Victorian Early Parenting Centres Outcomes Framework

Accessible version

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Victorian Early Parenting Centres Outcomes Framework
Accessible version

To receive this publication in an accessible format the Early Parenting Centres Expansion Project team <EPCproject@health.vic.gov.au>.

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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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Acknowledgments

Acknowledgement of Country

The Victorian Department of Health proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to Elders past and present.

We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards equality of outcomes and ensuring an equal voice.

Development acknowledgement

This Early Parenting Centre Outcomes Framework was developed by Monash University and The Queen Elizabeth Centre in consultation with over 100 stakeholders, including members of the Victorian Early Parenting Centre network.

The Department of Health would like to acknowledge and thank the following co-developers:

- Dr Mandy O'Connor, Research Fellow, Health and Social Care Unit, Monash University
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- Sue White, Chief Executive Officer, The Queen Elizabeth Centre.

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Learning acknowledgement

The Victorian Early Parenting Centre Outcomes Framework is a living document. It will evolve as the framework is embedded in practice through the Early Parenting Centre Outcomes Framework Implementation Pilot Project, which will be delivered across 2022-23.

The framework will be regularly reviewed and refined to reflect implementation learnings as the EPC service network expands across Victoria.

Executive Summary

The Victorian Government has provided significant new investment to expand and reform the Early Parenting Centre (EPC) network in Victoria.

The reform will build new EPCs across Victoria and deliver more support for families with children aged 0 – 4 years to promote happy, healthy, safe, and thriving children, and to enhance parent-child relationships.

The goals for the expanded network are stepped out in the *Expanding Victoria's Early Parenting Centre Network 2019 – 2024 Strategic Framework.* It identifies four key elements for the development of the expanded network.

The *Outcomes, data and reporting* element recognises the importance of research and evaluation in building the evidence base for innovation, improvement, and learning capability. The development of a common EPC Outcomes Framework is also recommended to provide the basis for care, planning, review, and ongoing quality improvement.

In 2021, the Queen Elizabeth Centre and Monash University's Health and Social Care Unit were commissioned to develop an Outcomes Framework for use across the expanded EPC network. This report presents the Victorian Early Parenting Outcomes Framework and provides detail of its development, theoretical framing, and the collaborative process used in the design.

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

Each domain has a set of indicators that have been designed to monitor and measure change, with suggested measures and tools included. This report also includes an implementation plan outlining implementation strategy designed to embed the framework into practice within EPCs.

Monitoring and reporting on progress across the expanded EPC network will contribute significantly to the EPC evidence base. It will also enable research and evaluation to inform innovation, quality improvement, and most importantly, ensure Victorian families are receiving optimal care and support.

Section 1

Why

Background

Early Parenting Centres (EPCs) strive to support happy, healthy, safe and thriving, babies and toddlers by promoting the parent-child relationship, and equipping 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 whole family, is vital to children's development and outcomes. EPCs provide specialist support for Victorian families with children aged 0–4 years. They deliver flexible and targeted services that are part of the wider service system supporting families, including: hospitals, maternal and child health services, supported playgroups and community-based parenting programs.

In 2019–20 the Victorian State Budget included $135.1 million, over four years, to build seven new Early Parenting Centres (EPCs) in the local government areas of Ballarat, Bendigo, Casey, Geelong, Frankston, Whittlesea, and Wyndham.

The goals for the expanded EPC network, as outlined in *Expanding Victoria's early parenting centre network 2019–24: strategic framework* (Vic Gov, 2019), include the following:

- Current EPC services reach around 1% of Victorian families with 0–4-year-olds. The planned expansion will allow for coverage to grow to around 3%, with reach depending on the exact mix and intensity of services.
- Many families who seek EPC support cannot access the residential programs they need. The expansion will increase the number of residential family units from 43 to more than 100 across the state.
- Approximately 27% of families wait more than 30 days to be assessed, and 42% then wait more than 30 days for admission to a program. The expansion will significantly increase capacity and choice, and redesign service models.
- The current EPC services notionally support families with children 0–4 years old, but 70% of services are provided to families with children younger than 12 months old. The expansion provides an opportunity to increase capacity to support older children and siblings.
- EPCs are currently accessed by many different kinds of families, but there is limited capacity to respond to the specific needs and preferences of all groups. The new and expanded EPCs will be designed to provide more inclusive and tailored responses to diverse populations.

EPC Model of Care

The EPC Model of Care was developed in 2019 to support consistent and high-quality services.

It contains the following principles:

- **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 whole family
- **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

- **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
- **Quality care, innovation and accountability** – improving the availability and transparent use of data, shared information, and evidence to drive quality and service improvement
- **Workforce expertise** – developing the professional workforce for services to meet diverse and changing client needs, and drawing on the expertise in the workforce to continuously improve delivery
- **Equity of access and responsiveness to diverse families** – removing barriers to access and actively providing a culturally safe service that responds to the different needs of all Victorians, including families from diverse cultural backgrounds, sexuality and gender identities, disabilities and other communities.
- **Aboriginal self-determination** – modelling and promoting self-determination in decision making regarding care for Aboriginal children and families, and supporting Aboriginal-led service provision
- **Sustainable use of resources** – using available resources effectively and efficiently to produce maximum value and benefit for families now and into the future.

The EPC Model of Care outlines the following short and long-term outcomes for the expanded network.

Short-term outcomes	**Longer-term outcomes**
Strengthened parent–child relationships	Children are happy, healthy, safe and thriving
Parents and children feel supported, connected and accepted	Stronger family relationships, with the child at the centre
Parents have the knowledge, skills and confidence to support their children's health, wellbeing and development and their own health and wellbeing	Families are well connected to supportive communities and services
Families are connected back into MCH and other services and informal support networks.	

One of the key elements for the development of the EPC network is outlined in the *Expanding Victoria's early parenting centre network 2019–24: strategic framework* (Vic Gov, 2019), it includes Outcomes, and data and reporting, as detailed here:

Outcomes, data and reporting

We propose developing a common outcomes framework that would provide the basis for care planning, review, and ongoing quality improvement.

Key performance indicators for EPCs will be redeveloped to better identify whether needs are being met efficiently and effectively. We will also consider streamlining EPC client service reporting, and ways to bring EPC data systems into better alignment with maternal and child health and other health services.

How

The Victorian Early Parenting Centres Outcomes Framework project will:

1. Develop an outcomes framework to measure the impact of the work of Victorian Early Parenting Centres
2. Develop a roadmap to embed implementation science around the Outcomes Framework to ensure an effective and sustainable model
3. Increase capacity across the sector in building implementation science and outcome measurements.

Alliance model

The project methodology builds an alliance with all Early Parenting Centres across Victoria to:

- Develop a true partnership that is governed in a way that demonstrates engagement and collaboration between all stakeholders
- Reduce duplication and increase consistency
- Consolidate and share learnings equitably across the sector to foster shared vision and collective impact.

Methodology

Key stakeholder engagement

There is an established governance structure for the EPC expansion project which informed the development of the EPC Outcomes Framework. The Monash University research team presented regular ongoing progress reports and requested feedback during the information collection and development phases.

Workshops

A series of consultation workshops were held with 107 key stakeholders, including: staff from EPC providers, Department of Health, Aboriginal community representatives, Maternal and Child Health staff and course providers, and consumers.

The workshops, held online due to COVID19 restrictions, outlined the purpose of the Outcomes Framework, and provided key stakeholders with an opportunity to provide information and feedback on the components of the EPC Outcomes Framework.

Collaboration and co-design of the framework with all key stakeholders was vital to the development of the Outcomes Framework, and for ensuring that the multi-level systemic framework is suitable for use across all EPCs statewide.

Data analysis

The Monash University research team collated, synthesised, and identified common elements from the information collected using thematic analysis. The research team used Braun and Clarke's (2006) five stages of inductive thematic analysis: (1) Becoming familiar with the data, (2) Generating initial codes, (3) Searching for themes, (4) Refining, and (5) Defining and naming themes. In order to provide an accurate account of the key stakeholders' perspectives, the research team crosschecked the identified themes ensuring a consensus was reached. The data was organised across the components, and contributed to the development of the Outcomes Framework.

Theoretical Framing

Socio-ecological systems theory

The socio-ecological approach recognises the importance of addressing individual and population level determinants and understanding the interaction of many factors across the multiple levels of the ecological system to support and guide human development and behaviour (Bronfenbrenner, 1974).

Due to the complex needs of families, the services required to support them and the system in which they live, a socio-ecological approach has been applied in the development of the Victorian Early Parenting Centres Outcomes Framework.

