

**Submission
No 174**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: Tresillian

Date Received: 10 December 2020

NSW Parliamentary Inquiry into health outcomes
and access to health and hospital services in rural,
regional and remote New South Wales

TRESILLIAN RESPONSE

December 2020



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Introduction

Tresillian is a non-declared Affiliated Health Organisation incorporated under a NSW Act of Parliament (Royal Society for the Welfare of Mothers and Babies), and is now the largest Early Parenting Organisation in Australia, providing specialist primary, secondary and tertiary level child and family health services in NSW. Tresillian is a public health organisation positioned strategically to influence long term health outcomes, with the organisation's brand now known as a national and NSW Centre of Excellence in specialist Child and Family Health Services and operates within the larger health service context to address critical state and national policy goals.

Over the last five years, in response to identified need and commitment articulated in the Tresillian Strategic Plan, the organisation has embarked on a journey of service development to increase access to specialist help and support for regional families experiencing a broad range of early parenting difficulties and distress, impacting on the emotional and physical wellbeing of children, parents, family functioning and communities.

Tresillian's objectives, first and foremost are about children and their best interests with a focus on perinatal and infant mental health, health promotion, and early intervention and prevention to support healthy attachment relationships, optimal development in early childhood and long term positive health and social outcomes for children and their families. A guiding principle is to deliver the highest quality service to children and families based on current research, evidence and Tresillian best practice while **promoting equity of access**.

Tresillian provides a strong clinical and corporate governance framework that ensures the quality and safety of care provided to children and families of NSW, Victoria and ACT.

Tresillian's service development has been underpinned by **partnerships with Regional and Rural NSW Local Health Districts**, with services operating under Service Level Agreements and collaborative governance arrangements, including regular Joint Governance Committee meetings at Executive level and Joint Management Meetings to address operational issues and ensure the service is aligned with key local health priorities. Since 2015, these partnerships and Tresillian's commitment to **extending the reach of services to families in rural, regional and remote communities** has enabled the establishment of eight Level 2 Family Care Centres with an additional six satellite outreach services; an innovative mobile service operating from a van on the Mid North Coast taking services to communities of lower population density with a focus on engagement with Aboriginal families and communities; the establishment of the first Residential Child and Family Health Unit to operate outside of a metropolitan city in Australia; and a Child and Family Wellbeing Hub as part of a place-based First 2000 Days initiative. Tresillian has also harnessed technological advances to deliver telehealth services and the development of a ground-breaking digital program for parents via an app with over 32,000 downloads since April 2020 in NSW.

The following submission has been developed based on Tresillian's demonstrated experience and expertise in the development of specialist secondary and tertiary level child and family health services and adaptation of these services for rural, regional and remote communities. The submission provides a description of the Tresillian service models which **address aspects of health that impact children and their families in the critical First 2000 Days of a child's life, while overcoming the tyranny of distance and other barriers to access.**

These services have been aligned with the NSW Health Plan – Towards 2021, which articulates the NSW Government's commitment to directions and strategies to address the inequity in health outcomes including strengthening rural health infrastructure, research and innovation with a key focus on service models and enhancing the capacity of the rural health workforce. The Plan emphasises the impact of the early years on lifelong health outcomes noting the need for innovative models of healthcare which meet the needs of rural parents, children and their families.

The submission is structured in 5 sections:

Section 1: Identified Need

Addresses the Inquiry Terms of Reference (a) health outcomes for people living in rural, regional and remote NSW; and (b) a comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW;

Section 2: Tresillian Rural and Regional Service Models

Addresses the Inquiry Terms of Reference (c) access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services; and (d) patient experience, wait-times and quality of care in rural, regional and remote NSW and how it compares to metropolitan NSW;

Section 3: Data Driven Service Planning and the Tresillian Rural Research Agenda

Addresses the Inquiry Terms of Reference (e) an analysis of the planning systems and projections that are used by NSW Health in determining the provision of health services that are to be made available to meet the needs of residents living in rural, regional and remote NSW;

Section 4: Rural and Regional Workforce Capacity Building

Addresses the Inquiry Terms of Reference (g) an examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them;

Section 5: Culturally Safe and Inclusive Services for Families in Rural, Regional and Remote NSW

Addresses the Inquiry Terms of Reference (k) an examination of the impact of health and hospital services in rural, regional and remote NSW on Indigenous and culturally and linguistically diverse (CALD) communities.

1. Identified Need

Tresillian has committed to extend the reach of early parenting support services for families in rural and regional areas, having identified the additional stressors and vulnerabilities experienced by children and their families and the poorer health outcomes when compared with metropolitan counterparts.

The **early parenting period is vital to the trajectory of the life course**, and health and social 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). Poor health outcomes early in life have been demonstrated to have large impacts as the 'early years of a child's life provide the foundation for lifelong physical, social and emotional wellbeing' (Australian Health Ministers' Advisory Council 2015b, p.11)

Assessment of need and early signs of vulnerabilities, provision of support and responsive interventions are provided by specialist child and family health services. These services have never been more important given the increase in complex risk factors impacting the health and social outcomes of children and their families. (Australian Health Minister's Advisory Council 2015a). **Tresillian services seek to improve the social and emotional wellbeing of children by supporting families to provide a safe and nurturing environment.** This is achieved by increasing parenting capacity so children can be supported to become strong, resilient adults as emphasized in the National Strategic Framework for Child and Youth Health (Australian Health Ministers' Advisory Council 2015b).

A number of national policy documents highlight the imperative to collaborate to improve equity of access to evidence-based services in the vital early years of a child's life. These include the Commonwealth Government documents; 'Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health' (Australian Health Minister's Advisory Council 2015a) and the 'National Framework for Child and Family Health Services – secondary and tertiary services' (Australian Health Minister's Advisory Council 2015b).

These framework documents acknowledge that in order to provide effective services to address the needs of families with young children in rural communities, '**innovative models of care and service delivery**' are required (Australian Health Minister's Advisory Council 2015b). Cross sector and interagency partnership are required to do this effectively, to address the social determinants of health and the myriad of local contextual issues, both strengths to draw upon and identified health priorities and service gaps (Standing Council on Health 2012).

