Tasmania:

Reproductive, Maternal and Paediatric Health Services

TRESILLIAN FAMILY CARE CENTRES

Tresillian®

It's in our nature to nurture

Tresillian
It's in our nature to nurture

Tresillian's submission at a glance

Our Achievements

16
Secondary Child & Family Health Family Care Centres

5
Satellite Outreach Services

6
Tresillian 2U Mobile Early Parenting Vans

2,200
Telehealth Services
2022-2023

11.06K
SleepWellBaby App Powered by Tresillian
Downloads 2022-2023

Bringing Tresillian's Services to Tasmanian families

Hobart HUB
Day & Residential Services (4 beds)
(Secondary and Tertiary Child and Family Services).

Launceston HUB
Day & Residential Services (4 beds)
(Secondary and Tertiary Child and Family Services).

Spokes

From each of the hubs, local services would be provided as SPOKES in locations advised by the Tasmanian Government.

- Day Services
- Extended Home Visiting Programs
- Tresillian 2U Mobile Early Parenting Vans
- Telehealth Services
- SleepWellBaby App Powered by Tresillian
- Child & Family Wellbeing Hub — No Wrong Door

Select Committee on reproductive, maternal and paediatric health services in Tasmania - TRESILLIAN submission

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Introduction

Tresillian was invited to provide the Select Committee with any information we deem relevant to the Terms of Reference as they relate to the following elements of the Terms of Reference:

(a) (ii) maternal health services;
(a) (iii) birth trauma;
(a) (iv) workforce shortages;
(a) (vi) perinatal mental health services;
(a) (vii) paediatric services for children aged 0-5 years;

(b) (ii) Tasmanians living in rural, regional and metropolitan areas;
(b) (iii) Tasmanians experiencing socio-economic disadvantage

(c) make recommendations

The information that is provided serves as a recommendation to the Tasmania Government to improve services for Tasmanian families with young children, noting that Tasmania does not offer specialist (secondary and tertiary) Child and Family Health Services.

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* See #The National Framework for Child and Family Health 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 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 services to over 50,000 families annually across all its service locations and is staffed by a multidisciplinary workforce comprised of child and family health nurses, midwives,

general practitioners, paediatricians, psychologists, social workers, psychiatry trainees and psychiatrists.

(a) (ii) maternal health services

Tresillian has invested in a skilled, multidisciplinary workforce of general practitioners, paediatricians, psychologists, social workers and psychiatrists to ensure the physical and mental health of parents and carers are adequately assessed and responded to in a holistic manner when they attend a Tresillian service.

Tresillian has committed to supporting a multidisciplinary workforce to best meet the needs of families, noting that for most families, general practitioner, paediatric, nursing and mental health supports suffice. However, the organisation understands that some families are presenting with increasing complexity that requires senior mental health and psychiatric input to ensure therapeutic outcomes.

(a) (iii) birth trauma

Overview

Birth trauma includes both physical and psychological elements in that:

- a birth may be physically traumatic which results in sequelae that negatively impact on the woman's individual quality of life, relationships, sexual function and physical health which can then also lead to significant psychological challenges.
- a birth may be physically uncomplicated, but be experienced as psychologically confronting, frightening and/or dangerous, and thus would be considered traumatic. Such births can lead to significant psychosocial disturbance and require attention.
- for many women a birthing experience can be both physically profoundly compromising, and psychologically disturbing, leading to a complex interplay between physical and emotional aspects.

Definitions encompass both the physical facts of birth but imply that there needs to be a component of psychological distress to reach the threshold of 'traumatic'. Greenfield acknowledges that a 'traumatic birth' is a 'complex concept' that involves "events and/or care that have caused deep distress or disturbance to the mother, and the distress has outlived the immediate experience." (Greenfield, Jomeen and Glover, 2016). Beck initially aligned their definition with the Diagnostic and Statistical Manual of Mental Disorders noting that birth trauma is "an event occurring during the labor and delivery process that involves actual or threatened serious injury or death to the mother or her infant". Later qualitative analysis of research data assisted Beck in changing the definition, noting the subjective nature of the experience, and showing that whilst a witness may not label a birth experience as traumatic, the birthing parent may have experienced intense physical and emotional states, thus leading the experience to feel traumatic (Beck, 2004).

