



Victorian  
Health Building  
Authority



# Early Parenting Centres Facility Design Guidelines



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# Contents

<b>1. Introduction.....</b>	<b>5</b>
1.1 Preamble .....	5
1.2 About these guidelines .....	5
1.3 Compliance with regulations .....	5
1.5 The function of early parenting centres .....	6
<b>2. Policy framework.....</b>	<b>7</b>
2.1 Background .....	7
2.2 Current service provision .....	8
2.3 Guiding principles .....	9
2.3 Service overview .....	9
2.4 Operational policies .....	10
2.5 Planning model .....	11
<b>3. Design.....</b>	<b>12</b>
3.1 Design philosophy and intention .....	12
3.2 Accessibility .....	13
3.3 Universal design .....	14
3.4 Functional planning .....	14
3.5 Safety and security .....	15
3.6 Parking requirements .....	16
3.7 Disaster planning .....	16
3.8 Infection control .....	17
3.9 Environmental considerations .....	17
3.10 External garden space and landscape .....	18
3.11 Statutory compliance – specific requirements.....	18
3.12 Space standards and components .....	18
3.13 Finishes .....	19
3.14 Fixtures and fittings .....	19
3.15 Building services requirements .....	21
<b>4 Components of the facility .....</b>	<b>23</b>
4.1 Standard components .....	23
4.2 Non-standard components .....	23
<b>Attachment 1: Schedule of accommodation .....</b>	<b>37</b>
Generic family early parenting centre.....	37
<b>Attachment 2: Functional relationship diagram.....</b>	<b>41</b>
<b>Attachment 3: Standard paired residential suite arrangements.....</b>	<b>42</b>



# 1. Introduction

## 1.1 Preamble

This guideline for early parenting centres (EPCs) was developed by the former Victorian Department of Health and Human Services, now the Department of Health (the department) following an extensive consultation period.

This guideline was informed by:

- early parenting centres statewide catchment plan
- an early parenting centre model of care workshop facilitated by the then department's Human Services Priority Projects, Priority Strategic Projects Branch, Strategy and Planning Division, Department of Health and Human Services with a range of service providers, parents, researchers, peak bodies and other organisations
- early parenting centres detailed model of care commissioned by the Victorian Health Building Authority (VHBA)
- site visits to the three operational early parenting centres in Melbourne
- consultation with current service providers and analysis of current early parenting centre facilities.

## 1.2 About these guidelines

This guideline document has been developed for use by project staff, architects, planners, engineers, project managers, other consultants, and for end users. It is intended to assist with the planning and design of a new early parenting centre facility that will be fit-for-purpose in accordance with its designated service role and defined population.

## 1.3 Compliance with regulations

The design of early parenting centres shall be in accordance with the requirements of the most current *National Construction Code* and all relevant standards and guidelines. Project planning and delivery teams should also refer to all relevant legislation, regulations, Australian Standards and former DHHS and current VHBA policy documents.

This document should be read in conjunction with the *Australasian Health Facility Guidelines* (AusHFG) generic requirements described in:

- Part A: Introduction
- Part B: Section 80: General Requirements/Section 90 Standard layouts (where applicable only)
- Part C: Design for Access, Mobility, OHS and Security
- Part D: Infection Prevention and Control
- Part E: Building Services and Environmental Design.

## 1.5 The function of early parenting centres

Early parenting centres (EPCs) provide specialist support for Victorian families with children aged 0-4 years. They deliver flexible, targeted services that aim to enhance the parent-child relationship and support parents with strategies for achieving their parenting goals. These goals are often in areas such as sleep and settling, child behaviour, and parent and child health and wellbeing.

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

Core funded EPC programs include a mix of day stay, residential, telehealth and videoconferencing, group and home-based services. While EPCs may provide a range of locally targeted services in addition to those above, these design guidelines are primarily concerned with the core programs that will be delivered across the EPC network.

While the EPCs are public hospitals under the *Health Services Act 1988*, they operate on a 'wellness' model, in that all clients (patients) that attend the centres will be physically well and will not require acute clinical care for general health, mental health or alcohol or other drug issues, and do not pose a safety risk to themselves or others including risks associated with family violence. Clients will however, often be stressed and due to the nature of the services, also sleep deprived. For this reason, unlike a normal hospital, the focus will be on improving emotional health and wellbeing, as well as on skills development.



## 2. Policy framework

### 2.1 Background

The Victorian government has set an ambitious vision that by 2040, Victorians will be among the healthiest people in the world. To achieve this, the government has set priorities and strategies to deliver better health, better access and better care for the whole state.

The Department of Health's *Health 2040: Advancing health, access and care* strategy sets a broad agenda for the development of the Victorian health system that focuses on better health through skills and support to be healthy and well; better access to fair, timely care closer to home; and world-class health care every time.

Victoria's *10 year mental health plan* supports infants, children, young people and their families develop the life skills and abilities to manage their own mental health. Universal education and healthcare, liveable cities, good jobs, safe communities, stable and affordable housing and healthy families are among the building blocks of mental health and wellbeing.

Early parenting centres are regarded as an important service in terms of meeting all of these goals.

The expansion of EPCs in Victoria will be guided by, and aligned with, service directions in both the health and child and family services systems. Relevant reform strategies and documents have been drawn upon to inform the provision of these services, including *Health 2040: Advancing health, access and care*, the *Roadmap for Reform: strong families, safe children* and *Wungurilwil Gapgapduir: Aboriginal children and families agreement*.

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.

Specific developments in the health system that the EPC expansion will need to consider include:

- expansion of sleep and settling information and support through the 24-hour maternal and child health (MCH) line, information sessions and additional outreach visits addressing sleep and settling issues, and the development of a sleep and settling model of care for these services
- strengthened capacity for home visits within the enhanced MCH program
- updating of the MCH App to include sleep and settling support
- maternity and paediatric service planning, including links to antenatal and postnatal education and support and streamlined pathways for mothers and children likely to need specialist early parenting services
- community hospitals, with a commitment to develop 10 sites that will provide accessible and affordable primary and secondary-level clinical care, including a significant focus on child and family health issues
- mental health service improvements, including a strengthened focus on perinatal and infant mental health and on trauma-informed care throughout the health and human services system (noting that the *Royal Commission into Mental Health Services in Victoria* will be a critical influence over coming years)
- strengthened quality and safety, including Safer Care Victoria's implementation of the *Targeting zero* strategy, which involves improved clinical governance, consumer participation, outcomes monitoring and information sharing, and clinician credentialing.

The government's *Statewide design, service and infrastructure plan* for Victoria's health system is a 20-year vision for sustainable change to support future needs.

The plan is aligned with joined-up planning across public and private health services, local government, primary health networks, Aboriginal community-controlled organisations and other sectors.

Particular opportunities relevant to EPCs include:

- local health precincts and hubs
- family care hubs
- community hospital co-location or integration possibilities
- expansion and diversification of points of care
- networked and virtual health service provision.

The *Roadmap for reform: strong families, safe children* is a crucial framework for the development of the EPC network. It aims to deliver a coordinated, integrated system that 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 and proactive connections to support through 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.

## 2.2 Current service provision

Early parenting services in Victoria are funded by the Department of Families, Fairness and Housing as a statewide service, and are an important part of the broader child and family system. Up until now (2020), these specialist services have primarily been provided through three centres which have been established in Victoria for 100 years, and which are currently providing support to approximately 3,000 families per year. The purpose of these centres is to provide early intervention in the initial years of life, through specialist parenting services and support to prevent risks and issues from escalating.

The three current centres, which are public hospitals under the *Health Services Act 1988*, are located in metropolitan Melbourne:

- Queen Elizabeth Centre (QEC) based in Noble Park
- Tweddle Family Centre (Tweddle) based in Footscray
- Mercy Health O'Connell Family Centre (OFC) based in Canterbury.



## 2.3 Guiding principles

The guiding principles for these design guidelines were developed for *Expanding Victoria's early parenting centre network 2019-24 – strategic framework*, based on existing departmental policies and consultation with key EPC stakeholders. These principles are intended to inform the planning, establishment and delivery of the expanded network of EPC services.

They comprise:

- child-centred and family focused care – dedicated to the wellness and safety of the child, and providing flexible, tailored care that takes into account 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 and shared information and evidence to drive quality and service improvement
- workforce expertise – developing the professional workforce of 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 and concerns of Victorians from diverse cultural backgrounds, sexuality and gender identities, disabilities and other factors
- 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.

