

Victorian Early Parenting Centres Model of Care

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OFFICIAL



Department
of Health

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Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Key terminology

In this document, the term '**Aboriginal**' includes Australian Aboriginal people and Torres Strait Islander people.

The term '**carer**' means any caregiver such as a grandparent or other carer.

The term '**family**' includes carers as well as parents.

The term '**father**' refers to a male caregiver who provides parenting to a child. The definition includes biological and social fathers (such as stepfathers, foster carers, male partners) and father figures such as uncles and grandfathers.

The term '**mother**' refers to a female caregiver who provides parenting to a child. The definition includes biological as well as social mothers (such as stepmothers, foster carers, female partners) and mother figures such as aunts and grandmothers.

The terms '**parent**' and '**parents**' are used to describe the person or people who have substantial responsibility for ongoing care and support of the child for whom the early parenting centre program is being provided. Parents may or may not be the biological parent; they may be a step-parent or foster parent.

'**Family violence**' refers to any act or behaviour towards a family member that is:

- physically, sexually, emotionally, psychologically or economically abusive
- threatening or coercive
- controls or dominates
- causes fear for the safety or wellbeing of themselves or another person.

It also refers to behaviour that causes a child to hear, witness, or otherwise be exposed to the effects of any behaviour referred to above.

The term '**clinical care**' refers to all aspects of care provided and overseen by nursing and other registered health and allied health professional staff.

Introduction

Purpose

A model of care defines the way health services are delivered to achieve best practice care and services for a person, population group or patient cohort. It aims to ensure people get the right care, at the right time, by the right team and in the right place.¹

The Early Parenting Centres (EPC) Model of Care describes how funded EPC services will be delivered across Victoria for families with children up to four years of age. It outlines the high-level purpose, eligibility, functions and role of EPCs in delivering health and wellbeing services for children and families.

The foundations for an Aboriginal Model of Care will be developed through the Aboriginal Co-design Project which is underway.

EPCs strive to support and promote happy, healthy, safe and thriving babies and toddlers through the parent-child relationship by supporting parents with strategies to achieve their parenting goals. These goals are often in areas such as sleep and settling, child behaviour, and parent and child health and wellbeing. EPCs recognise that the health and wellbeing of the primary caregiver and the whole family is vital to children's development.

The model of care details how core services provided by EPCs (outlined in Table. 1 below) will achieve the vision of providing flexible, targeted services that enhance parent-child relationships and support parents with strategies for achieving their parenting goals.

Table 1. Core services provided by EPCs

Core services	Description
Assessment and Intake	The first point of contact for parents and carers to discuss their concerns. Assessment and Intake ensure that families are admitted to the right program. Families that are not eligible are referred to the referrer. The program operates Monday to Friday 8.30am to 5pm.
Day Program	A program provided at the EPC or at outreach locations. Includes a mix of group sessions and individual support to enable families to work towards their identified goal/s for the day. The program commences at approximately 9am and families depart the program about 3pm.
Residential	24-hour, multi-day, centre-based intensive early parenting program. Includes a mix of group sessions and individual supports which enable families to work towards their identified goals. A residential program stay is typically provided for 5 days and 4 nights. A program may be configured for the family to arrive on Monday morning and depart Friday morning.
Hybrid services including telehealth and web-based services	May be offered as a standalone program or to complement other programs. The program could include group, family or individual support that enables families to work towards their identified goals. The telehealth program is scheduled at an agreed date and time.

¹ NSW Agency for Clinical Innovation 2013, *Understanding the process to develop a model of care*, p.3 <www.aci.health.nsw.gov.au>.

Core services	Description
Home-based care	Includes home visits to families to provide targeted individual support that enables families to work towards their identified goal/s. The home visit is scheduled at an agreed date and time.

The document outlines how consistent, high-quality services will be provided across the EPC network, while also providing flexibility for services to be tailored to local needs. This model of care is a living document. It will be refined as decisions about new services are made.

The Department of Health (the department) has developed complementary resources to provide more detail on aspects of the expansion initiative. These include:

- guidelines for the development of EPC facilities
- documents to support service commissioning
- supporting implementation guidelines covering areas such as intake, referral, assessment and prioritisation
- guidance on workforce mix, clinical practice, capabilities and training.

Development

The EPC model of care was developed in consultation with stakeholders and published in 2020. It set out to identify system capacity gaps and explore ways to improve service delivery.

The model of care draws on relevant literature and recent work by individual EPCs to review their approaches, as well as the work undertaken for the [Sleep and settling model of care: maternal and child health guideline](https://www.health.vic.gov.au/publications/sleep-and-settling-model-of-care) <<https://www.health.vic.gov.au/publications/sleep-and-settling-model-of-care>>.

Throughout 2020-21, sector-wide consultations engaged service providers, parents, researchers, peak bodies and other organisations.

- Meetings were held with Victorian and interstate EPCs, researchers specialising in early parenting issues, and with maternal and child health (MCH) and other council staff from a range of local government areas across Victoria.
- The department surveyed MCH coordinators across the state and conducted consultations with advocacy groups, union representatives and health and community services.
- Two half-day workshops brought together MCH and Parenting Expert Reference Group members, EPCs, MCH services and other service providers. A similar half-day workshop took place in Bendigo with local service providers.

In-person consultation with parents from inner and outer suburban areas and regional Victoria informed the model of care. This included parents participating in residential programs at Mercy Health O'Connell Family Centre (OFC), The Queen Elizabeth Centre (QEC) and Tweddle Child and Family Health Service (Tweddle), supported playgroups, fathers' playgroups, multicultural and faith-based playgroups, groups for parents with a child with disability and a young parents' group. Survey feedback was provided from members of an LGBTIQ parents' group.

- Workshop participants attended a follow-up session to consider and respond to key elements of the model of care. Regional participants provided feedback via teleconference.

The model of care was revised and updated in 2023-24 to include:

- additional feedback from EPC stakeholders including feedback from Aboriginal Community-Controlled Health Organisations,
- advances in the policy landscape, including the further expansion of the EPC network through the announcement of new EPCs at Shepparton and Northcote.

Model of Care scope and policy intersections

The Model of Care is intended as a framework to provide EPCs with a baseline overview of the requirements to deliver an EPC service in Victoria. The document does not replace or amend current legislation, mandatory standards or accreditation processes, and is intended to complement health service’s existing frameworks, practice guidance and policies.

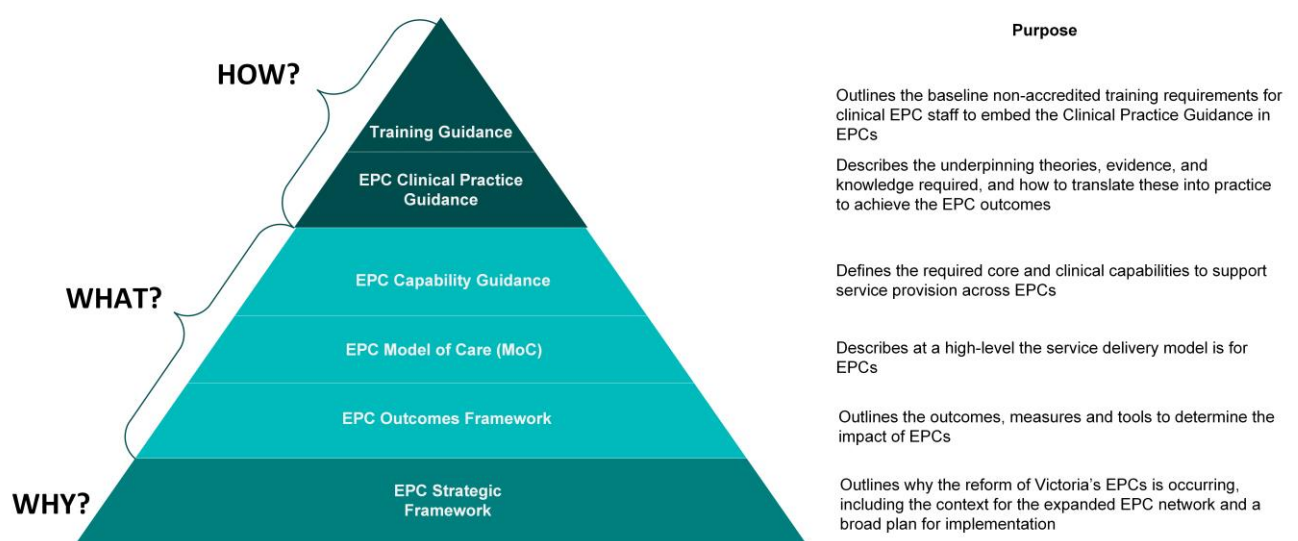
The Model of Care should be read in conjunction with other complimentary frameworks, and has been written to sit alongside other key Statewide guidance documents for the EPC service network including:

- **Expanding Victoria’s early parenting centre network 2019-24 – Strategic framework** outlines the context for the EPC expansion, and the broad plan for implementation
- **The Victorian Early Parenting Centre Outcomes Framework (2022)** – details the outcomes, measures and tools to track the impact of EPCs across all levels from community to parents, carers and families
- **Statewide Victorian Early Parenting Centre Clinical Practice Guidance** – describes the underpinning theories and knowledge which translates into practice to achieve EPC outcomes.
- **Statewide Victorian Early Parenting Centre Capability Guidance** – details the core and clinical capabilities for all EPC staff
- **Victorian Early Parenting Centre Training Guidance** – described the baseline training requirements for clinical EPC staff to embed the Clinical Practice Guidance in EPCs.
- **Early Parenting Centre Workforce Mix Guidance** - provides guidance on the mix of roles to establish a new EPC.

The diagram below highlights the Statewide EPC guidance documents and how they complement one another. It provides a high-level description of the purpose of each priority document which collectively outline the principles, outcomes measurements, clinical practice, staff capabilities and training requirements to support the expanded EPC network.

Figure 1. Overview of core Statewide documents

Key statewide guidance documents to support the expanded EPC network



Background and context

About Early Parenting Centres

EPCs provide specialist support for Victorian families with children up to four years of age.