Outcome domains

The five outcome domains identified through the data analysis process include:

1. **Health and Wellbeing**
2. **Connection**
3. **Growth**
4. **Learning**
5. **Safe and Secure.**

Ecological levels

Outcomes have been derived across the five outcomes domains and are considered across all ecological levels: **child, parent/carer/family, community, workforce, EPC, and government** (see Figure 1).

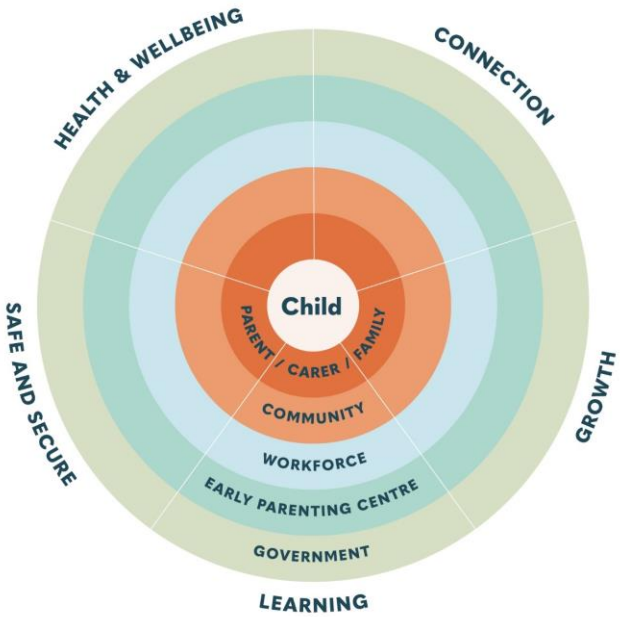

Figure 1. *Socio-ecological levels of the EPC Outcomes Framework*

Logic Model

Logic models use graphic depictions to represent shared relationships between various elements of a program, intervention, or framework (Smith, Li & Rafferty, 2020). They can be used as an explicit statement of how a program, framework or policy links to the intermediate results that eventually contribute to intended impacts and outcomes (Davidoff et al., 2015). This logic model represents the purpose and proposed impact of the EPC Outcomes Framework across the socio-ecological levels of the EPC network (Figure 2).

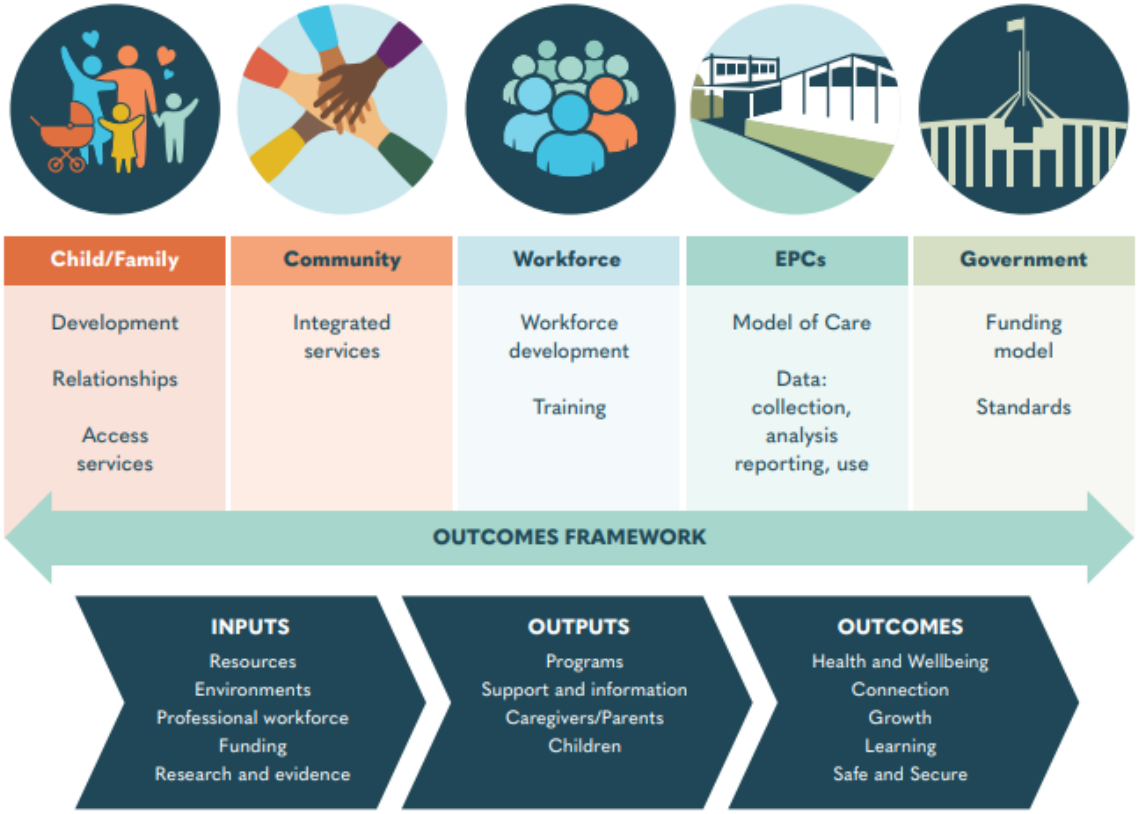

Figure 2. *Logic model of the Outcomes Framework*

Framework Structure

The Outcomes Framework is structured using overarching outcome domains, outcome areas, key results indicators and measures, as represented in Figure 3. Each **outcome domain** (Health and Wellbeing, Connection, Growth, Learning, and Safe and Secure) contains **outcomes areas**, and each outcomes area has a set of **key result indicators** that have been designed to examine and report change within the outcome area.

Key results indicators operationalise expected change in the outcome area for the multiple levels identified in the Outcomes Framework. Key results indicators were developed using SMART (Specific, Measurable, Achievable, Relevant and Timely) principles (Doran, 1981) to ensure the indicators have the capacity to map progress in the outcome areas.

Extensive research and a key stakeholder workshop was conducted to identify appropriate **measures and tools** required to examine change across the outcome areas.

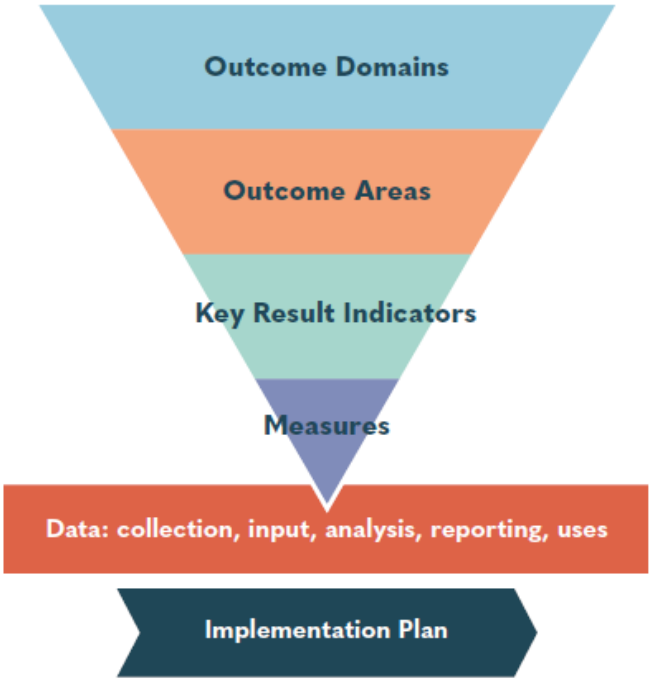

Figure 3. *Framework structure*

Key terms	
Outcome Domains	Overarching categorisation of outcomes in order to apply general principles
Outcome Areas	Specific benefit that may occur due to the participation in an activity or programs or involvement with a service
Key Result Indicator	The measure of change or progress in associated outcomes due to participation in an activity or program or involvement with a service
Measures	A tool used to quantify change and enable reporting of variation in outcomes

Section 2

Victorian Early Parenting Centres Outcome Framework

This section of the report is the EPC Outcomes Framework and includes:

- an Outcomes Framework Summary
- general information about the outcome domains
- outcome domain tables detailing outcome areas and key results indicators and measures.
- additional measures and tools tables (Table 6 and 7) with further information of the measures recommended for use by the EPCs.

Aboriginal community-controlled organisation representatives were consulted during the development of this Outcomes Framework and their contributions are included.

To ensure Aboriginal early parenting outcomes and measures are tailored for these Aboriginal communities, the Department of Health will separately commission an Aboriginal Outcomes Framework.