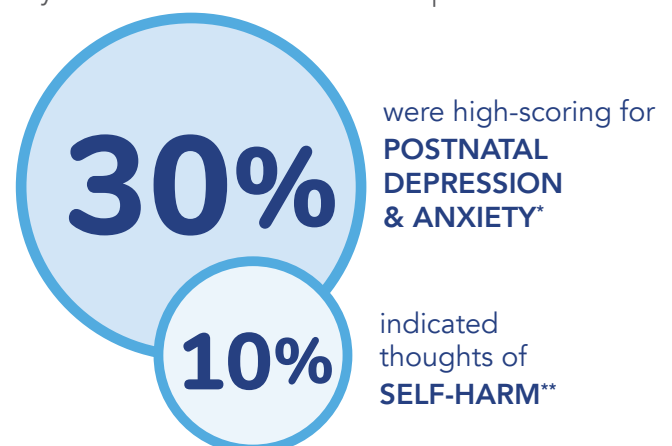
The NSW Ministry of Health First 2000 Days Framework (2019), further articulates the critical importance of providing effective identification of vulnerabilities and provision of support early in the life-course for every individual. The Framework identifies that additional specialised services, enabled and delivered through interagency partnerships, need to be available for "...those who need specialised help, when they need it" (p.6). The Tresillian Service Model provides the platform to deliver secondary and tertiary child and family health services to children and their families requiring intensive support to address often complex early parenting challenges within the context of a broad range of vulnerabilities and risk

factors. From this platform interagency partnerships are activated in response to identification of need that underpin the social determinants of health.

The National Strategic Framework for Rural and Remote Health (2012) again emphasises this critical need for increased accessibility to responsive health service models, flexible to be shaped to meet the unique needs of rural communities. The impact of having to travel vast distances to access specialist services further exacerbates the stress and distress impacting on families, with early parenting difficulties often complicated by complex psychosocial issues and vulnerabilities affecting mental health, family relationships (including the vital development of the parent-child relationship) and often results in parents struggling alone in distress. When services are not available in local communities or within realistic reach, parents often wait until crisis point before reaching out for help or presenting to acute services including hospital emergency departments.

The NSW Rural Health Plan (2014) recognizes the impact of the early years of a child's life on life-long health outcomes highlighting the need for innovative models of maternal, child and family healthcare. The Plan highlights the need for service development in rural and regional areas in light of **poor health outcomes for families in Rural NSW evidenced by the rural health data** as compared to families living in metropolitan areas; and impacted by isolation due to distance and geography, financial disadvantage and the natural disasters including drought. These include lower breastfeeding rates, higher rates of 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).

Data from Tresillian Regional Family Care Centres likewise demonstrates **higher rates of clinically significant scores on the Edinburgh Postnatal Depression Scale and thoughts of self-harm compared with like metropolitan services**, i.e. in the period January-June 2020, over 30% of parents presenting to the Tresillian Family Care Centres in Coffs Harbour and Queanbeyan were in the clinical range indicating risk of moderate-high levels of Postnatal Depression and Anxiety (compared with 19.7% of parents who attended metropolitan day services for the same period). Approximately 10% of parents attending services located at Taree and Dubbo reported thoughts of self-harm, compared with 3.5% of parents who attended metropolitan day services in the same six-month period.



*parents presenting to Tresillian FCC Coffs Harbour and Queanbeyan

**parents attending Tresillian services in Taree and Dubbo

More support is needed for vulnerable families in areas of NSW where there are gaps in targeted and specialist services for families. Feedback from consultations conducted with health service managers, clinicians and consumers across rural and regional communities have identified the need for specialist referral services and targeted programs to provide an appropriate service response for

families experiencing a range of complex issues which impact on parenting capacity, parent-child relationships, child development; and child and parental emotional wellbeing including:

- 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 the criminal justice system
- parents with a history of drug or alcohol misuse
- parents with learning difficulty or cognitive impairment

A number of parents and families identify as Indigenous, some are refugees whilst others are experiencing domestic violence which adds additional layers of complexity. Tresillian's services which are tailored to families with complex needs include mothers with substance dependence and parents experiencing perinatal depression and/or anxiety.

The Tresillian Service Model provides the platform to deliver secondary and tertiary child and family health services to families requiring intensive support to address often complex early parenting challenges within the context of a broad range of vulnerabilities and risk factors. Tresillian has responded to this call to action, having now established a suite of flexible service models to increase access to specialist services for families living in rural, regional and remote NSW (see Section 2).

2. Tresillian Rural, Regional and Remote Service Models

The Royal Society for the Welfare of Mothers and Babies, now commonly known as Tresillian Family Care Centres (Tresillian), was formed by the NSW Government in 1918 to co-ordinate early childhood and maternal services in New South Wales. 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 provides specialist services at Level 2 and Level 3 engaging with families with complex parenting needs, with the focus being early intervention and prevention through comprehensive assessment, active follow up and review. The levels of service response referred to in this document have been taken from the NSW Health (2011) Supporting Families Early SAFE START Policy which remains current in NSW.

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, virtual consultations via telehealth, group programs, residential services and targeted specialist services.

The **underlying philosophy of this service model** is to:

- provide high quality care and support to families living in rural, regional and remote areas experiencing early parenting difficulties;
- enhance the capacity of health professionals providing primary level services 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 with organisations based on transparency and mutual respect of skill set and organisation strengths, with roles and responsibilities clearly articulated through a Service Level Agreement;
- articulate criteria based on clinical need to inform prioritisation of access to services consistent with principles of early intervention to ensure the health, wellbeing and safety of children.

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

Tresillian has a successful track record of partnering with Government, Primary Health Networks (PHNs), NGOs and Local Health Districts (LHDs) to deliver services to families across a diverse range of settings to address inequities of access to care that is often encountered by families living with complex risk and vulnerabilities.

