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From pilot to state-wide scale up: extending Tresillian's rural reach through partnership

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Tresillian Family Care Centres

Introduction

The first years of life are vital to the positive trajectory of the life course and health outcomes of individuals, their families and communities. Intervening early in life to 'prevent events that increase risk or address issues early' has been demonstrated as an effective strategy in the prevention or reduction of health issues later in life (Australian Health Ministers' Advisory Council 2015a, p.9).¹ However, families in rural New South Wales face challenges to accessing services and support during the critical early years in the life of their child. The NSW Rural Health Plan (2014)² emphasises the need for service development in rural and regional areas, highlighting poorer health outcomes for families impacted by distance and isolation, socio-economic difficulties and the impacts of climate change compared with metropolitan communities.

The NSW Rural Health Plan emphasises the need to invest in new best practice models of care and research to provide health services which are sustainable and tailored to the needs of rural communities, including the need for innovative models of maternal, child and family healthcare. Likewise, the National Strategic Framework for Rural and Remote Health (2012)³ highlights the need for greater access to service delivery models responsive to the needs of rural populations. The need for interventions developed in well-resourced metropolitan areas to be adapted to provide relevant and effective services in rural settings has been identified internationally as exemplified in the World Health Organization paper 'Scaling up Health Services: Challenges and Choices'.⁴

Consultation with rural and regional clinicians by Tresillian confirmed that families often need to travel vast distances from across NSW to access help for early parenting difficulties complicated by psychosocial issues and vulnerabilities. The 'National Framework for Child and Family Health Services—secondary and tertiary services'⁵ identifies children living in rural, regional or remote areas as being among the groups of children and families who may experience particular vulnerabilities. Families residing in rural Local Health Districts without Level 2 referral services travel to facilities in Sydney, resulting in many families experiencing distress and exhaustion while opting to struggle on at home rather than make the long journey, highlighting the need for services within their local communities.

Tresillian Family Care Centres Model

Tresillian is Australia's largest specialist child and family health organisation, providing support to families experiencing difficulties in the early parenting period in NSW since 1918. The organisation has evolved as it has responded to current community needs, while maintaining a focus on child wellbeing and building resilient families and communities. This has been achieved through a service model which acknowledges the social determinants of health, engaging with families in the early years of their child's life and working collaboratively with parents to build confident, resilient families and communities.

The Tresillian Family Care Centres model enables a central hub to act as 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, perinatal mental health services and an extended home visiting program for families experiencing complex vulnerabilities impacting on parenting capacity. Telehealth virtual consultation services and satellite services to surrounding communities further extend the reach to geographically isolated communities.

Core to the model is the provision of professional development and clinical support to enhance the capacity of primary-level clinicians working with families in the local area. The foundation of the model are the partnerships with the Local Health Districts, enabling the effective delivery of integrated care for families. Tresillian has developed a conceptual framework to guide service development, with the key elements of partnership and collaboration being support through the principles of trust and respect; consultation; valuing of shared expertise; the development of service linkages; and commitment to adaptation to suit the local context.

A flexible and responsive service model

Tresillian's journey to increase access to specialist Level 2 child and family health services for rural and regional families started with the commitment of the Board of Directors. The organisation's current Strategic Plan reflects the organisation's focus on providing greater access to families in a diverse range of settings while providing an evidence-based model of care. Strategic priorities articulated in the Plan include the expansion of clinical services to address the needs of more people in diverse settings including through partnerships.

In late 2015, Tresillian developed partnerships with Albury Wodonga Health, and Northern NSW Local Health District and the North Coast Primary Health Network. These partnerships enabled the establishment of specialist Tresillian services in Albury Wodonga (Southern NSW / North Eastern Victoria) and Lismore in the NSW Northern Rivers region. These first pilot sites were commissioned as Tresillian undertook a significant project to review the Standardised Service Model for Tresillian Day Services across both metropolitan and regional sites. The project included the review of peer-reviewed and grey literature, benchmarking, process mapping and consultation with clinicians, managers and consumers. The result was the development of a Service Model which provides a framework for effective and efficient service delivery while being responsive and flexible to the unique needs of families and communities.

Central to the service model is the concept of an individualised **package of care** informed by comprehensive assessment which is tailored to the needs of the family and their context. The package of care enables the mobilisation of a range of services provided by the organisation through a variety of modes of delivery to address differing needs and increase access. The service model

articulates a series of program outcomes statements and related measures, providing a focus on the difference the service seeks to make in the lives of children, families and the community. The service model then moves to provide a framework for implementation to guide practice, detailing referral and prioritisation criteria and highlighting the importance of inter-professional teamwork and communication. Care coordination is integral to the service model, particularly when supporting families experiencing vulnerabilities with complex needs.