They deliver flexible, targeted services that improve the parent–child relationship and support parents to achieve their parenting goals. These goals are often in areas such as sleep and settling, child behaviour, and parent and child health and wellbeing.

While EPCs focus on the child, they also recognise that the wellbeing of the whole family affects children’s development and outcomes.

EPC services are part of a broader service system supporting families. This includes maternal and child health services, supported playgroups and community-based parenting programs.

EPCs have a 100-year history in Victoria. They are public hospitals under the *Health Services Act 1988*.

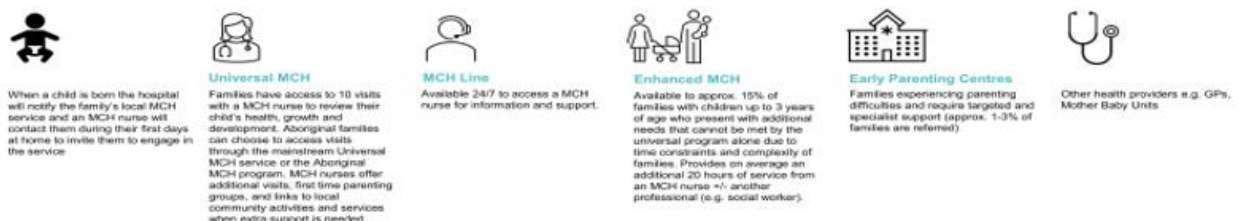
Three agencies currently provide publicly funded EPC services in Victoria:

- QEC based in Noble Park
- Tweddle based in Footscray
- Mercy Health OFC based in Canterbury.

Most families attending EPCs are self-referred or referred from universal service such as MCH Nurses and general practitioners.

EPCs transition families back to these services upon completion of their program. They also link families with other targeted or specialist services to address longer-term needs, such as: mental health, substance misuse or family violence.

Figure 2: Continuum of care



Requirements for additional programs not funded by the Department of Health, including the Parenting Assessment and Skills Development Service, are outlined in a separate publication entitled [Program requirements for family and early parenting services in Victoria](https://providers.dhhs.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word)

<<https://providers.dhhs.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word>>, and are not addressed in this model of care.

Service directions

The Victorian Government has invested \$123 million to establish seven new EPCs in the local government areas of Ballarat, Bendigo, Casey, Geelong, Hastings, Whittlesea and Wyndham, and to refurbish and expand two of the three existing EPCs. In 2022-23, a further \$25 million was invested to establish a new EPC in Shepparton; and \$15 million invested in 2023-24 to establish an EPC in Northcote. The 2023-24 State Budget also invested in the establishment of Victoria’s first Aboriginal dedicated EPC in Frankston.

As outlined in [Expanding Victoria's early parenting centre network 2019–24: strategic framework](#), goals for the expanded EPC network include the following:

- **The planned expansion will allow for coverage to grow to around 3 percent. Reach will depend on the exact mix and intensity of services.** Current EPC services reach around 1 percent of Victorian families with 0–4-year-olds.
- **An increase in the number of residential family units** from 43 to more than 100 across the state. Many families who seek EPC support cannot access the residential programs they need.
- **Increase capacity to support older children and siblings up to four years old.** The current EPC services notionally support families with children 0–4 years old, but 70 per cent of services are provided to families with children younger than 12 months old.
- **More inclusive and tailored responses to diverse populations.** EPCs are currently accessed by many kinds of families, but there is limited capacity to respond to the specific needs and preferences of all groups.

The expansion requires the development of a state-wide model of care to ensure consistent, high-quality services that can be tailored to the specific delivery environment and client profile in each centre. The model will also support potential new providers and delivery partners.

The expansion of the EPC service system provides an opportunity to consolidate:

- embedding a standardised referral form for EPCs
- increasing service options and flexibility for families with diverse needs, including:
 - expanding current telehealth and video-conferencing, increased in-home service provision and more flexible duration of residential programs
 - providing tailored care packages responding to family needs, goals and preferences through low, medium and high-intensity service streams
- providing post-program follow-up to support families' use of new strategies, including home visits, and stronger linkages with other needed services for families experiencing vulnerability
- providing more programs in areas without early parenting centres, including telehealth and videoconferencing options—either directly or in partnerships with local services to reduce geographic barriers to service access
- implementing a standardised outcomes framework across the EPCs to enable tracking and reporting across the five socio-ecological levels underpinning community and child outcomes
- developing partnership models with Aboriginal community-controlled organisations to promote cultural safety and self-determination.

Guiding principles

The guiding principles for this model of care were developed for *Expanding Victoria's early parenting centre network 2019-24 – strategic framework* and refined in 2022 with feedback from key stakeholders. They are based on existing departmental policies and consultation with key EPC stakeholders.

These principles inform the planning, establishment and delivery of the expanded network of EPC services. The principles are the common values, approaches, and ways of working that are required when supporting babies, toddlers, and their families.

They comprise:

1. **Child-centred and family focused care** – dedicated to the wellness and safety of the child, and providing flexible, tailored care that accounts for the critical role and needs of the entire family
2. **Maternal health and wellbeing** – understanding of maternal health during pregnancy, childbirth and postnatal period, including knowledge of perinatal mental health, to ensure ensuring women and their babies reach their full potential for health and well-being
3. **Integrated and seamless service provision** – ensuring that families experience EPC services as part of a single pathway meeting their needs, with smooth transitions including between health and social care components
4. **Prevention and early intervention** – promoting positive health and wellbeing, and identifying and responding to the short, and long-term risks of illness, or harm, at the earliest stage possible
5. **Quality care, innovation and accountability** – improving the availability and transparent use of data, shared information, and evidence to drive quality and service improvement
6. **Workforce expertise** – developing the professional workforce to meet diverse and changing client needs, drawing on the expertise in the workforce to continuously improve service delivery
7. **Aboriginal self-determination** – modelling and promoting self-determination in decision making regarding care for Aboriginal children and families, and supporting Aboriginal-led service provision, and working in partnership with Aboriginal service providers
8. **Equity of access and responsiveness to diverse families** – removing barriers to access, and actively providing a safe service that responds to the diverse needs of Victorians from different social and cultural backgrounds
9. **Sustainable use of resources** – using available resources effectively and efficiently to produce maximum value and benefit for families now and into the future.

Purpose

EPCs focus on improving the parent–child relationship by supporting parents with strategies to achieve their parenting goals. These goals are often in areas such as sleep and settling, child behaviour, and parent and child health and wellbeing.

EPCs recognise that the health and wellbeing of the entire family unit is vital to children’s development and outcomes.

EPCs currently provide specialist support for Victorian families with children up to four years of age. They deliver a flexible and targeted suite of services that are part of a broader service system supporting families, which includes maternal and child health services, supported playgroups, and community-based parenting programs.

Outcomes

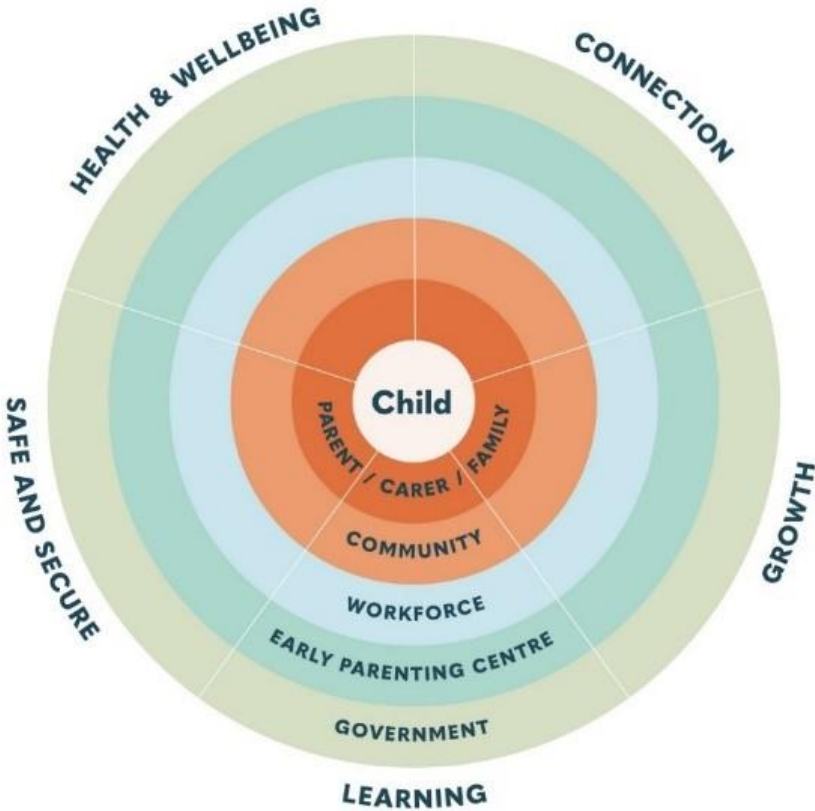
The Victorian [EPC Outcomes Framework](https://www.health.vic.gov.au/maternal-child-health/early-parenting-centres) <<https://www.health.vic.gov.au/maternal-child-health/early-parenting-centres>> was developed by Monash University and QEC in 2022, with extensive input from over 100 key stakeholders.

The Outcomes Framework maps the indicators and measures to be used across EPCs to ensure the expanded EPC network meets the needs of Victorian families and children, and:

- builds an evidence base for innovation, improvement and learning capability
- provides a basis for care planning and review and ongoing quality improvement
- measures the impact of the work of EPCs.

The Outcomes Framework uses a socio-ecological approach to ensure the overarching outcome domains, Health and Wellbeing, Connection, Growth, Learning, and Safe and Secure, are considered across multiple levels of the EPC network.

Figure 3: Socio-ecological levels of the EPC Outcomes Framework



Within each domain and socio-ecological level are a number of outcome areas. Table 2 below summarises the outcomes across all socio-ecological levels.

The Model of Care focuses on the following socio-ecological levels:

- child
- parent/carer/family

- community
- workforce
- EPC
- government.