2.1. Rural and Regional Services through Partnerships and Collaboration

Partnerships and collaboration are central to Tresillian's rural service development. Through **consultation and building a foundation of respect** and valuing of shared expertise between organisations, Tresillian has implemented Service Level Agreements enabling the establishment of new rural, regional and remote services across all rural and regional LHDs. A paper presented and published in the proceedings of the 15th National Rural Health Conference provides a description of this journey over the past five years, including the pivotal role of partnerships and adaptation of service models to address local community contexts (Stockton & Mills 2019).

The identification of need is not limited to individuals but the community as a whole with **service system forums** 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 services have been **adapted and tailored** to rural settings and have been embraced by the community and referral agents.

Collaboration was formalised through **joint governance arrangements** to pool and share resources, resolve operational issues and ensure the service is aligned with key local health priorities. The governance model includes the provision of Tresillian's evidence-based clinical practice protocols and building the capacity of health professionals in the local area through professional development and networking.

Over the past 5 years, these partnerships and Tresillian's commitment to **extending the reach of services to families in rural, regional and remote communities** has enabled the establishment of:

- eight Level 2 Family Care Centres with an additional six satellite outreach services;
- an innovative mobile service operating from a transport van on the Mid North Coast taking services to communities of lower population density with a focus on engagement with Aboriginal families and communities (over 23% of families accessing this service identify as Aboriginal or Torres Strait Islander people);
- the establishment of the first Residential Child and Family Health Unit to operate outside of a metropolitan city in Australia;
- a Child and Family Wellbeing Hub as part of a place-based First 2000 Days initiative;
- telehealth services and
- the development of a ground-breaking digital program via an mobile phone app with over 32,000 downloads since April 2020 in NSW.

2.2. Tresillian Regional Family Care Centres and Satellite Services

Tresillian has demonstrated its 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 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. Family Care Centre (Day) services provide a Level 2 referral service to address **complex early parenting issues** unable to be resolved at a primary level. The services focus on early intervention, aiming to build parenting capacity, resilience and positive parent-child relationships, and decrease parental distress and avoid escalation to crisis requiring more intensive intervention.

The **Tresillian Family Care Centre 'Hubs'** provide a base from which 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 Early Intervention Home Visiting program for families experiencing complex vulnerabilities impacting on parenting capacity.

The Family Care Centre (Hub and Spoke model) operates up to 5 days per week for day services with additional 'spoke' services provided to surrounding communities through satellite services and telehealth services to provide support for more remote families and clinicians. The Family Care Centres provide a **family-friendly access point** for other health services for families with young children through the co-location of services including perinatal mental health counselling services, lactation support and allied health services. Joint consultations and home visits can be provided by the Tresillian clinicians at the Family Care Centre in partnership with primary level Child & Family Health clinicians and Aboriginal Health Workers.

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.

Services provided through a Family Care Centre and satellite service include:

- Provision of individual consultations providing comprehensive bio-psychosocial assessment and intensive management, care co-ordination and follow-up.
- Evidence-based therapeutic and parent education group programs based on needs analysis, e.g. Postnatal Depression and Anxiety Therapeutic Groups, Circle of Security.
- Multidisciplinary teams and co-location of services utilised by families with young children to increase accessibility to parents including lactation support, perinatal psychology/mental health, speech therapy etc.

Perinatal Mental Health services are co-located with centre-based services through the development of an MOU with local health services, Primary Health Networks, Gidget Foundation Australia and NSW Health approved not-for-profit service providers.

In **2015**, Tresillian entered into partnerships to enable the establishment of Tresillian **Lismore** Family Care Centre (with NNSWLHD and North Coast Primary Health Network) and the **Albury Wodonga** Health Tresillian Parents and Babies Service (with Albury Wodonga Health).

Tresillian's rural and regional reach further extended in **2017** through a partnership with Murrumbidgee LHD to operate the Tresillian in Murrumbidgee Family Care Centre (**Wagga Wagga**).

The success of these services was recognised by the NSW Government, with funding provided in

2017-2018 Budget to establish a further five rural and regional Level 2 services across four years which were fully functional in the first year of operations in **Queanbeyan, Dubbo, Coffs Harbour, Taree** and **Broken Hill**. In 2019-2020 alone, the Tresillian Regional Family Care Centres delivered over 11,000 occasions of service to families living in rural, regional and remote NSW.

In keeping with the service model, **satellite outreach services** have been established in:

- **Cooma** (satellite to Tresillian in Southern Hub at Queanbeyan);
- **Grafton** (satellite service to Tresillian Lismore);
- **Woolgoolga** (satellite to Tresillian Coffs Harbour Family Care Centre);
- **Cootamundra** (satellite to Tresillian in Murrumbidgee at Wagga Wagga);
- **Coonamble** (satellite to Tresillian in Western at Dubbo) and
- **Bulahdelah** (satellite to Tresillian in Manning at Taree).

The Regional Family Care Centres play an important role in the **support of families and communities experiencing the trauma associated with natural disasters** such as drought and bushfires. The Family Care Centres at Taree, Coffs Harbour and Queanbeyan responded to the bushfire disasters in the areas of Mid North Coast and South Coast, providing targeted support for families living in the affected communities and those who have been displaced, staying with extended family or taking up temporary accommodation. Tresillian's Regional Family Care Centre teams worked closely with LHD



universal services and local NGOs to provide wrap-around support for these families, many of whom are experiencing trauma and the resultant impact on their mental health and wellbeing.

Similarly, through the **COVID-19 pandemic response**, the Family Care Centre services, as an essential service, continue to provide a safe haven for vulnerable families maintaining face-to-face services throughout working together to support communities through these unprecedented times.

2.3. Tresillian 2U Mobile Early Parenting Service

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 Tresillian 2U Mobile Service and van currently operating in the Mid North Coast Local Health District 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 have been 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 is a finalist in the **AbSEC (NSW Child, Family and Community Peak Aboriginal Corporation) "Walking Together Award"** with the winner to be announced in December 2020.