There are varying definitions of what constitutes a traumatic event shaping the outcomes. An Australian study notes that 43.5% of a cohort of postnatal mothers indicate exposure to what objectively would be considered a traumatic birth event, although only 3% were assessed as having posttraumatic stress disorder as a result (Alcorn, O'Donovan, Patrick et al, 2010). In the UK, Greenfield argues that about 30% of parents report traumatic births (Greenfield et al, 2016), whilst a meta-analysis of potential contributors to postnatal posttraumatic stress (PTSD) states that

approximately 3.17% of birthing parents develop PTSD because of their childbirth experience (Ayers, Bond, Bertullies et al, 2016). This equates to approximately 150 to 180 parents in Tasmania per year developing PTSD because of a traumatic birth. However, whilst only a minority in the research appear to reach the clinical threshold of PTSD, there is evidence that a large proportion have ongoing distress, or develop other mental health disorders other than PTSD, including postnatal depression, postnatal anxiety, and fear of childbirth (Alcorn, O'Donovan, Patrick et al, 2010).

Further, there is increasing interest in examining the impact of the birthing experience on witnesses, including healthcare professionals and fathers or non-birthing partners. The latter population has been largely neglected in the literature.

Physical birth trauma can cause pelvic floor muscle damage or pelvic organ prolapse, leading to incontinence or difficulties with bowel movements. Perineal damage can consist of tears, episiotomy, pelvic nerve compression and damage, leading to paraesthesiae, numbness or neuropathic pain. These kinds of physical traumata are not uncommon and about 25% of Australian women giving birth without instrumentation have an episiotomy, whilst about 80% have one with an instrumental birth. Further data indicate that the percentage of women with intact perineum postnatally has been trending downwards in the last decade.

Psychologically there are multiple potential points of distress for parents throughout their pregnancy and parenting journey that includes traumatic grief associated with stillbirths and perinatal deaths.

The birthing experience can be confronting and overwhelming, with parents experiencing new physical sensations, which are often intense, a requirement to allow others to assist them, and feelings of being out of control or uncertain. Research shows that certain elements of women's subjective experiences of pregnancy and birth are central to the experience of birth trauma.

Several sources of investigation note that negative interactions with health care professionals is dismaying and often frightening (Watson, White, Hall et al, 2021) The *interpersonal nature* of the care received is cited in several publications describing the birthing experience, and disappointments or feelings of disrespect between health professionals and women recur as themes. One study noted that women felt "undermined and excluded from their care, which left them feeling dismissed, ignored and invisible." (Beck in Muzik and Rosenblum, 2018).

At Tresillian every parent is screened for birth trauma, as well as mental health vulnerabilities. Tresillian uses the Postnatal Risk Questionnaire which asks, "Was your experience of giving birth to this baby disappointing or frightening?" A recent data audit of 160 randomly selected admissions indicated that 20% of parents at Tresillian answered, 'quite a lot' or 'very much' to this, whilst another 7% indicated 'somewhat'. Importantly, those who endorsed a frightening or disappointing birth were more likely to score higher on measures of anxiety or depression and score lower on measures of parenting confidence, indicating a relationship between the perceptions of a traumatic birth, mental health vulnerabilities and parenting experience.

Research has shown for several decades that a parent struggling with emotional distress is less likely to be available to respond to their infant's cues and needs, and lead to potentially compromised parent-infant interactions and relationships (Aktar, Qu, Lawrence et al, 2019). Whilst there is further data required to fully explicate this, the research indicates that only treating the parental distress is not sufficient to fully address the impacts on the infant, and that *both* infant and parent require significant attention to ensure that the next generation do not bear the burden of parental distress (Lim, Newman-Morris, Hill et al, 2022).

Tresillian deploys the following interventions to mitigate the clinical risks associated with birth trauma which are further detailed as per below:

- Parent, Infant and Early Childhood Mental Health© service model
- NCAST to improve the assessment of parent child relationship.

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

Tresillian is fully aware of the multifaceted needs of family and offers a holistic, relationship based, multipronged approach to respond to the parental emotional effects of birth trauma and its associated vulnerabilities. Additionally, interventions are developed to ensure the parent-infant attachment relationship develops along a secure and consistent path that protects the infant's and child's socio-emotional development.

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 in NSW, and Health Directorates in the ACT and Albury Wodonga, 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.

NCAST to improve the assessment of parent child relationship

Consistent with ensuring that the parent-infant attachment relationship develops along a secure and consistent path that protects the infant's and child's socio-emotional outcomes, in February 2017, Tresillian introduced the use of the NCAST Parent Child Interaction (PCI) Assessment tool to assist in the assessment of the parent-child relationship. The PCI is a well validated and increasingly used parent-child assessment clinical and research tool that enables the development of an intervention plan based on the evidence gained from the assessment of infant feeding (valid to 12 months of age) and teaching (valid until 36 months of age) (Oxford & Findlay 2015). This assessment facilitates more tailored interventions focussed on the parent-infant relationship that can be undertaken with the parent by the extended clinical team.