Table 2: Summary of the EPC Outcome Framework – circled two ecological levels (Child and Parent/Carer) inform the Clinical practice Framework

Socio-ecological Level	Outcomes				
	Health and Wellbeing	Connection	Growth	Learning	Safe and Secure
Child	Children are healthy and well	Children are nurtured, engaged and supported	Children are constantly developing	Children have skills and knowledge to be successful learners and teachers	Children are safe and secure
Parent/Carer/Family	Families are healthy and well	Families are nurtured, engaged and supported	Families and children are developing together	Families have skills and knowledge to be successful learners and teachers	Families are safe and secure
Community	EPCs and communities together support health and wellbeing	EPCs and communities together nurture, engage and support families	EPCs and communities together support child and family development	EPCs and communities together contribute to learning success	EPCs and communities together are safe and secure
Workforce	Workforce is healthy and well	Workforce is nurtured, engaged and supported	Workforce is developing together and with families	Workforce has skills and knowledge to be successful learners and teachers	Workforce is safe and secure
EPC	EPC environments are healthy	EPCs nurture, engage and support families, staff and community	EPC environments support child, family and workforce development	Early Parenting Centres contribute to learning success	EPC environments are safe and secure
Government	Governments support the health and wellbeing of children and families	Governments support and engage communities, EPCs and families	Governments support EPCs and communities to promote child, family and workforce development	Governments contribute to child, family and EPC learning success	Governments support safe and secure environments for families, the workforce and the community

The Outcomes Framework table above highlights the set of outcomes that EPCs are striving to achieve across six socio-ecological levels. In addition to this, immediate short-term outcomes which EPC services are seeking to achieve include:

- strengthened parent–child relationships
- parents and children feel supported, connected and accepted
- parents have the knowledge, skills and confidence to support their children’s health, wellbeing and development and their own health and wellbeing
- families are connected back into MCH and other services and informal support networks.

Legislative and policy context

The expansion of the Victorian EPC network is guided by, and aligned with, service directions in both the health and the child and family services systems. Legal and safety issues to be considered in accompanying guidelines to this model of care are outlined below and in the [Client Care Requirements](#) and [Program Requirements](#) of this document.

Australian Charter of Healthcare Rights

The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care.

This helps everyone to work together towards a safe and high-quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

More information available about the charter is available on the [Australian Commission on Safety and Quality in Health Care website](https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights) <<https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights>>

Australian Council on Healthcare Standards (ACHS)

The purpose of the ACHS is to improve and maintain the standard of healthcare in Australia. The ACHS do this by accrediting organisations according to government standards, as well as their own established standards. They also provide healthcare consulting services that offer quality improvement guidance to help organisations work towards, and reach, relevant standards. Under the ACHS, EPCs are accredited using the [National Safety and Quality Health Service Standards](https://www.achs.org.au/our-services/accreditation-and-standards/accreditation-programs/national-safety-and-quality-health-service/national-safety-and-quality-health-service-(nsqhs)-standards) (NSQHS) <[https://www.achs.org.au/our-services/accreditation-and-standards/accreditation-programs/national-safety-and-quality-health-service/national-safety-and-quality-health-service-\(nsqhs\)-standards](https://www.achs.org.au/our-services/accreditation-and-standards/accreditation-programs/national-safety-and-quality-health-service/national-safety-and-quality-health-service-(nsqhs)-standards)>.

The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers.

Australian Open Disclosure Framework

The Framework provides a nationally consistent basis for communication following unexpected healthcare outcomes and harm. It is designed so that patients are treated respectfully after adverse events.

The Framework is intended for use by Australian health service organisations across all settings and sectors and describes open disclosure practice and considerations that may affect local implementation. It can be used to inform new open disclosure policies and modify existing ones.

The Framework is divided into two parts. Part A describes organisational requirements for open disclosure. It includes the rationale and scope of the Framework, as well as key considerations. Part B describes open disclosure practice. More information about the Framework can be access on the [Australian Commission on Safety and Quality in Health Care website](https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework) <<https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework>>

Children, Youth and Families Act 2005

The Act <<https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005>> provides the legislative basis for an integrated system of services for vulnerable children, young people and their families.

The legislative context promotes the safety, permanency and healthy development of children. It also places a strong emphasis on the need to consider the impacts of cumulative harm, and the need to preserve cultural identity.

In accordance with the Act, early parenting, family and placement prevention services are required to provide their services, in relation to a child, in a manner that is in the best interests of the child.

The decision-making principles of the Act highlight the importance of involving children and families in decision-making processes, and of providing them with assistance and support to do so in a meaningful way.

Additional principles provide a framework for decision making in relation to Aboriginal children and families. These provide a stronger basis for ensuring that Aboriginal children remain within, or connected to, their community and culture.

Health Services Act 1988

EPCs are classified as hospitals under the [Health Services Act 1988](https://www.legislation.vic.gov.au/in-force/acts/health-services-act-1988/167) <<https://www.legislation.vic.gov.au/in-force/acts/health-services-act-1988/167>> and are required to comply with the act to ensure that health agencies provide safe, patient-centred, and appropriate health services which foster continuous improvement in the level of care and service they provide.

Health Practitioner Regulation National Law Act 2009 (Vic)

The purpose of [this Act](https://www.legislation.vic.gov.au/in-force/acts/health-practitioner-regulation-national-law-victoria-act-2009/006) <<https://www.legislation.vic.gov.au/in-force/acts/health-practitioner-regulation-national-law-victoria-act-2009/006>> is to provide for the adoption of a national law to establish a national registration and accreditation scheme for health practitioners.

Public Health and Wellbeing Act 2008 (Vic)

The purpose of [this Act](https://www.legislation.vic.gov.au/as-made/acts/public-health-and-wellbeing-act-2008) <<https://www.legislation.vic.gov.au/as-made/acts/public-health-and-wellbeing-act-2008>> is to enact a new legislative scheme which promotes and protects public health and wellbeing in Victoria.

Information Sharing Schemes and the MARAM framework

Three interrelated reforms have been introduced in Victoria that will be integral to reducing family violence and promoting child wellbeing and safety.

- The Child Information Sharing Scheme (CISS) allows authorised organisations and professionals who work with children, young people and their families to share information with each other to promote children's wellbeing and safety.
- The Family Violence Information Sharing Scheme (FVISS) enables authorised organisations and services to share information which facilitates assessment and management of family violence risk to children and adults.

- The Multi-Agency Risk Assessment and Management (MARAM) Framework sets out the responsibilities of different workforces in identifying, assessing, and managing family violence risk across the family violence and broader service system.

Since September 2020, EPCs have been assigned partner organisations under the MARAM Framework, the CISS and the FVISS. Further information about these schemes, and the MARAM Framework, is available at [About information sharing schemes and risk management framework](https://www.vic.gov.au/about-information-sharing-schemes-and-risk-management-framework) <<https://www.vic.gov.au/about-information-sharing-schemes-and-risk-management-framework>>.

Other relevant reform strategies and documents that inform this model of care include:

- Safer Care Victoria (2017), Delivering High Quality Care: Victorian Clinical Governance Framework – as outlined in the [Clinical Care Requirements section of this document](#)
- *Privacy and Data Collection Act 2014, Information Privacy Act 2000, Health Records Regulation 2012* and the *Health Records Act 2001* – as outlined under the [Program requirements section of this document](#).

Further information about the policy context is included in [Appendix 1](#).

Model of care

Service overview

EPCs will deliver a flexible and targeted suite of services to improve parent–child relationships. They will support parents with strategies for achieving their parenting goals, with a particular focus on areas such as sleep and settling, child behaviour, and both the parent and child’s health and wellbeing.

EPCs recognise that the health and wellbeing of the entire family unit affects the health, wellbeing and development of the child.

The strategic vision of EPCs is ***supporting families to enable their children to thrive and reach their potential.***

EPCs provide core services as outlined in table 1, including residential services, day-stay service, home-based care and telehealth and web-based services. Services include assessing family needs and creating a care plan which responds to those needs, taking in to account the goals and preferences of the family.

Care will be supported by the development and regular review of a care plan in partnership with the family. Group sessions, and individual guidance and support, will be tailored to identified family (including child) needs and goals.

Care plans, which outline the follow-up actions and supports families need to implement or maintain changes, will be reviewed and updated when families complete a program.

Families will be supported to transition out of the program by being linked to MCH and other health and community services. Follow-up supports, including phone calls, telehealth and text messages, will be provided based on level of need.

The following sections outline the planning and partnership requirements for EPCs. They also document the key services and supports that will be provided. These include access and intake, service responses and transition support.

The expansion of the EPC service system provides an opportunity to explore:

- home-based services – provided through home visits at flexible times
- expansion of telehealth and virtual services:
 - as a stand-alone service for families where physical access is a barrier
 - to complement intake and assessment as well as post-discharge follow up
- tailored packages that respond to family needs, goals and preferences
- placing families in low, medium- or high-intensity service streams, depending on their assessed needs and risk level.

[Appendix 3](#) of this document provides further guidance regarding home-based care services.

Catchment areas

EPC catchment areas are outlined in [Appendix 2](#). In line with the EPC guiding principle of child and family focused care; families are encouraged to access any EPC that is convenient for them.

The guiding principle behind planning the catchment areas is child and family focused care. EPCs aim to ensure no families are disadvantaged by arbitrary boundaries or restrictions that may be put in place due to the catchments. The catchment areas are therefore a guide for families and service providers and will not be used to exclude families from services.

EPCs will also explore ways to meet the needs of their communities, and to reduce geographic barriers to service access, by providing innovative and flexible services such as telehealth and videoconferencing, either directly, or in partnership with local services. Consequently, the adoption of remote technology may mean defined catchments are less relevant over time.

Wait list management

Through the expanded network, EPCs will work together to manage wait lists and ensure high priority clients have timely access to services. Families can access any EPC across the state depending on what is most convenient for them. EPCs will work together to share waitlist information to provide visibility over service allocation.

