

**Submission
No 40**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

Organisation: Tresillian
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Select Committee on Remote, Rural and Regional Health- TRESILLIAN submission

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Introduction

Tresillian was invited to join a roundtable at Broken Hill hosted by members of the Select Committee where we helped inform the progress of and issues related to the recommendations. Tresillian was subsequently provided an opportunity to make a submission on these matters.

Tresillian is pleased to provide commentary against the following recommendations:

Indigenous health services

Recommendation 31

That NSW Health acknowledge the significant cultural barriers that telehealth poses for First Nations communities and work to ensure face-to-face consultations are prioritised.

Recommendation 32

That NSW Health and the Local Health Districts improve the cultural safety of health services and facilities by engaging with Aboriginal Elders and local communities to:

- revise and incorporate local content into cultural awareness training such as *Respecting the Difference: Aboriginal Cultural Training*
- listen to their experiences of the healthcare system and seek guidance around what cultural safety strategies should be applied in their areas
- include prominent Acknowledgements of Country in all NSW Health facilities as a starting point.

Recommendation 33

That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers.

Recommendation 34

That NSW Health and the Local Health Districts prioritise formalising partnerships with all Aboriginal Community Controlled Health Services to support the delivery of health services and improve the health outcomes of First Nations people in New South Wales. These partnerships should include formal documentation of service delivery responsibilities and expected outcomes.

Recommendation 43

That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population.

Mental health services and drug and alcohol services

Recommendation 8

That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.

Recommendation 25

That Portfolio Committee No. 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.

About Tresillian

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

During Tresillian’s more than 100 years of operation, it has responsively adjusted its service provision over time to address more effectively the needs of families with young children. Its service provision is congruent with *The National Framework for Child and Family Health Services - secondary and tertiary services*.

Tresillian is now Australia’s largest early parenting service offering secondary and tertiary child and family health day, residential, virtual and mobile services for families across NSW, in the ACT and the north of Victoria to assist with early parenting challenges which include sleeping and settling, feeding and parental stress and mental health vulnerabilities.

Location of Tresillian services as at December 2023



Tresillian provides nearly 100,000 occasions of services in diverse modes from phone lines to face to face ambulatory and residential services to virtual ambulatory and residential services by a multidisciplinary team of GPs, paediatricians, psychiatrists (including trainee psychiatrists), clinical and registered psychologists, social workers, child and family health qualified nurses and midwives.

Tresillian offers the following commentary on indigenous health, mental health and drug and alcohol services.

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 secondary and tertiary child and family health services.

Tresillian is acutely aware of how difficult it can be for families requiring support to gain access, noting that it seems the most vulnerable are often turned away, or that there are waitlists preventing accessible and timely care. There is no doubt that 'hard to reach' families shine a light on 'hard to reach' services.

Tresillian provides a specialised child and family health service with a unique perinatal and infant mental health parenting service that is inclusive of early screening and intervention. The focus of the therapy is shifting disrupted attachment patterns through a trauma informed lens. The infant's emotional wellbeing and connection with their primary carer is at the forefront of the interventions provided at Tresillian.

Indigenous Health Services

Tresillian provides secondary and tertiary child and family health services in close collaboration with the local health districts.

In December 2015 the Australian Health Ministers Advisory Council released *The National Framework for Child and Family Health Services - secondary and tertiary services* (the Framework) to set out the purpose of the framework, the core elements of secondary and tertiary services and the expected outcomes for families with young children.

It describes the following services:

Secondary child and family health services identify, support and respond to children and families with increasingly complex physical, developmental, psychosocial, and behavioural and health needs usually in a single domain. Ongoing monitoring ensures timely referral for intervention at a more specialised level.

Tertiary child and family health services provide specialised assessment, advanced intervention, support and follow up for highly complex or significant physical, developmental, psychosocial, behavioural and health needs often across multiple domains. Family needs may be complicated by socioeconomic, social and environmental factors. Care is often multidisciplinary in nature, requiring care coordination and case management, and collaboration or partnerships with multiple services.