While there has been some research conducted that has a focus on clinical outcomes (Fisher & Rowe 2005; Fowler, Rossiter, Maddox, Dignam, Briggs, DeGuio & Kookarkin 2012) there is limited research evaluating clinical practices or the implementation process for new clinical practices. One such study was conducted at Ellen Barron Centre in Queensland that provides a program designed for parents

and their infants who were at high risk and who were referred by health and child protection services (Berry, Jeon, Foster & Fraser 2015). The findings confirmed that parents who participated, increased their parenting capacity and were able to transition back to the community. In Western Australian, Ngala's infant sleep intervention study found parents had higher levels of competence and confidence four weeks after discharge from the early parenting centre compared to the community based group (Hauck, Hall, Dhaliwal, Bennett & Wells 2012). Tresillian's post discharge residential research also identified that parents had an increase in knowledge and a deeper understanding of challenges and complexity of parenting (Fowler, Rossiter, Maddox, Dignam, Briggs, DeGuio & Kookarkin 2012).

(a) (iv) workforce shortages

Overview

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

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

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

Tresillian has an identified resource *The Nursing and Midwifery Manager : Rostering, Recruitment and Retention* who is responsible for strategically and operationally developing nursing and midwifery career pathways to increase, support and maintain a skilled, capable, agile and motivated nursing and midwifery workforce; that includes ensuring rostering best practices are applied across services.

Tresillian engages with the following strategies to address the workforce shortages which are further detailed as per below:

- Recruitment strategies
- Retention strategies
- Capacity uplift in the child and family health professionals, GPs and psychiatry.

Recruitment strategies

Tresillian actively promotes child and family health as a career pathway to early career clinicians in nursing, medicine and allied health, supporting the transition of early career clinicians to practice and developing retention strategies that engage and motivate the existing Tresillian workforce through a structured educational and mentoring program.