## 2.3 Service overview

Early parenting centres will provide the following core services:

- **Residential services:** This program assists parents in working through various issues affecting parenting. It usually involves a three to four night stay with families engaging in a number of educational sessions on child development, toddler behaviour, self-care, sleeping and child cues, emotional wellbeing and play sessions with children for up to ten families.
- **Day stay service:** centre-based day programs. Provides support and targeted education for families experiencing early parenting difficulties including feeding issues, sleep and settling, child development and behaviour, and managing the needs of siblings. During the program, families undertake a needs assessment, and are subsequently provided with practical strategies to implement at home.
- **In home support (outreach):** Individually tailored, flexible, intensive early parenting services in the family home where vulnerable parents are provided with practical support to assist them to nurture and care for the child independently in the home environment.
- **Telehealth:** provided through telephone-based or videoconferencing services.
- **Education:** All centres will provide some form of more general education programs that won't necessarily be specifically connected to the provision of the services outlined above. These are likely to consist of a mix of parenting courses and staff training, some of which could be delivered remotely via video conferencing.

- **Allied health consulting:** centres may also choose to provide allied health consulting and other community wellbeing programs at the centres.

Each centre provides a combination of additional programs and pilots through various funding sources (department and non-department funding). Integral to the provision of EPC services of the future is to ensure services are infant-centred, flexible, community-based, integrated and holistic.

## 2.4 Operational policies

### 2.4.1 General

Operational policies have a significant impact on the size, configuration and nature of the accommodation provided in early parenting centres and should be considered throughout the design process.

While the core residential and day stay services are likely to remain relatively consistent at all of the EPCs, there are likely to be various additional services provided at the various centres to allow them to provide a more targeted delivery to address specific local issues. The potential for these should be addressed as part of consultation with the stakeholders during the initial planning of the centres.

Operational policies should be developed by the project team in consultation with the service stakeholders.

### 2.4.2 Staffing

Early parenting centre staff work as a multidisciplinary team and may include, in a permanent and/or visiting capacity:

- maternal and child health nurses
- registered nurses
- early parenting practitioners
- early childhood educators
- psychologists
- administrative and clerical staff.

The design of the EPC should also consider the needs of visiting staff including medical staff including doctors, speech pathologists, social workers and other allied health professionals.

Staffing levels and skill mix will vary depending on the size and configuration of the centre and the service profile. Initial workforce planning at a local level will inform the likely numbers of staff to be accommodated and the design team will need to consult with the service providers and the project stakeholders to confirm that the spatial requirements indicated in these guidelines will be appropriate for the local context.

### 2.4.3 Hours of operation

The design of the EPC should support 24-hour access for families and staff to the residential service while also maintaining appropriate security requirements to other parts of the building which would normally operate during business hours. Some parts of the facility may need to be accessed in evenings for events and community activities without compromising either security of the administrative areas or privacy of the residential clients.

The detailed model of care describes the likely patient movements over time and should be referenced to assist in appropriate planning.

#### 2.4.4 Occupational health and safety

Each facility is responsible for providing and maintaining a safe and secure environment for residents, staff, contractors and visitors. The environment includes but is not limited to the physical fabric of the facility, its furniture, fittings and equipment, building engineering services and operational systems intended to support the physical infrastructure, as well as machinery, equipment and appliances.

The design should therefore support implementation of all relevant legislation, regulations, policies, standards and guidelines which include, but are not limited to:

- *Occupational Health and Safety Act 2004* (the Act)
- *Occupational Health and Safety Regulations 2007*
- Victorian WorkCover Authority
- *Australasian Health Facility Guidelines*, Part C Design for Access, Mobility, OHS and Security.

The WorkSafe Victoria website provides links to the [relevant legislation and regulations](https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations) as well as industry specific references <<https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations>>.

### 2.5 Planning model

#### 2.5.1 Location

The preferred locations of the EPCs have been determined by VHBA on the basis of demographic modelling and the identification of need. Generally, centres will be located in local regional and outer metropolitan communities and respond to local needs to ensure that families do not need to travel large distances to access the service. The VHBA has undertaken a site selection study to determine the preferred sites for the seven new centres already announced by the government, and land acquisitions will have been completed prior to the design teams being appointed.

#### 2.5.2 Site selection

New EPCs will be located within a mixed residential area whenever possible and its external appearance should be appropriate to the neighbourhood character. The centres will be ideally located to provide good links to other services and community facilities. Where possible, the facility will be close to public transport, public recreation facilities and close to emergency services.

#### 2.5.3 Facility size

Following consultation, VHBA has settled on a ten-bed configuration as the basis for new regional EPCs. This configuration has been assumed for the area schedules and design components noted in these guidelines. The design team will need to consider the need for future expansion and ensure that all designs allow for at least two additional bedrooms to be added in the future without significant impact on service delivery.

In planning the new EPC's, the design team should also anticipate the possible future expansion of services other than residential, and provide masterplanning options that identify potential locations to expand the facility.

## 3. Design

*“High-quality design enhances quality of life – uplifting communities and influencing how people feel and behave – and uses resources effectively and imaginatively. Good design is about inclusive, delightful and inspiring places, creating more sustainable outcomes, and contributing to a sense of place and belonging.*

*The Office of the Victorian Government Architect (OVGA) believes that good design plays a significant role in the efficient delivery of high-quality health care. Well-documented research shows that better buildings lead to better health outcomes. Well-designed spaces have been able to demonstrate improved patient recovery times, improved morale, increased staff efficiency and reduced staff turnover. The design process can be a catalyst for change, encouraging fresh approaches to both the organisation of health care and the design of the environments in which it takes place. Intelligent, sensitive, and innovative design approaches can make a significant contribution to the quality of life of patients and the working lives of hospital staff.”*  
(Office of the Victorian Government Architect)

### 3.1 Design philosophy and intention

While early parenting centres are hospitals by strict definition, they are not treating physically sick people. The ‘patients’ (clients) at early parenting centres will be parents (both single and couples) and their children, not individual people. Client families will generally be admitted because they have reached an intolerable level of emotional stress or because of a breakdown in the bond between parent and child.

As noted above, high-quality design enhances quality of life and the design of the EPCs should be primarily aimed at supporting emotional recovery and wellbeing. Factors such as the quality of natural (and artificial) light, materiality, colour and tactility will all contribute to the design outcome, which should address all of the five senses.

It is important that the design outcome does not feel institutional, but more like a ‘home away from home’. Designs should create internal and external spaces that are comfortable, serene and secure.

The design should:

- be of residential scale and character
- be arranged on the site so that there are well-proportioned, accessible outdoor areas
- be designed to prevent oversight from adjoining properties as far as practicable
- provide a variety and hierarchy of spaces to meet the range of needs for personal and shared spaces e.g. spaces that allow opportunities for families to have quiet, individual reflection, to participate in small group activities and to come together for meals and education activities
- avoid locating facilities at such a distance from central areas that staff feel compelled to only allow supervised access and close the area off at other times
- reduce travel distances for staff and provide clear lines of sight so they can remain aware of the location of other staff and residents and can respond in the event of any incidents
- clearly differentiate between client areas and staff only areas
- enable families to feel safe in the environment (for example, provide clients with a key to their room, ensure staff can observe when residents are accessing or exiting their rooms)
- enable families to move freely between indoor and outdoor spaces.

As with any healthcare facility, function is also important, however the infrastructure supporting this should be placed more in the background.

While hygiene is also important and infection control needs to be considered, unlike in a normal hospital, all the 'patients' will arrive physically well, and in order to protect other families, will actually be required to leave if they exhibit symptoms. For this reason, the particular attention to materials, junctions and detailing normally required in a hospital can be played down (but not forgotten) in support of the broader design intentions.

## 3.2 Accessibility

All new EPCs are to be designed for equitable, non-discriminatory and convenient access to all areas. It is accepted that this will largely be achieved by compliance with the regulations and standards set out below, but designers should also be aware that users will include both adults and children of varying ages and capabilities, and that equipment such as prams, strollers and cots need to be able to be manoeuvred around the facility.

All designs must comply with the following guidelines and standards:

- Part C of the *Australasian Health Facility Guidelines* – Design for Access, Mobility, OHS and Security
- BCA, Part D3 covering access for people with disabilities in 9c buildings applies to all areas normally used by the public, residents or staff, and references AS1428.1 (Stds Aust 2010) for these areas
- the interpretation and implementation of the relevant parts of the *Disability Discrimination Act* (Commonwealth of Australia 1992) may require expert advice.