The Aboriginal Outcomes Framework will be instrumental in:

- determining Aboriginal measures of success and key outcome areas required to meet the needs and aspirations of Aboriginal children, parents and families within an early parenting context
- informing a future Aboriginal led EPC model of care and service model for early parenting support, and
- exploring key outcome areas to improve Aboriginal health, wellbeing, development, access and cultural safety across the expanded EPC network.

Aboriginal children and families have unique strengths and experiences that require acknowledgement of culture and culturally safe practices as determined by Aboriginal families and services. Outcomes for Aboriginal families may include outcomes other than those contained in this framework.

Summary of the Early Parenting Centres Outcomes 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	EPCs 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 communities

Outcome Domain 1- Health and Wellbeing

Health and Wellbeing: to have optimal health

General information: Health and wellbeing outcomes have been extensively explored and documented in the following Australian and Victorian Government plans and frameworks. These have been applied to the development of the Victorian EPC outcomes.

The **Australian Health Performance Framework** is a conceptual framework categorising the health system components, their inter-relationships and scope, and the measurement of performance across the system. The overall objective is to improve health outcomes for all Australians and ensure the sustainability of the Australian health system (NHIPPC, 2017). Health outcomes for families include:

1. Health conditions: incidence and prevalence of disease, disorder, injury or trauma or other health related states.
2. Human function: alterations to body, structure of function (impairment), activity limitations and restrictions in participation.
3. Wellbeing: measures of physical, mental and social wellbeing of individuals.

The following priority areas and objectives in the **Victorian public health and wellbeing plan 2019 – 2023** are associated with the health and wellbeing outcomes for families (Vic. DHHS, 2019):

Priority Area	Objective
Reducing injury	Decrease injury across the population, with an emphasis on priority populations: children 0–14 years, young adults 15–24 years, older adults 65+, Aboriginal Victorians and rural populations
Preventing all forms of violence	Women, men, girls and boys are treated equally with respect and dignity All parts of the community are engaged in practical and creative ways to learn about respectful, safe and equitable relationships Women and children are resourced, supported and empowered to make decisions regarding their safety and wellbeing All Victorians feel safe and empowered to take a stand against family violence
Increasing healthy eating	Increase capacity to breastfeed, and prepare and consume healthier foods and drinks Increase socio-cultural norms reinforcing healthier eating, drinking and breastfeeding
Increasing active living	Increase accessible and adaptable spaces for active living, ensuring compliance with appropriate state and national regulations and standards Increase socio-cultural norms reinforcing active living Increase capacity to be more physically active and less sedentary Decrease sedentariness in workplaces, schools and early learning centres and during leisure time
Improving mental wellbeing	A reduction in the prevalence of mental illness, and increased resilience among Victorian individuals, families and communities Reductions in the gap in social and emotional wellbeing for at-risk groups, including Aboriginal Victorians, with an emphasis on loneliness and increasing social connectedness

Priority Area	Objective
	Reductions in the occurrence of suicide deaths, suicidal ideation and suicidal attempt, and the gap between the suicide rates for vulnerable groups and the general population

See Appendix A for the Victorian Public Health and Wellbeing Outcomes Framework.

Table 1 details the health and wellbeing outcomes, key results indicators and suggested measures/tools for each socio-ecological level.

Table 1. Health and Wellbeing Outcome Domain

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
Child *Children are healthy and well*	Mental and emotional wellbeing	Increase mental and emotional wellbeing, by decreasing risk factors and increasing protective factors	Karitane Parenting Confidence Scale Family Violence Screening and Identification Pre-Admission Form (PAF) Newborn Observation*
	Physical health including sleep and nutrition	Increase physical health	Child Family Action Plan Karitane Parenting Confidence Scale Immunisation status Feed and sleep chart Child Review Breastfeeding status Family Violence Screening and Identification Pre-Admission Form (PAF)
Parent/Carer /Family *Families are healthy and well*	Mental health and emotional wellbeing	Increase support of mental health and emotional wellbeing Identify and refer to health professionals	Child Family Action Plan Family Violence Screening and Identification Depression Anxiety Stress Scale (DASS21) Links/referrals to other support services Pre-Admission Form (PAF) Edinburgh Postnatal Depression Scale (EPDS)* Antenatal Risk Questionnaire* Karitane Family Outcomes Tool*

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
			Difficult Life Circumstances (DLC)*
	Physical health including: Ante and post-natal care Breast feeding Sleep	Increase support of healthy eating and active lifestyle strategies Decrease smoking, drug and alcohol use	Links/referrals to other support services. i.e QUIT, GP, allied health and community services Family Violence Screening and Identification Pre-Admission Form (PAF) Community Life Skills (CLS)* Difficult Life Circumstances (DLC)*
	Wellbeing	Increase sense of wellbeing	Personal Wellbeing Index
Community *EPCs and communities together support health and wellbeing*	Early intervention and preventive health care (physical and emotional)	Increase early intervention and preventive care integrated across services	Links/referrals between services Service partnerships
Workforce *Workforce is healthy and well*	Mental and emotional wellbeing	Increase support of mental health and emotional wellbeing	People Matter Survey No. of reflective practice and supervision sessions EAP usage
	Wellbeing	Increase sense of wellbeing	People Matter Survey
	Physical health	Increase physical health	Immunisation rates Engagement in staff health and wellbeing program
Early Parenting Centre *Early Parenting Centres environments are healthy*	Workplace culture	Increase positive beliefs, interactions, behaviours, and attitudes in the workplace	People Matter Survey
	Early intervention and preventive health care (physical and emotional)	Increase support for workforce and families to engage in preventive health care Referrals to appropriate support for staff and families	Links/referrals Employee Assistance Program (EAP) usage
Government *Governments support the health and wellbeing of children and families*	Federal government	Children and families are healthy and well	Services aligned to: National Safety and Quality Health Care Standards (NSQHS)
	State government	Children and families are healthy and well	Service outcomes aligned to: Victorian Public Health and Wellbeing Plan

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
			Human Services Standards Best Interests Framework
		Children have a strong sense of wellbeing	Service outcomes aligned to: Victorian Public Health and Wellbeing Plan
		Safe, effective child/family centred care	Services aligned to: Safer Care Victoria Clinical Governance Framework Victorian Child Safe Standards Mandatory Reporting Best Interests Framework Client Voice Framework for Community Services

*Optional measure/tool

Outcome Domain 2 - Connection

Connection: to be nurtured, engaged and supported

General information: Connection outcomes consider the relationships, connections, or networks that a system, person or object has with someone/thing else, the act or process of joining and the combined outcome. Relational factors contributing to connection include:

1. Attachment: recognises the affectional bond or connection between a person and an attachment figure, usually a caregiver. Attachment styles can influence children's health, behaviour, and developmental wellbeing.
2. Relationship satisfaction: the interpersonal evaluation of the feelings towards another person characterised by trust, respect, honesty, support, and communication.
3. Interactions: considers both the process and the content of the connection between people.
4. Communication: the use of language to talk, write, listen or reading in order to give, receive and share information.
5. Engagement: in the context of the act of engaging. To be involved in the process of connecting with something or someone that is grounded in the act of reciprocity or mutual benefit.
6. Partnerships: a relationship of ongoing connection working towards a mutual goal, traditionally defined by a formal arrangement.

Table 2 details the connection outcomes, key results indicators and suggested measures/tools for each socio-ecological level.

Table 2. Connection Outcome Domain

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
Child *Children are nurtured, engaged and supported*	Relationships (attachment, interactions, sensitivity, engagement)	Increase quality of relationships with primary caregivers Increase connection to culture and community for Aboriginal and Torres Strait Islander children	Karitane Parenting Confidence Scale Child and Family Action Plan Newborn Observation*
Parent/Carer/ Family *Families are nurtured, engaged and supported*	Support Engagement Network	Increase support and engagement with family, peers, professionals Increase connection to culture and community for Aboriginal and Torres Strait Islander families	Child Family Action Plan Family Violence Screening and Identification Link to MCH services Number of referrals Family Experience Survey Antenatal Risk Questionnaire*

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
			Community Life Skills (CLS)* Difficult Life Circumstances (DLC)*
	Relationship with child	Increase quality of relationships with children - Strengthen responsiveness and communication with child - Strengthen interactions and engagement with child	Karitane Parenting Confidence Scale Kansas Parental Satisfaction Scale (KANSAS) Me as a Parent Family Experience Survey
Community *EPCs and communities together nurture, engage and support families*	Relationships and partnerships with communities and sector	Increase and strengthen relationships with EPCs and service providers Promote connection of Aboriginal and Torres Strait Islander children and families to their communities	No. of service partnerships
Workforce *Workforce are nurtured, engaged and supported*	Relationships	Increase engagement and support through supervision, peer relationships and team connection	Supervision and reflective practice sessions People Matter Survey
Early Parenting Centre *Early Parenting Centres nurture, engage and support families, staff and community*	Referrals	Increase internal and external referrals to connect workforce, families and community	Links/referrals
	Networks and partnerships	Increase and strengthen networks and partnerships	No. of service partnerships
	Sector visibility	Increase visibility of services	Website and social media activity Links/referrals No. of community engagement activities
Government *Governments nurture, support and engage communities, EPCs and families*	State government	Victorians are connected to culture and community	Service outcomes aligned to: Victorian Public Health and Wellbeing Plan Human Services Standards Client Voice Framework for Community Services

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
		Children are connected with and contribute to their world	Service outcomes aligned to: Victorian Public Health and Wellbeing Plan
		Continuous monitoring and improvement of consumer partnerships and workforce	Services aligned to: Safer Care Victoria Clinical Governance Framework EPC Model of Care

* Optional measure/tool

Outcome Domain 3 - Growth

Growth: to be developing individually and together

General information: Growth outcomes recognises changes in development and behaviour across time.