The van is staffed by a team of **Child and Family Health Nurses** and an **Aboriginal Health Worker** and has a consultation space for parents to meet with clinicians. This space enables comprehensive assessment of early parenting concerns, challenges and factors impacting on family functioning and parent-child relationships. 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 (e.g. 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, 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 particular 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 particular community events attended by families.

Case Example: T2U Service – Mid North Coast NSW

Tresillian's experience in Mid North Coast LHD demonstrates that this model is particularly suited to bringing services to Aboriginal families in their own communities. Tresillian 2U Early Parenting Mobile Service operates under a partnership with MNCLHD. The service offers individual consultations within the spacious purpose-built van. The current service commenced operation on the Mid North Coast of NSW in October 2018 and visits the towns of Bowraville, Macksville, Nambucca Heads, Kempsey and Wauchope on a rotational schedule.

The Tresillian 2U Mobile Service has a specialised team of Child and Family Health Nurses and Aboriginal Health Workers with access to psychology/perinatal mental health support. The

team collaborates with other agencies who may be involved in the family's health care and other community organisations supporting families often experiencing complex needs, thereby requiring a multiagency response. Families can make an appointment with one of our specialist early parenting team, coordinating the consultations to access the service as close to home as possible. Follow up telephone support is also offered as well as group programs utilising facilities of the community locations.



Mid North Coast of NSW Tresillian 2U sites

T2U provides services at trusted community locations including: Wauchope Council Chambers, Kempsey Neighbourhood Centre, Nambucca Health-one, Macksville Hospital, Bowraville Community Pre- School/MIIMI Mothers Aboriginal

Corporation, Durri Aboriginal Corporation Medical Service (Kempsey).

In the first 18 months of service delivery (October 2018 - April 2020), including a period of service establishment and communication strategy to promote awareness of the new service, over 660 families and community members were referred for assessment; and 329 babies, toddlers and parents received individual consultation and support. Over 980 occasions of service were delivered with parents and community members engaging with the service at key community events attended by families. These events included NAIDOC events and health promotion events at local parks or showgrounds.

In 2019 over 148 parents and caregivers attended group programs across a range of community locations with over 23% of the families attending the T2U service identifying as Aboriginal or Torres Strait Islander. Engagement with Aboriginal families is expected to further increase with the signing of a memorandum of understanding with Durri Aboriginal Corporation Medical Service (Kempsey). The take up of the T2U services by Aboriginal families in only 18 months of operations is especially affirming as it is well known how much time it usually takes to build a sense of trust before the community feels culturally safe with the service.

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).

2.4. Regional Co-located Residential Unit Model

Tresillian is the **largest provider of specialist child and family health (CFH) residential services in Australia** with three residential units (86 beds) in metropolitan Sydney and the single residential unit in the ACT (13 beds) servicing families in Canberra, Southern NSW and Murrumbidgee.

In addition, Tresillian has established the **first residential service in a regional setting** at Macksville through a partnership with MNCLHD, having been involved from the outset in concept development, detailed design and facilitating consultation with a broad range of stakeholders on a Model of Care suitable to the context and needs of local communities. The new and innovative co-location model will provide a platform for the provision of a Tresillian level parenting service as well as maintain the viability of local rural maternity services.

The Residential Unit, with four family parent-child suites, is due to commence operation in February 2021. The Residential Unit will provide 24 hour/day intensive support through inpatient services for the children and their families experiencing complex parenting challenges. This enables multi-faceted intervention and the identification and development of strategies to promote the child's and family's health and enhance parenting capacity, through the delivery of a tailored management plan, parenting education, guidance and support.

Residential services are provided by an **inter-professional team** including Child and Family Health Nurses, Enrolled Nurses, Mothercraft Nurses, Psychologists, Social Workers, Paediatricians, General Practitioners and Psychiatrists. Extensive assessment is undertaken to inform the care plan and interventions to address presenting issues and parental goals for the admission. All children and their primary care giver admitted to a Residential Unit are seen by a medical officer. The aim of the paediatric and adult medical assessment of the child is to assess for health issues that can impact on the implementation of strategies that promote behavioural change and to ensure transfer of care meets the long-term medical health and wellbeing of the child and adult into the community.

2.5. A FIFO Solution – Reaching Families in Remote NSW

When implementing the Level 2 specialist child and family health service for Broken Hill, difficulties were encountered in recruiting a local clinician. Tresillian worked with Far West Local Health District to develop an alternate Fly-In, Fly-Out (FIFO) model to provide access to the specialist service for families living in Broken Hill and throughout Far West. The model combines fortnightly FIFO visits by a **Tresillian Clinical Nurse Specialist Grade 2 (CNS2)**, with the provision of telehealth consultations on the alternate weeks.

This model as enabled successful implementation through the CNS2 developing **strong collaborative relationships** with local health services, NGOs and importantly the local Aboriginal Community Controlled Health Service, Maari Ma Health Aboriginal Corporation. The CNS2 also engaged with the Royal Flying Doctors Service (RFDS) to further extend the reach of the service via telehealth.

This **knowledge of the local service system**, time spent building trust and working in partnership with other agencies has enabled the CNS2 to maximise the time available during the FIFO trips; and has seen referrals increase. Assessment can either commence via telehealth or home-visits to provide a timely response for families to minimise distress, reduce isolation and ensure families know they are supported in addressing early parenting challenges.

The longer term plan is for the Tresillian CNS2, and the Tresillian Professional Practice and Innovation Unit, to support local capacity building to professionally develop a local child and family health nurse to a CNS2 level for recruitment by Tresillian to provide the full suite of clinical tools, protocols, resources and further professional development of the local workforce.

2.6. Telehealth delivered locally

Tresillian provides virtual consultations via telehealth to include families unable to travel to or outside the home-visiting radius of the closest local service. Tresillian Telehealth virtual consultations are individualized to meet the needs of families and are **provided by nurses from Tresillian's Family Care Centres located in regional towns** throughout NSW, who understand the challenges for families living in rural and regional areas and know the local context for health and other supports.