Retention strategies

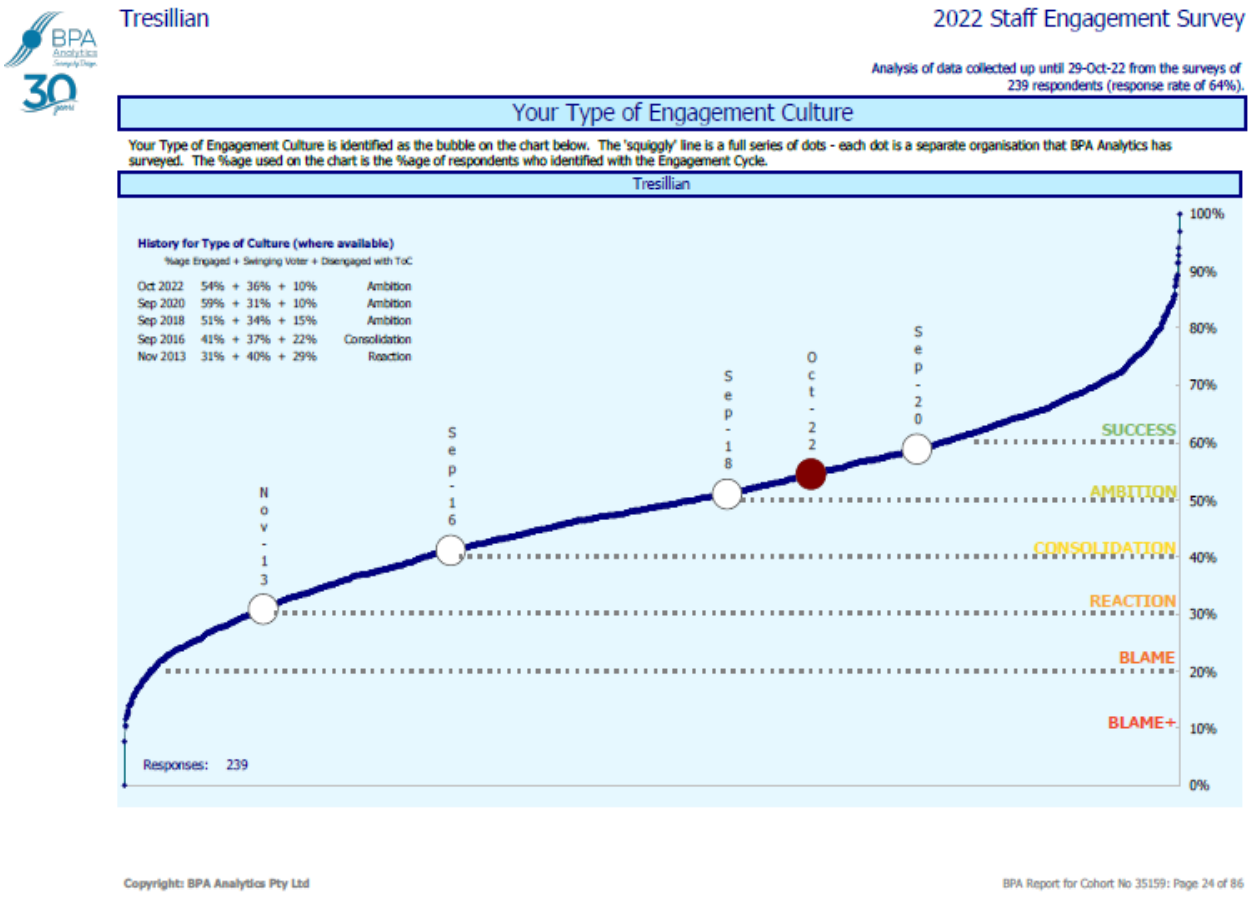
Team Nursing in the residential units

The introduction of the Team Nursing/Midwifery model in 2015 in the Tresillian tertiary child and family health services is well evidenced in retention of high quality clinicians due to the supportive process of on-boarding new recruits and the sharing of clinical and emotional complexity of the families across the whole team as measured by the five factors of team nursing: Trust, Team Orientation, Backup, Shared Mental Model, and Team Leadership see #Tertiary Child and Family Health Residential Units with Multidisciplinary Team and Team Nursing/Midwifery Model of Care.

Workplace Culture

Tresillian's workplace culture has undergone significant change over the last five biennial staff engagement surveys. Best Practice Australia describes a continuum of staff engagement ranging from Blame+ to Blame to Reaction to Consolidation to Ambition and finally Success.

As noted in the below graphic the Tresillian staff currently sit in Ambition which demonstrates an innovative, 'Anything is Possible' attitude. Our annual Team Building Day is a highly celebrated event with enthusiastic involvement from the 374-strong team.

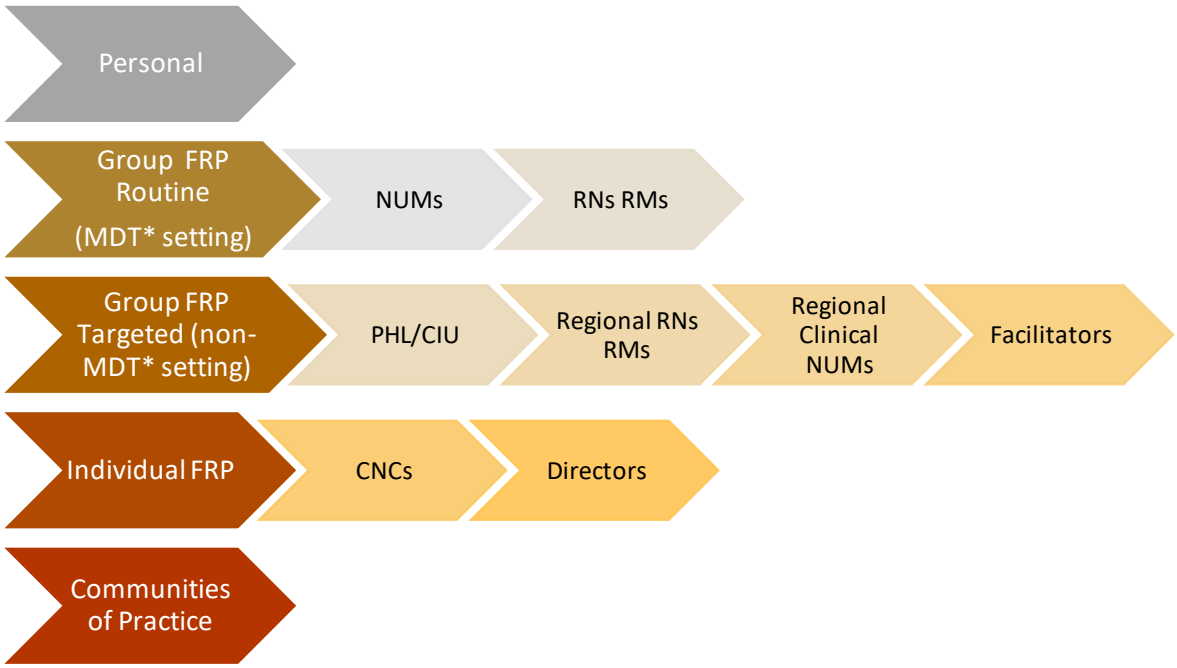


Clinical Supervision Reflective Practice Framework for Nurses and Midwives

Since 2019 Tresillian has had a framework in place that is tailored to the needs to the different clinical nursing/midwifery teams stratified for management, day services and residential services

teams that takes into consideration whether the teams operate within a multidisciplinary setting (metro versus regional teams).