The development of the Standardised Service Model for Tresillian Day Services was an important step in the process of enabling service expansion across multiple locations. A health service model can be conceptualised as ‘... a set of principles across clinical and other services and between organisations to promote a seamless continuity and coordination of services’ (Hungerford 2014, p. 159).⁶ The experience and learnings from the initial pilot sites in Southern and Northern NSW influenced the service model, highlighting the need for flexibility to address a broad range of contexts while guiding practice to enable responsive service provision including management of waiting times to promote access.

Consistent with Tresillian’s commitment to increase access to Level 2 specialist child and family health services for families in rural and regional areas, consultation and the exploration of opportunities to develop partnerships continued throughout 2016. This resulted in a third regional Family Care Centre being established in 2017 through a partnership between Tresillian and Murrumbidgee Local Health District (MLHD) in the Riverina region of NSW. The Tresillian in Murrumbidgee Family Care Centre was launched in Wagga Wagga, enabling the service model to inform planning, staff training and the provision of clinical support from the outset. Consultation was undertaken with community stakeholders including local health services, community services and Aboriginal community members and Elders. The Aboriginal community engagement identified three key themes to encapsulate meaningful Family Care Centres services for the local community: nurturing, family and connectedness.

From pilot sites to state-wide partnerships

Government relations advocacy was a key element in enabling Tresillian to expand services and increase access to rural and regional families across NSW. A proactive approach was taken to meeting with Members of Parliament and Government representatives to increase awareness of the needs of families and communities and the role Tresillian could take in the provision of referral services for families requiring intensive support and preventing the escalation of need and distress.

Meetings and presentations to individuals and groups of Government officials was followed by the submission of a service development funding proposal, informed by consultation with key stakeholders including health service managers, clinicians and community representatives. Additional funding for resources was essential to realise the vision for specialist services to be available across all rural Local Health Districts. The time and energy committed to this important part of the journey to the expansion of services resulted in the allocation of funding by the NSW Government for five new Level 2 Family Care Centre services to be established across regional NSW.

Importantly, the model was based on partnerships between Tresillian and the Local Health Districts (LHD), with locations of the new services to be in Dubbo (Western NSW LHD), Coffs Harbour (Mid North Coast LHD), Queanbeyan (Southern NSW LHD), Taree (Hunter New England LHD) and Broken Hill (Far West LHD). Developing services in partnership was consistent with Tresillian’s Strategic Plan and was seen as integral to the development and implementation of integrated services, ensuring that services remain child-focused and family centred across the continuum of care. The model

enables the strengths of the partnering organisations to be maximised to improve outcomes for children and families, with Tresillian providing the clinical governance and support to deliver specialist Level 2 child and family health services, while drawing upon local knowledge, expertise and resources. The partnerships include capacity building and local clinical workforce development and support by Tresillian for primary healthcare professionals working with families, many of whom often work within isolated workplace environments.

Adaptation and extending reach

Adapting to the context and needs of the surrounding communities in multiple locations requires a robust consultation and governance approach. Tresillian's commitment to the true nature of partnership has been reflected in the development of Joint Governance Committees for each service location to enable timely, joint decision making and regular review of progress towards mutual goals for the Family Care Centres and the communities they serve. The Joint Governance Committees provide a forum at Senior Management and Executive level for collaborative planning and resource allocation, while Joint Management Meetings enable operational and clinical support matters to be addressed and an avenue for recommendations to the Joint Governance Committees. This structure has proven effective in continuing to build a relationship of trust, transparency and mutual respect. Importantly, a clearly articulated service model has been demonstrated to be useful in developing a shared understanding and purpose, and focus for discussions and planning.⁷

A number of strategies have been implemented to extend reach to families across the vast geographical areas many of the rural and regional LHDs cover. Satellite services have been commenced 1-2 days per week from Family Care Centres, utilising a *hub and spoke* approach. This strategy has decreased the time and cost impost of travel on families while providing the important opportunity to build relationships throughout the service system network. Additional opportunities for collaboration have been identified and acted upon, including pooling resources such as group facilitators to enable evidence-based group programs to be delivered in local communities.