Development is the act or process of growing, progressing or developing and includes the following areas:

1. Cognitive: the ability to think, reason and make decisions using knowledge, skills and problem-solving strategies as the brain grows and matures.
2. Physical: the progression and refinement of gross and fine motor skills through regular movement and activity in order to control and use our bodies and healthy weight development.
3. Social: the process of learning and gaining skills, knowledge and values to interact socially and relate to others.
4. Emotional: the process of learning and understanding feelings and emotions, the emergence and regulation of feelings and the capacity to recognise feelings in others.
5. Language: the process of understanding language and learning to use words and sentences through auditory and oral strategies in order to communicate.

Behavioural development is the progression of actions, reactions and functioning in response to the environment, events and situations. The development of the above key growth areas can significantly influence behaviour and response mechanisms.

*Note developmental and behavioural milestones and growth can occur at different timepoints for children during the early childhood period.

Table 3 details the growth outcomes, key results indicators and suggested measures/tools for each socio-ecological level.

Table 3. Growth Outcome Domain

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
Child *Children are constantly developing*	Behaviour	Identify age-appropriate behavioural milestones	Kansas Parental Satisfaction Scale (KANSAS) My Health, Learning and Development Record Difficult Life Circumstances (DLC)*
	Development: physical, social-emotional, cognitive, language	Identify age-appropriate developmental milestones	My Health, Learning and Development Record Child Review

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
			Difficult Life Circumstances (DLC)* Parents' Evaluation of Developmental Status (PEDS)* Ages and Stages Questionnaire (ASQ)* Brigance Developmental Screening*
	Physical growth	Identity age-appropriate physical growth	My Health, Learning and Development Record Pre-Admission Form (PAF) Child Review Feed-Sleep Chart WHO Growth Charts*
Parent/Carer/ Family *Families and children are developing together*	Behaviour and development	Increase support of child development and prosocial behaviours	Karitane Parenting Confidence Scale Kansas Parental Satisfaction Scale (KANSAS) Karitane Family Outcomes Tool*
Community *EPCs and communities together support child and family development*	Partnerships	Increase partnering opportunities for children, families and EPCs with community organisations and service providers	No. of service partnerships
Workforce *Workforce is developing together and with families*	Behaviour and development	Decrease developmental vulnerability for children and families	Annual Performance Review and Development Plan
	Psychological (trauma, stress minimised)	Increase awareness of psychological stressors	Reflective practice Supervision EAP usage
	Empowerment (decision making/planning)	Increase engagement in career planning	Annual Performance Review and Development Plan
	Team building	Increase and strengthen team building	People Matter Survey
Early Parenting Centres *Early Parenting Centre environments support child,*	Continual improvement	Increase engagement in continual improvement processes and safe, effective child/family centred care	Measures aligned to Safer Care Victoria Clinical Governance Framework Accreditation status

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
family and workforce development			
Government *Governments support EPCs and communities to promote child, family and workforce development*	State Government	Children have a sense of identity Children are effective communicators	Services aligned to: Vic Early Years Learning and Development Framework Vic Child and Adolescent Outcomes Framework
		Children are safe	Services aligned to: Victorian Child Safe Standards

* Optional measure/tool

Outcome Domain 4 - Learning

Learning: to have the skills and knowledge to be successful learners

General information: Learning outcomes describe the attainment of knowledge, skills or expertise gained through involvement in learning activities including programs, interventions, education, training and courses and can include the following:

1. Intellectual skills: the ability to think, plan, learn and function through comprehension, reasoning, analysis, problem solving and memory. Also includes the understanding of how to do something such as concepts, procedures, rules and execution in practice.
2. Cognitive strategies: personal capabilities to think, learn, organise and behave through the use of rehearsal, elaboration, mental imagery and reflection strategies.
3. Verbal information: the articulation of learned knowledge and skills through the use of language and communication strategies.
4. Attitudes: represented by a) feelings and emotions; b) cognitive beliefs and knowledge and c) behaviours towards an event, person, idea or object. Assessments of self and others can influence knowledge functioning and social thought and can also predict behaviour.
5. Practical skills: real activities, strategies or work requiring special training and knowledge. Skills and lessons that can be learnt, taught and practiced enabling self-help and provision of assistance to others.

Table 4 details the learning outcomes, key results indicators and suggested measures/tools for each socio-ecological level.

Table 4. Learning Outcome Domain

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
Child *Children have skills and knowledge to be successful learners and teachers*	Sleep	Increase self-settling techniques Enhance age-appropriate sleep patterns	Child Family Action Plan Karitane Parenting Confidence Scale Feed-Sleep Chart
	Play	Increase the use of play in learning	Karitane Parenting Confidence Scale
	Communication, language and cues	Increase intentional communication exchanges Increase acquisition of first language through exposure and modelling	Karitane Parenting Confidence Scale

		Increase the use of cues to express self	
Parent/Carer/ Family *Families have skills and knowledge to be successful learners and teachers*	Goal setting	Development of action plan and goals	Child and Family Action Plan Family Experience Survey
	Awareness and knowledge	Increase knowledge and understanding of child behaviours and development, parenting, sleep, feeding, play, communication and cues	Karitane Parenting Confidence Scale Kansas Parental Satisfaction Scale (KANSAS) Family Experience Survey Karitane Family Outcomes Tool*
	Strategies and skills	Increase use of strategies and skills relating to child behaviour and development, parenting, sleep, feeding, play, communication and cues	Child Family Action Plan Karitane Parenting Confidence Scale Family Experience Survey Karitane Family Outcomes Tool*
	Confidence, independence, engagement and empowerment	Increase parenting confidence, independence, engagement and empowerment	Karitane Parenting Confidence Scale Kansas Parental Satisfaction Scale (KANSAS) Family Experience Survey Me as a Parent Karitane Family Outcomes Tool*
	Capacity, motivation and expectations	Increase capacity and motivation to learn strategies and skills Understanding of realistic parenting expectations	Child Family Action Plan Family Experience Survey
Community *EPCs and communities together contribute to learning success*	Awareness and knowledge	Increase awareness and knowledge EPCs services	Links/referrals/enquiries Engagement through websites
	Communication	Increase communication with communities and service providers	No. of Consumer and Community Involvement activities
Workforce	Supporting families: Confidence Engagement Awareness Motivation	Increase knowledge, skills, and strategies to support families	Annual Performance Review and Development Plan

Workforce has skills and knowledge to be successful learners and teachers	Communication and language Risk assessment		
	Personal/professional development: Knowledge Skills and strategies Core competencies	Increase knowledge, skills, strategies and core competencies	Annual Performance Review and Development Plan
Early Parenting Centres *Early Parenting Centres contribute to learning success*	Supporting staff: Professional development Orientation Supervision	Provision of learning opportunities to support staff	Learning and development data
	Competencies	Provision of core competencies and role expectations	Clinical competencies – scope of practice reviewed
	Continual improvement	Opportunities for revision of systems and processes Compliance with accreditation processes Provision of safe, effective, child/family centred care	Measures aligned to Safer Care Victoria Clinical Governance Framework Accreditation status
	Model of Care	Provision and implementation of Model of Care	Learning and development data Aggregated child/family outcomes measures
Government *Governments contribute to child, family and EPC learning success*	Federal government	Monitoring, compliance and enforcement of relevant standards	Services aligned to: National Safety and Quality Health Services Standards
	State government	Children are confident and involved learners Children are effective communicators	Services aligned to: Victorian Child Safe Standards
		Victorians have the capabilities to participate	Services aligned to: Safer Care Victoria Clinical Governance Framework Client Voice Framework for Community Services
		EPCs provide learning environments for children and families	Services aligned to: EPC Model of Care

* Optional measure/tool

Outcome Domain 5 - Safe and Secure

Safe and Secure: to be protected and included

General information: Safe and secure outcomes acknowledge the internal and external conditions or surroundings in which people live and work including place and social environments. such as:

1. Culture: the ways of life, ideas, customs, beliefs, and social behaviours of a population passed on through generations.
2. Diversity: the uniqueness of humanity through ability, personality, life experiences, beliefs, ethnicity, gender and sexual orientation.
3. Inclusion: the practice or quality of including people with a range of capabilities from different social and ethnic backgrounds.
4. Safety: the freedom from harm or danger and the state of being safe - physically, emotionally, psychologically, financially, culturally, sexually.