### 3.2.1 External

To facilitate safe and easy access to the facility for all client families, carers, staff and visitors the following factors should be considered:

- provide dedicated, level, drop-off spaces and disabled car parking spaces close to the entry to the facility
- provide a covered entry/exit point for people alighting from vehicles in inclement weather. The covered entry should be designed to accommodate a range of vehicles of different sizes and heights (for example, taxis, buses, patient transport vehicles)
- design for access for people with disabilities and for those using wheelchairs, electric scooters and other mobility equipment (for example, automatic opening doors)
- separate pedestrian movement from vehicle movement
- provide separate access to the back of house area for service vehicles.

### 3.2.2 Internal

To enable easy and safe internal access while retaining a domestic feel, the following principles should be considered:

- corridor and passageway widths should accord with the National Construction Code requirements for the relevant building classification (in a Class 9c building, generally a minimum clearance of 1500mm between obstructions in a public corridor and 1800mm for the full width of the doorway, providing access to a sole occupancy room, although other factors also need to be assessed by a relevant building surveyor)
- avoid long, straight corridors with multiple bedroom doors opening off them
- provide relief points at regular intervals along corridors
- avoid blind spots in corridors, particularly around entrances to bedrooms or corridor junctions to prevent potential injuries due to residents bumping into each other, staff, trolleys or mobile equipment.

### 3.3 Universal design

*Universal design is the process of designing products and environments to be used by everyone, to the greatest extent possible, without the need for adaptation or specialised design.*

Planning and design teams are to ensure that the design and fit out of the early parenting centres are developed in accordance with the principles of universal design and are suitable for use by people with a wide range of abilities and needs. It is an approach that goes beyond mere conformance with regulations and standards and seeks to make built environments fully inclusive of people of varying abilities, and includes the following key principles:

- equitable use
- flexibility in use
- simple and intuitive use
- perceptible information
- tolerance for error
- low physical effort
- size and space for approach and use.

Further reference material on universal design can be found at:

- [The Centre for Universal Design Australia](http://universaldesignaustralia.net.au/) <<http://universaldesignaustralia.net.au/>>
- [The Victorian Health Building Authority website](https://www.vhba.vic.gov.au/resources/universal-design) <<https://www.vhba.vic.gov.au/resources/universal-design>>

### 3.4 Functional planning

Typical early parenting centres will comprise of the following functional zones:

- main entry zone
- consulting zone
- education, multipurpose and play group (community hub)
- outpatients – day stay
- staff administration, in-home care support and amenities
- residential areas – communal, private and external
- service areas.

The main entry should provide easy access to all areas of the facility without long travel distances.

Consulting rooms and their associated waiting area should be located adjacent to the main entry, to negate the likelihood of short-term visitors and patients disturbing the other activities in the centre.

Upon entry to the centre, the reception and community hub areas should be immediately identifiable and accessible without specific direction.

Outpatients day stay and play group should be located with easily identifiable access from the main entry but away from the residential zone.

The residential areas should be located further within the building plan, also with readily identifiable access from the main entry, without having to walk through another zone. The residential zone should be the most private and secure area, and not be a thoroughfare for any other area. Patients will be escorted into this area by staff on admission. Note that the residential zone will also require separate after-hours access without having to enter back into the rest of the facility.



## 3.5 Safety and security

### 3.5.1 Risk management and harm minimisation

Safety and security risks should be considered during the planning and design phases and continue to be addressed and reviewed during the construction, commissioning and post-occupancy stages.

### 3.5.2 General principles

A safe environment is more likely to be achieved when good design is aligned with appropriate staffing levels and operational policies.

The service should not only be safe, but feel safe. Security may be physical or psychological and barriers may be real or symbolic, but all should be unobtrusive. The aim should be to provide the least restrictive environment that still provides a safe environment.

The design layout should assist staff to carry out their duties safely and to supervise families. Staff should be able to view movements and activities as naturally as possible without the need for intervention. Blind spots should be avoided.

The principles of crime prevention through environmental design (CPTED) should be utilised in the planning and design to ensure a safe environment for all users. The three core strategies are enhancing:

- natural access control
- natural surveillance
- territorial reinforcement.

Other specific security issues to be addressed include safety of staff and visitors at night time including the security of their vehicles.

### 3.5.3 Access control

Families will attend the EPC on a voluntary basis. However, the facilities should be designed so that staff can monitor client arrivals and departures from reception.

There will be 'staff-only' administrative and support areas that staff access via swipe card.

All rooms should be lockable including all corridor cupboard doors including fire hose reel cabinets.

All meeting rooms used by clients, including counselling/examination rooms require two means of egress and duress alarms – fixed, personal or a combination of these.

Family suites in the residential area should also be lockable and have controlled access via programmable smart cards.

### 3.5.4 Closed circuit television (CCTV) surveillance

The use of closed circuit TV (CCTV) for client and family surveillance within the centre is not supported.

CCTV, however, will be required for perimeter security and access control at the building entries.

### 3.5.5 Perimeter fencing and security

Security fencing should be avoided to the front boundaries and public space around the EPC. Secure fencing only is required private areas of the facility with consideration given to:

- preventing any children who may be visiting the site from wandering

- encouraging families and other visitors to enter and exit the unit through the main entry
- protecting privacy of families, particularly in outdoor areas
- discouraging unauthorised intruders.

The design of fencing should integrate with the landscape and not be intrusive or institutional in nature.

### 3.6 Parking requirements

Parking is required for on-site staff, visiting staff and patients/clients. The number of on-site car parking spaces provided should be determined in accordance with local planning scheme requirements, however, an initial traffic study has indicated a minimum requirement of 32 spaces for a 10-bedroom facility. This number should be tested in the local context in relation to the availability of nearby on-street parking and access to public transport.

Wherever possible, avoid providing a single, large open asphalted area for car parking immediately at the front of the facility as this will detract from its welcoming appearance. Ideally, carparks should contain trees for shading and use water-sensitive urban design (WSUD) measures for drainage. On larger sites consider placing car parks along the side of the facility or provide two or more smaller parking areas with landscape buffers.

Approximately half of the parking should be dedicated for staff, and depending on the context this portion may need to be controlled or secured.

As the EPC is a 24-hour facility with staff coming and going out of normal business hours, careful consideration needs to be given to carpark lighting to incorporate crime prevention through environmental design (CPTED) principles, but avoiding major light spill which could affect neighbours.

### 3.7 Disaster planning

Evacuation plans are required in the event of a fire or other emergency to ensure the safety of staff and clients. The EPC layout needs to identify assembly areas should evacuation be required, noting that as children will be present, these areas need to be safe and away from traffic hazards.

Essential services such as emergency lighting, telephones, duress alarm system the central computer, lighting and electronic locks should be connected to an emergency backup battery or uninterrupted power supply (UPS).

A full emergency backup power supply/generator will generally not be required.

## 3.8 Infection control

The design and detailing of the building should support good hygiene and ease of cleaning and maintenance, while attempting to avoid an institutional feel that can result from the use of resilient finishes. The *Australasian Health Facility Guidelines*, Part D Infection Prevention and Control should be used as a reference document for general principles only, noting that the specific requirements for various clinical spaces will generally not be required.

Storage for personal protective equipment (PPE) and the provision of handwash basins will be required where noted in the facility components below. The design team will need to consult with the project stakeholders to determine any other specific hygiene measures.

## 3.9 Environmental considerations

### 3.9.1 Environmentally sustainable design

For early parenting centres, a focus on sustainable design offers a lot more than just delivering a low carbon, resource and energy efficient building. Designing the centre to deliver high levels of indoor environment quality that focuses on user experience - through effective acoustic design, daylight, thermal comfort and materials - and connection to nature will provide a comfortable, relaxed and positive environment that will support the effective delivery of services to parents and young children. The provision of well-developed nature based outdoor spaces that young children and parents can engage in, such as gardens and nature play spaces, is strongly encouraged.

The types of services provided by EPC services are well suited for a low carbon facility. Designs should focus on optimal building orientation, high quality façade materials, high levels of insulation, access to daylight, natural ventilation, water capture and reuse and solar power. EPCs are to be all-electric facilities, and should aim to be carbon neutral in operation from day one.

All designs should meet the relevant targets as set out in the VHBA *Guidelines for sustainability in capital works*, May 2020 document. Where targets are not directly applicable, the design team is to establish a best practice target in consultation with project stakeholders.

The guidelines can be found on the [Environmental sustainability page](https://www.vhba.vic.gov.au/resources/environmental-sustainability) of the VHBA website at <<https://www.vhba.vic.gov.au/resources/environmental-sustainability>>.

