

THE EARLY YEARS

Mobile Parenting Service

Reaching Aboriginal
Families where they live





Most parents will likely say that parenting, while rewarding is also the most difficult thing that they have ever done.

Parenting is difficult even in the best of circumstances, however when coupled with other stressful life events, parenting becomes even more challenging.

Being in the right place at the right time, taking services to families – Tresillian 2U is an early year's strategy that supports families with the best foundation possible for children's early development and safety through support, guidance, coaching, modelling parenting practices, building confidence and parenting capacity and resourcing families to address vulnerabilities.

Introduction

Tresillian thanks the Federal Government for the opportunity to contribute to discussions regarding the 2020-21 Federal Budget.

About Tresillian

Tresillian Family Care Centres is Australia's largest Early Parenting Service offering professional advice, education and guidance to families with a baby, toddler or pre-schooler. Tresillian has helped generations of parents over the last 100 years providing reassurance and support with:

- Settling baby & Sleep difficulties
- Breastfeeding & Bottle-feeding
- Introducing solids
- Multiple babies
- Understanding baby's cues
- Toddler Behaviour
- Infant mental health and parent-child attachment
- Parental emotional & psychological well-being (i.e. stress, postnatal depression and anxiety)
- Building the parenting capacity of families experiencing complex challenges

Tresillian has 13 Family Care Centres across New South Wales, Victoria and the ACT along with a Tresillian 2U Mobile Early Parenting Van operating on the Mid North Coast of NSW.

Programs include Day Services, where families visit a Tresillian Centre for a morning/afternoon or receive a

visit from a Tresillian Nurse at home. These services are located in Sydney at Canterbury, Wollstonecraft and Nepean and in rural areas, at Albury Wodonga, Broken Hill, Dubbo, Coffs Harbour, Taree, Queanbeyan, Lismore and Wagga Wagga.

Tresillian also has four inpatient Residential Units for families with more complex parenting issues. Families can live in for 4-nights/5-days at one of these Units located in Sydney at Willoughby, Canterbury and Nepean and in the ACT at Curtin.

A Referral from a GP or Child & Family Health Nurse is required for admission to Day Services and Tresillian Residential.

Our Recommendation

Tresillian is recommending Federal funding of three Tresillian 2U Mobile Service Vans to be partnered with Indigenous peak bodies, to be deployed in the Northern Territory, Far North Queensland and the Riverina in New South Wales to support Indigenous infant health and early learning outcomes.

Costing

The cost to purchase and fit out each mobile van is \$220,000. This is a one off-cost of \$660,000 for three (3) mobile vans. The running cost for a Tresillian 2U Mobile Service Van is \$330,000 per annum. To operate three vans, the costing to the Government would be \$990,000 to the 2020-21 Federal Budget.



Our Objective

At Tresillian, our goal is to ensure all expectant families and those with young children, regardless of where they live, have access to parenting advice, mental health support and early parenting services, enabling them to raise healthy families and build healthy, resilient communities.

Tresillian's aim is to contribute to the positive developmental, functioning and emotional outcomes for children and families with parenting support needs through advanced practice specialist child and family health services.

Child and Family Health Nurses and Aboriginal Health Workers work with parents, their children and their extended families to enhance understanding of their child's physical and emotional needs and respond to those needs while building on community strengths. This is achieved through the provision of culturally safe and appropriate early parenting education, early childhood education, health promotion, child abuse prevention and family support strategies.

Research shows that supporting families early can improve family relationships, parenting practices, promote children's health and wellbeing and is a powerful tool in the prevention of child abuse and neglect and juvenile delinquency.

The Tresillian 2U Model places children and families at the centre of care, recognizing that "One size" does not fit all and implements a care program that is a needs based support service and is "a one connected response" specific and targeted to the family's needs.



What is the problem?

Delays in providing appropriate family support, education and referral when needed, may impact children achieving positive developmental and functional health and educational outcomes.