Tresillian provides multi-modal services that are place based and closely linked to the needs of families living in remote, rural and regional areas:

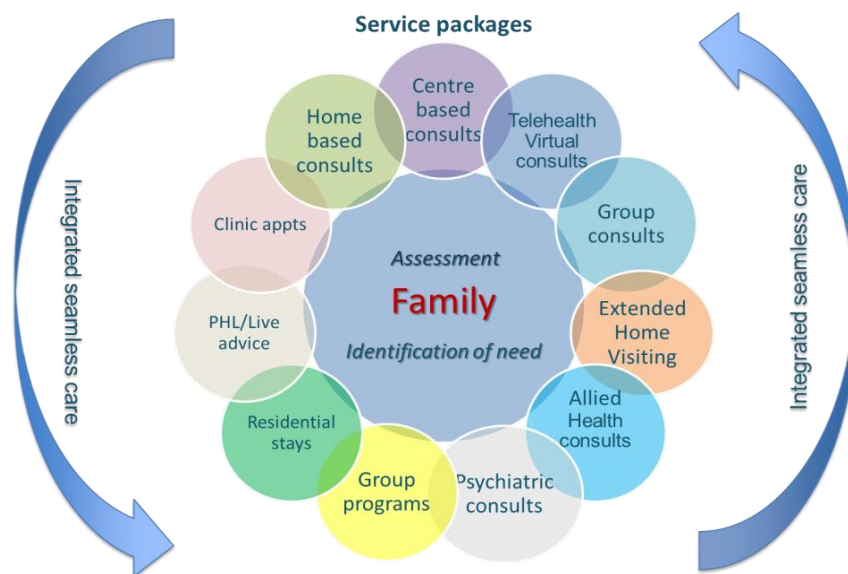
- Secondary Child and Family Health Service Model for Day Services
- Tresillian2U Mobile Early Parenting Service
- Tertiary Child and Family Health Residential Units with Multidisciplinary Team and Team Nursing Model of Care and the associated PIEC-MH[®] Service Model
- Telehealth secondary Child and Family Health Service Consultations
- SleepWellBaby App
- Virtual Residential Parenting Service
- Integrated Hubs to provide accessible and culturally safe services.

Secondary Child and Family Health Service Model for Day Services

Services need to be accessible by families.

To this end, Tresillian comprehensively reviewed the secondary Child and Family Health 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' tailored to the unique needs of families, to promote responsive service provision 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 measurement of expected program outcomes as part of a service evaluation framework.



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.

This is congruent with the National Framework for Child and Family Health Services

Rural and regional families often have more vulnerability and need more support than metropolitan families. Families residing in regional areas without secondary child and family health services must

travel to facilities in metropolitan areas (if available), resulting in many families opting to struggle on at home while experiencing significant distress.

Partnerships and collaboration are central to Tresillian's rural service development through community consultation forums with partner health agencies and NGOs in the local areas.

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.

Tresillian2U Mobile Early Parenting Service

Tresillian has engaged in developing new and innovative models of care to access 'hard to reach' populations, particularly in rural, regional and remote areas.

The Tresillian 2U van is a mobile, in-reach model, which supports accessibility and equity for families that would otherwise not have the opportunity to engage with mainstream mental health services or avoid them due to legacies of intergenerational mistrust and trauma.

The Tresillian 2U mobile early parenting service operates from a purpose-designed van providing a non-stigmatised, trusted environment for parents in familiar locations within their own community, enhancing their participation and control of the interaction with support staff. The service provides a high quality, accessible and flexible program that supports families to manage stressors and improve parent-child attachment during the pivotal time from birth to age five years.

The Tresillian2U Mobile Service and van commenced operating in the Mid North Coast Local Health District and was developed through extensive consultation with a broad range of stakeholders including Child Protection representatives, health service providers, NGOs, Aboriginal Elders, the Aboriginal community, and community representatives. The idea was highlighted in consultation forums held on the Mid North Coast of NSW in 2016 which led to a partnership agreement between Tresillian and Mid North Coast Local Health District to develop the mobile service.