The Assessment and Intake statewide guidance document has been developed to assist new EPC providers with demand management. It outlines the process of Assessment and Intake, which is critical to ensuring parents get timely access to the program that best meets their needs, and that demand to access an early parenting service is managed and coordinated effectively.

The document provides a breakdown of the assessment and intake procedures and outlines best practice on how the parent's need and information is navigated through the organisation.

Planning and partnerships

Service planning

As the number of sites across the state expands, EPCs will begin to operate as a network with shared approaches to delivery—they apply a collaborative approach to quality and service improvement across the sector.

The department will work closely with new and existing services to develop this sector-wide capacity. Particular attention will be paid to the critical issues of workforce planning and development, referral, assessment and intake pathways, client data collection and reporting (especially in relation to better understanding of outcomes), as well as the funding model that will best support delivery of individualised, flexible client services.

Each EPC will:

- develop a strategic plan aligned with relevant local and state-wide planning mechanisms
- have planning processes in place to implement and monitor progress against the objectives in their strategic plan, and to manage resources and measure outcomes
- collect information to monitor changes in service access patterns and use service data to inform planning, ongoing service review, and quality improvement
- have a feedback system in place to allow for families and staff to provide views on their management and service delivery

- maintain appropriate records of client feedback and use this information to inform service planning
- actively participate in local, regional, and state-wide service development and evaluation activities.

Collaboration and partnerships

While EPCs are a critical part of the early parenting service system, they engage with individual families for only short intensive periods of time. This is why it is vital for EPCs to develop close working relationships with other services that have longer-term engagement with families.

Functional working relationships between services are important for families experiencing more complex challenges. In these cases, EPCs can identify a families' needs and connect them with the full spectrum of care and support they require.

The EPC network will provide broadly consistent, but locally tailored services, that are part of a continuum of early help, and targeted specialist support. A central pillar of this network will be its connection with MCH services, which are major referrers to EPCs and provide important follow-up support for families and children.

To support appropriate referrals and pathways between services, EPCs will establish links with specialist services. This includes specialised medical services, mental health care, social support services and community services.

EPCs will:

- work with universal, secondary, and specialist services in assessment, planning, and action to support children and families
- establish referral pathways with relevant organisations, including Aboriginal Community Controlled Health Services (ACCHOs) and Aboriginal MCH to support the transition of families to universal, secondary and specialist services
- develop partnership agreements, protocols and/or memorandums of understanding with relevant service partners to clarify roles and responsibilities which facilitate collaborative practice, co-delivery, and earlier intervention.

Service delivery partnerships may be developed to increase access to EPC programs. For example, a partnership might expand the number of localities where EPC programs are offered and reduce geographic barriers to participation.

EPCs will develop partnerships with ACCHOs and ACCOs in relation to the design, planning, and delivery of EPC services for Aboriginal families and communities. These partnerships will promote cultural safety and self-determination.

EPCs are also encouraged to develop partnerships with organisations representing groups with known barriers to participation in programs, such as: culturally and linguistically diverse communities, disability providers, and LGBTIQ and single-parenting organisations.

Partnerships should be developed in accordance with notional catchments and other targets agreed with the department.

Relevant services for these collaborations and partnerships include, but are not limited to, those shown in Table 3.

Table 3: Services for collaborations/partnerships

Health service	Other service
<ul style="list-style-type: none">• ACCHOs• Community health services• Hospitals• Maternal and child health (MCH) services, including Aboriginal MCH services• Maternity services (including Koori Maternity Services)• Mental health services including Infant, Child and Family Wellbeing Hubs (when they are in an EPC catchment)• Paediatricians• Primary health services	<ul style="list-style-type: none">• ACCOs• Alcohol and other drug services• Child protection• Disability support services (NDIS)• Early childhood education and care• Early parenting services• Family violence services• Family services including Child FIRST• Housing and homelessness services• Legal support services• Multicultural and faith-based services• Out-of-home care services and leaving care services• Services for LBGTIQ families• Settlement services• The Orange Door

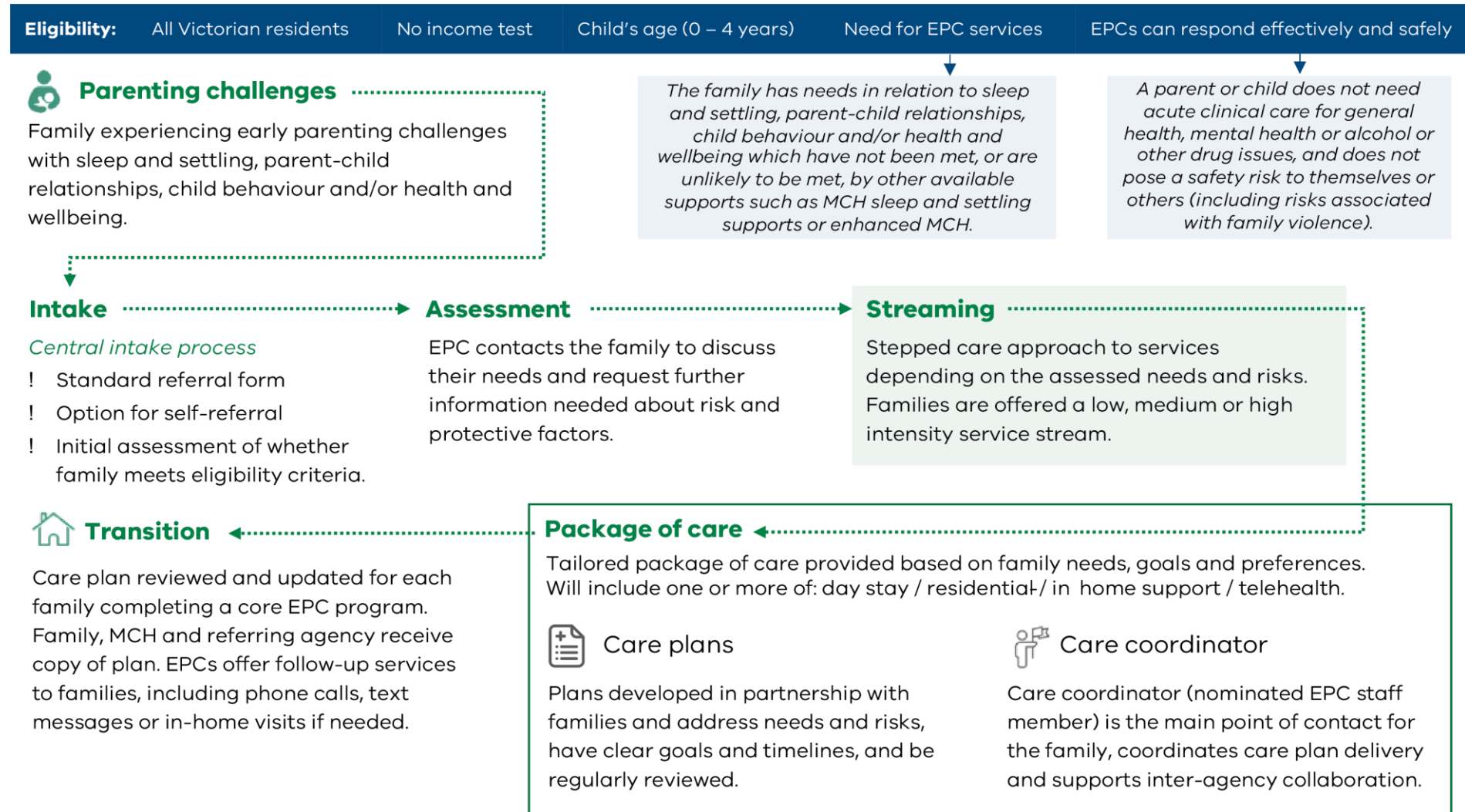
It is important that partners consistently share information to ensure families receive sustained support before, during and after completing an EPC program. Further information is provided in the 'Client care requirements' section of this document.

It is also encouraged that EPCs partner with universities or other research bodies to build the evidence base for EPC programs.

Services and support

Opportunity to explore a new client journey / service pathway

Figure 4: Client journey / service pathway - sets out the proposed client journey / service pathway for EPCs



Access and intake

Eligibility

Families will need to meet the following requirements to be considered for EPC support:

1. **Victorian residency:** the family resides in Victoria. Appendix 2 provides guidance on notional catchment areas for each EPC. Families living in cross border towns may be considered eligible if there is capacity.
2. **Child's age:** the child for which support is sought from birth up to 4 years old.
3. **Need for EPC services:** the family has needs in relation to sleep and settling, parent–child relationships, child behaviour and/or health and wellbeing that have not been met, or are unlikely to be met, by other available supports, such as: MCH sleep and settling supports or enhanced MCH. EPCs recognise the importance of the health and wellbeing of the entire family unit in respect to the health, wellbeing and development of the child.
4. **An EPC can respond effectively:** This means a parent or child does not need acute or immediate clinical care or treatment and does not pose a safety risk to themselves or others. While EPCs provide families with support during their stay, the parents/carers are responsible for caring for their child while they are at the EPC. The management of parents/carers and their child's health care needs remains the responsibility of their treating physician.

No income test or visa eligibility test applies to EPC services. Families without a Medicare card or visa are eligible to access EPC services.

Families can access more than one program for the same child.

The expansion of the EPC service system provides an opportunity to develop a culture of collaboration across EPCs.

It is expected that:

- families can self-refer through a standard referral form, or have a professional referral completed and submitted by an MCH nurse, general practitioner, paediatrician, Aboriginal community-controlled organisation, or other health or human services practitioner.
- if the family does not meet the EPC eligibility criteria, they will be offered advice and/or a referral to another service. If the family does meet the criteria, EPCs will advise families about all available programs and the broader network of EPCs they can choose to attend
- EPCs will work closely with one another to prioritise families and ensure they are supported as quickly as possible by the service.

Assessment

After receiving a referral, the EPC will contact the family to discuss their needs, request any further information needed about risk and protective factors, and discuss an appropriate service response.

Assessments will inform prioritisation for service and the individual package of care (see sections below), determining whether the family is offered a low, medium, or high-intensity service stream.