### 3.9.2 Therapeutic environment

Early parenting centres should be delivered in a therapeutic environment that supports improved outcomes for children and families. Approaches include:

- improving access to natural light and views
- acoustic treatments to control noise in private living areas as well as in shared residential areas to promote restful sleep and reduce stress; seek to minimise disturbance through unwanted noise from external sources
- providing residents with the ability to manage their environment (for example, through control of light and noise).

### 3.9.3 Natural light and external views

Access to daylight and external views can improve the quality of life for clients, staff and visitors. The building's orientation needs to maximise sunlight to internal and external spaces in the facility, in particular bedrooms, lounge and activity areas.

### 3.10 External garden space and landscape

The design of the external landscape should support the overall design philosophy to provide a welcoming community based facility. Gardens should be designed to suit the local context with indigenous planting utilised where possible. Trees should be provided for summer shade to carparking areas to assist in the reduction of heat island effect.

The following specific outdoor spaces are to be provided within the facility and away from the entry:

- **Play gardens for children** – external nature based play spaces similar to those provided in a contemporary early childhood education service are to be provided outside the lounge in the residential area and the multipurpose/playgroup space. The play spaces should provide a variety of settings and activities for children to enable them to develop fine and gross motor skills, partake in imaginative play and to allow them to interact and bond with their parents. The garden should include water based play elements, a sandpit area and features to engage with all five senses.
- **Garden courtyards for client families** – each bedroom suite in the residential area is to have access to a secluded outdoor court to enable parents to retreat for relaxation. Separate individual courts for all bedrooms are not required provided the design allows for a reasonable level of privacy / separation for each family. The design should focus on creating a natural garden feel which is serene and relaxing. Ensure that there is sufficient shading from trees for the summer months.
- **Private garden for staff** – a private staff courtyard is to be provided off the staff lounge / lunch room to allow staff to retreat during break times. The staff courtyard should have a similar atmosphere and design to the other garden courts but must be enclosed.

### 3.11 Statutory compliance – specific requirements

Early parenting centres will contain uses of varying classifications under the BCA including a mix of class 3, class 5 and class 9a and 9b. While the preferred facility design is single storey and type C construction, double story designs will be required on some small sites. This will require non-combustible materials to be used for all exterior claddings.

Each classification within the building will have different requirements under the various parts of the code, and designers should review this with the building surveyor before developing the design to a point where integration of requirements will be detrimental to the overall design intention. This is likely to include some fire separation of residential components to ensure fire and smoke compartments can be maintained as well as the provision of sprinklers and smoke detection in parts of the building.

The facility must also comply with all requirements of the *DHHS Capital Development Guidelines – Series 7, Fire Risk management Policy and Procedures*.

The design team should engage with a building surveyor early in the design process to ensure that all aspects of separation, services and equipment can be seamlessly included in the design outcome.

### 3.12 Space standards and components

#### 3.12.1 Human engineering

Human engineering covers those aspects of design that permit effective, appropriate, safe and dignified use by all people, including those with disabilities. It includes occupational ergonomics, which aims to fit the work practices, furniture, fittings and equipment (FF&E) and work environment to the physical and cognitive capabilities of all persons using the building.

As the requirements of occupational health and safety and antidiscrimination legislation will apply, this section must be read in conjunction with the section on Safety and Security, in addition to other OHS related guidelines.

### 3.12.2 Ergonomics

The construction and design of the EPCs should not expose clients, staff, visitors and maintenance personnel to risks or injury.

### 3.12.3 Building elements

The design team should carefully consider the fabric of the building, particularly wall construction, to ensure it is robust enough to withstand abuse and ongoing wear. Careful consideration should be given to the appropriate use of materials such as low maintenance/resilient surfaces, without creating an institutional feel.

### 3.12.4 Doors and windows

Provide solid core doors and door frames that meet all relevant National Construction Code (NCC) and fire regulation standards.

All glazing to windows and doors should be selected and installed in accordance with the National Construction Code Part J requirements and relevant standards.

## 3.13 Finishes

### 3.13.1 Ceiling finishes

Ceiling finishes should contribute to management of noise transmission within the facility. Large areas of painted plasterboard should be avoided, with finishes and light fixtures well considered to provide a more humane atmosphere.

### 3.13.2 Flooring

The selection of floor coverings should seek to achieve an appropriate balance between:

- creation of a home-like environment
- ease of cleaning, maintenance and replacement
- resistance to retention of unpleasant odours
- providing easy manoeuvrability of wheeled equipment, considering resistance to push/pull and turning forces
- safety (for example, risk of slipping or tripping)
- infection control issues.

### 3.13.3 Wall finishes

Ensure that wall linings are easy to clean. Where wall vinyl is specified, joints shall be welded.

## 3.14 Fixtures and fittings

### 3.14.1 Definitions

Fixtures and fittings are defined as follows:

- **fixtures:** fixed items that require service connection (for example, electrical, hydraulic, and mechanical) and includes hand basins, light fittings, etc. They should not be confused with serviced equipment such as AC units and the like
- **fittings:** fixed items attached to walls, floors or ceilings that do not require service connections such as curtain tracks, hooks, mirrors, blinds, joinery, pin boards, etc.

Good design can provide resident bedrooms and ensuites that are attractive yet safe, without an overly 'institutional' feel. The factors to consider in the selection, procurement and installation of fixtures and fittings in these areas include:

- selecting items that have a domestic appearance, yet of commercial quality
- durability to ensure long life
- ease of cleaning (for example, enclosed traps, minimal tight bends or folds in surfaces)
- simple fixing to surfaces and ease of maintenance.

Fixtures in other areas should be commercial quality and applicable to the application.

### **3.14.2 Joinery**

Joinery should be of high quality in design and construction, have a domestic appearance and be accessible to residents with a wide variety of mobility and sensory impairments e.g. height, clearances under and around them.

Bedrooms should be provided with a desk and drawer unit and a small wardrobe sufficient for a three to four night stay. Their design should be similar in nature to a good quality hotel.

Joinery in common areas should be provided with lockable doors and childproof catches to any drawers. Benchtops in communal kitchens should be laminate or reconstituted stone.

Ensure that all hinges and fittings are of a high quality to minimise damage and maintenance.

### **3.14.3 Artwork, signage and mirrors**

Artwork, mirrors and signage should be rigidly fixed to walls with concealed, flush, tamper-proof mountings. Stakeholders should be consulted in the selection of art works.

Ensure that mirrors are made from safety glass or other appropriate impact-resistant and shatterproof construction, are scratch proof and free from distortion. Fully glue mirrors to a backing to prevent loose fragments of broken glass.

### **3.14.4 Plumbing fixtures**

All exposed plumbing fixtures including shower heads and taps should be of a high quality domestic specification, tamper-proof and resistant to breakage and removal.

Services such as sink and basin wastes which may be hard to clean or easily damaged should be concealed.

Toilet cisterns should be close coupled or enclosed in-wall type with ease of access for maintenance. Toilet pans are to be floor mounted with concealed traps.



### 3.15 Building services requirements

The design and layout of engineering services should ensure that they are located so they are readily accessible to facilities management staff and minimise the requirement for them to access services within the residential areas of the facility.

Planning and selection of building services should consider their sustainability and whole of life costs.

Designs should generally comply with the below guidelines where appropriate, noting the clear functional differences with clinical environments.

Where targets or requirements cannot be met, or seem at odds with the wider aspirations expressed in these guidelines, they should be discussed with the project stakeholders:

- *Australasian Health Facility Guidelines*, Part E - Building Services and Environmental Design
- *VHBA Engineering guidelines for Healthcare Facilities* (particularly Volume 1 – Fundamentals). EPCs would be considered similar to category 3 or sub-acute facilities.

#### 3.15.1 Fire safety

Fire safety services should be provided in accordance with:

- Building Code of Australia
- Standards Australia, 1997, AS 1603: Automatic Fire Detection and Alarm Systems
- Department of Health and Human Services' [Fire Risk Management Strategy and Capital Development Guidelines - Series 7: Fire Risk Management Policies and Procedures](https://providers.dhhs.vic.gov.au/capital-development-guidelines-series-7)  
<<https://providers.dhhs.vic.gov.au/capital-development-guidelines-series-7>>

#### 3.15.2 Information and communication systems

Communication systems are to be provided as follows:

- duress alarms – personal and fixed (confirm requirement at a local level)
- telephone services for staff only. The extent of provision, location, and type i.e. fixed or portable with charging docking stations will need to be addressed in the planning stage to identify space for attaching of charging docking stations
- computer and internet access for clients and staff - teleconferencing, videoconferencing and tele-counselling facilities that are used for staff education, management and client services. Internet access for families in the residential area should be discussed with stakeholders as the intention is that families are totally focussed on their children and the development of skills while at the EPC.

