of Affective Disorders* 98, 199-205.

Kemp L, Anderson T, Travaglia J, Harris E, 2005. Sustained nurse home visiting in early childhood: exploring Australian nursing competencies. Public Health Nursing 22, 254-259.

Kemp L, Harris E, McMahon C, Matthey S, Vimpani G, Anderson T, Schmeid V, Aslam H, 2010. *Maternal Early Childhood Sustained Home-visiting (MESCH) program description*. Centre for Health Equity Training Research and Evaluation, University of NSW, Liverpool, NSW.

Linver M, Brooks-Gunn J, Cabrera N, 2004. The home observation for measurement of the environment (HOME) Inventory: The derivation of conceptually designed subscales. *Parenting: Science and Practice* 4(2-3), 99-114.

Mercer, J., 2015. Examining Circle of Security™: A review of research and theory. *Research and Social Practice* 25, 382-392.

Newman C, Fowler C, Cashin A, 2011. The development of a parenting program for incarcerated mothers in Australia: a review of prison-based parenting programs. *Contemporary Nurse* 39, 2-11.

Perry V, Fowler C, Heggie K, 2009. *Evaluation of the Mothering at a Distance Program*. NSW Department of Corrective Services, Sydney.

Perry, Fowler, Heggie K, Barbara K, 2011. The impact of a correctional-based parenting program in strengthening parenting skills of incarcerated mothers. *Current Issues in Criminal Justice* 22, 457-472.

Porzig-Drummond R, Stevenson R, Stevenson C, 2014. The 1-2-3 Magic parenting program and its effect on child problem behaviours and dysfunctional parenting: A randomized controlled trial. *Behaviour Research and Therapy* 58, 52-64.

Rossiter C, Fowler C, Hopwood N, Lee A, Dunston R, 2011. Working in partnership with vulnerable

families: the experience of child and family health practitioners. *Australian and New Zealand Journal of Family Therapy* 17, 378-383.

Rossiter C, Fowler C, McMahon C, Kowalenko N., 2012. Supporting depressed mothers at home: Their views on an innovative relationship-based intervention. *Contemporary Nurse* 41, 90-100.

Rossiter C, Power T, Fowler C, Jackson D, Hyslop D, Dawson A, 2015. Mothering at a distance: what incarcerated mothers value about a parenting programme. *Contemporary Nurse* 50, 238-255.

Tryphonopoulos P, Letourneau N, DiTommaso E, 2016. Caregiver-Infant Interaction Quality: A Review of Observational Assessment Tools. *Comprehensive Child and Adolescent Nursing* 39, 107-138.

1.3. RURAL AND REGIONAL SERVICES THROUGH PARTNERSHIPS AND COLLABORATION

Services need to be accessible by families. At present families travel from across NSW, often covering vast distances to access help for early parenting difficulties complicated by psychosocial issues and vulnerabilities.

Rural and regional families have more vulnerability and need more support than metropolitan families. Families residing in regional Local Health Districts without secondary level services travel to facilities in Sydney, resulting in many families opting to struggle on at home while experiencing significant distress.

Tresillian has committed to extend the reach of early parenting support services for families in rural and regional areas, because their needs for support are higher.

Partnerships and collaboration are central to Tresillian's rural service development. Through consultation and building a foundation of respect for service expertise between organisations, Tresillian commenced the delivery of services in Lismore on North Coast NSW, Albury Wodonga on the NSW-Victorian border and Wagga Wagga in South Western NSW.

Primary health providers refer families to these secondary level child and family health Tresillian services to support families experiencing complex early parenting difficulties often complicated by psychosocial challenges requiring additional intensive support. The Day Services (centre based and home-visiting) at Lismore, Albury and Wagga Wagga provide holistic care through a multidisciplinary team approach with a focus on early intervention and prevention.

The identification of need is not limited to individuals but the community as a whole with service system forums being held with partner health agencies and NGOs in the local areas. These forums have been integral to obtaining a clear picture of the services available to families and importantly identifying the service gaps and needs in the community, providing a platform for further collaboration.