This innovative service model and the team were recognised in 2020 with a series of awards, including the being named winner of the MNCLHD Innovation Award for Delivering Integrated Care, a finalist in the HESTA National Excellence Awards for Community Services, and was a finalist in the AbSEC (NSW Child, Family and Community Peak Aboriginal Corporation) "Walking Together Award".

Tresillian has located five vans throughout NSW at Macksville (inaugural T2U MNC), Murwillumbah (Northern NSW), Inverell (Hunter New England), Bathurst (Western NSW); and Queanbeyan and Eurobodalla (Southern NSW). An Aboriginal Health Worker is assigned to most of the T2U vans and works with the nurse/midwife clinician to provide a comprehensive assessment of early parenting concerns, challenges and factors impacting on family functioning and parent-child relationships including mental health vulnerabilities. The van includes a section for infant/child physical assessment and a cot for coaching of safe sleep and settling strategies.

The van is fitted with ICT equipment, including internet access, to enable connectivity across multiple locations. A TV with link to internet enables use of visual aids such as clips from trusted web sources (including Tresillian YouTube channel). Telehealth capability is available through a web-based videoconferencing platform, allowing partners or other carers of the child to participate in the

consultation if they are unable to attend at the van location (i.e. in rural areas many partners are unable to leave their farm due to the drought and requirements to hand feed their stock). Inclusiveness of key carers of the child benefits all family members and facilitates open conversations and support to enhance relationships and family functioning.

The vehicle is fitted with a generator and solar power, enabling utilisation of full functionality regardless of location. This has been integral to providing the flexibility to bring the service to a broad range of community locations including co-location with frequently visited services trusted by local parents, e.g. pre-schools, neighbourhood centres, local council locations and community events.

The van locations are authorised through Memoranda of Understanding with other local services. This includes partnerships with Aboriginal Community Controlled Organisations and other health and community service providers in the local area, within the facilities where the van is parked. There is a strong focus on engagement with Aboriginal families and communities with over 23% of families accessing this service identifying as Aboriginal or Torres Strait Islander people.

Importantly, the model includes a predictable and reliable rotation of locations to build community trust in the service and a knowledge that the service will be available in specific locations on certain days of the week. The communication of this location schedule has been one of the key factors to building inter-professional relationships, community trust and integrating the services into the local service system network. The flexibility of the van by its very nature of being a mobile service, means the service can respond to community requests to be present at community events attended by families.

In addition, 22% of parents attending T2U were identified as scoring in the high range for Postnatal Depression and Anxiety, with over 8% of these indicating they had experienced thoughts of self-harm. This identification was important in providing the parents with care and support while also being referred through GPs and other providers for specialist perinatal mental health support. The Tresillian 2U service activity data demonstrates improvements in parent's sense of confidence, self-efficacy and enjoyment in their role as a parent and their relationship with their child following engagement with the T2U service and the support received from the specialised Tresillian staff (source: 'Me as a Parent' validated self-report measure).

This service model is currently being evaluated and early data indicate positive impacts on parenting variables.

Tertiary Child and Family Health Residential Units with Multidisciplinary Team and Team Nursing/Midwifery Model of Care

Children (0-3years) and their parents are admitted for 5-day stays to Tresillian's residential units with parenting issues that are resistant to secondary child and family health interventions; and which may respond better to an immersive 24-hour support program.

Parents are screened for vulnerabilities such as domestic violence, birth and other trauma and perinatal anxiety and depression and the attachment between the dyad is assessed; and children have a developmental and physical check. The findings are synthesised into a care plan that establishes goals using a Goal Attainment Scale to track progress. The findings also identify whether the parent requires the intervention of the multidisciplinary team and the PIEC-MH[®] service.

Specialist child and family health nursing/midwifery teams are comprised of a mix of qualifications which include clinicians with a Certificate in Mothercraft, a Diploma of Nursing or a Bachelor of Nursing/Midwifery with a postgraduate tertiary qualification in Child and Family Health.