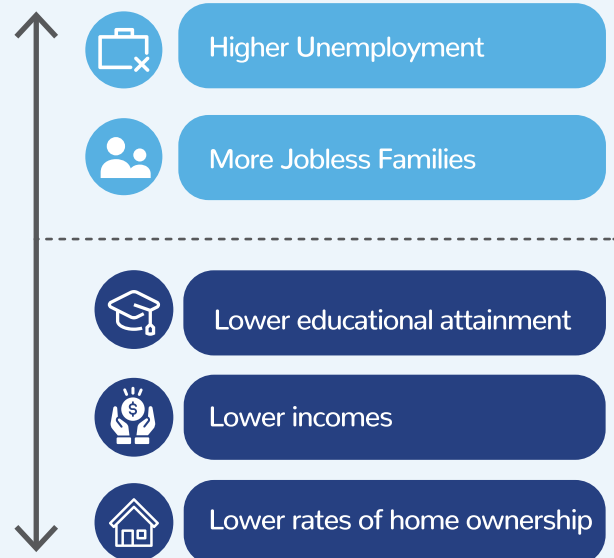
The first 2000 days of life is a critical time for physical, cognitive, social and emotional health and development.

International and national research has clearly demonstrated the link to what happens in the first 2000 days of life and the impact throughout the life trajectory. For example, early life experiences are:

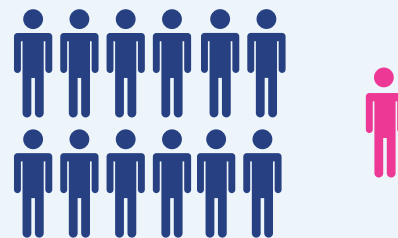
- Strongly predictive of how a child will learn in primary school
- A predictor of school performance, adolescent pregnancy and involvement with the criminal justice system in the adolescent years
- Linked to increased risk of drug and alcohol misuse and increased risk of antisocial and violent behaviour (NSW Ministry of Health, 2019).

This is also reflected in targets for outcomes for Aboriginal and Torres Strait Islander children. As part of the Closing the Gap targets, the Australian Government is seeking to increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census to 55 per cent by 2031.

When compared to non-Indigenous families, Indigenous families experience



(AIHW 2015b; Baxter et al. 2012)



Indigenous children are 12 times more likely to live in remote & very remote areas as non-Indigenous children



Aboriginal Families

Aboriginal children, already over-represented in the system, were the “fastest growing cohort in out of home care”.

59.4 per 1000 Aboriginal Children in OOHC compared to 5.2 per 1000 non-Aboriginal children
<https://aifs.gov.au>

Tresillian has identified the important opportunity and need to work in collaboration with Aboriginal practitioners, Aboriginal support workers, families and communities to effectively engage and support Aboriginal families, recognising the need for individualised family focused supports and change-focused strategies that are developed over time.

In Australia in 2016 there was **1,667,456** children under 4 yrs

Of these, **1,573,626** were non-Aboriginal and **93,830** were Aboriginal

Of Indigenous mothers in 2012, **47% SMOKED DURING PREGNANCY** 

Compared with 14% of non-Indigenous mothers

Strategies include practitioners and support workers who provide the interface between the Aboriginal families, Elders and community and assist in new practice development, new program development/promotion and ensuring cultural safety through a community co-design approach.

“For Indigenous communities, support for parents in their parenting role has a different context from non-Indigenous communities. The responsibility for child rearing and teaching children has traditionally been through an extended family, kin and community and is seen as very much still tied to this cultural norm, even when families and children face isolation from their own Indigenous communities” (SNAICC 2004).

Aboriginal and Torres Strait Islander children represent

3.1% of children in major cities

10.2% in regional areas

43.7% in remote areas

1.5 x higher

INFANT MORTALITY

rates for Indigenous infants than non-Indigenous infants in 2013

What is our proposal?

Our proposal involves the funding of three Tresillian 2U Mobile Service Vans, designed to support our most vulnerable Indigenous communities. These would be deployed to the Northern Territory, Far North Queensland and the Riverina and partnered with peak Indigenous bodies in these areas

We have chosen these areas because they represent the largest Indigenous populations throughout Australia, and would assist more vulnerable families in accessing family support services.