The service development and delivery model has adapted and tailored models from metropolitan services to rural settings. As Tresillian has moved forward with rural service development, two models of service collaboration have been implemented: (i) management of a service through a partnership agreement; (ii) formation of an alliance through a service level agreement enabling service enhancements to increase the capacity of an existing service. Both models include the provision of evidence-based clinical practice protocols and building the capacity of health professionals in the local area through professional development and networking.

Tresillian is currently providing services in partnership with 3 regional health services however there is a great need to extend these services to provide equity of access to families across the state.

2. CHANGES TO CURRENT SERVICES AND STRUCTURES THAT COULD IMPROVE PHYSICAL HEALTH, MENTAL HEALTH AND CHILD PROTECTIONS OUTCOMES

Existing Tresillian services integrate nursing, paediatrics, general medical, mental health, psychology and social work service delivery in the residential settings to maximise joined up assessment and management of physical health, mental health and parenting outcomes.

Strategies that direct a greater proportion of Tresillian's clinical resources to families experiencing a range of complex issues must also consider the ongoing provision of services to the families currently accessing our services.

2.1. LEVEL 2 SERVICE MODEL FOR DAY SERVICES

To this end, Tresillian comprehensively reviewed the Level 2 Service Model for Day Services in 2015-2016 to provide care proportionate to the degree of complexity. This review led to the development of a revised Service Model to effectively deliver high quality, responsive care through a model of care based on best practice. The review was informed by literature, benchmarking, consultation and process mapping.

The key elements of the Service Model provide the framework for a 'package of care' to be tailored to the unique needs of families, to promote responsive service provision to meet the needs of families across the continuum of care. These elements include assessment and care planning, prioritisation based on clinical criteria, service pathways and a range of modes of delivery, a team approach, case coordination and the measurement of expected program outcomes as part of a service evaluation framework.
The modes of delivery options for the 'package of care' following assessment include:

- Subsequent centre based appointments
- Home-based appointments – either short-term (3 points of contact) or more intensive Early Intervention Home Visiting (6-12 points of contact)
- Feeding/Settling Clinics (short appointments for specific presentations)
- Group Consultations
- Referral to Residential Units

The Program Outcomes for Tresillian Day Services have been developed around the domains of 'outcomes for the child/ren', 'outcomes for parent/s', and 'outcomes impacting parenting'. The overarching program statements are:

- Children and parents have good health and wellbeing
- The child is provided with positive, confident and effective care by their parent/caregiver
- The child's health and developmental stages and needs are understood and met by the parents
- The child is provided with a safe and nurturing environment by their parents
- Families are able to cope with circumstances, find solutions to problems and mobilise resources to meet their needs and aspirations.

Further information on the Tresillian Service Model for Level 2 Day Services is available on request.

2.2. MULTIDISCIPLINARY TEAM AND TEAM NURSING MODEL OF CARE

Babies and their parents are admitted for 5-day stays to Tresillian's residential units. Specialist child and family health nursing teams are comprised of a mix of qualifications which include, Diploma of Nursing and Bachelor of Nursing with a Certificate in Mothercraft or a postgraduate tertiary qualification in Child and Family Health Nursing.

In June 2015 a Team Nursing model of care was implemented to better meet the complex needs of clients accessing the services. Team nursing model of care involves care that is provided by a group of nurses with a range of qualifications, skills and attributes to a group of clients under the supervision of a clinical lead that is a registered nurse.

This was evaluated by client feedback and file audit using eight nurse sensitive indicators as part of the Paediatric International Nursing Study. The data showed the model increased the focus on person-centred care within each nurse's scope of practice working under the supervision of a clinical lead that is a Registered Nurse.

The staff provided feedback on their perceptions of the team success using a Nursing Teamwork Survey developed by Kalisch et al (2010) themed into five factors: Trust, Team Orientation, Backup, Shared Mental Model, and Team Leadership. The data showed that the teams operated at a high to very high level on all the team factors.