Table 5 details the safe and secure outcomes, key results indicators and suggested measures/tools for each socio-ecological level.

Table 5. Safe and Secure Outcome Domain

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
Child *Children are safe and secure*	Physical, psychological and emotional wellbeing	Increase physical, mental and emotional health and wellbeing Reduce preventable injury and harm Reduce exposure to abuse and neglect	Child and Family Action Plan Child Review Karitane Parenting Confidence Scale Safe Sleeping Checklist Safety Checklist Family Violence Screening and Identification
	Diversity and intersectionality: Children from CALD families Children experiencing differing abilities Gender equity	Recognition, acknowledgement and celebration of diversity	Child and Family Action Plan Pre-Admission Form (PAF)
	Access and opportunity	Increase opportunities to access supportive service environments that respond to family's needs	Waitlist times Service Usage data Family Experience Survey
	Physical, psychological and emotional wellbeing	Increase physical, mental and emotional health and wellbeing	Depression Anxiety Stress Scale (DASS21)

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
Parent/Carer/ Family *Families are safe and secure*		Reduce preventable injury Reduce exposure to abuse and harm	Family Violence Screening and Identification Karitane Parenting Confidence Scale Links/referrals to other support services Edinburgh Postnatal Depression Scale (EPDS) * Difficult Life Circumstances (DLC)*
	Diversity and intersectionality: Families who identify as CALD Parents/caregivers experiencing differing abilities Parents/caregivers who identify as LGBTIQA+ Gender equity	Recognition, acknowledgement and celebration of diversity	Child and Family Action Plan Family Experience Survey Pre-Admission Form (PAF)
Community *EPCs and communities together are safe and secure*	Safe and accessible	Increase safe, welcoming and accessible environments for communities to gather	No. of Consumer and Community Involvement activities
	Integrated services	Increase opportunities for communities to integrate and care for families	No. of formal partnerships
	Equality, equity, diversity and intersectionality for families and staff: Identify as CALD Experiencing differing abilities Identify as LGBTIQA+ Gender equity	Recognition, acknowledgement and celebration of diversity	Organisational equity and inclusion plan
Workforce *Workforce is safe and secure*	Diversity and intersectionality: Workforce who identify as CALD Workforce experiencing differing abilities Workforce who identify as LGBTIQA+ Gender equity	Recognition, acknowledgement and celebration of diversity	Organisational Diversity and Inclusion Plan

Socio-ecological Level Outcomes	Outcome Area	Key Result Indicator	Measure/Tool
	Accessible and safe	Increase accessible, safe and secure workplace environments	OHS standards and reporting People Matter Survey
	Psychological and emotional	Increase promotion of supportive and positive workplace culture	People Matter Survey
Early Parenting Centre *Early Parenting Centre environments are safe and secure*	Equality, equity, diversity and intersectionality for families and staff: Identify as CALD Experiencing differing abilities Identify as LGBTIQA+ Gender equity	Recognition, acknowledgement and celebration of diversity Provision of equitable rights and opportunities	Organisational equity and inclusion plan People Matter Survey
	Physical environment	Increase safe, welcoming and accessible environments for clients, workforce, and community members	Building compliance with disability standards People Matter Survey Family Experience Survey
	Organisational integrity	Provision of ethical and moral principles and values Provision of equitable rights and opportunities	Mission/values statement People Matter Survey
Government *Governments support safe and secure environments for families, the workforce and the community*	State government	Victorians are safe and secure Victoria is liveable	Service outcomes aligned to: Victorian Public Health and Wellbeing Plan
		Victorians are connected to culture and community	Services outcomes aligned to: Cultural Responsiveness Framework: guidelines for Victorian Health Services
		Continuous monitoring and improvement of clear commitment to child safety standards	Victorian Child Safe Standards

* Optional measure/tool

Measures and Tools

The following measures and tools are recommended to measure the outcomes included in this framework. Administration of the measures will be dependent on program delivery and it is suggested the data collection time points should be specified in EPC practice and program guidelines and frameworks.

The primary measures outlined here in Table 6 are required to be completed by all EPCs to ensure consistency in reporting and data analysis.

Table 6. Primary Measures and Tools

Name of Measure/Tool	Measures	Outcome domain	Level	Completed by	Modality
Annual Performance Development Review Appraisal Plan	Individual work performance, professional development and goal planning	Connection Growth Learning	Staff	Staff	Review Interview
Breastfeeding status	Use of breastfeeding	Health and Wellbeing Growth	Child	Staff	Interview
Child Review	Physical health including sleep and nutrition Injury, harm, abuse and neglect	Health and Wellbeing Growth Safe and Secure	Child	Staff	WHO Grow Charts Feed-Sleep Chart Oral Health
Child Family Action Plan	Develop goals, outcomes and actions	Health and Wellbeing Connection Growth Learning Safe and Secure	Child Caregiver/ Parent	Caregiver/ Parent Staff	Written plan
Depression Anxiety Stress Scale (DASS21)	Depression, anxiety and stress	Health and Wellbeing	Caregiver/ Parent	Caregiver/ Parent	Survey21 items
Family Experience Survey	Program and service satisfaction and outcomes	Connection Learning Safe and Secure	Caregiver/ Parent EPC	Caregiver/ Parent	Survey
Family Violence Screening and Identification	Physical Environment	Health and Wellbeing Connection Safe and Secure	Child Caregiver/ Parent	Staff	MARAM Tools

Name of Measure/Tool	Measures	Outcome domain	Level	Completed by	Modality
Feed-Sleep Chart	Food and fluid intake Settling behaviour	Health and Wellbeing Growth Learning	Child	Staff	Ongoing chart
Immunisation status	Immunisation status	Health and Wellbeing	Child	Staff	Review: Australian Immunisation Register Child Health Record
Kansas Parental Satisfaction Scale (KANSAS)	Satisfaction with: - Child's behaviour - Self as a parent - Relationship with child	Connection Growth Learning	Child Caregiver/ Parent	Caregiver/ Parent	Survey 3 items
Karitane Parenting Confidence Scale (KPCS)	Assess Parenting Confidence	Health and Wellbeing Connection Growth Learning Safe and Secure	Child Caregiver/ Parent	Caregiver/ Parent	Survey 15 items
Me as a Parent	Caregivers/parents sense of being able to engage confidently with the responsibilities of being a parent	Connection Learning Safe and Secure	Caregiver/ Parent	Caregiver/ Parent	Survey 4 items
Personal Wellbeing Index	Satisfaction of seven quality of life domains	Health and Wellbeing	Caregiver/ Parent Staff	Caregiver/ Parent Staff	Survey 9 items

Name of Measure/Tool	Measures	Outcome domain	Level	Completed by	Modality
People Matter Survey	Workplace aspects including job satisfaction, diversity and inclusion and work-related stress	Health and Wellbeing Connection Growth Safe and Secure	Staff	Staff	Survey 206 items
Pre-Admission Form (PAF)	Intake, referral, demographic and general child and family information	Health and Wellbeing Growth Safe and Secure	Child Caregiver/ Parent	Caregiver/ Parent Staff	Referral, intake and admission data collection
Safe Sleeping Checklist	Safety of sleeping environments	Safe and Secure	Child	Staff	Survey 10 items
Safety Checklist	Comprehensive safety checklist for each area of the home	Safe and Secure	Child	Caregiver/ Parent	83 items

The additional measures included here in Table 7 recognise the need for EPCs to understand their families and services within their local context and can be utilised for internal review purposes.