Make adequate provision for cabling and power outlets for computers and consideration for wireless technology.

#### 3.15.3 Staff and emergency call system

The need for a nurse call system in bedrooms and bathrooms should be assessed at a local level. Call buttons may not always be in easy reach of the client, systems can be abused and most clients are ambulant and capable of asking for assistance. If installed, the system should allow staff override.

#### 3.15.4 Ventilation and air handling

As Victoria is prone to extremes of temperature throughout the year, all areas of the building should be provided with mechanical heating and cooling, as well as natural ventilation to all occupied areas in line with best practice passive design principles.

Planning and design of mechanical services should therefore carefully consider the maintenance of the appropriate temperature comfort range for residents. This may vary from the temperature comfort range for staff who will tend to be more active than residents.

The mechanical services designer must consider the provision of zoned, personally controlled mechanical air systems to the level of each suite or functional space and for this reason distributed plant will be preferred over a large centralised system.

Individual fans and space heaters should be avoided as they present a risk of injury and fire.

All ensembles, bathrooms and other similar spaces are to be provided with mechanical exhaust to code requirements.

## 4 Components of the facility

### 4.1 Standard components

Rooms/spaces are defined as standard and non-standard components. Standard components (SC) refer to rooms/spaces for which room data sheets, room layout sheets (drawings) and textual descriptions have been developed. Their availability in these guidelines is indicated by 'Y' in the SC column of the Schedule of Accommodation.

Standard components are provided to assist with the development of a project, they indicate a compliant layout but other layouts are acceptable as long as they achieve all required performance standards.

Refer to Part B, Section 90 and to room data and room layout sheets of the *Australasian Health Facility Guidelines* for general guidance, noting many of the layouts are designed for specific clinical and other institutional environments and may not be appropriate for adoption in EPCs without amendment.

### 4.2 Non-standard components

Non-standard components include rooms and areas based on a SC but may vary in size and have additional requirements, or unique rooms that are service-specific and not common. Where there are SC to refer to, the availability of the relevant standard component guidelines is indicated by 'Y\*' in the SC column of the Schedule of Accommodation.

The non-standard components are described in the section below.

#### 4.2.1 Additional space requirements to communal areas

The following methods should be used to determine space allocation for communal and shared areas used by clients.

**Table 1: Additional area allocations**

Space	m2
Day stay parent lounge	8 m2 per day stay family
Residential parent lounge	4.5 m2 per residential family
Residential dining	6 m2 per residential family
Day stay play area/playroom	7 m2 per day stay family
Residential playroom	5.5 m2 per residential family
Playgroup playroom	3.5 m2 per toddler/child (22 capacity preferred)
Day stay outdoor play	10 m2 per day stay family
Residential outdoor play	10 m2 per residential family
Playgroup outdoor play	8 m2 per toddler/ child
Residential external area	10 m2 per family minimum, 15 sqm (desirable)

#### 4.2.2 Entry

The main entry area is the public face for arrival, reception and waiting for all persons entering the centre and should be the single point of public entry. This area should function as a lobby so staff can control access to the facility and monitor arrivals and departures.

The entry area should be warm and welcoming throughout. It should be of a scale reflective of a local community hub and sit within the scale of the surrounding streetscape without being monumental or ostentatious.

A space for health information and educational material should be provided inside the main foyer.

#### **4.2.2.1 Reception**

The reception area is where visitors to the centre can be received and immediately directed to their destination or a waiting area. The design of the reception desk should be open and inviting, to encourage interaction with the visitor/client. It may also act as an administrative and customer service base. Reception desk should have set down counter for disabled persons access. Access for disabled staff working within the reception area should be considered. CCTV monitor/intercom and door release button linked to entry point should be provided.

#### **4.2.2.2 Foyer/waiting/hub**

The waiting area is for families and visitors to wait in comfort prior to or during visits to the centre. A range of occupants should be considered including adults and children.

Throughout the day people may call in for information or advice, relatives may be waiting with clients when presenting for admission, therefore the area should be large enough to seat a number of family groups (for example, parents and three children and one relation, to sit comfortably and also with space for prams.) This area will also form part of the breakout from educational activities or playgroup. A proportion of the allotted circulation area may be used to ensure this area is functionally large enough to suit the local context.

A partially separated area should be provided for clients specifically waiting for appointments in the consulting rooms. This area should allow for a degree of client privacy to mitigate interaction with other clients at this point.

The waiting area should be located in close proximity to the main public entry and within direct visual access from reception. An external outlook is desirable. This space will also likely be contiguous with the front of house zone as described below.

#### **4.2.2.3 Play area**

The play area is where children may play while parents wait or are attended to by staff. It should be integrated with the waiting area.

The play area should be designed to keep children in the area, minimise noise transfer and be observable by parents/staff from the adjacent areas. Appropriate play equipment may be provided. The play area should allow access for prams.

#### **4.2.2.4 Interview**

A meeting room used for admitting booked clients as well as for interviews/meeting with visitors/carers. It should be located in close proximity to the main public entry.

The interview room should have two exit doors and a fixed duress alarm. Furniture should be arranged to encourage informal discussion whilst not obstructing staff exit routes should the need arise. The room should be acoustically treated to protect client privacy.

The interview room should be large enough to comfortably seat up to five people.

Refer to Part B, Section 90 and to room data and room layout sheets of the *Australasian Health Facility Guidelines*.

#### **4.2.2.5 Assessment and intake**

A shared work space for the assessment and intake team to carry out the admission process and perform administrative functions in a degree of privacy. The room should be sized to seat three staff and allow for a small meeting area within the room. It should be located in proximity to both the entry and staff areas.

#### **4.2.2.6 Toilet – visitor (unisex accessible)**

A unisex accessible toilet and baby change facilities used by clients and visitors. It should be easily accessible from the main entry/waiting area. The room should comply with AS1428.

### **4.2.3 Front of house**

The front of house area is the shared zone between the three core program areas. It also houses the local collaboration and partnerships between the EPC and other specialist and community-focused services that have longer term engagement with families. The linkages and services to be provided for will be locally tailored and centre specific, dependent on the model of care and service plan.

The consistent and locally tailored components are listed and described below:

- education and training (optional)
- specialist and allied health consulting
- playgroup (optional)
- shared amenities.

The front of house area should be located in proximity to the main entry area and have access to public toilet facilities nearby.

#### **4.2.3.1 Education and training (optional)**

The education and training area is a flexible space for general education services. These services are likely to consist of a mix of parenting courses, internal staff training and external collaboration/training in the wider maternal and child health sector, some of which could be delivered remotely via video conferencing.

##### **4.2.3.1.1 Meeting room – large**

A large meeting room providing video-conferencing facilities for staff meetings and training/education. This room may also accommodate other meetings, such as those held with the visiting units, case conferences with visiting staff and for providing video-conferencing facilities for staff and client meetings. The meeting room could be located adjacent to the multipurpose room and be separated by an operable wall for flexible expansion and use. The room should be located away from high traffic and noise areas. An external outlook is desirable.

Refer to Part B, Section 90 and to room data and room layout sheets of the *Australasian Health Facility Guidelines*.

#### **4.2.3.1.2 Multipurpose room**

The multipurpose room is a large flexible space for teaching, training/education and client group activities. An external outlook is desirable.

The room should be located away from high traffic and noise areas. Discussions within the room should not be heard in adjacent rooms or corridor; background noise should be kept to a minimum; avoid parallel hard surfaces in the room; acoustic panelling may be considered.

Integration of video-conference equipment should be considered including but not limited to the following: room and VC control, room sound system, room microphone system, display system, AV. Seek audio-visual expertise as required. Provide data and connections for video-conferencing unit in addition to other power/data provisions in the room.

High level of lighting is required in the room to illuminate faces in view of the camera. Room decor should be designed for optimal picture quality, soft furnishes should avoid busy patterns in camera view.

The room should be located in close proximity to a kitchenette and storage room. Size of space and FF&E quantity/type to be adapted to suit specific project briefing requirements. Add 1.2m<sup>2</sup> per additional person and allow 1.5m<sup>2</sup> for wheelchair parking space as required.

#### **4.2.3.1.3 Kitchenette**

This is an area for preparing and/or heating refreshments, washing some utensils, storing food/drink and disposing of food waste (in accordance with food hygiene requirements). If an instantaneous boiling water unit is provided, it should be hardwired and access restricted as required. The kitchenette should be adequately recessed to avoid encroachment into the corridor. It should be located in close proximity to the multipurpose room.