Assessments will be undertaken by telephone, telehealth/videoconferencing and web-based platforms, or in person. Where possible, families identified as having high needs and risks will be met with in person.

Detailed information regarding the assessment process at EPCs is outlined in the **Assessment and Intake Guidance** document.

Service responses

Family partnership model

EPCs will implement the Family Partnership Model approach. This includes:

- focusing on family strengths and needs
- developing a respectful partnership between parents and EPC practitioners that combines the knowledge of both parents and practitioners
- building parental self-efficacy.²

EPCs will include all family members who have a key role in caring for the child/children for which support is sought, this includes mothers, fathers, carers, grandparents and other family members or support people.

EPCs will provide services to support all types of families including, multicultural families, LGBTIQ+ families, fathers, young parents, parents with involvement in the criminal justice system, grandparents, kinship carers and foster carers.

Package of care

Families will receive care based on their needs, goals and preferences. The selected service stream will influence the package of care. This will include one or more of the core EPC funded services shown in Table 4.

Table 4: Core EPC services

Core services	Description
Day Program	Includes a mix of group sessions and individual support to enable families to work towards their identified goal/s for the day.
Residential	Includes a mix of group sessions and individual supports which enable families to work towards their identified goals. Currently residential programs may be provided for periods of up to four nights.
Telehealth and web-based services	Includes group, family or individual support that enables families to work towards identified goals. This may be offered as a stand-alone service or complementary modality.
Home-based support	Includes home visits to families to provide targeted individual support that enables families to work towards their identified goal/s.

EPCs may choose to provide additional services (as outlined in Table 5) where there are identified needs which are not being met locally by existing programs. These services are not funded through the EPC program funding provided by the Department of Health but may complement existing EPC core services as outlined in table 4 (above).

² Centre for Parent and Child Support, op. cit.

Table 5: Additional EPC services

Additional services	Description
Weekly group programs	Weekly programs which aim to strengthen early parenting knowledge and skills.
Single session programs	Single session programs on a specific early parenting topic.
Targeted programs	Working with local government supported playgroups, kinship carers, providing breastfeeding support programs in partnership with local government.
Antenatal programs	Antenatal programs for targeted groups, in partnership with maternity services.

The expansion of the EPC service system provides an opportunity to explore tailored packages of care based on family needs, goals and preferences.

The selected service stream will influence the package of care, which will include one or more of the core services:

- day program – including programs being provided at outreach locations.
- residential – flexible programs provided for periods of two to six nights, depending on family needs, preferences and circumstances.
- in-home support – provides home visits at times agreed upon with the family, to enable families to work towards their identified goals in their home environment; either as a stand-alone service, or before or after other services. The hours of support provided will vary depending on individual needs.
- telehealth (telephone/ videoconference services) – telephone or videoconferencing sessions offered as an alternative to attending EPC programs onsite. Where possible, sessions will involve a local service provider already working with the family, to provide additional support to the family to meet their identified goals.

Program elements

Programs will have core elements tailored to family (including child) needs and goals, including:

- identification of key family goals for program
- development of a care plan on the day of admission/first program session
- provision of group sessions covering topics addressing identified family needs and goals
- individual guidance and support addressing family needs and goals
- specialist supports such as psychologist, social worker, or occupational therapist support where it is identified as needed in the care plan
- use of techniques such as motivational interviewing, coaching, demonstration, and modelling
- regular review of progress against agreed roles, and any changes agreed to supports and actions
- review and update of care plan at discharge/program completion

- connecting family back to universal services, and provision of referrals to other service providers as needed.

Care planning and coordination

Each family will have a coordinated care plan. They will be developed in partnership with families and will:

- identify the child's safety, age, culture, gender and stage of development
- describe the family members and roles of extended family and environmental issues such as housing
- support parents with strategies to enhance the parent–child relationship and meet their child's needs
- address needs and risks identified in the referral and initial assessment
- have clear goals, expectations, roles, responsibilities and timelines for review
- identify tailored supports to be provided (see 'Tailored supports' section below)
- link families back into the community and provide appropriate referrals, as needed.

It is important for EPCs to be aware of, and work closely with, any other services already engaged with the family. The care plan will build on any existing plans families have with other agencies.

Transition planning will commence as part of the care plan.

The plan will be reviewed regularly, in partnership with the family, to ensure it:

- remains relevant to the child and family needs and goals
- addresses any child and family risk or vulnerability issues
- upholds the family's choices.

To enable a seamless experience for families, EPCs will have staff members who will:

- be the main point of contact for the family, who can engage the family in making choices and effecting change
- coordinate the delivery of any actions agreed in the care plan
- reduce overlap and inconsistency in any services received
- support interagency collaboration.

Tailored supports

Group sessions and individual support will be tailored to identified family (and child) needs and goals, and may address:

- parent–child relationships, including attachment, child and parent temperament, flexible and sensitive parenting, and recognising and responding to infant cues (for example, Keys to Caregiving)
- age-related sleep and settling information and strategies to improve sleep and settling consistent with the department's *Sleep and settling model of care: maternal and child health guideline*
- parent mental and physical health, wellbeing and self-care
- breastfeeding/nutrition

- child behavioural issues
- home safety (accident prevention)
- family violence issues
- child development and play
- health promotion
- the importance of parenting consistency/working as a 'team'
- community connection
- other parenting issues.

Families will be informed about a range of evidence-based sleep and settling strategies consistent with the [Sleep and settling model of care: maternal and child health guideline](https://www.health.vic.gov.au/publications/sleep-and-settling-model-of-care) <<https://www.health.vic.gov.au/publications/sleep-and-settling-model-of-care>> hand supported to trial strategies which best fit their needs and preferences.

Transition

Care plan

When a family finishes their program, the EPC will review their care plan with them, updating it to include the follow-up actions and support needed to implement changes.

Families will be linked back in with universal services and with other health and community services where necessary. EPCs will, where possible, provide 'warm referrals' (contacting a service on the client's behalf) for families experiencing vulnerability, or may otherwise face challenges in accessing needed services.

EPCs will also facilitate ongoing peer connections between families. This may involve asking parents if they would like to be included on a group email address list that is shared with other families in their program group.

Each family will be provided with a copy of their care plan. When a professional referral has been received, the family's referring agency will also be provided with a copy, subject to agreement of the family, regardless of the referral source. Where possible, the plan will be sent electronically to the family's MCH service to ensure timely receipt of the plan.

Care plans will be added to each child's My Health, Learning and Development Record.

Follow-up services

Families may have trouble transferring or maintaining their new parenting strategies and routines once they get home. EPC staff are well placed to provide follow-up support for these families, and to link them with other support services where needed.

EPCs will offer follow-up services and programs to families who have completed an initial program, as outlined in Table 6.

A higher level of follow-up will be provided to families with greater need. Where possible, follow-up will be provided by a staff member who worked with the family during their stay.

Table 6: Follow-up services

Follow-up type	Purpose
Phone call follow-ups at single or multiple time points	Advice and support parents facing challenges implementing strategies in the home environment or experiencing a recurrence of sleeping/settling or other issues.
Text message	Check in opportunity for parents to re-engage with the EPC if they need additional support.
Telehealth and web-based services	Used as an alternative to face-to-face services when families prefer a visual medium rather than a text message or phone call, or as a more personalised introduction to a support service where a referral has been made.

EPCs may also offer the family a more intensive program where needed to address family risks and needs; for example, a family which has participated in a day-stay program and is assessed as needing additional EPC supports may be offered a place in a residential program.

The expansion of the EPC service system provides an opportunity to explore home visiting as an additional follow-up service. Home visits provides an opportunity to:

- provide advice and support to parents who are facing challenges implementing strategies in the home environment, or who are experiencing a recurrence of sleeping/settling or other issues
- further assess family needs/risks within the home environment
- include extended family in the discussion and demonstration of strategies.

Facility requirements

EPCs are fit for purpose built facilities. Each family undertaking a residential program will be accommodated with a separate bedroom for adult family members and an adjacent bedroom/s for their child/children where possible. All meals will be provided during residential programs.

Provision of larger bedrooms and ensuites, which comply to the *Disability Discrimination Act 1992*, is available. Some pairs of bedroom suites are interconnected with a shared sibling room to accommodate the needs of families with two or more adults and children attending the program.

Flexible sleeping areas for children will be provided for day-stay programs.

EPCs will also include the following rooms/areas:

- flexible spaces to provide group programs
- indoor and outdoor play areas for babies and older children, including sensory areas
- clinical and administrative office space
- rooms for counselling and visiting clinicians and practitioners
- private/quiet space/prayer room
- room/s for videoconferencing
- accessible bathrooms
- kitchen space for family meal preparation
- shared dining/lounge space
- community room/s.

Facilities will be designed to:

- provide a homelike rather than clinical environment and be welcoming for families from diverse backgrounds
- provide natural light
- include enhanced acoustic performance to bedrooms, and the provision of thermally comfortable environment with individual controls to each room.

Child rooms will include observation windows to enable viewing without waking the children.

Facilities will address the security needs of clients and staff through lockable bedrooms, lock-down spaces, and multiple exit pathways.

Facilities have been designed in accordance with universal design principles which aim to ensure accessibility for as many people as possible, regardless of their age, level of ability, cultural background, or any other differentiating factors (see [universal design](https://www.vhba.vic.gov.au/resources/universal-design) <<https://www.vhba.vic.gov.au/resources/universal-design>>).

The facilities have been designed with the intention of providing a culturally safe environment for Aboriginal families.

The facilities have been designed with environmental sustainability initiatives including thermal comfort and enhanced energy performance front of mind.

Client care requirements

Client care requirements relate to the responsibilities of funded organisations. These include supporting the safety, wellbeing, and development of children and their families—providing services that respect and respond to individual needs and backgrounds. EPCs are accredited, or in a process of moving to accreditation, under the [Australian Commission of Safety and Quality Hospital standards <https://www.safetyandquality.gov.au/>](https://www.safetyandquality.gov.au/).