In June 2015 a Team Nursing/Midwifery model of care was implemented in the residential units to better meet the complex needs of clients. Team nursing/midwifery model of care involves care that is provided by a group of nurses/midwives with a range of qualifications, skills and attributes to a group of families under the supervision of a clinical lead that is a registered nurse/midwife.

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/midwife's scope of practice working.

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 options in structuring the way 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.

Telehealth secondary child and family health Service Consultations

Telehealth has been identified as a potentially effective strategy in reaching and supporting families in remote areas. As a positive consequence of the COVID pandemic, Tresillian has embedded telehealth options permanently into its suite of program options tailored to the needs of the attending families.

Telehealth services include remote assessment and consultation with the local primary 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.

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.

Integrated Hubs to provide accessible and culturally safe services

Tresillian has a firm commitment to ensuring that legacies of intergenerational distrust and trauma are responded to ethically and sensitively.

A consortium was formed between Tresillian, Northern NSW Local Health District, North Coast Primary Health Network and Bulgarr Ngaru Medical Aboriginal Corporation to establish the First 2000 Days Project in the Clarence Valley in Northern NSW and made a commitment to 'doing things differently' to enhance outcomes for children and families experiencing vulnerability, including co-resourcing of elements of the First 2000 Days service model. This commitment was expressed as an openness to the pooling of resources including staffing to enhance cross-sector service capacity and responsiveness to family and community need.

Community consultation undertaken 2018-2019 with a range of stakeholders held in the Clarence Valley sought to answer the following question: *What opportunities are there for providers to work*

together to deliver integrated services which improve health and wellbeing outcomes for children 0 – 5 years and their families, in the Clarence Valley?

The answers were insightful and complex, and the key themes that emerged were:

- Improved and timely access to services for children and families - a one-stop shop
- Culturally safe environments and care, that meets the needs of Aboriginal children and their families, and acknowledges the ongoing impact of intergenerational trauma
- Care Coordination - building a trusting, ongoing relationship to help families stay connected to supports
- A holistic, sustained approach to supporting children and families over time
- Respectful information-sharing to help service providers meet the needs of children and their families

In November, 2020, the First 2000 Days Project delivered the Child and Family Wellbeing Hub in Grafton.