#### **4.2.3.2 Allied health consulting**

The allied health consulting area houses the general, specialist and allied health consulting rooms. These rooms may be used by centre clinical staff and visiting clinicians. The rooms should be acoustically treated to protect client privacy. Telehealth and videoconferencing facilities should be provided to at least one consulting room.

Refer *Australasian Health Facility Guidelines* for consulting room requirements.

##### **4.2.3.2.1 MCH consult (optional)**

Maternal and child health consulting rooms may be provided for services in partnership with local councils. The consulting rooms should facilitate key activities of examination, discussion with parents and children, and desk/ office work. The examination bench should be of adequate length and width for a child to lie across the top of the bench and conduct required examinations (for example, 3.5 year old, MIST test, Melbourne Initial Screening Test, requires space of three metres). Bench height should be at optimal height for staff. Hand-washing facilities including wall mounted hand towel and soap dispensers should be provided within the consulting room. Adequate seating, lighting and a workstation should be provided. Childproof locks should be provided to all cupboards. The consult room should have two exit doors. Adequate storage should be provided between each pair of MCH consulting rooms or in close proximity. The room should be acoustically treated and have controllable window treatment over vision panels and sidelights to protect client privacy. An external outlook is desirable.



#### **4.2.3.3 Playgroup (optional)**

A playroom, outdoor play area and associated amenities may be provided for playgroups and parent groups in partnership with local councils and other early childhood service providers. Depending on demand this function may be accommodated in the multipurpose room above.

Areas intended for playgroup should be designed to meet *Education and Care Services National Regulations – Part 4.3* in order to enable registration if the service becomes more formalised. This would be at the discretion of the EPC and local service provider.

##### **4.2.3.3.1 Playroom**

A multipurpose room used for parent groups or playgroups where children participate in play and educational activities under the supervision of their parents and staff.

The playroom should be a comfortable and stimulating environment with direct and safe access to an outdoor play space – refer to external areas for outdoor play requirements. It should be adequately shaped and designed to allow for flexible re-arrangement of space within the room to enable a range of activities such as different types of play from small group play to individual play. Wet areas may be included for messy play. Access to natural daylight throughout the day should be provided. The location of windows and height of fixtures in the playroom should cater to both adult and children's height. Proximity to children's toilets and storage area is required.

The playroom should be sized in accordance with *Education and Care Services National Regulations – Part 4.3* requirements.

##### **4.2.3.3.2 Play store**

A storage room for play/art material. It should be located with direct access from the playroom. Access by children should be restricted.

##### **4.2.3.3.3 Formula kitchen**

A small kitchenette for the preparation and heating of baby food and bottles. It should be located with direct access from the play room. A small refrigerator, single sink and food waste holding (in accordance with food hygiene requirements) should be provided. If an instantaneous boiling water tap is provided, it should be hardwired and child tamperproof. Access by children to this area should be restricted.

##### **4.2.3.3.4 Children's toilets**

A compliant children's toilet with nappy change facilities.

The room should allow observation by a staff and access from the children's room or rooms which those toilets serve. The room should provide junior toilets and hand basins. A degree of privacy should be provided by low toilet partitions between pans. It is preferable to locate the children's toilet so that a door can be included for direct access to and from the outdoor play space it services. Nappy change facilities should be designed with considerations for both the children's and adult safety.

Refer to *Education and Care Services National Regulations – Part 4.3* and *Building Code of Australia* for additional requirements including number of pans and basins.

#### **4.2.3.4 Shared amenities**

##### **4.2.3.4.1 Pram parking**

A pram parking area. It should be located in proximity to the main entry and day stay areas and must not impede the corridor.

##### **4.2.3.4.2 Toilets – visitor**

Compliant public toilets used by visitors and day stay clients.

#### **4.2.4 Day stay**

The day stay area is where families will visit for one day during standard business hours for a mixture of group and individual support sessions. The day stay area should be an inviting and calming space. It should be located away from the high traffic and front of house areas of the centre. The spatial planning should afford a degree of separation and privacy to this area that restricts direct access by visitors. An access point to the area should be provided that allows staff overrides/shutdown.

##### **4.2.4.1 Parent lounge**

A multipurpose room for clients to participate in structure programs and may be used by the residential program for group activities after hours. It may also host parent and community groups dependent on the local linkages and partnerships. The space should allow for a degree of flexible re-arranging of space within the room. It should be sized to suite the service demand. Door width and furniture layout should allow access for twin prams. An external outlook is desirable.

##### **4.2.4.2 Play area/playroom**

The play area/playroom is an area where staff can observe parents and children playing together or engage in therapeutic play sessions. It may also be used by children under the supervision of staff while parents are attending group or individual support sessions. The play area should be designed to keep children in the area and minimise noise transfer. Appropriate play equipment may be provided.

The play area/playroom should be located adjacent to or in close proximity to the parent lounge. The area should have direct and safe access to an outdoor play space – refer to external areas for outdoor play requirements.

Refer to above section on playroom for additional requirements.

##### **4.2.4.3 Child bedroom**

A bedroom for children to nap. It may also be used by staff to observe the client families' sleep behaviour and perform demonstrations.

The size, fit-out and general design of the bedroom should consider:

- allowance for a cot, a breastfeeding chair and space to fit three standing adults
- location in proximity to the parent lounge where both the parent and staff can check on the sleeping baby/ toddler without causing unnecessary noise interruptions
- acoustic treatment to optimise sleep
- allow observation by staff/parent without disturbing the child. This can be provided through a viewing window with controllable privacy screens or a monitor system so the parent and the staff can hear when the baby wakes and needs assistance
- video conferencing facilities should be provided in one bedroom for telehealth and virtual demonstrations.

#### **4.2.4.4 Play store**

Refer to section 4.2.3.3.2 on play store for requirements.

#### **4.2.4.5 Formula kitchen**

A kitchenette for the preparation and heating of baby food and bottles. It may also be used to provide education about food safety and build parent's food preparation skills.

It should be located in close proximity to the parent lounge and play area. As demonstrations may be performed in this space, the area should be sized to accommodate 2-3 adults at any one time and allow direct visual access from the parent lounge.

Refer to above section on formula kitchen for additional requirements.

#### **4.2.4.6 Family toilets**

Sufficient toilets are to be provided for families and staff within the day stay area. These should consist of a minimum of:

- one female cubicle WC suite with basin (of sufficient size for a parent to assist a toddler on the pan)
- one male cubicle with WC suite and basin (of sufficient size for a parent to assist a toddler on the pan)
- one accessible WC to AS1428.1, including nappy change bench.

### **4.2.5 Outreach**

Designated open office space for the outreach program – the home visiting, telehealth and online program units.

The office space can be a shared office space for the combined outreach team or separate offices for each unit. The office space should cater for the carrying out of administrative functions including the making and receiving of phone calls in a degree of privacy. The area should allow for group discussions at a small table. The outreach office should be located within proximity to the staff areas and easy access to the main entry or a secondary entry.

The telehealth and online program team may also use videoconferencing facilities throughout the centre, including those in the consult rooms, meeting/interview and bedrooms. Refer to above sections for details.

### **4.2.6 Residential**

The residential area is where families are checked into for a duration of two to five nights where they may attend a mix of group and individual support sessions. Most clients will access the residential area via the main unit entry. This entry point should allow programmable and flexible control by staff where it may be freely accessible and/or accessible via key cards/similar device, with also the ability to restrict access/shutdown for select periods.

A secondary and discreet entry should be provided for after hours and staff access. The form of this entry may vary from a secure external space with access to the secure carpark or directly accessible from the staff/visitor secure car park. This entry will primarily be used by staff members and at times also admit after hour visitors. An intercom/CCTV at the door/secure gate should be provided.

The residential area should be warm and inviting throughout. Shared areas should have access to natural daylight throughout the day. The interior space should be a calming environment. As the residential program seeks to equip the client families with early parenting skills within their daily living and routine, a less institutional environment is preferred.

#### **4.2.6.1 Program/ shared areas**

Communal and shared areas primarily used by residential clients. The non-standard components of this area are described in the following.

##### **4.2.6.1.1 Parent lounge**

A multipurpose room for parents to participate in structure programs during the day and for use as a recreational space at other times. The space should allow for a degree of flexibility in re-arranging of space within the room. It should be sized to suit the service capacity. An external outlook is desirable.

##### **4.2.6.1.2 Playroom**

An area where staff can observe parents and children playing together or engage in therapeutic play sessions. It may also be used by children under the supervision of staff while parents are attending group or individual support sessions. The room should contain a bench and sink to allow any staff or parents access to water to prepare and clean up art activities for children, and for general tasks that might require water.