Diagrammatic Representation of the Facilitated Reflective Practice Framework (FRP)



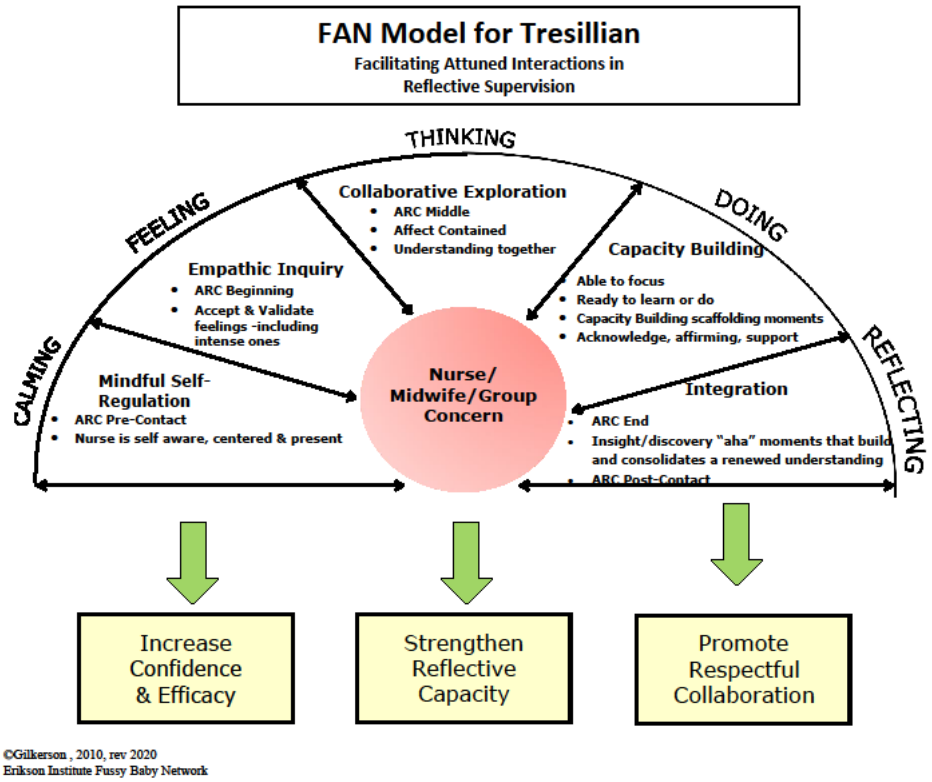
*MDT is multidisciplinary team setting ie nursing and midwifery teams scaffolded by the multidisciplinary context

Tresillian worked with Professor Linda Gilkerson to adapt the Facilitating Attuned Interactions (FAN) model to provide Group Facilitated Reflective Practice to frontline staff working rotating shifts across the 24-hour day in the residential services which builds on their core training in Family Partnership and NCAST Parent Child Interaction Feeding and Teaching Scales.

In addition, there is evidence of positive impact applying the FAN Model with families with trauma experiences and where safety concerns exist (Hefron et al, July 2016). This is the general demographic of families presenting to Tresillian for support.

The model is designed to (see graphic below adapted for the Tresillian context in liaison with Professor Gilkerson):

1. help practitioners engage with families through reflective practice
2. serve as a framework for reflective supervision
3. provide a structure for work and supervision sessions.



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

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 one of its educators 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.

(a) (vi) perinatal mental health services

Overview

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 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
- Early Intervention Home Visiting Program
- Step-up step-down referral pathways for the Mother/Parent Baby Units.

Parent, Infant and Early Childhood Mental Health© service model.

See information provided at (a) (iii) birth trauma #Parent, Infant and Early Childhood Mental Health© service model.

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 reducing 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.

Early Intervention Home Visiting Program (tertiary child and family service)

In 2001, Tresillian received funding from the Commonwealth to implement an Extended Home Visiting Intervention Program 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.