How does this support Indigenous communities?

Indigenous communities are at-risk for poorer health outcomes and significant disadvantage in early childhood development.

Tresillian believes our programs are uniquely situated to support the delivery of the Closing the Gap targets. In particular, Target 4 aims for the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent.

Tresillian has demonstrated experience working with Aboriginal Community Controlled Health Organisations and Elders in local communities, to plan and co-design services to suit the community context and identified local priorities. Tresillian works in collaboration with local services and stakeholders to build parental and community capacity to support children to not only be safe, but to thrive.



Tresillian 2U Van – Taking Support to Communities in Need

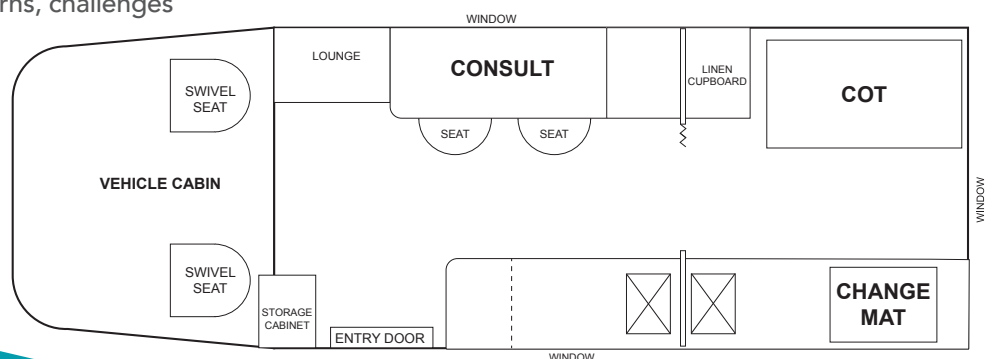


The Tresillian 2U service model is designed to bring the Tresillian early parenting model to vulnerable communities and families. Our experience shows that being in the right place at the right time and offering early years strategies that will support families through support, guidance, coaching, modelling confident parenting practices and resourcing families creates the best possible foundation for children’s early development.

The Tresillian 2U Van is staffed with a Child and Family Health Nurse and an Aboriginal Health Worker, and has a consultation space for parents to meet with the Tresillian 2U team. This space enables comprehensive assessment of early parenting concerns, challenges

and factors impacting on family functioning and parent-child relationships. It is also fitted with ICT equipment, including internet access, and a generator enabling full functionality regardless of location.

The van includes a section for infant/child physical assessment and a cot for coaching of safe sleep and settling strategies. One of the most common reasons for parents reaching out for help is in relation to child sleep difficulties and the subsequent exhaustion experienced by parents and the impact of this on mental health and wellbeing of parents and child behaviour and emotional regulation problems (Crnec, Matthey & Nemeth, 2010).



Our Evidence for Success

The existing Tresillian 2U Mobile Service Van commenced operation on the mid-North Coast of New South Wales in October 2018, and currently visits the towns of Bowraville, Macksville, Nambucca Heads, Kempsey and Wauchope on a rotational schedule. In its first 18 months, over 660 families and community members have been referred for assessment, and 329 babies, toddlers and parents received individual consultation and support.

In particular, we know this has been of particular importance to Indigenous communities. In 2019, over 23% of the families identified as Aboriginal or Torres Strait Islander.

The Tresillian 2U service activity monthly data demonstrates improvements in parent's sense of confidence, self-efficacy and enjoyment in their role as a parent and their relationship with their baby or toddler following engagement with the T2U service and the support received from the specialised Tresillian staff. (source: 'Me as a Parent' validated self-report measure).



Image: Children's Rights Report 2019



Tresillian's Aim

At Tresillian, our goal is to ensure all expectant families and those with young children, regardless of where they live, have access to parenting advice, mental health support and parenting services, enabling them to raise healthy families and build healthy, resilient communities.

The Tresillian 2U Model places children and families at the centre of care, recognizing that "One size" does not fit all and implements a care program that is a needs based support service and is "a one connected response" specific and targeted to the family's needs.

