“Navigation, Adaptation and Collaboration”

Creating a Path for Rural Service Development

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Overview

• Background:
  – What is ‘Tresillian’?
  – Identified Need

• Navigation:
  – Service Development Framework
  – Journey to Data Driven Decision Making

• Collaboration:
  – Service Planning
  – Interagency Forums

• Adaptation:
  – Core service elements
  – Research

• Outcomes and Recommendations
Tresillian

• Largest specialist child & family health organisation in Australia
• Providing support to families experiencing early parenting difficulties since 1918
• Focus on early intervention & prevention

Strategic Plan

• Extend our reach
• Establish services in new high need locations
• Developed models of care for remote services
• Partner with other agencies
• Capacity-building for health professionals
Tresillian Services

Primary Level Services
• Parent Helpline and Live Advice Online Services

Secondary Level Services
• Centre-based Day Stay
  – Individual consultations and group programs; 3 Metro sites and 3 Rural sites
• Outreach Home Visiting

Tertiary Level Services
• Residential
  – 5 days / 4 nights: Complex early parenting issues requiring intensive assessment and management; 3 Metro sites

Specialist Programs:
• Early Intervention Home Visiting
  – Intensive support for families with vulnerabilities impacting their parenting capacity

Professional Practice & Innovation Unit and Research
identifies children and families living in rural and regional areas as being at risk of experiencing particular vulnerabilities.
Rural Health Outcomes

- Higher incidence / rates of:
  - Poor antenatal and post-natal health
  - Low breastfeeding rates
  - Low birth weights
  - Psychological distress / Mental Health difficulties
  - Alcohol abuse and smoking
Alignment with NSW Rural Health Plan

- Invest in models of care and research
  - Adaptation & tailoring of models from metro to rural settings
  - Outreach models
  - Focus on early intervention and prevention

- Partnerships are central

- Priorities:
  - Maternal, Youth & Early Childhood Health, Mental Health
  - Increase access as close to home as possible
  - Strengthen service networks including rural & metro linkages
  - Health Workforce training and support

“Develop & implement innovative and integrative models of maternal, child and family healthcare to meet the particular needs of rural communities”
Finding the Path to Service Development
Service Development Conceptual Framework

Partnership
- Consultation
- Trust & Respect
- Adaptation to local needs
- Service Linkages
- Shared Expertise
- Shared Values

Collaboration

Service Development

Tresillian
It's in our nature to nurture
Data Driven Decision Making Logic

4 key factors used to assess suitability of locations for service development:

1. **Population base**
   - Population (current & projected) under 4 year (ABS data and State Government projections)

2. **Health Outcomes**
   - Relevant to Tresillian services and aims

3. **Social Outcomes**
   - Tresillian focus on psychosocial wellbeing – making a difference in the lives of children and their families

4. **Coverage**
   - Current service provision / gaps
Health Outcomes Data

• Data by LGA
  – % women who smoke during pregnancy
  – % first antenatal visit by 14 weeks
  – % women hospitalised for self-harm

• Data available by LHD
  – % children born underweight
  – % children fully immunised at 1 year of age
  – % people identified as highly or very highly psychologically distressed.
Index Creation: Identifying areas of Need

Health Outcomes Index
(Data sets converted to a form where regional average is 1 to enable comparison)

+ Moderated SEIFA Index
& Indigenous population proportion

= Index Score

Weightings applied consistent with Tresillian Aims
COVERAGE:
Lack of Access to Specialist Services

- Limited specialist child & family health services at secondary and tertiary level

- Lack of referral pathways for primary health providers
Consultation & Collaboration

• Developing local service relationships
• Service System Mapping
• Forums
  – Partner health agencies, councils and local NGO providers
  – Clear picture of available services, referral pathways
  – Shared identification of service gaps and community needs
• Platform for collaboration
  – Service delivery partnerships
  – Sharing of expertise
  – Sharing of infrastructure and resources
Service System Forums (Albury Wodonga)

- Forum 1: Mapping current state
- Forum 2: Service gaps and opportunities for collaboration
- Forum 3: Focus on group programs / access
- Forum 4: Programs targeting families experiencing vulnerabilities / risk factors

Decision: Continue to meet 2-3 times/year
Adaptation

• Service Model - Core Elements
  – Evidence-based practice and clinical governance model
  – Interprofessional approach
  – Operational management support
  – Capacity Building
    • Professional development, clinical support
  – Promotion of Service System linkages

• Flexibility
  – To address local priorities - target groups and locations
  – Modes of delivery / programs
  – ‘Hub & Spoke’ to increase reach

• More to explore:
  – PhD study commenced
Outcomes (so far…)

• 2 new rural services – 2 different service models
  – **Lismore:**
    • Tresillian managed Family Care Centre service
  – **Albury Wodonga:**
    • Service Level Agreement:
    • Tresillian enhancements to service and provision of Early Intervention Home Visiting program

• 3rd service to commence May 2017
  – ‘**Tresillian in Murrumbidgee**’
    **Family Care Centre**
    • Partnership with Local Health District, Wagga Wagga NSW
Recommendations

• This process highlighted the need to draw on relevant, robust, reliable external data sources and weight these aligned to the organisation’s vision and aims.

• The framework currently draws on a limited range of data, with more data sources yet to be explored.

• Recommend organisations continue this journey in order to develop a clear profile of health and social vulnerabilities and needs in rural and regional communities.

• Sharing such information can assist in lobbying government and funding bodies to invest in services to address health and social outcome inequities.

• Particularly when organisations are willing to draw on mutual strengths by joining together in collaboration to support families in need.
Thank you

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