Tresillian's experience bears out the paper (Fairbrother, Chairella, Braithwaite 2015) that suggests that team nursing seems to offer the best in structuring the way nursing care is delivered to harvest the combined pool of skills and experiences of the team for the benefit of the families that access our services; as well as positively impacting workforce recruitment and retention.

In addition Tresillian has psychologists, social workers, paediatricians, general practitioners and psychiatrists on staff that seamlessly provide an integrated service to clients based on well-articulated criteria for referral to the multidisciplinary team.

2.3. NCAST TO IMPROVE THE ASSESSMENT OF PARENT CHILD RELATIONSHIP

In February 2017, Tresillian introduced the use of the NCAST Parent Child Interaction (PCI) Assessment tool to assist in the assessment of the parent-child relationship. The PCI is a well validated and increasingly used parent-child assessment clinical and research tool that enables the development of an intervention plan based on the evidence gained from the assessment of infant feeding (valid to 12 months) and teaching (valid until 36 months of age) (Oxford & Findlay 2015). This assessment facilitates more tailored interventions to be designed than the existing assessment approaches used within nursing practice at Tresillian.

An added advantage of the derived management plan is that it provides the scaffolding to which all nurses can contribute regardless of qualification and experience further exercising the five factors of team nursing of Trust, Team Orientation, Backup, Shared Mental Model, and Team Leadership; and the eight nurse sensitive indicators of person centred care.

While there has been some research conducted that has a focus on clinical outcomes (Fisher & Rowe 2005 Fowler, Rossiter, Maddox, Dignam, Briggs, DeGuio & Kookarkin 2012) there is limited research evaluating clinical practices or the implementation process for new clinical practices. One such study was conducted at Ellen Barron Centre in Queensland, a program designed for parents and their infants who were at high risk and who were referred by the health and child protection services (Berry, Jeon, Foster & Fraser 2015). The findings confirmed that

parents who participated, increased their parenting capacity and were able to transition back to the community. In Western Australian, Ngala's infant sleep intervention study found parents had higher levels of competence and confidence four weeks after discharge from the early parenting centre compared to the community group (Hauck, Hall, Dhaliwal, Bennett & Wells 2012). Tresillian's post discharge residential research also identified that they had an increase in knowledge and a deeper understanding of challenges and complexity of parenting (Fowler, Rossiter, Maddox, Dignam, Briggs, DeGuio & Kookarkin 2012).

Ethics approval has been given to undertake a study in 2018 to investigate the Parent Child Interaction (PCI) assessment scale and its associated intervention implementation process within Tresillian's three residential units. The aim is to describe and gain insights into the NCAST PCI implementation process within Tresillian residential units.

2.4. PARENT, INFANT AND EARLY CHILDHOOD MENTAL HEALTH MODEL OF CARE.

The health needs of parents, their infants and young children are not met without consideration of their mental health. This is reflected in the Tresillian Strategic Plan 2017-2020 which prioritises enhancing Tresillian's capacity to serve parent and child mental health issues. Internal consultation indicated several other reasons for the development of a mental health model of care specific to Tresillian services: A response to external policy, Tresillian service expansion, evolving literature that demonstrates mental health need and despite this, an apparent service gap.

The parent and child mental health issues which can reasonably be targeted by Tresillian services can be divided into those which specifically affect parents as compared to their children. Parent mental health issues include perinatal mood and anxiety disorders. Tresillian is also uniquely placed to offer interventions for parents with a past history of suffering from more severe mental health issues such as psychotic illnesses occurring in the perinatal period.

Perinatal depression and emotional health problems are very common and form part of the core work of Tresillian services. Postnatal depression is over-represented within parents who access Tresillian services when compared with the wider population of parents. Tresillian has a long history of addressing perinatal mental health needs. However, the mental health needs of parents, infants and young children are not subsumed by perinatal mental health and, as such, represent a target area that has not been getting much focus. Community specialist models of Parent, Infant Mental Health care, funded by NSW health, fall short of delivering adequate mental health care and this leaves a very large gap in service delivery.