The 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 6 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 which include:

- Seeing is Believing program which is a video recording of parent and child interactions of 3 to 5 minutes. The nurse reviews the recording with the parent asking questions about the child's and the parent's feelings. This enhances reflective parenting practice.
- Home Observation for Measurement of the Environment (HOME) Inventory which is a widely used validated tool for mothers and children living in the community; and measures the stimulation potential of a child's early developmental environment (Caldwell & Bradley 1984).
- The NCAST Keys to Care Giving program which provides a framework for parents to increase sensitivity to their child's needs.

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

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

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

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.

See #Location of Tresillian services as at December 2023.

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).

(a) (vii) paediatric services for children aged 0-5 years;

Unlike many public child and family health or mental health services, Tresillian integrates the needs of the parent and child, admitting both the child and parent to its service and developing care plans for both, assessing physical and emotional health and wellbeing, and developing wholistic care plans to address the multifaceted needs of the family. Tresillian's investment in skilled and experienced general practitioners, paediatricians, psychologists, social workers, and psychiatrists with specialist skills in working with parents and children aged from birth to five years old has resulted in the ability to provide tailored services for families experiencing a range of difficulties in the first 2000 days of their child's life.

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

(b) (ii) Tasmanians living in rural, regional and metropolitan areas

Overview

As the universal (primary) child and family health service provider for Tasmania, the Child Health and Parenting Services (CHaPS) mandate is to provide free child health and development assessments for children aged 0-5 years with multiple Parenting Centres located in the North, North West and South.

Tresillian provides secondary and tertiary child and family health services.

The National Framework for Child and Family Health Services

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 submits the following proposal for secondary and tertiary services to address the needs of Tasmanians living in rural, regional and metropolitan 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

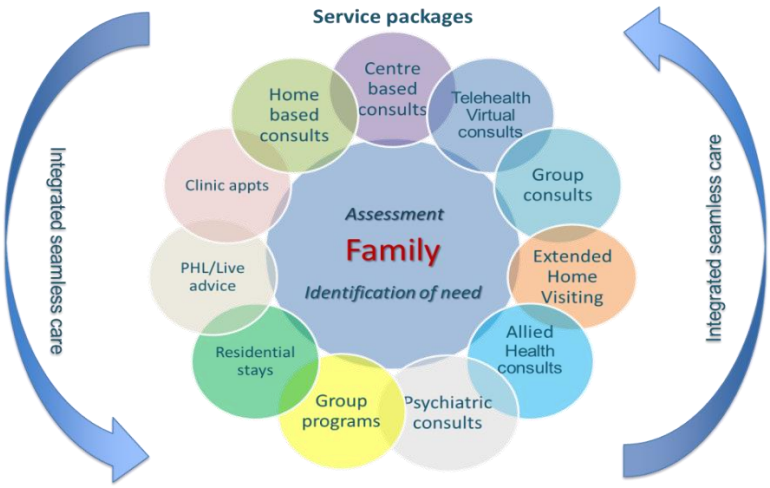
Services need to be accessible by families.

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 modes of delivery options for the 'package of care' following assessment include:

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



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

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

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

In 2015 Tresillian committed to extending the reach of early parenting support services to families living in rural and regional areas, because their needs for support are higher.

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.

Evaluation of Tresillian's secondary child and family health services as an adaptation to diverse settings

From 2018 to 2022 a comprehensive research project to evaluate the effectiveness of the first five secondary child and family health 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 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 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.

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.

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

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. There is a variety of online information like websites, parenting blogs, apps and social media platforms but very little research about these internet-based parenting interventions.

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

SleepWellBaby App (SWB)

Tresillian's SleepWellBaby is a digital innovation, enabling access to a 7-day program focused on building parents' understanding and responsiveness to the developmental needs of their child. The program provides a step-change early intervention and prevention of sleep, settling and feeding challenges for children and mental illness for parents.

It attracts parents with the community-accepted value proposition of sleep, feed and play support and then provides a unique, 'soft entry' for post-natal depression and anxiety assessment and seamless stepped care referrals at scale. SleepWellBaby provides digital services as an "early intervention" to struggling parents and carers; saving on cost, increasing productivity and delivering better outcomes for public health.

Feedback from parents has indicated that the app has proven to be a valuable adjunct to Tresillian's suite of services, with parents feeling safe to take the first step to reaching out for help rather than waiting until challenges reach crisis point.

The information provided through the app provides an easy-access point to assist parents in navigating the service system and 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 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.

Parents can share the information entered on the app (the dashboard) 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 or secondary child and family health service.

The app provides accessible and stigma-free support. Through SWB, parents 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.