Tresillian's Referral Pathways

Tresillian places value on equity of access, social inclusion, psychosocial and health and wellbeing outcomes for families.

We focus on engagement and relationship building as a means of achieving clinical and family wellbeing outcomes. Tresillian's aim is to provide an effective and inclusive service that is user friendly with referral pathways that are flexible, accessible, culturally safe and responsive. There will be flexibility in setting appointments for families and provision of service in non-traditional settings.

Referral pathway options may include self-referral, GP's, Child and Family Health Nurses, General Practitioners, NGO workers, early childhood education professionals and community service case workers. Importantly, partnerships and collaboration with the local community including local Elders and Aboriginal Community Controlled Organisations will support the building of trust, breaking down barriers and enabling early access to the support and help to decrease the escalation of difficulties and distress.



Service Model

The Tresillian 2U service model is based on the foundation of 'package of care' tailored to the needs of each family utilising a range of modes of delivery to address a wide range of early parenting and child health challenges, including parent-infant relationship difficulties, sleep and settling, infant feeding, toddler behaviour, perinatal mental health issues and transition to parenthood challenges.

The modes of delivery include individual comprehensive assessment and consultation appointments, follow-up (face-to-face, tele-health or video-consultations for families in remote areas), group programs and health promotion with the van having the ability to be a presence at community events.

Groups, both therapeutic and parent education, are co-facilitated with local NGOs, Aboriginal Community Controlled Organisations and other health and community service providers in the local area, within the facilities where the van is parked.

Importantly, the model includes a predictable rotation of locations to build community trust in the service and a knowledge that the service will be available in particular locations on certain days of the week. The communication of this location schedule has been one of the key factors to building of inter-professional relationships, community trust and integrating the services into the local service system network.

The flexibility the van brings by its very nature of being a mobile service, means the service can respond to community requests to be present at particular community events attended by parents (an example from Mid North Coast is a presence at the Bowraville Community Cup).



Risk

Delays in providing appropriate family support, education and referral when needed, may impact children achieving positive developmental and functional health and educational outcomes.

The first 2000 days of life is a critical time for physical, cognitive, social and emotional health and development.

International and national research has clearly demonstrated the link to what happens in the first 2000 days of life and the impact throughout the life trajectory.



Target Populations and Approach

- **Vulnerable Group – Young Children 0-5 Years**
- **Vulnerable Group – Vulnerable Families**
- **Vulnerable Group – Parents experiencing Post-Natal Depression and Anxiety**

To get the best possible start in life, a mother needs to be healthy before, during pregnancy and childbirth. There is compelling evidence that a child's experiences in the early years (0–5) has a major impact on their health and life chances, as children and adults.

Parents and/or other main carers have the primary responsibility for, and influence on, their child's health, wellbeing, learning and development. All parents need some level of support and use services at some stage during their child's early childhood years.

The priority is to prevent children from becoming vulnerable by supporting families to parent effectively. When vulnerabilities are present, they need to be recognised early to provide families with access to the tailored family support and skills needed to make sustainable changes.



Supporting Children is Everyone's Business

Tresillian Mobile Service can partner with The Federal Government and NGO Services for families that require timely, appropriate and high quality support.

For the number of children 0-5 years of age "not seen" by a case worker and found not in "immediate risk of serious harm" after a Child Protection Assessment,

Tresillian staff can play a partnership role with local Community Service Centres and case workers in the support of the "not seen" children and families to prevent further escalation into the child protection and/or Out of Home Care (OOHC) Sector.

1 IN 6

Aboriginal and Torres Strait Islander children received

CHILD PROTECTION SERVICES

This means they were

8x

as likely as non-Aboriginal children to have received these services.

Sources: <https://aifs.gov.au>

59.4 per 1000

Aboriginal children in

OUT OF HOME CARE

compared to

5.2 per 1000

non-Aboriginal children

Source: <https://www.aihw.gov.au>

Impact and Investment

Tresillian is committed to providing high quality services that result in measurable improvements for the families we work with.

A cost-effective, scalable model of care - the program is a model that will allow us to support families and create wide-reaching and sustainable social change.