Table 7. Additional Measures and Tools for use in the local context

Name of Measure/Tool	Measures	Outcome domain	Level	Completed by	Modality
Ages and Stages Questionnaire (ASQ)	Developmental and social-emotional screening for children	Growth	Child	Caregiver/ Parent Staff	Questionnaire 30 items
Antenatal Risk Questionnaire (ANRQ)	Past mental health, physical, sexual, emotional abuse, current support, relationship with mother and partner,	Health and Wellbeing Connection	Caregiver/ Parent	Caregiver/ Parent	Survey 9 items

Name of Measure/Tool	Measures	Outcome domain	Level	Completed by	Modality
	anxiety and obsessive behaviours, stressors				
Brigance Developmental Screening	Developmental screening and assessment for children	Growth	Child	Staff	10 – 15 mins assessment
Community Life Skills (CLS)	Use of community resources and ability to negotiate for self and family in the community	Health and Wellbeing Connection	Caregiver/ Parent	Staff	Survey 33 items
Difficult Life Circumstances (DLC)	Stressors or chronic challenges in families	Health and Wellbeing Connection Growth Safe and Secure	Child Caregiver/ Parent	Caregiver/ Parent	Survey 38 Items
Edinburgh Postnatal Depression Scale (EPDS)	Postnatal depression and sensitive to antenatal depressive symptoms and anxiety	Health and Wellbeing Connection	Caregiver/ Parent	Caregiver/ Parent	Survey10 items
Karitane Family Outcomes Tool (KFOT)	Parental feelings Reading cues and meeting child's needs Perception of child behaviour	Health and Wellbeing Growth Learning	Caregiver/ Parent	Caregiver/ Parent	*Survey under development with UNSW
Karitane Parenting Confidence Scale (KPCS)	Assess parenting confidence	Learning	Caregiver/ Parent	Caregiver/ Parent	Survey 15 items
Newborn Observation (NBO)	Describe the newborn's responses to their new extrauterine environment and document the contribution of the newborn infant to the development of the emerging parent-child relationship.	Health and Wellbeing Connection	Child	Staff	18 neuro-behavioural observations
Parent-Child Interaction Scale NCAST	Parent-child feeding and teaching interactions	Health and Wellbeing Growth Learning	Child Caregiver/ Parent	Staff	Video Assessment

Name of Measure/Tool	Measures	Outcome domain	Level	Completed by	Modality
Parents' Evaluation of Developmental Status (PEDS)	Child development from the parent perspective	Growth	Child	Caregiver/ Parent	Survey 10 items

Section 3

Implementing the Early Parenting Centres Outcomes Framework

Purpose

This plan has been created to support the implementation of the EPC Outcomes Framework.

The objectives of the implementation plan are to:

- guide the embedding of the Outcomes Framework across the existing EPCs
- support EPCs to consider the key implementation determinants (barriers and enablers) and enable EPCs to successfully test and embed the Outcomes Framework, and tailor implementation based on their local context and needs
- provide practical steps to assist EPCs to test the transition of the state-wide Outcomes Framework into practice.

Development of the Implementation Plan

The Implementation Plan has been developed by Monash University in consultation with key stakeholders and is informed by implementation science. The following terminology and theoretical approaches have been used throughout this plan to guide its development:

- **Implementation science** examines the methods and strategies to encourage adoption and integration of evidence-based practices, interventions, policies and frameworks into routine practice in order to improve outcomes.
- **Implementation planning** is the vital pathway between the adoption of frameworks and interventions and the routine use of recommended activities into practice.
    - Planning for implementation processes and systems to monitor outcomes and translating evidence into practice may significantly lead to improvements in outcomes and engagement with organisational frameworks and interventions

(Damschroder et al., 2009; de Jong et al., 2014).

The key areas informing the development of the Implementation Plan include:

- *Implementation Determinants* (barriers/enablers): understanding and/or explaining what influences implementation such as characteristics, settings and processes.
- *Implementation Goals*: state the desired aims or results following engagement in implementation strategies and mechanisms.
- *Implementation Strategies and Approaches*: vital practice focused approaches and activities required to accomplish translating frameworks and programs into practice.
- *Roles and responsibilities (ownership)*: a person or team or in a workplace and the tasks and duties of the particular role or job description.
- *Milestones/timeframes*: a significant, target or deadline stage of the implementation process.

- *Measures*: measurement of implementation outcomes including acceptability, adoption, appropriateness, costs, feasibility, fidelity, penetration, and sustainability.

(Damschroder et al., 2009; Proctor et al., 2009; Smith & Rafferty, 2020).

Implementation Determinants

The Child Outcomes Research Consortium's seven determinants for implementation of an outcomes framework (see Figure 2. Marriott, Sleed, & Dalzell, 2019) has been applied to inform this plan. This includes the synthesis of the information collated during development of the outcomes framework and additional sessions held with a wide range of staff from The Queen Elizabeth Centre.

Barriers and enablers for the following determinants were identified and used to develop the implementation plan's goals, strategies and activities.

#1 Leadership, vision and culture: Senior organisational leaders share a consistent vision and support is provided for meaningful collection and use of outcome measures; ensuring that staff collecting and using data feel empowered and supported.

- Determinants identified include communication, culture, prominence, interpretation, training and budget.

#2 Embedding measures as part of the everyday: Support is required to embed the measures and tools required to measure outcomes.

- Determinants identified include meetings, roles and responsibilities, supervision and transparency.

#3 Building staff confidence and capability: Keeping staff engaged with the implementation process and developing strategies to remove implementation barriers.

- Determinants identified include starting small, new starters, training and peer supervision.

#4 Practical considerations and processes: Ensure environments are designed to support data collection, analysis and use.

- Determinants identified include measure formats (e.g., online/electronic/hard copy), access to measures and tools, practice guidelines and data input.

#5 Basic IT considerations: Ensure data is accessible beyond collection by providing local IT systems that are functional for collecting, storing and reporting data.

- Determinants identified include electronic recording, reporting plan and IT training.

#6 Sustaining the effort: Maintain a sustained focus on implementation beyond the initial introduction of the framework.

- Determinants identified include sharing successes early and often, creating a community of practice, and building collaborative partnerships across EPCs.

#7 Analysing and reporting aggregate data to inform service decisions: Data analysis and interpretation should be consistent, appropriate for all possible key stakeholders audiences and directly related to the identified outcomes.

- Determinants identified include data completeness, range of impact information and socio-ecological level groupings.