An independent review conducted by global consulting firm, Ernst & Young (EY) in 2020 valued the positive social outcomes delivered by the SleepWellBaby program. EY reported that for every $1 invested there is a social return of investment of $5.51 in community benefits. The majority of these benefits are as a result of improved mental health for mothers and overall sleep for parents and their babies.

Virtual Residential Parenting Service

In 2021 the NSW Government budget included funding for 4 years for Tresillian and Karitane 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. 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 (see #Parent, Infant and Early Childhood Mental Health© service model) includes multidisciplinary assessment, intervention and care coordination. Families from rural areas receive follow-up consultations and support via telehealth provided by the mental health team. 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.

A formal evaluation is underway under the auspices of NSW Ministry of Health.

Integrated Hubs to provide accessible and culturally safe services

See (b)(iii) #Integrated Hubs to provide accessible and cultural safe services

(b) (iii) Tasmanians experiencing socio-economic disadvantage

Overview

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.

Adverse Childhood Events

The number of adverse childhood events especially child maltreatment and poverty is strongly linked to poor health outcomes in adulthood (NSW Health 2021).

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.

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.

Equity of Access

Tresillian's commitment to the PIEC-MH© model of care (see #Parent, Infant and Early Childhood Mental Health© service model) aims to respond to this inequity problem by capturing and treating

families when accessing parenting support meaning there is little to no wait time. Further, Tresillian does not exclude families on the basis of suicidality, domestic violence or child protection issues, and can provide multidisciplinary, wholistic care when safe to do so, whilst also liaising collaboratively with other services and agencies that may best support the family.

In this way, Tresillian seeks to ensure there is increased equity in the system.

Satellite services

Tresillian provides five satellite services to Cooma, Woolgoolga, Bulahdelah, Cootamundra and Coonamble. Staff travel from the FCC to the identified sites to provide groups such as Circle of Security and Getting to Know You in small communities. It also provides an opportunity to connect and engage with Local Health District Child and Family Health Services within that community.

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.