The telehealth sessions utilise face-to-face closed meeting rooms via laptops, iPad or similar technology, e.g. NSW e-health PEXIP platform. The sessions involve remote assessment and consultation with the local Child and Family Health Nurse (or other relevant health worker) and parent for problems such as persistent infant crying, feeding issues or perinatal mental health concerns impacting on parenting capacity.

Joint consultations with the local primary level clinician also provide an avenue for capacity building and clinical support when developing a management plan for families with complex needs.

The consultations can either take place in the home of the parent utilising their personal IT device (computer, tablet or phone) or consultations can be organised for parents attending a local community health centre to utilise local health district hardware. It has been important to provide the option to access the telehealth technology from Local Health District facilities for those families living in areas with low internet connectivity/low bandwidth or who cannot afford to use their limited data availability which needs to be prioritised for remote schooling and other purposes. This again **highlights the need for a flexible model of service delivery in order to address the varied needs** and circumstances of families in rural, regional and remote areas, with telehealth being an important adjunct to on-the-ground health services rather than a replacement for on-site clinical services.

Tresillian Regional Family Care Centres have also harnessed telehealth technology to provide **virtual group programs** as single-session parenting education groups and/or evidence-based therapeutic group programs over several weeks, e.g. group programs for parents at risk of or experiencing postnatal depression and anxiety. The flexibility of the Tresillian regional clinicians has enabled these groups to be delivered as fully-virtual (all participants linking in through the telehealth platform) or a hybrid model where some parents attend at the centre while those unable to travel to the group are able to link in via telehealth. Parents have indicated how grateful they are to have the opportunity to access programs either on-site or via the virtual platform depending on their circumstances.

2.7. Extending specialist reach via telehealth

The recent November 2020 NSW Government budget included funding for four years for Tresillian and another organisation to deliver and evaluate a virtual residential program via telehealth. The aim is to provide a comprehensive 5 day program for families who may not be able to access an inpatient residential program (see Section 2.4). The funding will also enable evaluation of such a model, importantly to identify for whom the telehealth intervention is appropriate and effective. It is recognised that this model may serve as a useful adjunct for certain cohorts of the population, while for others an in-person Residential Unit admission will be required, including for those referred with identified child wellbeing concerns which could escalate to risk of significant harm and involvement of child protection agencies.

Tresillian has also enabled access to specialist mental health follow-up support for families living in rural and remote areas who have attended the Tresillian metropolitan residential units. The Tresillian Perinatal Infant Early Childhood – Mental Health (PIECH-MH) service model includes multidisciplinary assessment, consultations and care coordination. Families from rural areas have received follow-up consultations and support via telehealth provided by the Clinical Nurse Consultant – Perinatal and Infant Mental Health. This has enabled continuity in the delivery of a therapeutic response when the parent has not been able to access a local mental health care provider.

2.8. SleepWellBaby app – a digital stepped care program reaching rural and remote families

The SleepWellBaby app (SWB) is an evidence-based mobile application developed through a partnership

between Tresillian and SleepFit. The app provides parenting support to new mums and dads with infants from 0-3 years old. It allows parents to track their daily activity, their mood and their quality of sleep in addition to child sleep and feeding. It provides information and educational modules to support parents to recognise sleep and feeding cues and a stepped care approach including information on and referrals to other supports and services.

Providing stepped care is a key action in the *NSW Strategic Framework and Workforce Plan for Mental Health*. This approach allows for prevention and early intervention by offering a spectrum of services based on the needs of the individual.

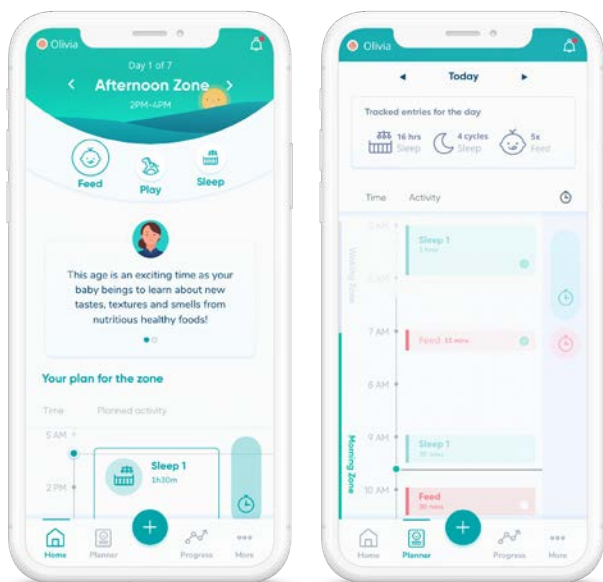
The functions of the app include:

- Screening tools
- Sleep and settling programs
- Baby routine tracker and planner
- Sleep sounds
- Information and resources
- Referrals and links to further services
- Stepped care into Tresillian Telehealth coaching

The NSW Government's COVID-19 Mental Health Support package announced in April 2020 included free access to the Tresillian SleepWellBaby app for NSW parents with an infant aged up to 12 months until October 2020.

The Tresillian SleepWellBaby app provides parents with a 7-day program with content based on Tresillian's early parenting programs, supporting

SWB identifies the need to seek medical attention in both the early stages and throughout the use of the app through the app's **screening tools and tracking functions**, connecting parents with further health services based on their needs. Parents are able to receive GP referrals through the app, which they can download and use to seek further medical attention. The app also provides prompts and links to appropriate health services and connections to Tresillian nurses. The information entered into the app is available for parents to share with the local GP or child and family health service as well as Tresillian Family Care Centre clinicians (including regional), providing additional information which can contribute to the assessments undertaken during the initial consultation and assist often sleep deprived parents to share their experiences with the clinician in the primary Level 1 or Level 2 service.



The app **provides accessible and stigma-free support**. Through SWB, parents are able to easily

access information and supports, as well as postnatal depression screening assessments in the privacy of their own homes. The app normalises help-seeking by parents, emphasises the importance of the wellbeing of parents and not just the child, and offers users the option to invite other caregivers to share the SWB experience. This allows SWB to better engage with fathers and partners who currently lack access to parenting programs and programs that address their experiences of postnatal depression.