##### **4.2.6.1.3 Play store**

Refer to section 4.2.3.3.2 on play store for requirements.

##### **4.2.6.1.4 Formula kitchen**

A kitchenette for the preparation and heating of baby food and bottles. It should be located in close proximity to the dining space and playroom.

Similar in design to the formula kitchen provided at 4.2.3.3.2 above.

##### **4.2.6.1.5 Visitor toilet**

An accessible WC room complying with AS1428.1, with additional space for a nappy change bench is to be provided adjacent to the playroom area.

##### **4.2.6.1.6 Quiet/prayer/feeding**

A room where clients may retreat to and use throughout the day for quiet and private activities. The room should be acoustically treated and afford a level of privacy. The room door should be fitted with a privacy lock with staff override.

##### **4.2.6.1.7 Dining**

A dining space for clients to eat their meals away from the private family suites. The dining room may be used for other recreational and social activities when not in use for meals. Attention to sound separation between the dining zone to the children's bedrooms must be considered. The dining space should be of domestic appearance and be provided with good natural light access and an outlook.

##### **4.2.6.1.8 Kitchen**

A domestic style kitchen used by the clients for preparing and/or heating refreshments, snacks and meals, washing some utensils, storing food and drink and disposing of food waste (in accordance with food hygiene requirements). This space may be used to provide education about food safety and build parent's food preparation skills.

It is desirable for the kitchen to be an open plan type to facilitate easy communication between staff, family members and other clients in the shared dining areas. Fridges/freezers and a pantry should be provided for the storage of food items and equipment. If an instantaneous boiling water tap is provided, it should be hardwired and tamperproof. The kitchen should have the capacity for staff to

lock away any items that may present a potential safety risk. It should also provide space for a meal tray collection trolley. It should accommodate four to six people at any one time.

Dependent on the catering method at the centre, the kitchen may act as a servery where meals are served from the commercial kitchen.

The kitchen should be located with direct access to and from the dining space.

The design should adhere to the Australia and New Zealand food standards code and local authority food safety requirements.

#### **4.2.6.1.9 Store – medical cupboard**

A secure medical cupboard for the storage of drugs and medications. It should be accessible only by authorised personnel. Cupboard doors should be lockable. Storage solutions to meet functionality and OHS demands.

#### **4.2.6.1.10 Store – highchair**

A designated storage area for highchairs in close proximity to the dining space. This can be a separate cupboard or recessed bay. Storage solution to meet functionality and OHS demands.

#### **4.2.6.1.10 Laundry (optional)**

A resident laundry may be provided to enable clients to undertake their own personal laundry. The room should include a bench, laundry tub, domestic washing machine and dryer and ironing facilities. The laundry should be lockable allowing access to be controlled by staff. Children should not have unsupervised access to laundry facilities.

Products typically used in a laundry and that may be harmful if ingested should be stored within a childproof locked cabinet. Separate lockable storage per client should be considered for storage of personal laundry consumables.

### **4.2.6.2 Clinical support**

Work areas and clinical support spaces for the residential program. At least one unisex staff toilet should be provided within the residential area. The non-standard components of this area are described in the following.

#### **4.2.6.2.1 Nurse's station**

The nurse's station is a workspace for the clinical staff where they interface and interact with clients. It should also cater to the performing of administrative tasks, staff collaboration and record keeping. It should be located to allow clear lines of sight across dining/common areas and to all family suites. The design of the nurse's station should be open and flexible to encourage interaction yet provide a degree of privacy for other work tasks.

#### **4.2.6.2.2 Interview**

See above section on interview for requirements.

#### **4.2.6.2.3 Meeting room – handover**

A meeting room for staff handover meetings and training/education. This room may also accommodate other activities such as group activities and sessions. The room should be located away from high traffic and noise areas. An external outlook is desirable.

Refer to Part B, Section 90 and to room data and room layout sheets of the *Australasian Health Facility Guidelines*.

#### **4.2.6.2.4 Staff hot spot**

In this space the clinical staff may review and write-up client records, enter client data on computer/mobile device. The staff hot spot must not impede the corridor. Provide one staff hot spot per every four families equally spaced to suite the suite layout.

#### **4.2.6.3 Private family suites**

The private family suite is a contained unit for residential families. The space is also used for individual sessions and demonstrations.

Each family suite should include one parent bedroom and up to two children's cot rooms and an ensuite. A single-entry door to the unit should be provided for greater privacy, reducing anxiety of parents and providing a cohesive space to re-educate parents. The door should be provided with access control with staff override.

The interior of the family suite should be carefully designed, to provide a calm, comfortable and homely environment for children and families. All room fixtures and furnishings should be a domestic style to mimic home conditions.

All the doors and access points should be built to meet the requirements of disability access; the private bathrooms should be spacious, providing adequate space for parents to bath their child and allow staff to perform demonstrations or observe client routines.

A minimum of two universal access family suites should be provided at each centre, located closest to the main unit entry.

Refer to Attachment 3 for typical family suite layout.

#### **4.2.6.3.1 Parent bedroom**

The parent bedroom is the private sleeping quarter for two adults. Natural light and outlook are essential. The room should be provided with access control and internally lockable with a master keyed lock from the outside.

The size, fit-out and general design of the parent bedroom should consider:

- a range of family structures and clients (e.g. bariatric capacity and the provision of two single beds in some rooms)
- allow direct visual access from the parent's beds to the child's sleeping room
- clothing and lockable storage suitable for the duration of stay, including recess or area for suitcase holding and toy storage
- storage area for equipment such as prams
- inclusion of a desk with notice style boards for education material, activities schedule etc.
- consider location of wi-fi access points to ensure strong wi-fi coverage is provided for mobile duress functions
- for parent bedrooms within the universal access private family suites, the room including all its furniture, fixtures and equipment should comply with AS1428.



#### **4.2.6.3.2 Child cot room**

The child bedroom is the sleeping quarter for the baby/toddler.

The size, fit-out and general design of the bedroom should consider:

- allowance for a cot and a breastfeeding chair
- acoustic treatment to optimise sleep
- allow observation by staff without disturbing the child from the corridor/shared residential areas into the private child bedrooms. This can be provided through a viewing window with controllable privacy screens
- for child bedrooms within the universal access private family suites, the room including all its furniture, fixtures and equipment should comply with AS1428.

#### **4.2.6.3.3 Sibling bedroom**

The sibling bedroom is an additional, flexible sleeping quarter that can be shared between two family suites.

The size, fit-out and general design of the bedroom should consider:

- internally lockable doors to adjacent family suites with a master keyed lock
- allowance for a single bed or cot and a breastfeeding chair
- acoustic treatment to optimise sleep
- allow observation by staff without disturbing the child from the corridor/shared residential areas into the private sibling bedrooms. This can be provided through a viewing window with controllable privacy screens
- for sibling bedrooms within the universal access private family suites, the room including all its furniture, fixtures and equipment should comply with AS1428.

#### **4.2.6.3.4 Ensuite**

The ensuite is the private bathroom for each private family suite. This space may be used to provide education and demonstration.

Ensuite facilities should include a domestic bath installed in a corner of the room, toilet, a separate shower within the room, handbasin and nappy change. A low height adjustable shower is required over the bath. The shower area must not have a raised, fixed hob. The door is to be fitted with escape hardware.

For ensuites within the universal access private family suites, the room including all its furniture, fixtures and equipment should comply with AS1428.

### **4.2.7 Support areas**

The support areas are the back of house areas not accessible by visitors or clients. A logistic entry should be provided for restocking and collection. This area mainly comprises of standard components. The non-standard components are described in the following.

#### **4.2.7.1 Store – crockery**

A secure room for the storage of crockery and other food preparation/service supplies. Equipment may also be recharged in this room.

#### **4.2.7.2 Laundry**

A laundry for use by staff. The room should include a bench, laundry tub, large capacity, two washer/dryer stacks and ironing facilities. Space for linen collection/distribution trolley should be provided.

#### **4.2.7.3 Commercial kitchen (optional) or food holding area/reheat kitchen**

The existing early parenting centres have adopted various models for food service to residential clients and this provision will be a matter for consultation with the project stakeholders. The final solution is likely to depend on a range of factors including access to outside catering options and workforce planning for the service.

A kitchen with commercial grade equipment may be provided dependent on the catering strategy. Size of space and FF&E quantity/type to be adapted to suit specific project briefing requirements noting that the number of meals required is not likely to exceed 25-30 at any one sitting in a 10-12 bed facility. The commercial kitchen arrangement should allow for a separate cool room, chest freezer as well as a separate pantry and scullery.