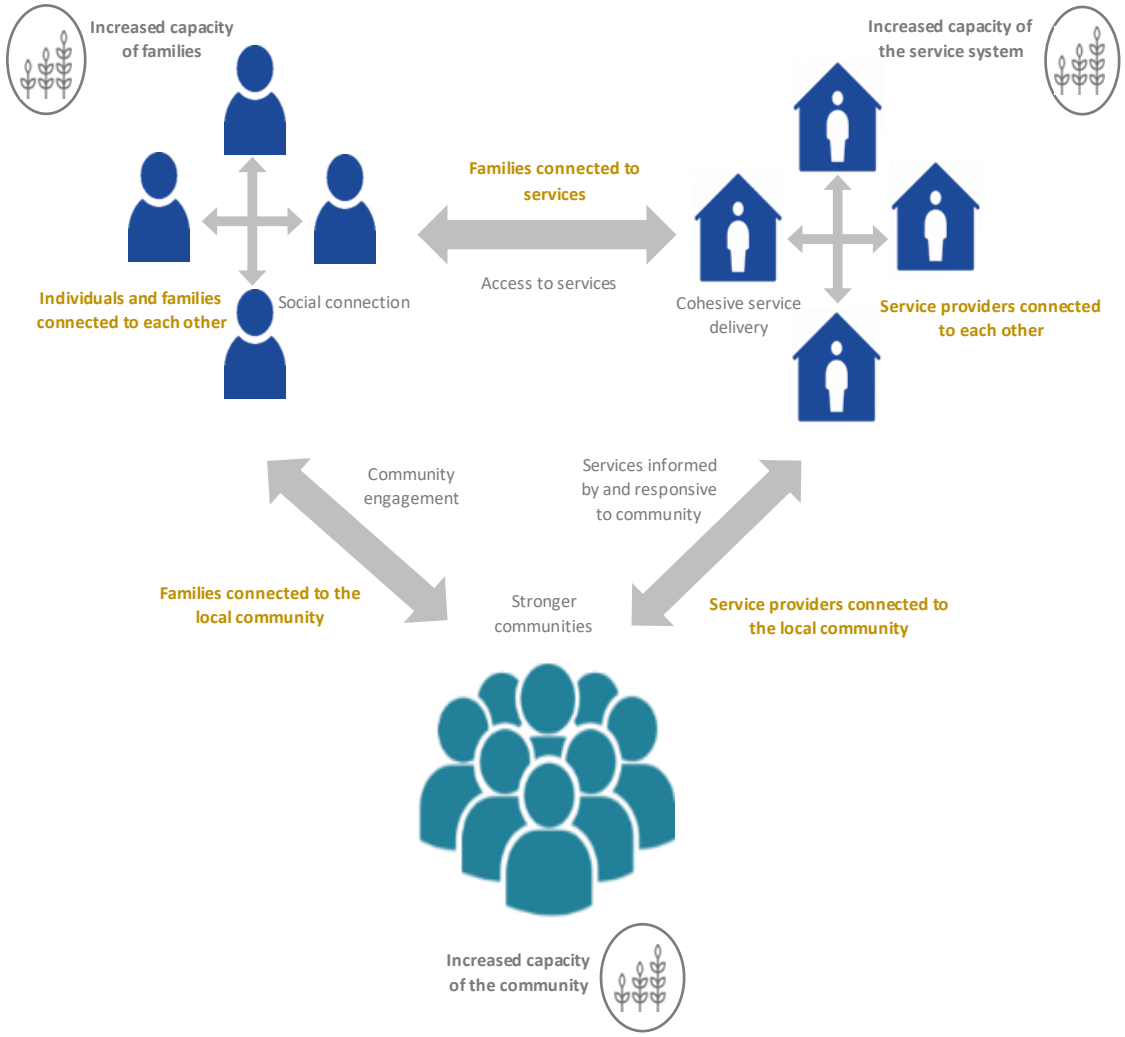
Child & Family
Wellbeing Hub

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



Hub and Spoke Model for Tasmania

Tresillian has successfully partnered with multiple regional health services to enable the delivery of secondary and tertiary child and family health specialist services in NSW, ACT and Albury Wodonga See #Location of Tresillian services as at December 2023.

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:

- sixteen secondary child and family health Family Care Centres with an additional five satellite outreach services
- an innovative mobile service operating from six transport vans (Tresillian2U) 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 four-bedded Residential Child and Family Health Unit in Macksville to operate outside of a metropolitan city in Australia
- a Child and Family Well-being Hub with a no-wrong-door model as part of a place-based First 2000 days initiative
- telehealth services and
- the development of a ground-breaking digital program via a mobile phone app (SleepWellBaby).

The expansion of secondary and tertiary child and family health services to families living in regional and remote NSW is scaffolded by published evidence of the successful adaptation of the metropolitan day services model to diverse settings.

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 Early Intervention Home Visiting program for families experiencing complex vulnerabilities impacting on parenting capacity and telehealth consultation services. Satellite services to surrounding communities from the 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.

Working closely with the primary child and family health provider CHaPS, new secondary and tertiary child and family health services can be configured in a joined-up network of universal and specialist secondary and tertiary child and family health services in a Hub and Spoke format for the Tasmanian context with the following:

Hubs

HUB based in Hobart offering co-located day and residential services (secondary and tertiary child and family services) with well-articulated referral pathways between Tresillian and CHaPS.

HUB based in Launceston offering co-located day and residential services (secondary and tertiary child and family services) with well-articulated referral pathways between Tresillian and CHaPS.

The residential services based in Hobart and Launceston would operate four (4) bedroom suites each (bedroom with nursery for a cot or toddler bed and ensuite) that would admit families from across Tasmania.

These eight (8) beds and co-located day services match the anticipated demand for secondary and tertiary child and family health services given the Tasmanian demographic of six thousand (6,000) births per year.

The residential service could be offered in a virtual format (Virtual Residential Parenting Service) if the evaluation currently underway in NSW confirms its value. The Team Nursing/Midwifery Model would roster resources across both the virtual and face to face residential services.

The staffing for both residential and day services would be centralised to ensure the appropriate allocation of clinical resources in line with demand from the Tasmanian families.

The PIEC-MH© Service Model would operate from one or both Hubs with active partnerships with local psychiatry and perinatal mental health teams.

The Tresillian experience is that the co-location of day and residential services (four currently in operation in NSW and the ACT) scaffolds the seamless transition for families from secondary to tertiary child and family health services as required.

Spokes

From each of the hubs, local services would be provided as SPOKES in locations advised by the Tasmanian Government in the form of:

- day services
- extended home visiting programs (tertiary child and family service) as part of the packages of care in the Day Service Model
- Tresillian2U Mobile Early Parenting Services as part of the packages of care in the Day Service Model
- Telehealth service consultations as part of the packages of care in the Day Service Model
- SleepWellBaby App as part of the packages of care in the Day Service Model
- child and family wellbeing integrated hubs co-designed with community

Having supported families for more than one hundred (>100) years, Tresillian is well-placed and prepared to provide expert advice and support to the Tasmanian Government so that we can work together to improve the quality of life and long-term health outcomes of families and communities across the state.

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