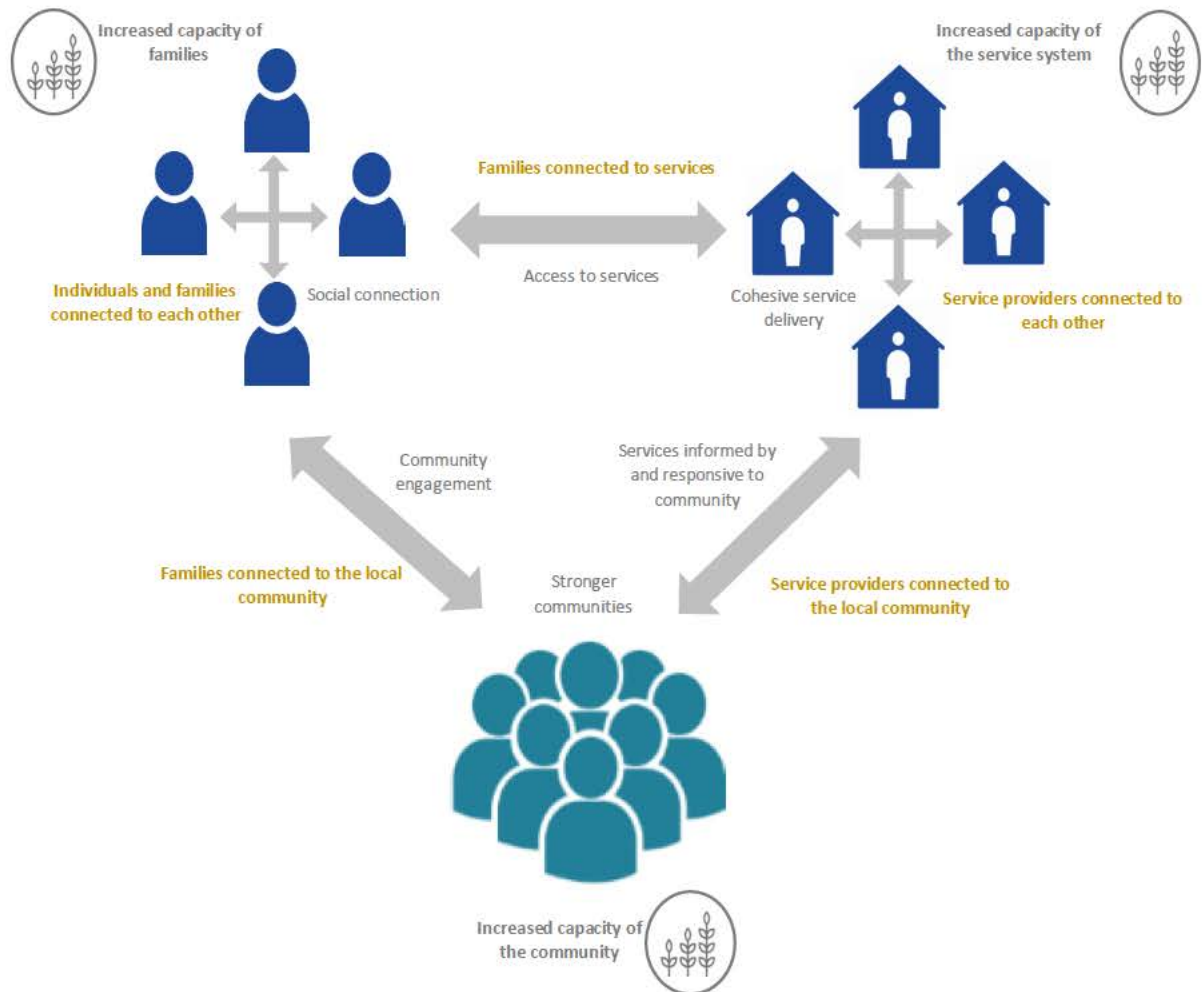


The Hub has received significant attention since its launch, due to an innovative, co-resourced approach to service delivery in a culturally safe, trauma-informed environment facilitated by talented staff some of whom identify as Aboriginal and/or Torres Strait Islander descent.

The Grafton Child and Family Wellbeing Hub continues to go from strength to strength and is proving itself in providing a safe, soft entry point for families experiencing multifaceted vulnerabilities and risk factors often associated significant early life or current trauma.

The Hub is currently under evaluation with ethics approval by AHMRC against the co-designed Program Logic using a co-design approach by Charles Sturt University with community including the Aboriginal Advisory Group.

Hub Model: No Wrong Door



Mental health services and drug and alcohol services

Parent, Infant and Early Childhood Mental Health[®] (PIEC-MH[®]) service model.

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.

Tresillian deploys the following strategies to mitigate the clinical risks of perinatal mental health in parents that are addressed in more detail below:

- Parent, Infant and Early Childhood Mental Health[®] service model
- Group therapy for perinatal anxiety and depression
- Extended Home Visiting Program
- Step up step down referral pathways for the Mother/Parent Baby units

Tresillian's Strategic Plan 2021-2024 has a Focus on Mental Health as a strategic priority. Tresillian has established a robust clinical governance embedded within a PIEC-MH[®] service model with its multidisciplinary clinical leadership team under the direction of the Director PIEC-MH[®] (Psychiatry). All parents admitted to a Tresillian service are screened for mental health vulnerabilities and risk factors, and if required can receive specialist perinatal, infant, and early childhood mental health assessment and support via well-established referral pathways. Tresillian takes an active and responsive stance towards managing risk and safety, again, not only for the parent, but the infant/child who is considered a core focus of attention within the model. Further, Tresillian has respectful, collaborative relationships with multiple Local Health Districts, and professional, constructive relationships with relevant perinatal and infant mental health teams. Tresillian is committed to collaborating as partners across the health system, challenging barriers or silos that prevent parents, infants, and families from accessing the right care, at the right place and the right time.