In addition, the programs and information offered by SWB provide mums and dads with ease of mind for minor concerns to reduce stress, while linking parents to further supports where they have more intensive needs. As part of the stepped care response integrated into the app program, Tresillian provides a **SWB Coaching telehealth** service for parents requiring additional support.

The Tresillian nurses providing SWB Coaching have access to the parent and baby **dashboard**, providing an overview of the information input into the app (with the parent's permission) including assessment information to enable early identification of emerging perinatal mental health difficulties and measures of parental sense of self-efficacy, confidence and agency, in addition to tracking information to inform assessment of infant sleep, feeding and wellbeing. This dashboard has proved to be an invaluable tool, providing a snapshot of the parent and baby's recent experience while putting the parent in the "driver's seat" in sharing their information and being an active participant in the therapeutic partnership and identification of goals to address challenges and needs.

The app is **user friendly and makes parenting support accessible**. Using technology to make services more accessible is a recommendation of the

Inquiry into support for new babies in NSW. SWB as a digital solution provides ease of use and a level of scale and reach not previously achievable through traditional face-to-face service provision. It can reach new parents isolated at home due to COVID-19, as well as parents residing in rural and remote areas where services are restricted. Tresillian is also looking at integrating multiple language options to support parents of CALD backgrounds.

3. Data Driven Service Planning, Rural Research and Evaluation

Tresillian, in collaboration with the University of New South Wales branch of 180 Degrees Consulting has developed a **Data-Driven Framework for informing Tresillian's Regional Service Development**. The framework for data-driven decision making focuses on four key domains to evaluate regional communities in NSW for suitability and prioritise localities for service development: population, health outcomes, social outcomes and coverage (Stockton & Mills, 2017).

Tresillian is committed to **high quality service evaluation** and **contributing to rural health research**, with a track record of significant research contributing to the body of knowledge regarding child and family health programs and the early years of life. Tresillian has established research partnerships with a number of tertiary education providers including University of Technology Sydney (UTS), Charles Sturt University (CSU) and Southern Cross University (SCU).

Tresillian is currently undertaking mixed methods **evaluation research of the Tresillian Regional Family Care Centres model in partnership with UTS**. In addition, the current Tresillian 2U service on the Mid North Coast is the focus of

doctoral research, enabling a longitudinal study of the service. The research methodology utilises a formative evaluation approach, enabling data to be collected and analysed progressively so outcomes and learnings can be utilised to inform service improvements, taking a responsive approach rather than waiting until the end of service implementation.

A further doctoral research project is currently in progress in relation to the **adaptation of the Tresillian Service Model for rural and regional contexts**, to facilitate evidence-based modifications to suit local rural, regional and remote settings. This project utilises a **Participatory Action Research** approach to enable a community co-design collaboration, tailoring services to the needs of local communities.

These findings add to a body of evidence that will continue to enhance the quality of Tresillian's early parenting services to families and their children in the first 2000 days of life and which underpin Tresillian service delivery for families in rural, regional and remote NSW. This research forms an important component of Tresillian's extensive research agenda, contributing to national and international knowledge to ensure high quality, effective programs based on best practice approaches with positive return on investment.

4. Rural and Regional Workforce Capacity Building

Tresillian's Professional Practice and Innovation Unit (PPIU) 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 state wide implementation and evaluation of the Family Partnership Model.

Tresillian educators have provided regular 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 provide:

- 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 Level 2 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

Tresillian's Rural and Regional Service Development achievements to date, learnings and importance of the support of the NSW Government has been highlighted in papers presented at conferences including the 15th National Rural Health Conference (March 2019), Maternal Child and Family Health Nurses Association Conference (August 2019), the 8th Rural Health and Research Congress (October

2019) and the Australian Rural and Remote Mental Health Symposium (2020). Abstracts on the adaptation of the Tresillian Service Model for Rural Communities and the engagement of consumers in co-design through Participatory Action Research has been accepted for the 7th Rural and Remote Scientific Symposium (2021) and the Consumer Health Forum Summit 2021.

5. Culturally Safe and Inclusive Services for Families in Rural, Regional and Remote NSW

Key to Tresillian's Rural and Regional service development has been time spent talking with local providers, **gaining an understanding of the local context** including health priorities for the communities, integrating the Tresillian services into local service system networks and **developing relationships to enable collaboration**, including Aboriginal Health Services and services providing targeted support for families from culturally and linguistically diverse backgrounds. The strength of these relationships and the building of trust has enabled the integration of the new services to occur swiftly and seamlessly, to the benefit of families, service providers and communities.

Tresillian has engaged in **Aboriginal Community Consultation** and sought the input of local Elders, key Indigenous Committees, and local Aboriginal Medical Services to inform culturally safe and appropriate service development and service provision. Examples include Aboriginal Consultation Yarns held with local Wiradjuri Elders, families, Aboriginal Medical Service and workers to inform the service development of Tresillian in Murrumbidgee Family Care Centre. The Aboriginal Community Consultation Yarn resulted in the identification of three key themes of importance to

the local Aboriginal community to inform culturally safe service provision: family, connectedness and nurturing. These three themes informed the development of a series of artworks by a local Wiradjuri Elder which are placed throughout Tresillian in Murrumbidgee Family Care Centre.

Aboriginal Health Impact Statements have been developed in consultation with Aboriginal Health Workers and Aboriginal Service Managers across Tresillian regional services, while the organisation as a whole has engaged a consultant to support and guide the development of a Reconciliation Action Plan to inform further culturally safe and appropriate service delivery for Aboriginal families.

The Tresillian 2U – The Early Years Parenting Service model was developed based on community consultation in partnership with Mid North Coast Local Health District. Both the working group and Joint Governance Committee have Aboriginal Health Workers (who are also local health consumers) as part of the membership. The service model, taking the services to communities of lower population density from a purpose-designed van, has been designed to **increase access to services for Aboriginal communities**, with key locations including Kempsey and Bowraville, both areas having high proportion of Aboriginal residents.