The program has an unprecedented cost benefit – a saving for governments in the improved Health and Safety outcomes for families, reduction in the number of children entering the Child Protection System and the hope of more children reunited with birth families.

Evaluation

Tresillian is committed to high quality service evaluation, with track record of significant research contributing to the body of knowledge regarding child and family health programs and the early years of life. Tresillian has established research partnerships with a number of tertiary education providers including University of Technology Sydney (UTS), Charles Sturt University (CSU) and Southern Cross University (SCU). Organisational expertise and capability is led by the Tresillian Professorial Chair of Child and Family Health, Professor Cathrine Fowler and includes Tresillian Research Assistant, Manager Quality and Safety and five staff who are currently undertaking higher degree research doctoral studies.



Tresillian Mobile Van Project Costing per Van

Capital Cost (one-off cost)	Budget per Van
Supply and fitout of van	\$197,000
Inclusions cot, baby scale, measuring mat, first aid kit, IT service equipment	\$23,000
Total	\$220,000

Recurrent Cost (annual)	Budget
Staffing per year <ul style="list-style-type: none"> • Child & Family Health Nurse (1 FTE) • Aboriginal Health Worker (1 FTE) • Admin Support (0.5 FTE) 	\$280,000
Goods and Services	\$50,000
Total	\$330,000

Budget for 3 Vans			
	Year 1	Year 2	Year 3
Capital Costs	\$660,000	–	–
Recurrent Costs	\$990,000	\$1,015,000	\$1,040,000
Total	\$1,650,000	\$1,015,000	\$1,040,000

References

- Australian Bureau of Statistics, Socio-Economic Indexes for Areas <https://www.abs.gov.au/>
- Australian Early Development Census (AEDC) – Community Profile 2018 <https://www.aedc.gov.au/data>
- Australian Health Ministers Advisory Council. (2011). National framework for universal child and family health services. Canberra: Australian Government. Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/nat-fram-ucfhs>.
- Crncec, R., Matthey, S. & Nemeth, D. 2010. 'Comparison of the effectiveness and impact on the infant's emotional health of two behavioural approaches to reduce infant sleep problems', *The Journal of Reproductive and Infant Psychology*, vol. 28, no. 1, pp. 44-54
- Forecasting Future Outcomes – Stronger Communities Investment Unit – 2018 Insights Report (NSW Government – Their Futures Matter)
- Kemp, L., Harris, E., McMahon, C., Matthey, S., Vimpani, G., Anderson, T., . . . Zapart, S. (2011). Child and family outcomes of a long-term nurse home visitation programme: a randomised controlled trial. *Archives of Disease in Childhood*, 96(6), 533. doi:10.1136/adc.2010.196279
- NSW Government Submission to the Parliamentary Inquiry into support for new parents and babies in NSW – November 2017
- NSW Ministry of Health 2014, NSW Rural Health Plan - towards 2021, Sydney.
- Olds, D. L., Henderson, C. R., Kitzman, H. J., Eckenrode, J. J., Cole, R. E., & Tatelbaum, R. C. (1999). Prenatal and Infancy Home Visitation by Nurses: Recent Findings. *The Future of Children*, 9(1), 44-65. doi:10.2307/1602721
- Wise, S., da Silva, L., Webster, E., & Sanson, A. (2005). The efficacy of early childhood interventions. AIFS Report 14.: Australian Institute of Family Studies
- Retrieved from <https://aifs.gov.au/sites/default/files/publication-documents/aifsreport14.pdf> - SNAIIC Website





The Early Years Parenting Service

Robert Mills MPH, FAICD

CEO | Tresillian

Adjunct Associate Professor (Industry)

Faculty of Health, University of Technology Sydney

Locked Bag 1003, Campsie, New South Wales, 2194

Mob +614 7772 1775

Robert.Mills@health.nsw.gov.au



**McKenzie Street
Belmore NSW 2192
t: 02 9123 8800**



For Parenting Support
call Tresillian's
Parent's Help Line
on **1300 272 736**

tresillian.org.au