Parent education is a core component of the work Tresillian undertakes and emotional health and wellness information is, in most instances, integrated into all health education topics.

There are opportunities to enhance the capacity of Tresillian to provide mental health care and it is a strategic aim of Tresillian.

In the same way that rural and service growth was targeted and achieved, Tresillian is considering the appointment of Parent Infant Early Childhood MH (PIEC-MH) leadership roles to further develop Tresillian's function in this domain.

3. SPECIFIC AREAS OF DISADVANTAGE OR CHALLENGE IN RELATION TO HEALTH OUTCOMES FOR BABIES

3.1. INVERSE CARE LAW

The Inverse Care Law describes a perverse relationship between those that really need services and the utilisation of those services.

This was borne out in an ARC Linkage study of the characteristics, trends, co-admissions and service needs of women admitted to residential parenting services in the year following birth in NSW (2000-2011) which showed that not enough parents with complex issues are effectively engaged with our Level 2 and 3 services.

Feedback from consultations held by Tresillian with clinicians in Regional NSW have identified the need for specialist Level 2 Child and Family Health referral services and targeted programs to provide an appropriate service response for families that includes mobile services in Grafton and Early Intervention Home Visiting Programs in Wagga Wagga and Albury Wodonga.

3.2. RURAL AND REGIONAL FAMILIES

Services need to be accessible by families. At present families travel from across NSW, often covering vast distances to access help for early parenting difficulties complicated by psychosocial issues and vulnerabilities. Families residing in Local Health Districts without secondary level services travel to facilities in Sydney, resulting in many families opting to struggle on at home while experiencing significant distress.

Tresillian is currently providing services in partnership with 3 regional health services however there is a great need to extend these services to provide equity of access to families across the state.

The National Strategic Framework for Rural and Remote Health (2012) highlights the need for greater access to service delivery models responsive to the needs of rural populations. The early parenting period is vital to the trajectory of the life course and health outcomes of individuals, their families and communities. 'Evidence shows that intervening early in the life course to either prevent events that increase risk or address issues early is effective in preventing or reducing later health issues' (Australian Health Ministers' Advisory Council 2015a, p.9).

The NSW Rural Health Plan (2014) further emphasizes the need for service development in rural and regional areas in light of poor health outcomes for families in Rural NSW impacted by geographic isolation, socio-economic disadvantage and drought / climate change. Rural health data indicates vulnerabilities for families living in rural and regional areas with key relevant poorer outcomes as compared to families living in metropolitan areas. These include lower breastfeeding rates, smoking and alcohol levels posing risk to health, low birth weights of infants as well as rates of high or very high psychological distress and intentional self-harm in females and the general population in rural Local Health Districts (NSW Health 2014).

The NSW Rural Health Plan emphasizes the need to invest in new best practice models of care and research to provide health services which are sustainable and tailored to the needs of rural communities. The Plan also recognizes the importance of the early years of a child's life on long term health outcomes including the need for innovative models of maternal, child and family healthcare which meet the needs of rural communities.

Level 2 referral Child and Family Health Service pathways, as provided by Tresillian Family Care Centres, are needed in all regional local health districts for families identified by the primary level Child and Family Health Nursing service to provide timely, accessible, evidence-based help and support for families and to avoid escalation of the distress the family is experiencing and impact on acute care services. Many parents attending Tresillian Family Care Centres present initially reaching out for help for early childhood sleep difficulties with research indicating that 15-35% of children in infancy and early childhood have been found to have clinically significant persistent sleep disturbances (France, Blampied & Henderson, 2003).