Importantly, the Tresillian 2U team includes an **Aboriginal Health Worker (AHW)** who provides support and referral services to Aboriginal children 0-3 years and their families while acting as a resource for health workers to ensure that services are culturally appropriate. The AHW works collaboratively with other services in the community including Aboriginal Community Controlled Organisations and NGOs. The Tresillian 2U AHW consults with the local community to inform the

service provision and forums for the co-design of new programs with Aboriginal Elders and community members. Tresillian is currently recruiting additional Aboriginal Health Worker positions to join Regional Family Care Centre teams, to enhance the capacity of these services to co-design programs for local Aboriginal communities and support Aboriginal families.

Tresillian has engaged in a number of partnerships with Aboriginal Medical Services to enhance access to care for Aboriginal families. Examples include an MOU signed between Tresillian and Durri Aboriginal Corporation Medical Service in Kempsey to enable location of the Tresillian 2U van on Durri site and enhance collaboration including co-design and co-facilitation of group programs for Aboriginal parents.

A further example is the Northern NSW First 2000 Days Project, a collaboration between Tresillian, Bulgarr Ngaru Aboriginal Medical Service in Grafton, NNSWLHD and North Coast Primary Health Network. This partnership, focusing on a place-based response in Grafton and the Clarence Valley, has supported extensive cross-sector community consultation to understand the biggest challenges facing families in the local area, identifying this as connecting with and staying connected to the right supports to meet their health and wellbeing needs. This has led to the establishment of a **Child and Family Wellbeing (CFW) Hub**, co-located with a range of services for Aboriginal community members in a culturally safe environment. These services that meet essential needs include food, shelter, financial guidance, and learning support.

The CFW Hub provides **soft-entry pathways** such as groups, classes and drop in activities that build

skills, social connection and resilience, together with access to targeted services including Tresillian Level 2 child and family health consultations, health promotion focused on maternal health and wellbeing, and allied health supports including dietician, hearing, and oral health. Importantly, the team at the CFW Hub includes a Care Coordinator, to support families to identify their goals and needs; and to walk alongside them as they build trust in and engage with other specialist services to address the multifaceted issues impacting their family. This provides opportunity for early identification of need, including the child wellbeing issues to prevent escalation to the child protection system.

The CFW Hub environment has been **designed in consultation with local Aboriginal Elders** and other community members, resulting in engagement by Aboriginal families in a short space of time. Tresillian continues to listen in order to learn and be informed by Aboriginal families, Elders and workers as we work together to ensure this Hub and its services provide culturally safe and effective care.

Tresillian also **works with interagency partners providing services for refugee families** living in rural and regional areas. An example is the Tresillian in Coffs Harbour satellite service operating in Woolgoolga. The area has a high population of new arrivals to Australia, some working as fruit pickers in local farms. The Tresillian Level 2 satellite service works with local Refugee Support Workers to engage with and tailor programs to the needs of refugee families while working with interpreters as needed.

More to be done – Planning for the Future

Across rural, regional and remote NSW there is an identified need for additional perinatal mental health resources. While the co-located Gidget Foundation Australia “Gidget House” services and “Start Talking” telehealth provide improved access to perinatal mental health counselling, additional services are required for families experiencing complex needs who do not meet the criteria for current services. These are families with high levels of vulnerability including those engaged with child protection services, women experiencing domestic violence or involved in family court legal proceedings or those with the known co-morbidity of alcohol or other drug misuse.

Service needs in the perinatal period include both therapeutic mental health interventions as well as social work support to address the complex psychosocial issues impacting on family functioning, parenting and the wellbeing of the child and parent/s. Models may include additional resourcing both within regional centre-based services together with staffing for social work service delivery via telehealth to extend the reach of support, complex care coordination and management planning.

Tresillian is continuing to work with Regional and Rural Local Health Districts (LHD) to identify the most appropriate service response to address local needs. This includes communities on the South Coast and in Western NSW recently affected by drought, bushfires and further exacerbated by the impact of the COVID-19 pandemic.

Tresillian and LHD partners identified a number of locations across rural and regional NSW where access was a challenge for families; and scoped the needs and local context to inform the establishment

of services from the suite of service model offerings which have been successfully implemented in rural and regional areas to date. These include additional Level 2 Family Care Centre ‘Hubs’ with satellite services to extend reach. There has been considerable interest in the Tresillian 2U purpose-designed vans that rotate between towns of lower population density, with a particular focus on working with and supporting Aboriginal families and communities.

The Tresillian Rural Residential Unit model, designed in conjunction with Health Infrastructure to be co-located with maternity units in the new builds of rural and regional hospitals has also been identified as a high priority. The Tresillian Macksville Residential Unit model with four parent and infant beds provides vastly improved access to tertiary level specialist multidisciplinary care while also supporting the viability of small rural maternity units and promoting cross-disciplinary collaboration delivering comprehensive wrap-around support for new parents and their children across the continuum of care. This is a model that can now be replicated throughout rural and regional NSW.

The SleepWellBaby (SWB) app with demonstrated return on investment, was funded temporarily to enable free access for new parents from April to October 2020 during the COVID-19 pandemic. The app with integrated stepped care response, has proven to be well accepted by parents, addressing the stigma of help-seeking and enabling early identification of health issues impacting infants and parents. Tresillian believes that the SWB app can play a key role in the continuum of services for families in the critical early years of their child’s life, providing access to trusted evidence-based information and importantly linking parents to supports early to address their needs. The

dashboard of parent and baby information for each family can be made available as a key tool for all Child and Family Health Nurses and other health professionals working with families and young children across NSW, enhancing access to data to inform assessment and care planning for families in

rural, regional and remote NSW. Continued funding support is required to enable the provision of free access to SWB app and utilisation as a clinical tool for health workers supporting families in the early years of a child's life.

Conclusion

Tresillian would like to thank the Committee for the opportunity to provide this submission.