The PIEC-MH[®] model utilises the skill set of a multidisciplinary team, valuing the varied and layered input of the disciplines of social work, psychology and psychiatry in close consultation and collaboration with the larger Tresillian clinical workforce including child and family health nurses, midwives, paediatricians and general practitioners. Together, the team identifies the needs of the family and supports the recovery of the parents, whilst also ensuring the development and needs of the infant/child are paramount.

Families seeking support from Tresillian have more mental health vulnerabilities than most. Whilst research indicates that approximately 20% of new mums report perinatal depression or anxiety (PNDA), a recent audit of 160 random admission scores for Tresillian families indicate that approximately

- 30% of parents reported distress indicative of PNDA on admission, with a further 16% indicating at risk symptomatology
- 7% report suicidal thoughts
- 20% report a prior mental health history
- 43% report that they have somewhat, a little or no reliable support for assistance with their child
- 29% report either childhood emotional abuse or lifetime sexual or physical abuse, with 22% reporting two of these.

This is important as each of these are risk factors for experiencing childbirth as traumatic or developing postnatal PTSD, *in addition to* PNDA (Grekin and O'Hara, 2014; Wijma, Soderquest and Wijma, 1997; Ford and Ayers, 2011; MacKinnon, Houazene, Robins et al, 2018; . Ayers, Bond, Bertullies et al, 2016).

Further, approximately 50% of parents report low parenting self-regulation, indicating a lack of agency, self-management and feelings of self-efficacy in their parenting role, with recent data analysis linking mental health vulnerabilities on screening with lower parenting self-regulation. Those who indicated that they experienced their birth as disappointing or frightening were more likely to score lower on parenting self-regulation.

Through the PIEC-MH[®] service model and its dedicated staff Tresillian responds quickly and compassionately to families struggling with the effects of birth trauma. Its specialist workforce attends to complex cases that do not require urgent or sustained public mental health response, but

instead require a multidisciplinary and coordinated team who understands parenting vulnerability and the effects of trauma.

In this way, Tresillian is part of the solution to the problem of the 'missing middle' – those who require more than Medicare can fund, but do not meet the threshold to receive public mental health input.

Early and effective intervention mitigates more chronic and complex downstream issues.

Tresillian engaged EY to undertake a cost-benefit analysis (CBA) based on the results of four Regional Family Care Centres (FCCs) not including Broken Hill and the Tresillian 2U mobile van from 1 July 2020 to 30 June 2021. Based on the results from financial year 2020-2021 they reported that every \$1 invested returns at least \$2.83 in benefits as evaluated through the following outcomes:

1. Infants and children are healthier
2. Infants and children are safer
3. Infants and children experience improved development
4. Infants and children are mentally healthier
5. Parents are physically healthier
6. Parents and children experience improved attachment
7. Parents have access to culturally appropriate support
8. Parents are mentally healthier
9. Communities experience improved access to healthcare.

Group therapy for perinatal anxiety and depression

Postnatal anxiety and depression are significant mental health disorders during the first postnatal year and there is moderate evidence that poor mental health in the primary parent can adversely impact 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 because 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 the absence of suicide risk 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 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 increased 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.

Extended Home Visiting Program (tertiary child and family service)

In 2001, Tresillian received funding from the Commonwealth to implement an Extended Home Visiting Program (EHVP) for mothers experiencing moderate mental health problems. Since then, the model has been refined and is informed by attachment theory, strength and relationship-based

approaches and underpinned by a population health, ecological approach to service provision and early intervention.

The 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 are potentially impacting on the parent-child relationship and/or the parent's ability to provide a safe and nurturing environment.

Complementing and not duplicating the work of the Sustaining NSW Families Program, the EHV program is offered to families that meet the criteria as part of the suite of options of the day service program by the child and family health nurses/midwives. The families receive between 10 and 12 intensive home visits aimed at improving child and family outcomes by enhancing interactions between the primary carer and their child; and increasing parental self-efficacy, sensitivity, confidence, sense of wellbeing and social connectedness.

Evidence-informed clinical tools are used to help inform the child and family health nurse/midwife 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.

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.