Safer Care Victoria Clinical Governance Framework

Safer Care Victoria's Clinical governance framework helps health services achieve good clinical governance and instil continuous improvement methodologies. Under the framework, health services must:

- review their clinical governance structure to ensure it is consistent with the framework
- frequently evaluate their clinical governance systems and processes to drive continuous improvement
- ensure adequate internal documentation in line with the framework.

Further information is available at: [Safer Care Victoria Clinical Governance Framework <https://www.bettersafecare.vic.gov.au/reports-and-publications/clinical-governance-framework>](https://www.bettersafecare.vic.gov.au/reports-and-publications/clinical-governance-framework).

Child Safe Standards

The new [Child Safe Standards <https://ccyp.vic.gov.au/child-safe-standards/new-child-safe-standards-now-apply/>](https://ccyp.vic.gov.au/child-safe-standards/new-child-safe-standards-now-apply/) came into effect on 1 July 2022. All EPCs must comply with the Standards. The Commission for Children and Young People have resources available to support organisations to implement the standards.

The standards include:

Standard 1: Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children, and young people, are respected and valued.

Standard 2: Child safety and wellbeing is embedded in organisational leadership, governance, and culture.

Standard 3: Children and young people are empowered about their rights, participate in decisions affecting them, and are taken seriously.

Standard 4: Families and communities are informed and involved in promoting child safety and wellbeing.

Standard 5: Equity is upheld, and diverse needs respected in policy and practice.

Standard 6: People working with children and young people are suitable, and supported, to reflect child safety and wellbeing values in practice.

Standard 7: Processes for complaints and concerns are child-focused.

Standard 8: Staff and volunteers are equipped with knowledge, skills and awareness to keep children and young people safe through ongoing training.

Standard 9: Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

Standard 10: Implementation of the Child Safe Standards is regularly reviewed and improved.

Standard 11: Policies and procedures document how the organisation is safe for children and young people.

Further information is available at: [The Child Safe Standards](https://ccyp.vic.gov.au/child-safe-standards/the-11-child-safe-standards/) <https://ccyp.vic.gov.au/child-safe-standards/the-11-child-safe-standards/>

Information Sharing Schemes and the MARAM framework

Service providers will have information sharing policies in place that comply with various Acts including the - *Information Privacy Act 2000, Health Records Act 2001, Health Services Act 1988* - and relevant departmental guidelines. Service providers will maintain accurate and comprehensive client records, as outlined in the section on Records, knowledge, and information management.

Service providers will share information appropriately with other services that work with children, young people, and families, in line with the Family Violence and Child Wellbeing Information Sharing Schemes.

Further information about these schemes and the MARAM Framework is available at [About information sharing schemes and risk management framework](https://www.health.vic.gov.au/health-workforce/family-violence-multi-agency-risk-assessment-and-management-framework) <https://www.health.vic.gov.au/health-workforce/family-violence-multi-agency-risk-assessment-and-management-framework>.

Diversity and inclusion

When working with families, EPCs will adopt a holistic approach that encompasses the social, emotional, spiritual and cultural wellbeing of individuals and the community and be welcoming for families from all backgrounds.

EPCs will:

- have policies, procedures and/or practice guidelines in place regarding specific considerations when working with families from diverse backgrounds
- have policies, processes and/or practice guidelines in place to promote the cultural competence of management and staff
- ensure that their assessment, planning and practice guidelines recognise family diversity
- work in partnership with families to tailor strategies and supports which respect their diversity.

EPCs will embed intersectional approaches, defined as an 'approach that understands the interconnected nature of social categorisations – such as gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age – which create overlapping and interdependent systems of discrimination or disadvantage for either an individuals or group', into their practice.³

Aboriginal families

Assessment, planning, and practice guidelines will emphasise the need for engagement based on respect for Aboriginal cultural identity, and the need to provide strategies that are culturally safe and respectful and reflect Aboriginal parenting styles.

³ Family Safety Victoria 2019, *Everybody Matters: Inclusion and Equity Statement*, State Government of Victoria, Melbourne, p. 4.

EPCs will develop partnerships with Aboriginal community-controlled organisations, in relation to the design, planning, and delivery of EPC services to Aboriginal families and communities, to promote cultural safety and self-determination.

EPCs will:

- identify the Aboriginal and Torres Strait Islander status of all family members and seek information about the involvement of any Aboriginal services
- explore the role of extended family, clans, and kinship networks in undertaking assessment, planning and action
- work with ACCOS and ACCHOs to embed the learnings from the Aboriginal early years co-design project.

Multicultural families

Assessment, planning, procedures, and practice guidelines will recognise that each family has a different background, culture, or faith, and strategies and supports will be tailored to be culturally safe and respectful of these differences.

In working with multicultural and faith-based communities, EPCs will:

- develop strategies to support the cultural needs of families from multicultural and faith-based communities, in particular recent arrivals, refugees and people seeking asylum, and establish referral pathways and service networks with services for multicultural and faith-based communities
- collect information on the cultural identity of clients, including country of birth, year of arrival (if in past five years) and languages spoken at home
- proactively ascertain whether an interpreter is required and arrange for this to be provided
- develop an understanding of cultural identity and culturally specific practices and, where required, consult with culturally specific services and/or local communities
- consider issues of unresolved trauma, grief, and loss in refugee, asylum seeker and migrant families who may have fled from war or oppression
- consider the impact of traditional parenting practices on the care-giving role of the parents
- work in partnership with multicultural and faith-based organisations to provide integrated services to families experiencing periods of vulnerability
- provide learning opportunities to enhance the cultural competence of staff in working with multicultural families.

For more information, see [Improving health for Victorians from culturally and linguistically diverse backgrounds](https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds) <<https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds>>.

LGBTIQ+ and same-sex couple parents

The Whole of Victorian Government's [LGBTIQ+ Strategy 2022-2032-- Pride in our future](https://www.vic.gov.au/pride-our-future-victorias-lgbtq-strategy-2022-32/print-all) <<https://www.vic.gov.au/pride-our-future-victorias-lgbtq-strategy-2022-32/print-all>>, outlines the role all services play in achieving the vision of a state where all Victorians feel safe, are healthy, have equal human rights, and can live wholly and freely. For EPCs a key area of focus in the strategy is priority area two – *equitable, inclusive and accessible services*.

EPCs will work in ways that are sensitive to the needs of LGBTIQ+ and same-sex couple parents, including:

- being familiar with the terms associated with families parented by couples that are same sex or include trans, gender diverse or intersex parents or children, and using appropriate language to create a welcoming and affirming environment
- exploring the roles that a parent plays in their family, recognising that they are fluid and may change over time
- recognising that LGBTIQ+ family members may experience discrimination and exclusion
- connecting families with LGBTIQ+ parents through referral to local LGBTIQ+ families groups, such as playgroups
- referring families to LGBTIQ+-sensitive counselling where needed.

For more information, see [Working with LGBTI families](https://www.vic.gov.au/working-lgbtqi-families) <<https://www.vic.gov.au/working-lgbtqi-families>> and [LGBTIQ Inclusive Language Guide](https://www.vic.gov.au/inclusive-language-guide) <<https://www.vic.gov.au/inclusive-language-guide>>.

People with disabilities

EPCs will work in ways that are sensitive to the needs of children and parents with disabilities, including:

- seeking to understand the impact of the disability on the person and family
- providing a flexible service that recognises the strengths, wishes, and desires of the person with a disability in their family context
- enabling parents with a disability to develop skills through modelling, practice, and feedback, to ensure generalisation (the ability to apply skills learned in one setting or situation to another) and maintenance of skills
- when working with parents with a learning difficulty, or an intellectual disability, using available resources and consulting with disability services to ensure the best means of communication and service response
- understanding Early Childhood Early Intervention Services, the National Disability Insurance Scheme (NDIS) and how families can access them
- providing learning opportunities to enhance the staff knowledge and skills in working with families with disability
- seeking secondary consultation from disability service providers where required.

[Practice guidelines: NDIS and mainstream services interface](https://providers.dffh.vic.gov.au/practice-guidelines-national-disability-insurance-scheme-and-mainstream-services-interface-word)

<<https://providers.dffh.vic.gov.au/practice-guidelines-national-disability-insurance-scheme-and-mainstream-services-interface-word>> have been developed by the department for frontline staff including family and early parenting services practitioners.

The guidelines will support staff in building their knowledge and practice skills in working across the NDIS and mainstream services.

Families experiencing a period of vulnerability

The challenges associated with parenting in the early years of a child's life can affect families very differently. EPCs will work to support families experiencing a period of vulnerability, which may include:

- families in financial crisis
- families experiencing housing insecurity
- parents experiencing social isolation
- families experiencing family violence
- parents experiencing mental health issues
- adjusting to parenthood.

Program requirements

Records, knowledge and information management

EPCs will use information systems to ensure electronic documents and records are secure, safe, and accessible only by appropriate management and staff and will manage all personal information in accordance with the *Privacy and Data Collection Act 2014*, *Information Privacy Act 2000*, *Health Records Regulation 2012* and the *Health Records Act 2001*.

EPCs will store physical client records safely and securely, in a manner that can only be accessed by appropriate management and staff, and which will ensure old records can be retrieved in accordance with legislative requirements and departmental policy

EPCs will collect data and client information in line with the reporting and accountability requirements in the service agreement, and other departmental guidelines.

Current and former clients of early parenting centres will be able to access and update information regarding services provided to them, in line with the freedom of information provisions and requirements, *Health Records Act* and *Information Privacy Act 2000*.

Further information regarding data and reporting requirements for EPCs can be found in the **Data and Reporting Guidance document**.

Complaint and allegations management

All EPCs will have documented procedures in place for managing complaints and allegations by staff, children, families, and the community. The procedures will meet all legislative and departmental guidelines including Victoria's Reportable Conduct Scheme.

The Reportable Conduct Scheme requires some organisations, including family and early parenting services, to respond to allegations of child abuse (and other child-related misconduct) made against their workers and volunteers, and to notify the Commission for Children and Young People of any allegations.

More information about the [Reportable Conduct Scheme](https://ccyp.vic.gov.au/reportable-conduct-scheme) <<https://ccyp.vic.gov.au/reportable-conduct-scheme>> is available from the Commission for Children and Young People website.