Two major longitudinal studies *The Australian Temperament Project* (ATP) and *The Longitudinal Study of Australian Children* (LSAC) report (Smart and Sanson 2008) that night waking is a key behavioural problem in 2-3 year olds (10% ATP and 11% LSAC). Early access to help and support is vital as if left untreated, these sleep difficulties can persist into childhood and adulthood as well as having significant impact on:

- Compromised physical development
- Family functioning and stress
- Parental mood and coping ability
- Parental relationships
- Parent-infant relationships
- Child behaviour and emotional regulation problems

Sleep and settling problems are the primary reasons for families accessing Tresillian's services and there is a compelling need for additional services in regional areas.

3.3. MOTHER BABY UNITS FOR MOTHERS WITH MODERATE AND SEVERE MENTAL HEALTH PROBLEMS

Women are at a greater risk of developing a mental illness following childbirth than at any other time. The effects of post-natal mental illness can be detrimental to family relationships, mother-baby interactions and childhood development. It is imperative that mothers with a mental health problem have access to effective treatment that also allows for the assessment of the mother's capacity to care for her baby, and to strengthen the mother infant attachment as well as avert any potential risk to the child.

There is a gap in planned development for NSW in dedicated mother-baby beds in the public sector for mothers with moderate and severe mental health problems that is declared under the Mental Health Act 2007.

Admission to a specialist Mental Health mother baby unit will facilitate assessment, management and support of the relationship between mothers who are suffering an acute mental health problem and their baby. The joint admission of mother and baby leads to improved parenting skills, helps the mother gain increased confidence in her mothering role and achieves better long term outcomes for both the mother and baby.

Units such as these would work closely with a number of stakeholders including the Tresillian Family Care Services, Perinatal services, Early Childhood Services, Community Mental Health Services and Women's Health, Neonatology and Paediatric Clinical Streams.

Additionally Tresillian has potential to provide step-down services for mothers discharged from the specialist Mental Health mother baby unit, if required, to further develop parenting skills.

There is also the opportunity for capacity building for both the mental health staff (in parenting) and Tresillian staff (in mental health interventions).

Tresillian has a plan to expand mental health services to mothers with mild to moderate mental health issues and make this a key focus to build on what we already do which is individual intervention consultations over six or more sessions and group therapies to clients of Tresillian as well as members of the public referred by community based GPs. It is Tresillian's experience that once engaged with Tresillian, clients reveal their mental health difficulties.

3.4. WORKFORCE ISSUES

Tresillian's workforce is a key resource for its service delivery and Tresillian is committed to ensuring that it provides opportunities for staff to develop and grow to support the delivery of quality care.

The nursing workforce at Tresillian is significantly older than the national average, both in comparison to child and family health nurses and the general nursing population. When the mean expected retirement age of 61.7 years for Australian nurses is considered (Duffield et al 2014), three quarters of the nursing staff are within an estimated 12 years of retirement. As one in four nurses are 60 or older, an estimated 25% are within 2 years of average retirement of nursing staff nationally. The Tresillian workforce is nearing retirement – average age of the workforce is 52.5yrs.

Given that research regarding nurses' workplace satisfaction is relatively recent, it is unsurprising that there is little published research in the workplace satisfaction of child and family health professionals. A small study of health visitors (Whittaker et al 2017) in the United Kingdom identified factors that participants found supportive in the workplace including having the desire to make a difference for children and families, being able to use their knowledge, skills and expertise, working with others and professional autonomy.

Some work has been undertaken to develop and address the workforce priorities in child and family health. In 2015, the UK Institute of Health Visiting published a literature review report, undertaken to assist in the development of a framework of support for health visitor professionals (Pettit & Stephen 2015). In Australia, staff at Ngala in Western Australia have published results of a national survey of nurses working in family care centres. The authors propose several workforce priorities, including increasing options for post-graduate education, development of retention strategies for an ageing workforce and innovative national professional development strategies, and consideration of the establishment of new roles in child and family health (Bennett & Alliex 2014).

Research has contributed to understanding the complexity of the families admitted to a residential unit and the complexity of the clinical skills and knowledge that are needed to work in this clinical environment (Fowler, Schmied, Dahlen & Dickinson 2016).