Step-up step-down referral pathways for the Mother/Parent Baby Units

It is imperative that mothers with mental health vulnerabilities have access to timely and effective treatment that 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.

Tresillian works closely with Sydney Local Health District Naamuru Parent Baby Unit and the Westmead Hospital Mother Baby Unit together with a number of stakeholders to provide step-up (for parents whose mental state deteriorates whilst attending one of the Tresillian services) and step-down services for parents discharged from the specialist mental health mother/parent baby unit, if required, to further develop parenting skills. The stakeholders include the Perinatal and Infant Mental Health services, Early Childhood Services, Community Mental Health Services and Women's Health, Neonatology and Paediatric Clinical Streams; and more recently the innovative pilot Parent-Child Relationships Program (MNC LHD) and Head to Health Kids Hub (Western NSW LHD).

Tresillian's expansion to 20 regionally based secondary Child and Family Health Family Care Centres is well positioned to provide ongoing local support in early infancy to regionally based families that includes telehealth and home visiting options.

These initiatives increase the capacity of our health services to identify parents at risk of mental health vulnerabilities and parent-infant interaction challenges, offer them assistance and support, and ensure appropriate early intervention services are delivered.

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

Tresillian's multidisciplinary workforce provides services to young children to address sleep, settling, and feeding issues, behavioural difficulties and mental health and wellbeing concerns, in order to give the child the best start in life.

Capacity uplift in the child and family health professionals, GPs and psychiatry

Underpinning robust service delivery for Indigenous, mental health and drug and alcohol services is workforce development.

Tresillian's Education Professional Practice and Innovation Centre (EPPIC) provides a range of professional development initiatives to build the capacity of not only staff working in services developed through partnerships, but importantly clinicians across disciplines providing services to families with young children. Workshops, training programs and webinars are provided for health and community workers with Tresillian experts accredited to facilitate a range of evidence-based courses.

Over the past three decades Tresillian has been actively involved in the provision of state-wide education for health professionals. This has included: the development, implementation and evaluation of a suite of postnatal depression programs (nursing, allied health and general practitioner workshops, distance learning packages and train the trainer programs); and the statewide implementation and evaluation of the Family Partnership Model.

Tresillian educators regularly provide components of the education service: the NCAST Keys to Caregiving workshops, Parent Child Interaction (PCI) Assessment Courses since 2008; and infant mental health workshops. In 2015 Tresillian supported an educator to become accredited as an instructor in the NCAST Promoting Maternal Mental Health Program (the only instructor accredited outside the USA).

Currently Tresillian provides:

- Advanced Nurse Practice training for the Sustaining NSW Families program
- NCAST programs to nurses and indigenous workers employed under the Australian Nurse Family Partnership program which is a national home visiting program targeting indigenous families with young children.

Examples of professional development and clinical support provided by Tresillian for clinicians in rural and regional areas include:

- Professional Development via e-learning, webinars and workshops for health and community services workers who support families with young children
- Promotion of evidence-based service provision and consistency of practice through professional development and Clinical Supervision / Reflective Practice
- Professional Development for Aboriginal Health Workforce
- Professional Development for General Practitioners
- Professional development and Clinical Supervision (including Infant Mental Health, Circle of Security, NCAST, Family Partnership Training)
- Potential for traineeships for Aboriginal Health Workers across the secondary child and family health response service elements
- Scholarships for Aboriginal clinicians seeking to increase knowledge and skills in areas related to Child and Family Health

- Mentoring programs for clinicians new to Child and Family Health services and/or working with families with complex needs

In collaboration with several Local Health Districts (LHDs) throughout NSW, including the Mid North Coast LHD, Northern Sydney LHD and planning for engagement with South East Sydney LHD, training programs are in place for trainee psychiatrists. In the Mid North Coast (MNC) LHD there is a pilot underway for the shared Tresillian/MNC LHD psychiatry trainee to provide a service to families that do not meet the clinical threshold of the local Mental Health Acute Care team, under the supervision of Tresillian and CAMHS psychiatry. There is also a shared registrar position across Northern Sydney LHD and Tresillian Nepean and Wollstonecraft Centres, and current plans to develop a third shared psychiatry registrar position with South East Sydney perinatal and infant mental health team in Randwick. Partnering to share clinical and workforce resources is a positive and practical way to increase capacity to meet community need that is currently neglected, whilst taking the pressure off overburdened state services.