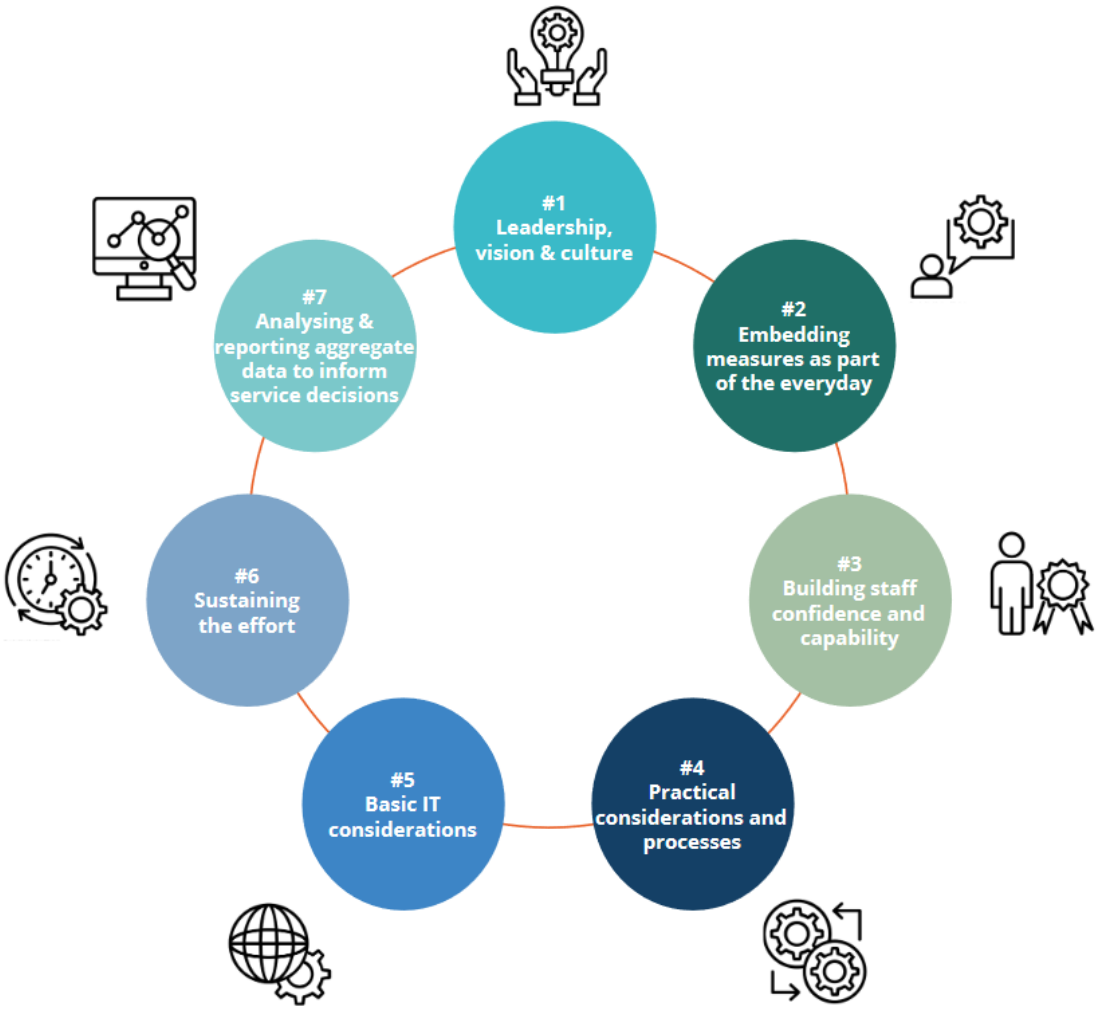

Figure 4 *Seven determinants of implementation (Marriott, Sleed, & Dalzell, 2019)*

EPC Outcomes Framework Implementation Plan

The following implementation plan outlines implementation roles and responsibilities and provides the strategies, approaches and activities to support the implementation of the Outcomes Framework into EPC practice.

This is not a linear implementation plan - rather it is suggested that EPCs engage in the areas concurrently and utilise a phased approach to implementing the Outcomes Framework.

Further, the Outcomes Framework and this implementation plan will be 'living' documents that can be refined over time as new learning arise and as more efficient methods are realised.

Implementation roles and responsibilities

Implementation owners for activities within this plan have been identified to ensure they are actioned in a timely manner by staff/teams with appropriate expertise.

Local EPC Implementation Team

In order to support implementation of the Outcomes Framework, the creation of a local implementation team for each EPC is advised. The local implementation team may consist of senior representation from: People and Culture, Education, Information and Technology, Quality, Safety, Risk and Clinical areas. The role of the local implementation team is to plan for and action the implementation strategies and activities within their EPC. A local implementation plan template has been developed to support EPC service providers (see Appendix B) to map implementation strategies, approaches, activities and can be utilised by the team to capture who will be responsible, milestones/timeframes and implementation measures for each activity.

Community of Practice

Establishing an EPC Community of Practice consisting of key representatives from each EPC will enable the coming together and sharing of information, skills, ideas, and learnings from the implementation process to support successful implementation of the Outcomes Framework across the EPC network. It will be critical that this group works together during the expansion of Victoria's EPC network in order to share learning and expert knowledge, particularly regarding what is working well and what needs to be strengthened; and to document implementation outcomes from the whole of network perspective.

State-wide implementation support

The Department of Health will support EPCs to implement the Outcomes Framework by providing overarching guidance and resources to support consistency of practice across the expanded EPC network. This will include guidance to support EPC operation and clinical practice, such as the development of the state-wide Clinical Practice Framework, and implementation guidelines for areas such as intake, referral, and prioritisation. The Department will partner with existing EPCs to develop these resources and materials to ensure they are accepted and adopted into practice.

Implementation Strategies

To successfully plan for the implementation of the Outcomes Framework, a set of common implementation strategies are required to ensure consistency, fidelity, and sustainability of embedding the Outcomes Framework into practice across the EPC network.

The following key strategies have been identified:

Planning: To successfully plan for the implementation of the Outcomes Framework.

Education: To have the resources and support to educate and inform staff, consumers, community members and stakeholders about the Outcomes Framework and how it will be utilised in practice.

Data and Monitoring*:* To ensure outcomes data, reporting and monitoring is consistent, accessible, streamlined and readily used across all levels of the Outcomes Framework.

Planning strategies

Implementation goal 1: To successfully plan for the implementation of the Outcomes Framework

Consideration of planning elements including leadership, knowledge, internal reviews, and stakeholder and consumer engagement. Collectively these provide a strong foundation for the implementation of the Outcomes Framework. These strategies have the capacity to influence and promote positive communication, culture, leadership and vision in the adoption of the Outcomes Framework in EPCs.

Implementation approaches	Activities	Implementation owner
Leadership	Ensure representation on the state-wide EPC groups including workforce, funding and implementation.	State-wide implementation support Local implementation team
	Establish a local implementation team. Include the Outcomes Framework within strategic and operational planning (including communications). Embed an organisational culture that celebrates outcomes. Support a continuous improvement and learning culture. Recruit, designate and train leaders for the change effort.	Local Implementation Team
Readiness	Map current practice with the Outcomes Framework and identify areas for change and new learning.	Local Implementation Team

Implementation approaches	Activities	Implementation owner
	Determine degree of readiness to implement, barriers and strengths to implementation. Assess staff knowledge, beliefs and self-efficacy. Conduct information sessions for staff, key stakeholders, governing boards, consumers, community members relating to the Outcomes Framework.	
Knowledge	Map current clinical practice with state-wide practice guidance (yet to be developed). Identify areas that require de-implementation and new areas that require implementation.	State-wide implementation support
	Internally review and revise all guidelines, frameworks, procedures, protocols and policies to reflect the Outcomes Framework. Revise role descriptions and performance management tools to reflect Outcomes Framework implementation.	Local Implementation Team
Stakeholder Engagement	Identify and engage stakeholders to oversee implementation efforts, and to provide advice and make recommendations. Build a local alliance (staff, governing boards, key stakeholders, academic partnerships). Recruit and foster relationships with partners to support the implementation effort. Engage advisory boards and working groups to support implementation.	State-wide implementation support Community of Practice Local Implementation Team
	Foster relationships with staff to champion the implementation of the Outcomes Framework. Ensure consumer representation on the Local Implementation Team.	Local Implementation Team

Education strategies

Implementation goal 2: To have the resources and support to educate and inform staff, consumers, community members and stakeholders about the Outcomes Framework and how it will be utilised in practice.

Embedding the Outcomes Framework into practice will involve: scoping existing training and practices, developing resources, preparing and delivering training, supporting translation to practice and establishing EPC Communities of Practice. These elements will influence building staff

confidence and capability, embedding the measures, and contribute to sustaining the use of the framework.

Implementation approaches	Activities	Implementation owner
Scope current enablers	Assess state-wide resources. Identify learning, development and training opportunities that already exist that could be adapted to support the Outcomes Framework implementation.	State-wide implementation support
	Identify clinical champions to lead implementation.	Local Implementation Team
Scope clinical practice requirements	Map current practice (tools/measures) with the Outcomes Framework and identify areas for change and new learning.	Local Implementation Team
Prepare clinical practice resources	Align program development and professional development with outcomes. Redevelop current clinical practice framework to support implementation of the Outcomes Framework. Include current and any future state-wide EPC resources (e.g., Victoria Sleep and Settling Model of Care). Develop or align guidelines, procedures, training manuals, toolkits and other supporting materials to the Outcomes Framework. Include information resources to promote common understanding about the Framework and the implementation. Prepare internal and external communications promoting the framework.	State-wide implementation support Local Implementation Team
Prepare and deliver training	Align training with respective evidence-informed tools/measures guidance. Develop individual and organisation training plans that support the implementation of the Framework and meets the training needs of the organisation's workforce. Deliver this training plan across the organisation tailoring to level of competency, skill and knowledge. Deliver training across a range of modalities: in-person, live online, technology assisted (e.g. videos, eLearning, modules).	Local Implementation Team

Implementation approaches	Activities	Implementation owner
	Provide live in the moment training (on the ward/floor) to contextualise the Outcomes Framework and demonstrate use of tools/skills/knowledge.	
Supporting translation to practice	Information and knowledge exchange opportunities – internally and across the EPC network.	Community of Practice
	Train designated clinicians/champions to support and coach others. Provision of reflective practice and supervision, regular updates and ongoing consultations. Provision of peer support program, individual learning plans and reviews. Training in how to engage with the data to measure impact (outcomes). Working in partnership with families to achieve these outcomes.	Local Implementation Team
EPC Community of Practice	Provide representation (educator and clinician) on the state-wide EPC Community of Practice. Share information and learnings with the state-wide Community of Practice. Provide opportunities to experience other EPC environments - secondments, placements.	Community of Practice
	Establish a Local Implementation Team forum for: Exchange of ideas Information sharing Peer support Exploration of issues Review of recent development and practices	Local Implementation Team

Data and monitoring strategies

Implementation goal 3: To ensure outcomes data, reporting and monitoring is consistent, accessible, streamlined and readily used across all levels of the Outcomes Framework.