As a leader in child and family health education, Tresillian has the opportunity to influence and shape the child and family health workforce, and contributes to this already as a provider of postgraduate education and leadership of statewide advanced nurse practice programs.

Further strategies for Tresillian to influence include actively promoting child and family health as a career pathway to early career clinicians in nursing, medicine and allied health, supporting the transition of early career clinicians to practice and developing retention strategies that engage and motivate the existing Tresillian workforce.

4. MODELS OF SUPPORT PROVIDED IN OTHER JURISDICTIONS TO SUPPORT NEW PARENTS AND PROMOTE THE HEALTH OF BABIES

4.1. PARTNERSHIPS AND COLLABORATIONS WITH RURAL AND REGIONAL AGENCIES

Tresillian has demonstrated the organisation's capacity to partner with Regional Local Health Districts to deliver services that focus on the early years of a child's life, enabling the identification and appropriate timely response to factors that contribute to vulnerability such as mental health, domestic and family violence, substance misuse, homelessness, disability, low educational attainment, inadequate & inappropriate parenting.

The specialist services based on the robust Tresillian Service Model can be made available to all families with identified vulnerabilities, residing in regional Local Health Districts where a Tresillian hub exists, who require a secondary level service response and without which would otherwise experience significant distress and impact the trajectory of the social-emotional and physical wellbeing of children across their lifespan.

The Tresillian Service Model aims to provide an integrated seamless service response for families in the early parenting period which is appropriate to the level of need and complexity, with a focus on the promotion of optimal child health and wellbeing outcomes.

The specialist Level 2 child & family service model elements can be delivered from family care centre 'hubs' in other areas of NSW which currently have a gap in service provision, with no available secondary level child and family health referral pathway for families experiencing early parenting difficulties and distress. These family care centres enable the provision of specialized secondary level child and family health services which have been identified as critical 'as child and family health needs increase in complexity' (The Australian Health Ministers' Advisory Council 2015b, p. 8).

The Tresillian Family Care Centres provide a base from which a range of services are provided including comprehensive assessment and consultation for the management of a range of early parenting challenges, home-based services, evidence-based group programs, an Early Intervention Home Visiting program for families experiencing complex vulnerabilities impacting on parenting capacity, and telehealth consultation services. Satellite services to surrounding communities from the Family Care Centre as a base also form part of the service model.

Beyond support for families, the benefits of the Tresillian service presence in the regions also extends to enhancing the capacity of the primary level workforce through access to clinical consultation, joint care planning, and education and support from clinicians working in a secondary level service.

The foundation of the model is the development of partnerships with the Local Health Districts, enabling the effective delivery of integrated care for families.

The underlying philosophy of the service model is to:

- provide high quality care and support to families living in rural and regional areas experiencing early parenting difficulties.

- enhance the capacity of health professionals within the regional Local Health Districts to deliver services responsive to the needs of families through the provision of Level 2 service response referral pathways and professional development / clinical consultation and support.
- develop partnerships based on transparency and mutual respect for the strengths of both partnering organizations, with roles and responsibilities clearly articulated through a Service Level Agreement.
- articulate criteria based on clinical need which will inform prioritization of access to the services consistent with principles of early intervention to ensure the health, wellbeing and safety of children.

Tresillian has successfully partnered with three regional health services to enable the delivery of secondary level specialist services to families within the following areas:

- Lismore (Northern NSW Local Health District and North Coast Primary Health Network): Family Care Centre providing centre-based and home-based consultations, group programs, and satellite service to Grafton and surrounding communities.
- Albury Wodonga (Albury Wodonga Health): Parents and Babies Service providing centre-based and home-based consultations, group programs, and Early Intervention Home Visiting program for families with complex needs and vulnerabilities.
- Wagga Wagga (Murrumbidgee Local Health District): 'Tresillian in Murrumbidgee Family Care Centre' provides centre-based and home-based consultations, group programs, and Early Intervention Home Visiting program for families with complex needs and vulnerabilities.