EPCs will have processes, and disciplinary actions, in place to respond to allegations of misconduct / abuse in ways that ensure children and young people are protected from future harm.

EPCs will maintain a written record of all complaints and allegations made, actions taken, and outcomes.

Failure to protect

A 'failure to protect' criminal offence applies where there is a substantial risk that a child under the age of 16, under the care, supervision, or authority of a relevant organisation, will become a victim of a sexual offence committed by an adult associated with that organisation. A person in a position of authority in the organisation, will be understood to have committed the offence if they know of the risk of abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.

More information about the [failure to protect offence](https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/failure-to-protect-a-new-criminal-offence-to) <<https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/failure-to-protect-a-new-criminal-offence-to>> is available on the Department of Justice and Community Safety website.

Failure to disclose

A '[failure to disclose](#)' criminal offence applies to any adult who fails to report a reasonable belief that a sexual offence has been committed against a child under the age of 16 to Victoria Police, unless there is a reasonable excuse for not doing so.

More information about the [failure to disclose offence](https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/failure-to-disclose-offence) <<https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/failure-to-disclose-offence>> is available on the Department of Justice and Community Safety website.

Client voice and client feedback

Wherever possible, EPCs will have client advisory groups to provide feedback on service provision and development.

In addition to this, EPCs will have a feedback system in place to allow for staff, children, families, and carers to provide views on the funded organisation's management and service delivery.

EPCs will define the standard of service that children, young people, and families can expect to receive, and make the information about that standard accessible to them.

EPCs will maintain appropriate records of client feedback and use this information to inform service planning.

Workforce

The profile of the EPC workforce is detailed in the **EPC Workforce Guidance**.

Detailed workforce planning and practice approaches are included in the **Statewide EPC Clinical Practice Guidance**, **Training Guidance** and the **EPC Statewide Workforce Capability Guidance**.

Staffing

The combined health and community services model is a strength of existing EPCs. EPC staffing will reflect this focus by employing staff with a range of skills and qualifications to operate as multidisciplinary teams.

MCH nurses are a particularly important element of the staffing model given their broad scope of practice. This equips them to provide safe and competent nursing care across general, midwifery and maternal, child and family health nursing. MCH nurses may be complemented by other registered nurses (such as paediatric and mental health nurses), registered midwives, and early childhood educators. Specialist supports, where needed, will be provided by psychologists, social workers, speech therapists, and occupational therapists. Program elements may also be provided by lactation consultants, peer support workers, mental health workers, play therapists, and art or music therapists.

EPCs may develop partnerships with clinicians and practitioners to attend on a visiting basis, including GPs, paediatricians, psychiatrists, Aboriginal services, cultural support workers, and disability support workers.

The EPC workforce should reflect and respond to the needs of the local area, including employment of Aboriginal staff and staff from diverse cultural backgrounds.

EPCs require 24-hour staffing for a minimum of four nights a week to provide residential programs, as well as weekend staffing to provide programs for families who are unable to attend on weekdays (where EPCs choose to provide weekend services).

Further consideration of staffing arrangements will be undertaken in an EPC workforce development framework which will be produced as part of the EPC expansion initiative.

Skills, experience and competencies required

Key skills, experience and competencies required across the EPC workforce include:

- child-centred, family focused practice
- child development, growth and health
- working with disadvantage and families experiencing a period of vulnerability
- motivating interviews, adult capacity building and behaviour change
- infant, child and adult mental health
- trauma-informed practice
- maternal health
- father-inclusive practice
- family partnership
- working with diverse families including Aboriginal families, multicultural and faith-based families, LGBTIQ+ families, and people with a disability

- child health promotion and prevention.

It remains a priority for the EPC workforce to respond to the needs of the local area, including employment of Aboriginal staff, and employment of staff from diverse cultural and linguistic backgrounds which reflect the local demographics.⁴

Staffing competency, recruitment and pre-employment checks

EPCs will have policies, processes, and/or practices in place which ensure staff (including volunteers) have the required skills, qualifications, knowledge, values, competencies, and cultural awareness required to fulfil their positions and responsibilities and meet the needs of infants, children, and families.

EPC policies and practices will promote professional development to enable staff members to gain any competencies they need to meet their job requirements.

EPCs will ensure all applicants for staff positions are subject to pre-employment screening.

Assessment includes:

- direct contact (either face-to-face or telephone contact) with two referees to confirm the applicant's suitability, including contact with the most recent employer
- completion of a police records check, and up-to-date Working with Children Check, in compliance with departmental policy and the *Working with Children Act 2005*. (For applicants who have spent time overseas, an international police check is conducted, or when this is not possible, two referee checks are arranged from the country where the applicant spent time.)

Staff training, development and supervision

EPCs will:

- have policies and procedures to provide accessible pre-service, induction and ongoing training for management, staff, and volunteers which enables them to effectively perform their roles and meet client needs
- have staff supervision policies in place, such as level of supervision and arrangements for after-hours support, that are reviewed regularly and specify each staff member has an appropriately skilled team leader/manager as an identified supervisor
- provide training on working with diverse families and families experiencing a period of vulnerability
- review staff performance regularly to identify staff learning needs.

Monitoring and evaluation

Successful implementation of the model of care will be supported by each EPCs internal governance structure, compliance requirements, and accreditation processes.

EPCs will collect post-program information from families on service satisfaction and service outcomes, with guidelines on information collected to be provided separately.

EPCs will also be monitored in relation to their application of this model of care. The EPC Service Network will oversee the implementation and monitoring of the Model of Care.

Data reporting

EPCs collect service data, and provide data reports to the department, in accordance with their service agreement and practice requirements. EPC data is primarily necessary for client management, business management, service planning, service quality improvement, funding accountability, evaluation, and fulfilling broader (including federal) reporting responsibilities. A consistent data collection and reporting process will allow providers to fulfil these purposes and requirements, as set out in the **EPC Data and Reporting Guidance document**.

Reporting requirements

Client management - EPCs require an electronic system to facilitate their service delivery to clients. Requirements include the consistent capture and recording of client information, and the ability to retrieve recorded data through queries and reports.

Business intelligence and service planning - EPCs use their data for business intelligence processes to support sound management of their centres. They also require sound data for future service planning. Consistent, more granular data could provide a stronger basis for making decisions on service management, catchment planning, service expansion, and local service needs. This data will become even more important with the upcoming expansion of the EPC network in the coming years. While EPCs use their data for business intelligence, EPC data does not currently provide a strong basis for service planning.

Service quality improvement - Data on client risk factors, client journeys, contact with other service systems, and outcomes, would allow EPCs and the department to improve outcomes for clients and service quality. While EPCs collect some data internally on client risks and outcomes, this data is not consistent between EPCs, and is often not contained in the same dataset within individual EPCs.

Funding accountability - EPCs are required to report on outputs delivered against funding received to the department. This reporting should be at a client or activity level (rather than aggregate) to enable investigation of reported activity, or identification of anomalies. Client, or activity-level, reporting would also provide a more solid evidence base for moving funding between providers, or activities, in response to demand. Current reporting is only at an aggregate level.

Broader reporting responsibilities

Service providers and the department have external reporting responsibilities, these are outlined in the **Data and Reporting Guidance for EPCs** document.

Annual reporting

Health services operating EPCs, whether they are classified as public hospitals or public health services, in the *Health Services Act 1988*, are required to produce an annual report that meets the requirements of the *Financial Management Act 1994*, to be submitted for tabling in Parliament.

Appendix 1: Policy context

Health reform

The Department of Health and Human Services' [Health 2040: advancing health, access and care strategy](https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/h/health_2040_achievements_and_nextsteps.pdf) <https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/h/health_2040_achievements_and_nextsteps.pdf> sets a broad agenda for the development of the Victorian health system. It focuses on better health through skills and support to be healthy and well, better access to fair, timely care that is closer to home, and world-class health care every time.

Reform directions relevant to EPCs include an enhanced focus on prevention and early intervention, improved integration of health and social care, and person-centred care with equitable access.

[Victoria's 10 year mental health plan](https://www.health.vic.gov.au/publications/victorias-10-year-mental-health-plan) <<https://www.health.vic.gov.au/publications/victorias-10-year-mental-health-plan>> supports infants, children, young people, and their families to develop the life skills and abilities to manage their own mental health. Universal education and health care, liveable cities, good jobs, safe communities, stable and affordable housing, and healthy families, are among the building blocks of mental health and wellbeing.

People with co-occurring mental health and substance use problems, and disorders commonly present in all health settings and community services, must receive a holistic response comprising physical, psychological, and social service interventions which engage, assess, treat and provide care.

The [Victorian Public Health and Wellbeing Plan 2023-27](https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27) <<https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27>> sets the direction and provides a framework for coordinated action to ensure all Victorians can have the highest standards of health and wellbeing at any age. The Plan sets out a comprehensive approach to deliver improved public health and wellbeing by driving action through strategic partnerships at state, regional and local levels.

The [Healthy kids, healthy futures](https://www.health.vic.gov.au/health-strategies/healthy-kids-healthy-futures)' <<https://www.health.vic.gov.au/health-strategies/healthy-kids-healthy-futures>> five-year action plan identifies the strategic direction towards better health and wellbeing for Victorian children and young people. The plan focuses on supportive environments for healthy eating, active living, and mental wellbeing, to lay the foundations for children and young people to grow into strong and healthy adults. The action plan outlines four priority actions including:

- increasing healthy food and drink
- boosting community action
- supporting children and families
- increasing active living opportunities.

Child and family services reform

The [Roadmap for reform: strong families, safe children](https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) <<https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children>>, is a crucial

framework for the development of the EPC network. It aims to deliver a coordinated, integrated system which meets the needs of families and children experiencing periods of vulnerability.

The *Roadmap for reform* highlights the need for early intervention, prevention, and shared responsibilities, as well as more visible and non-stigmatising entry points to services. It makes proactive connections to support services and informal networks for people at risk.