Telehealth virtual consultations are an integral part of the service delivery model to extend reach to families across the LHDs. The virtual consultations, provided through a video-conferencing platform, are provided by specialist child and family health nurses working within the Tresillian Regional Family Care Centre hubs. This approach enables families to receive comprehensive assessment, support and care planning with nurses who reside within the LHD, understand the complexities and challenges of living in a rural setting, and have knowledge of and linkages with other health and community service providers throughout the district. This local knowledge and developed professional relationships, facilitate collaborative care planning to address complex needs, linking families to the services they need in as seamless a fashion as possible to minimise further stress and provide access to early intervention to improve outcomes for infants, children and parents.

The consultation and partnership building process also provided opportunities to realise the vision of community and health service providers shared in forums. An example of this is the *Tresillian 2 U—The Early Years Parenting Service*, an innovative new service utilising a mobile service delivery approach to increase access to level 2 specialist child and family health services for families with children 0-3 years residing within the Mid North Coast living in lower population density areas. The service, enabled through a partnership between Tresillian and Mid North Coast LHD, is the first of its type in Australia, providing specialist child and family health services to families through a fit-for-purpose van which moves on a rotational schedule to a series of towns, thus enhancing accessibility by bringing the service to families within their own communities. The service, which is provided by an inter-professional team of Child and Family Health Nurses and Aboriginal Health Workers,

provides a referral pathway for individual Level 2 consultations while enabling a presence at key community events to promote child health messages to a broad cross section of the community.

The journey continues—contributing to the evidence-base

Tresillian’s journey to provide greater access to high quality, specialist child and family health services for families in rural and regional areas is grounded within a commitment to research and evaluation. Evaluation strategies centre on both service outcomes as well as drawing on service development learnings to inform future planning.

A robust evaluation strategy has been developed to measure the expected outcomes of the services, which focus on building parenting confidence, alleviating and reducing parental distress and perinatal mental health difficulties, building positive parent-child relationships and improving the health and developmental outcomes for young children in the critical early years of their life. A formative evaluation approach is being utilised to enable data to be collected and analysed progressively so outcomes and learnings can be utilised to inform service improvements rather than waiting until the end of service implementation.⁸ Partnerships have been established with universities and a number of doctoral studies are being supported by the organisation to explore not only the impact of the services but also contribute to the body of evidence regarding the contextualisation and adaptation of service models; and harnessing the opportunities provided through community co-design.⁹

Conclusion

This paper has provided an overview of an organisation’s journey from commitment, to pilot, and on to service expansion through advocacy, collaboration and the building of essential partnerships. The development of a flexible, responsive service model to provide a framework for service planning and implementation was a key step along the journey to enable greater access to specialist services for families experiencing challenges and distress in the early years of their child’s life. It is recommended that other organisations share their service development experiences, with a focus on formative service evaluation to inform timely service improvements, and add to the body of knowledge of the development and adaptation of service models to meet the needs of rural and regional communities.

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Presenter

Robert Mills has worked within the public hospital system for over 30 years, with his career mainly focused in the discipline of maternal and child health. He was the Director of Maternal and Child Health at Macarthur Health Service from 2000 to 2003, prior to being appointed as the Chief Executive Officer at Karitane in NSW. He held this position at Karitane for 10 years, and became the CEO of Tresillian in 2013. Tresillian is an affiliated health organisation, governed by a Board of Directors with services across metropolitan and regional NSW delivering specialist multi-disciplinary services, including residential services, day services and targeted early intervention programs. He has held positions on the boards of the Australasian Association of Parenting and Child Health, and the NSW Health Services Association. He was recently a Director on the Board of the Association of Children's Welfare Agencies (ACWA). In 2012, Robert graduated from The Australian Institute of Company Directors course and went on to become a Fellow. He has a sound knowledge of governance within health in the public, private and not-for-profit sectors. Robert holds the position of A/Professor of Industry with the Faculty of Health, UTS.

Deborah Stockton has specialised in the field of child and family health nursing for over 20 years, with positions including Clinical Nurse Consultant, Director of Clinical Services and Community Services Manager in rural Victoria. Deborah holds a Masters in Adult Education and has held the position of Director Professional Development, Clinical Education and Research with Albury Wodonga Health. These positions have enabled Deborah to develop initiatives in partnership with other organisations, promote interprofessional practice and develop organisational research capacity building programs. Deborah is a PhD candidate at University of Technology Sydney, with her area of research focusing on rural service development and the adaptation of service models for diverse settings. As Operational Manager Regional Services with Tresillian Family Care Centres, Deborah has operational management responsibilities for Tresillian's regional services and leads the organisation's regional service development, working collaboratively with rural health service partners to design and develop innovative services to address the needs of families in rural and regional areas.