A range of data and monitoring approaches / elements will enable the review of systems and alignment of the Outcomes Framework in existing systems; development of systems and tools; recording, translating and reporting of data and supports required. Collectively these will ensure interpretation, consistency and fidelity of outcomes being measured, and contribute to the understanding of the impact of EPCs.

Implementation approaches	Activities	Implementation owner
Review and align	Review current systems and align with the Outcomes Framework.	State-wide implementation support Local Implementation Team
Systems and Tools	Provide systems and processes that monitor all outcomes. Provide IT systems that are streamlined, accessible and easy to use for all staff. Provide IT systems which enable easy data input, access to collated data and detailed reporting. Develop, test and introduce IT systems which also address language, protocols, algorithms, standards, measures, outcomes and implementation. Embed measures and tools into client management system.	State-wide implementation support Local Implementation Team
Data recording, translating and reporting	Collect and collate outcome data. Provide data to clinicians and administrators to inform practice, audit processes and standards. Enable clinicians to interpret data and translate it into practice with the families. Ensure data is accessible for reporting across all outcomes.	Local Implementation Team
Support **- ensure data quality**	Develop processes and strategies for staff to encourage consumers to complete outcomes measures Dedicated IT training support for data collection, analysis and reporting Collect local information and knowledge about implementation and share with Communities of Practice	Local Implementation Team

Proposed next steps

This implementation process should be conducted, in conjunction with the existing EPCs to begin the introduction and implementation of the Outcomes Framework. A collaborative, partnership approach towards implementation across the existing EPCs prior to the scale-up and expansion of the EPC network, will enable: knowledge and learnings to be shared; the identification of additional implementations strategies, activities and areas not previously considered; and can inform the refinement of the implementation plan and Outcomes Framework as the new EPCs join the network.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Bronfenbrenner, U. (1974). Developmental research, public policy and the ecology of childhood. *Child development, 45*(1), 1-5.

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation science*, *4*(1), 1-15.

Davidoff, F., Dixon-Woods, M., Leviton, L., & Michie, S. (2015). Demystifying theory and its use in improvement. *BMJ quality & safety*, *24*(3), 228-238.

Department of Health and Human Services. (2019). Victorian public health and wellbeing plan 2019–2023. Victorian State Government. https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-wellbeing-plan-2019-2023

De Jong, K., Timman, R., Hakkaart-Van Roijen, L., Vermeulen, P., Kooiman, K., Passchier, J., & Busschbach, J. V. (2014). The effect of outcome monitoring feedback to clinicians and patients in short and long-term psychotherapy: A randomized controlled trial. *Psychotherapy Research*, *24*(6), 629-639.

Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review. 70* (11): 35–36.

Marriott, S., Sleed, M., & Dalzell, K. (2019). *Implementing routine outcome monitoring in specialist perinatal mental health services*. Child Outcomes Research Consortium. https://www.corc.uk.net/media/2311/perinatal-roms-manual-a4-final-print-december-2019.pdf

NHIPPC (National Health Information and Performance Principal Committee) (2017). Adelaide: COAG Health Council. The Australian Health Performance Framework

Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). *Implementation research in mental health services: An emerging science with conceptual, methodological, and training challenges.* Administration and Policy in Mental Health and Mental Health Services Research, 36(1), 24–34.

Smith, J. D., Li, D. H., & Rafferty, M. R. (2020). The implementation research logic model: a method for planning, executing, reporting, and synthesizing implementation projects. *Implementation Science*, *15*(1), 1-12.

Victorian Government (Vic Gov) (2019) *Expanding Victoria's early parenting centre network 2019 – 2024 Strategic framework*. https://www.dhhs.vic.gov.au/early-parenting-centres-expansion-and-upgrade [Accessed 15 February 2021].

Victorian Government (Vic Gov) (2020) *Early parenting centre model of care.* https://www.dhhs.vic.gov.au/early-parenting-centres-expansion-and-upgrade [Accessed 15 February 2021].

Appendix A

Victorian Public Health and Wellbeing Outcomes Framework

Table 1: Summary of the outcomes framework

Domain 1: Victorians are healthy and well	Domain 2: Victorians are safe and secure	Domain 3: Victorians have the capabilities to participate
Outcome Victorians have good physical health	**Outcome** Victorians live free from abuse and violence	**Outcome** Victorians participate in learning and education
Indicators Increase healthy start in life Reduce premature death Reduce preventable chronic diseases Increase self-rated health Decrease unintentional injury Increase oral health Increase sexual and reproductive health	**Indicators** Reduce prevalence and impact of abuse and neglect of children Reduce prevalence and impact of family violence Increase community safety	**Indicators** Decrease developmental vulnerability Increase educational attainment
		Outcome Victorians participate in and contribute to the economy
		Indicator Increase labour market participation
Outcome Victorians have good mental health	**Outcome** Victorians have suitable and stable housing	**Outcome** Victorians have financial security
Indicators Increase mental wellbeing Decrease suicide	**Indicator** Decrease homelessness	**Indicator** Decrease financial stress
Outcome Victorians act to protect and promote health	**Domain 4: Victorians are connected to culture and community**	**Domain 5: Victoria is liveable**
Indicators Increase healthy eating and active living Reduce overweight and obesity Reduce smoking Reduce harmful alcohol and drug use Increase immunisation	**Outcome** Victorians are socially engaged and live in inclusive communities	**Outcome** Victorians belong to resilient and liveable communities
	Indicators Increase connection to culture and communities Increase access to social support	**Indicators** Increase neighbourhood liveability Increase adaptation to the impacts of climate change
	Outcome Victorians can safely identify and connect with their culture and identity	**Outcome** Victorians have access to sustainable built and natural environments
	Indicator Increase tolerance of diversity	**Indicator** Increase environmental sustainability and quality

Appendix B

Implementation Plan Template

Strategy	Approach	Activity	Roles/ Responsibility	Milestones/ Timelines	Implementation Measures
Example Planning	Leadership	Include the Outcomes Framework within strategic and operational planning (including communications)	People and Culture Communication team Executive Leadership Team	2 months	Adoption Sustainability

Terminology

ANRQ	Antenatal Risk Questionnaire
CALD	Culturally and Linguistically Diverse
CFAP	Child Family Action Plan
DASS21	Depression Anxiety Stress Scale
EAP	Employee Assistance Program
EPC	Early Parenting Centre
EPDS	Edinburgh Postnatal Depression Scale
GP	General Practitioner
KANSAS	Kansas Parental Satisfaction Scale
KPSC	Karitane Parenting Confidence Scale
LGBTIQA+	Lesbian Gay Bisexual Transgender Intersex Queer Asexual and other diverse sexual orientations and gender identities
MARAM	Family Violence Multi-Agency Risk Assessment and Management Framework
MCH	Maternal and Child Health
OHS	Occupational Health and Safety
PEEM	Parent Empowerment and Efficacy Measure
SCV	Safer Care Victoria
SNAICC	Secretariat of National Aboriginal and Islander Child Care
Vic	Victoria/Victorian

Text-equivalent descriptions of figures

Figure 1. Ecological levels

Five outcome domains:

- Health and Wellbeing
- Connection
- Safe and Secure
- Learning
- Growth

Six ecological levels:

- Child
- Parent/Carer/Family
- Workforce
- EPC
- Community
- Government

Figure 2. Logical model

Outcomes Framework

Child/Family

- Development
- Relationships
- Access services

Community

- Integrated services

Workforce

- Workforce development
- Training

EPCs

- Model of Care
- Data: collection, analysis, reporting, use

Government

- Funding model
- Standards

Inputs

- Resources
- Environments
- Professional workforce
- Funding
- Research and evidence

Outputs

- Programs
- Support and information
- Caregivers/Parents
- Children

Outcomes

- Health and Wellbeing
- Connection
- Growth
- Learning
- Safe and Secure

Figure 3. Framework Structure

- Outcome Domains
- Outcome Areas
- Key Result Indicators
- Measures
- Data: collection, input, analysis, reporting, uses
- Implementation Plan

Figure 4. Seven determinants of implementation

1. Leadership, vision and culture
2. Embedding measures as part of the everyday
3. Building staff confidence and capacity
4. Practical considerations and processes
5. Basic IT considerations
6. Sustaining the effort
7. Analysing and reporting aggregate data to inform service directions