Aspects of this phased reform that are particularly relevant to EPCs include:

- an enhanced role for universal services in supporting all children and families, with additional supports available for families experiencing greater vulnerability (progressive universalism)
- better support for Aboriginal children and families
- wrap-around family supports
- new ways to access, and navigate between, services
- inbuilt capacity and capability to intervene earlier and more effectively
- strong child and family engagement
- transformation of child protection and strengthening of home-based care.

Central to the reform is the concept of three pathways for support and care – early help, targeted and specialist support, and enduring support. EPCs are a specialist support service with strong connections to universal services providing early help, which are the main sources of referrals to EPCs. EPCs also work closely with agencies providing long-term support, as many EPC clients experience issues requiring these supports.

The Orange Door

[The Orange Door <https://www.orangedoor.vic.gov.au/>](https://www.orangedoor.vic.gov.au/) helps women, children and young people experiencing family violence; those who are at risk of using abusive or controlling behaviour, or those who need help with these behaviours at home or in a relationship; as well as families who need support with the wellbeing and development of their children.

It will be important for EPCs to link with their local 'The Orange Door' to facilitate supports for families with these needs.

The establishment of The Orange Door was a key recommendation of the Royal Commission into Family Violence report (2016). It is part of a long-term plan to end family violence in Victoria.

The Orange Door Network represents a major change in the way specialist family violence, family and children services, and general services, such as: doctors, schools, and hospitals, are coordinated and connected to better respond to family violence and vulnerable children. Child FIRST is now co-located in all 17 of The Orange Door sites in the 17 DFFH regional areas.

For more information, see [The Orange Door website <https://www.orangedoor.vic.gov.au/>](https://www.orangedoor.vic.gov.au/).

Aboriginal self-determination

Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 and *Wungurilwil Gapgapduir: Aboriginal children and families agreement* provide key directions for development and provision of services to Aboriginal families and communities. Both provide important frameworks for EPC partnership development, service design, and delivery.

Korin Korin Balit-Djak provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians.

It sets out the Victorian Government's vision and direction for ensuring positive outcomes for Aboriginal Victorians across the breadth and depth of its activities. *Korin Korin Balit-Djak* covers five domains:

- Aboriginal community leadership
- prioritising Aboriginal culture and community
- system reform across the health and human services sector
- safe, secure, strong families and individuals
- physically, socially and emotionally healthy Aboriginal communities.

Wungurilwil Gaggapduir, which means 'strong families' in Latji Latji, is a tripartite agreement between the Aboriginal community, Victorian Government, and community service organisations. It outlines a strategic direction to reduce the number of Aboriginal children in out-of-home care by building their connection to culture, Country and community.

Wungurilwil Gaggapduir has five central objectives:

- encourage Aboriginal children and families to be strong in culture and proud of their unique identity
- resource and support Aboriginal organisations to care for Aboriginal children, families and communities
- commit to culturally competent and culturally safe services for staff, children and families
- capture, build and share Aboriginal knowledge, learning and evidence to inform practice
- prioritise Aboriginal workforce capability.

For more information, see [Korin Korin Balit-Djak](https://www.dffh.vic.gov.au/publications/korin-korin-balit-djak) < <https://www.dffh.vic.gov.au/publications/korin-korin-balit-djak> > and [Wungurilwil Gaggapduir Aboriginal Children and Families Agreement](https://www.dffh.vic.gov.au/publications/wungurilwil-gaggapduir-aboriginal-children-and-families-agreement) <<https://www.dffh.vic.gov.au/publications/wungurilwil-gaggapduir-aboriginal-children-and-families-agreement>>.

Appendix 2: EPC catchment areas

These catchments are notional, and not strict boundaries. They provide the basis for identifying the needs of families in the local catchment and reveal opportunities to deliver services that best meet the needs of families.

In some instances, an LGA is listed across multiple EPCs. This is due to the EPC catchment area having an overlap with other parts of the LGA which are closer to other EPCs.

Table 7. LGAs and Aboriginal services within each EPC catchment area

EPC location	LGAs in the catchment	Key Aboriginal MCH service, Aboriginal health service or ACCO
Ballarat (Grampians Health)	<ul style="list-style-type: none"> • Ararat • Ballarat • Central Goldfields • Corangamite • Glenelg • Golden Plains • Hepburn • Hindmarsh • Horsham • Moorabool • Mount Alexander • Moyne • Northern Grampians • Pyrenees • Southern Grampians • West Wimmera • Yarriambiack 	<ul style="list-style-type: none"> • Ballarat and District Aboriginal Cooperative • Goolum Goolum Aboriginal Cooperative
Bendigo (Bendigo Health)	<ul style="list-style-type: none"> • Buloke • Campaspe • Central Goldfields • Gannawarra • Greater Bendigo • Hepburn • Hindmarsh • Loddon • Macedon Ranges • Mildura • Mitchell • Mount Alexander • Murrindindi • Northern Grampians • Swan Hill • Wangaratta 	<ul style="list-style-type: none"> • Bendigo and District Aboriginal Cooperative • Njernda Aboriginal Corporation • Mallee District Aboriginal Services • Murray Valley Aboriginal Cooperative
Canterbury (Mercy Health OFC)	<ul style="list-style-type: none"> • Banyule • Bayside • Boroondara • Darebin • Glen Eira • Manningham • Maroondah • Melbourne • Monash • Moreland • Port Phillip • Stonnington • Whitehorse • Yarra • Yarra Ranges 	<ul style="list-style-type: none"> • Victorian Aboriginal Health Service • First Peoples' Health and Wellbeing • VACCA
Casey (Monash Health)	<ul style="list-style-type: none"> • Bass Coast • Baw Baw • Cardinia • Casey • East Gippsland • Latrobe • South Gippsland • Wellington • Yarra Ranges 	<ul style="list-style-type: none"> • VACCA • Wanjana Lidj Family Services (part of Ramahyuck)
Footscray (Tweddle)	<ul style="list-style-type: none"> • Bayside • Brimbank • Darebin • Glen Eira • Hobsons Bay • Hume • Maribyrnong • Melton • Moonee Valley • Moreland • Port Phillip • Stonnington • Wyndham • Yarra 	<ul style="list-style-type: none"> • VACCA

EPC location	LGAs in the catchment	Key Aboriginal MCH service, Aboriginal health service or ACCO
	<ul style="list-style-type: none"> Melbourne 	
Geelong (Barwon Health)	<ul style="list-style-type: none"> Colac-Otway Corangamite Golden Plains Greater Geelong Surf Coast Queenscliff 	<ul style="list-style-type: none"> Wathuarong Gunditjmara
Hastings (QEC)	<ul style="list-style-type: none"> Kingston Casey (<i>residents of the south-western part of the LGA due to travel time to closest EPC centre</i>) Greater Dandenong Frankston Mornington Peninsula 	<ul style="list-style-type: none"> VACCA Dandenong and District Aboriginal Cooperative First Peoples' Health and Wellbeing
Noble Park (QEC)	<ul style="list-style-type: none"> Bayside Casey Glen Eira Greater Dandenong Kingston Knox Maroondah Monash Whitehorse 	<ul style="list-style-type: none"> VACCA Dandenong and District Aboriginal Cooperative
Northcote (Operating service to be determined)	To be determined	To be determined
Shepparton (TBC)	<ul style="list-style-type: none"> Alpine Benalla Greater Shepparton Mansfield Moira Mitchell Murrindindi Strathbogie Towong Wangaratta Wodonga⁴ 	<ul style="list-style-type: none"> Rumbalara Aboriginal Co-operative
Whittlesea (Mercy Health)	<ul style="list-style-type: none"> Banyule Darebin Hume Indigo Mansfield Moreland Murrindindi Nillumbik Towong Wangaratta Whittlesea Wodonga⁵ 	<ul style="list-style-type: none"> Victorian Aboriginal Health Service Bubup Wiliam First Peoples' Health and Wellbeing VACCA Albury-Wodonga Aboriginal Health Service
Wyndham (Tweddle)	<ul style="list-style-type: none"> Brimbank Greater Geelong (<i>residents of the south western part of the LGA due to travel</i>) Hume Macedon Ranges Melton Moorabool 	<ul style="list-style-type: none"> Wungguriwil Dhurrung Centre Koling Wadngal Committee Victorian Aboriginal Health Service

⁴ Families in Albury-Wodonga may also access the Albury Wodonga Health Tresillian Parents and Babies Service.

⁵ Families in Albury-Wodonga may also access the Albury Wodonga Health Tresillian Parents and Babies Service.

EPC location	LGAs in the catchment	Key Aboriginal MCH service, Aboriginal health service or ACCO
	<i>time to closest EPC centre)</i> <ul style="list-style-type: none"> • Hobsons Bay • Wyndham 	<ul style="list-style-type: none"> • VACCA

Appendix 3: EPC home-based care guidance

This guidance note supplements the EPC Workforce Mix Guidance which provides details on workforce requirements. It provides detail on the allocation of service hours to a home-based care target.

Home-based care is provided at times agreed upon with the family, to enable families to work towards their identified goals in their home environment; either as a stand-alone service/program, or before or after other services/programs. The hours of support provided will vary depending on individual family need.

The decision to use home-based care as an intervention / service option is based on the outcome of an assessment by:

- the Assessment and Intake team, in consultation with the parent and Program Manager / Leader
- the Program Manager of the residential and or day program (who determines the family could benefit from additional support upon program discharge).

Home-based care comprises of the following elements - direct care, indirect care and travel time as outlined in Table 8 below. In total, a home-based care target equates to up to four service delivery hours.

Table 8: Allocation of service hours to home-based care

Home visit	Time estimation
Average time allocated to a home-based care - 4 hours	
Direct care – provision of face to face care to the parent. The child is present for the episode of care.	E.g., 1.5 hours (maximum time in the home)
Indirect care - time allocated for all tasks where the parent is not present e.g., follow up phone calls, completing referrals, documentation of the episode of care, debriefing, liaison with parent's care team, secondary consultations with other professionals.	E.g., 1 hour per home visit
Travel time - travelling to and from the person's home or place of visit	E.g., 1.5 hrs (45 mins one way)