There are currently plans to develop and roll out a comprehensive, competency based perinatal and infant mental health training program to support staff expertise and encourage wider workforce engagement in meeting the needs of families attending Tresillian. This course will span across the practical and theoretical components of assessing, understanding, and responding to perinatal and infant mental health concerns, addressing both the high prevalence disorders of anxiety and depression, but also examining the nature of traumatic responses, and in particular the intergenerational transmission of trauma, a central focus of perinatal and infant mental health practice.

In conclusion

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 illness, domestic and family violence, substance misuse, homelessness, disability, low educational attainment, inadequate & inappropriate parenting.

Specialist services based on the robust Tresillian Service Model (as evaluated above) assist families with identified vulnerabilities, who would otherwise experience significant distress that negatively impacts the trajectory of the social-emotional and physical wellbeing of children across their lifespan.

The Tresillian Service Model provides 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 secondary child and family service model elements are delivered from family care centre 'hubs' in locations with no available secondary child and family health referral pathway for families experiencing early parenting difficulties and distress 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 FCCs 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, and an Extended Home Visiting program for families experiencing complex vulnerabilities impacting on parenting capacity and

telehealth consultation services. Satellite services to surrounding communities from the FCC as a base also form part of the service model.

In addition a joined-up network of specialist secondary child and family health services includes seamless transition from and to FCCs to Residential units to specialist mental health services under the clinical governance of the PIEC-MH 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 child and family health workforce (universal services) through access to clinical consultation, joint care planning, and education and support from clinicians working in a secondary child and family health 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 districts to deliver services responsive to the needs of families through the provision of secondary child and family health 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.

From 2018 to 2022 a comprehensive research project to evaluate the effectiveness of the first five secondary child and family health Family Care Centres (FCCs) was undertaken as an adaptation of the day services model to diverse settings (Stockton 2022).

The key findings resulting from the evaluation research of the Tresillian Regional FCCs are as follows:

1. The Tresillian Regional FCCs were established as agreed and demonstrated effectiveness in providing access to secondary child and family health (CFH) service response for families living in rural, regional, and remote communities experiencing complex early parenting challenges.
2. The significant role of the Regional FCCs in delivering key strategic objectives articulated in the NSW Health First 2000 Days Framework (NSW Health 2019).
3. The importance of providing local services delivered by local clinicians within local communities.
4. The critical nature of providing early intervention to address the needs of the parent and child to avoid escalation of distress or to a point of crisis was emphasised.
5. The value of a secondary child and family health referral pathway from universal CFH services to the FCC with the capacity to provide an intensive service response for families experiencing persistent and complex early parenting difficulties.
6. The resultant increased capacity in the local service system in which a FCC is established.

7. Insights into strategies for establishing and maintaining effective partnership relationships with local health services when seeking to establish and integrate health services responsive to local community needs.
8. The time needed to develop a comprehensive understanding of the local community context when establishing a new service.
9. The importance of the process of listening to those who know and understand the community best; and building community and partnering agencies' trust through tangible demonstrations of collaboration.
10. The value of a flexible suite of modes of delivery to meet the varying needs of families.
11. The need to continue to find creative ways to increase community awareness of the FCC services.
12. The positive changes that are demonstrated in parental self-efficacy, personal agency, and self-sufficiency following engagement with the Regional FCC services, noting the established links in literature between these outcomes and the parent-child relationship.
13. The opportunity for further research to examine in detail the nature of the changes in the parent-child relationship following engagement with a FCC.
14. The significant role of Regional FCCs in assisting parents to navigate the often complex health and community service sector.

Tresillian exhorts the government to continue to invest in the early years of a child's life in multi-modal service delivery that enhances the attachment between parents and their children to mitigate for downstream morbidities later in life which has a greater toll on health services.

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