Having supported families in NSW families for almost 100 years, Tresillian is well-placed and prepared to provide expert advice and support to the New South Wales Government so that we can work together to improve the quality of life and long-term health outcomes of families and communities across the state.

As we embark on our next century of operation, Tresillian seeks to continue to work with New South Wales Government and develop local partnerships to provide equity of access across NSW, further expanding clinical services to address the needs of more families, in more diverse settings – including complementing services already provided by Local Health Districts.

4.2. MULTI SERVICES CENTRES

Western Australia Perinatal and Infant Mental Health Model of Care (September 2015) has established several Child and Parent Centres for families with vulnerabilities to provide services that focus on improving the secure attachment between parents and their children aged 0 to 8 years with a focus on 0-4 years of age. In this case the Department of Education is the lead agency.

Tresillian already operates an early childhood education and care centre and with its proven track record in forging unique partnerships with other agencies is well placed to be a lead agent in the provision of services that focuses on infant health, development, promoting family wellbeing and the parent/child relationship through multi-service centres targeting families where there are complex needs including child protection risks.

5. OPPORTUNITIES FOR NEW AND EMERGING TECHNOLOGY TO ENHANCE SUPPORT FOR NEW PARENTS AND BABIES

5.1. TELEHEALTH LEVEL 2 REFERRAL SERVICE CONSULTATIONS

Telehealth has been identified as a potentially effective strategy in reaching and supporting families in remote areas. Level 2 Child and Family Health Telehealth support sessions would utilise face-to-face closed meeting rooms via iPad or similar technology, e.g. Skype.

The telehealth services would include remote assessment and consultation with the local primary level Child and Family Health Nurse and parent for presenting problems such as persistent infant crying, feeding issues or perinatal mental health concerns impacting on parenting capacity.

5.2. ON LINE CHAT PLATFORMS

The eHealth Strategy for NSW Health 2016 – 2026 discusses the importance of families being well informed and supported by ehealth in achieving their health objectives. This includes providing families with new ways to engage with health providers via digital channels like live chat which allows easy and immediate access to health information and resources. Today's parents use the internet for parenting information and support. There is a variety of online information like websites, parenting blogs, apps and social media platforms but very little research about these internet based parenting interventions.

On literature review we found evaluation of online chat support modes in particular is relatively limited. There is considerable variation in parental preferences. Some parents want to engage face to face in the context of a clinic, while others would prefer to access parent support online. There is considerable variation in the goals of different studies, the research designs used and the extent to which they reach their targeted populations. However in studies to date, parents report that they are satisfied with online support approaches.

Deborah Lupton is an academic from University of Canberra researching digital technologies. She reports some key findings that consumers identified as beneficial when accessing parenting information from digital platforms:

- Access is immediate and easy, particularly via smartphone.
- That by following parenting sources via social media eg: Tresillian Facebook pages then parents had regular information delivered to them directly rather than having to search for information themselves.
- Detailed , practical and customised information which can be targeted to the parent's need
- Parents value expert advice from trustworthy sources, such as government health websites – important that it is supported by current research and evidence
- Parents are reassured by immediate access to information and this is helpful if unable to talk to health professional or isolated especially if no family close by or in country areas
- Provides opportunity to network with other parents, sharing information about other community services like Child and Family Health centres, Family Care Cottages.
- Global reach – social media and other digital technologies allow consumers to share information with friends and this can be a wider area within Australia or the world.

Tresillian Live Advice is an online live chat helpline service which was established initially using MSN messenger, then via Facebook and now a digital platform via the Johnson's Baby Australia website who provide funding for the service. Live chat is synchronous meaning it takes place in real time and is private similar to a phone conversation but in written form. It is available during weekdays in the evening and is a free service accessible via our website. Parents log in using an email address via mobile or PC to access child and family health nurses.

Care and advice is provided according to Tresillian's model of care which is working in partnership with families and incorporating evidence based research into our clinical practise.

6. ANY OTHER RELATED MATTERS.

Nil of note

Tresillian