Tresillian is able to draw on the experience of the last five years, underpinned by its 102 year history, moving from metropolitan-based service delivery to significant service development across rural, regional and remote NSW, importantly demonstrating the capacity to adapt the service model and program streams to address the needs and unique contexts of communities. Tresillian is ready to work with the NSW Government to continue to build upon the successful initiatives to date to further extend the reach of services and improve access for families living in rural, regional and remote NSW, working towards equity of access and improved health outcomes for children and their families.

Tresillian would welcome the opportunity to discuss with the Committee the learnings of the rural and regional service development, the identified needs to continue to increase access to specialist child and family health services, and the opportunities enabled through collaboration, both within health and through interagency partnerships.

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Appendices

Appendix 1: Testimonial 1– Parent who attended a Tresillian Regional Family Care Centre

The following testimonial was presented by a client of one of Tresillian's Regional Family Care Centres at an Open Day. NB: names have been changed to protect the identity of the family.

My son Sam was born in February of this year. He was a very much longed for child - we had unsuccessfully tried to fall pregnant for three years before turning to IVF. Being a mother had always been the most important thing to look forward to throughout my life and so I felt an added pressure that I had wanted this child so much and had also gone through extended medical treatment to have Sam.

Anyone who knows me well knows I can be a bit of a perfectionist. Or Control Freak as my closer friends would say! I always thought if I read the books, studied the material, had everything planned out then I would be able to be a perfect parent. I wasn't going to be one of those parents who let a baby change my life! I was in control. I could make this perfect.

And then the baby was born. Suddenly my previous controlled world order fell apart. This baby was relentless! He needed to be fed, washed, cuddled and comforted. On his terms - not mine! Sleep deprivation set in and the dark clouds of Post Natal Depression started to descend. My husband Daniel who was keenly aware of my past struggles with mental health reached out to the wonderful midwives and Community and Family Health Nurses to form a support network for me.

The nurse from Community and Family Health suggested that I attend a Tresillian class - Getting to Know You. If for nothing else than to get out of the house and have something to look forward to. From the moment I first came through the door, I instantly felt welcomed and supported. These women knew what we were going through and were here to help! In this six week course, we learned how our babies communicate with us - right from the day they are born. Knowing the tired, hungry or bored signs gave you the start of a framework in which to respond to your baby's needs. It was the first step in building back up my shattered confidence that I could be an OK parent.

By the end of the six weeks, I had learned so much from the nurse at Tresillian and had developed a stronger bond with my son. He had started sleeping for longer periods and I wasn't second guessing myself so much. I was sad the course was over!

Luckily for me, another nurse at the Family Care Centre ran an 8 week Circle of Security Course that I could attend within the next week or so. While not officially a follow on from "Getting to Know You", I felt it built on the foundations of prior learning and gave more structure to the framework in developing a relationship with my child. In our lovely small class, we were able to share our hopes and our fears for parenting our children. Although we were all different, we all had a similar goal - to develop a secure attachment with our children so that they have the confidence to explore the world around them. COS is a fantastic resource for

all parents, allowing you to see the world through your Child's eyes and respond to their needs accordingly. It also gives you permission to relinquish perfection. No parent is perfect and it is an impossible and ill-advised goal to aspire to. We will make mistakes. And so will our children. But learning from these mistakes is what enables them to grow as a whole person.

I also had individual support from the Tresillian nurse with feeding issues. It felt like nothing was too much trouble and she took the time to check in on me by phone to make sure I was going ok. I never felt I was being lectured to or told "I must do this" or "I mustn't do that". The information she gave me was practical, sensible and kindly given.

In addition to the Tresillian wisdom we all love, there will also be an offshoot of Gidget House to offer support for those dealing with Perinatal Depression and anxiety. I also benefited from counselling via Telehealth Skype sessions via Gidget House, so I know what a benefit it will be to have a psychologist with perinatal mental health experience based here in our local town for those that need it.

Appendix 2: Testimonial 2 – Parent who attended a Tresillian Regional Family Care Centre

The following testimonial was presented by a client of a second Tresillian Regional Family Care Centre. NB: names and location details have been changed to protect the identity of the family.

We first attended the Centre when Billy was 5 weeks old, and, like many of the babies who have been carried through these doors, he was refusing to sleep. The first few weeks after Billy was born we had both my husbands and my family visit us from their homes on the South Coast and Sydney and then everyone went home. My husband went back to work. And I began my journey as a stay at home mum. I think this time was possibly the hardest. I was tired, hormonal, irritable, judgmental and certain that everyone was a better mother than me. As someone who had suffered from depression and anxiety pre-pregnancy, I was very aware of the need to monitor my mental health both throughout and after my pregnancy. I was terrified I would suffer from peri-natal depression but every time I walked through this door and I was feeling down one of the nurses would look at me and say 'you're not okay today are you?' and that was like a weight lifted from my shoulders.

Navigating the uncertainty that is parenthood can be mind boggling. Having a place like the Family Care Centre to go gave me a routine and support that I felt I wasn't receiving anywhere else. If my mother could be here today she would be giving each and every one of the staff a big kiss! As a first time mum, it's not easy for me not having my mother close by but I also know it is not easy for her to be so far away from me on this journey but knowing I had this place to go to was a big relief to her.

I also wanted to acknowledge the amazing support the centre gives with breastfeeding. Almost every single mother I met through the mothers group is still breastfeeding at 12 months – which is well above the national average. Nowhere else in my community was I given the support and encouragement to continue through the difficulties I encountered breastfeeding.

The Family Care Centre is the most amazing service! The staff are fabulous, the skills they share are absolutely invaluable and the friendships I have developed through the centre's groups have all made me a confident parent and given me the support I lacked having both mine and my husband's families living so far away.

The people of (*town and area*) are so very lucky to have this service available in our region. It means hundreds of families each year can get the support and advice they need without needing to travel to Sydney or pay thousands of dollars to private consultants. I am so very happy to know that this service will be here for the parents that come after me and for me when I convince my husband to have another child.