If the service adopts an external catering service, the commercial kitchen may be replaced with a food holding area/reheat kitchen that contains display refrigerators and a facility to reheat externally prepared food for residential clients. This may be located in staff areas or backing onto the main residential kitchen.

#### **4.2.8 Staff areas**

The staff areas contain work space, support rooms and staff amenities. A separate and discreet access from the car park to this area is desirable. The non-standard components are described in the following.

##### **4.2.8.1 Office – workstation**

A workstation within an open plan arrangement for multiple users to share a work base during different time periods to carry out administrative/data entry functions. Small meeting table should be provided within this space to encourage collaboration. Number of workstations to be adjusted to suit the project. The open plan work space should be located with direct access to the single offices.

##### **4.2.8.2 Staff room and kitchenette**

A shared facility for staff to use for respite, rest and relaxation during meal breaks. The room may also be used for small meetings or tutorials and for the storage of staff resources or library materials. This room should include the provision of staff lockers for safe storage of personal items while staff are on duty. Facilities for food and beverage preparation and storage should be provided. An external outlook is desirable.

The staff room may be located in close proximity to the residential area for staff to use common facilities particularly at night.

##### **4.2.8.3 toilet – staff**

Compliant toilet facilities for staff use. The number and type of staff toilets required will be determined by the proposed number of staff.

## **4.2.9 External areas**

### **4.2.9.1 Outdoor play**

Outdoor play space for children's use while supervised by staff or parents.

The play space should be provided with direct and safe access from the playroom and play areas it serves. Safe and adequate play equipment should be provided. The design should cater for a variety of learning experiences from active play to quieter activities such as sand play. The design should consider the integration of a number of characteristics, such as complexity, flexibility, change and the potential for manipulation by children. Appropriate ground surfacing such as impact-absorbing surfaces should be provided where required to reduce potential injury to children as a result of normal play activity. Appropriate shade structures and/or shaded areas should be provided.

The day stay and residential outdoor play areas should be designed to allow for staff to observe parents and children playing together and engage in therapeutic play sessions. A degree of separation between the play group, day stay and residential outdoor play areas is required.

The outdoor play space should be sized relative to the number of families accommodated.

### **4.2.9.2 Residential external area**

Designated outdoor space for residential clients not accessible by visitors or day stay clients.

The space may include a mix of private, semi-private and shared outdoor spaces. Features of this space may include shaded areas, therapy and sensory gardens, outdoor seating and lounge spaces, barbeques and dining tables etc. Universal access should be provided to the private or semi-private outdoor spaces that serve the universal access family suites and throughout the shared outdoor areas.

This area should be accessible from the private family suites.

### **4.2.9.2 Staff external area**

A separate external area for staff. It should be enclosed by fences or walls, provided with direct access from the staff room/kitchenette, and preferably located away from client areas.

### **4.2.9.3 Waste holding area**

A designated waste holding area for waste storage and collection. The waste area should allow for adequate separation of waste streams into landfill, co-mingled plastics, glass, paper and card, organic waste and secure clinical waste. Adequate vehicular access should be provided. A waste study should be undertaken during design to determine types of services available locally and the frequency of pick up as this will determine the ultimate capacity.

### **4.2.9.4 Car parking spaces**

Car parking for visitors and staff. This should include compliant DDA parking spaces, visitor parking and a secure car park for staff and residential clients. The secure car park should have direct and/or safe access to the secondary residential entry. Refer to traffic advice for car park requirements.

### **4.2.9.5 Bicycle parking**

Bicycle parking for staff. The bicycle parking area should be secure and under cover. Refer to traffic advice for car park requirements. End of trip facilities including a staff shower and lockers for cyclists should be provided in the staff area.

#### **4.2.9.5 External store**

External storage sheds for outdoor play areas and general/landscaping equipment. Quantity and size to be determined through stakeholder consultation.

## Attachment 1: Schedule of accommodation

A schedule of accommodation for a 4 x family day stay and 10 x family early parenting facility is shown below. The areas in the residential zone are sized to suit a 12 x family arrangement so that two additional suites can be added for future expansion without compromising other areas. This schedule must be used in conjunction with the remainder of this guideline.

### Generic family early parenting centre

#### Entry

SC	Entry	No. of rooms	Room area m2	Comments
Y	Airlock	1		Size to suit site context
Y*	Reception	1	12	
Y*	Waiting	1	15	
	Play area	1	10	Integrated with waiting area
Y*	Interview	1	12	
	Assessment and intake	1	18	
	Toilet – family (unisex accessible)	1	9	Including nappy change bench

#### Front of house

SC	Education and training (optional)	No. of rooms	Room area m2	Comments
Y*	Meeting room - large	1	30	
	Multipurpose room	1	70	Operable wall with meeting room
	Kitchenette	1	4	
Y	Store – general	2	9	
	<b>Allied health consulting</b>			
Y	Consult room – universal access	2	17	
Y	Consult room (Allied Health)	1	12	
	MCH consult (optional)	1	25	
	<b>Playgroup (optional)</b>			
	Playroom	1	77	3.5m3 per child, adjust to suit
	Play store	1	5	
	Formula kitchenette	1	5	
	Children's toilet	1	9	Pan numbers dependent on playgroup capacity
	<b>Shared amenities</b>			
	Pram parking	1	8	

	Toilets – visitor	To comply with NCC		Dependent on centre capacity
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## Day stay

SC	Day stay	No. of rooms	Room area m2	Comments
	Parent lounge	1	32	
	Play area/playroom	1	28	
	Child bedroom	4	6	Adjust no. to suit service plan
	Play store	1	5	
	Formula kitchen	1	3	
	Family toilets	1	14	Dependent on playroom capacity
Y	Store – general	1	9	
Y	Office – 2 persons shared	1	12	Adjust to suit day stay capacity

## Outreach

SC	Outreach	No. of rooms	Room area m2	Comments
Y*	Telehealth – workstation	2	6.5	Adjust to suit service plan
Y*	Home visiting – workstation	2	6.5	Adjust to suit service plan
Y*	Online program – workstation	2	6.5	Adjust to suit service plan

## Residential

SC	Program/ shared	No. of rooms	Room area m2	Comments
	Parent lounge	1	54	
	Playroom	1	66	5.3m3 per family, adjust to suit
	Play store	1	5	
	Formula kitchen	1	5	
	Visitor toilet	1	9	
	Quiet/prayer/feeding	1	9	
	Dining	1	72	
	Kitchen	1	15	Domestic style
Y	Bay – linen	1	2	
	Store – medical cupboard	1	2	
	Store – highchair	1	2	
	Laundry (optional)	1	8	Domestic style
	<b>Clinical support</b>			
	Nurse's station	1	20	Hot desking encouraged.

Y*	Interview	1	12	
Y*	Meeting room – handover	1	20	
	Staff hot spot	3	1.5	
Y	Toilet – staff (unisex)	1	3	Min. 1 inside residential area
	<b>Private family suite – universal access</b>			
	Parent bedroom – accessible	2	21	Refer preferred layouts
	Child bedroom – accessible	2	6	
	Sibling bedroom – accessible	1	6	
	Ensuite – accessible	2	10	
	<b>Private family suite</b>			
	Parent bedroom	8	18	Refer preferred layouts
	Child bedroom	8	5	
	Sibling bedroom	4	7	
	Ensuite	8	6	

## Support areas

SC	Support areas	No. of rooms	Room area m2	Comments
	Store – crockery	1	6	
Y	Store – general	1	9	
Y	Store – equipment	1	14	
Y	Dirty utility	1	8	
Y	Cleaner's room	1	5	
	Laundry	1	12	
	Commercial kitchen (optional)	1	28	Dependent on catering plan

## Staff areas

SC	Staff areas	No. of rooms	Room area m2	Comments
Y	Meeting room – small	2	9	
Y	Meeting room – medium	1	15	
Y	Office – single person	7	12	
Y*	Office – workstation	15	6.5	
Y	Photocopy	1	10	
Y	Communications/server room	1	9	
Y	Store – files	1	10	
Y*	Staff room and kitchenette	1	45	Including staff lockers
Y	Shower – staff	1	3	

	Toilet – staff	To comply with NCC		Dependent on centre capacity
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### External and other areas

SC	External areas	No. of rooms	Room area m2	Comments
	Outdoor play	3		Adjust to suit. Direct access from playroom/play areas
	Residential external area	10	As available	Adjust to suit
	Staff external area	1	30 minimum	Direct access from staff room
	Waste holding area	1	30	To be confirmed in local context
	Car parking spaces	32		Including 2DDA, secure and visitor parking
	Bicycle parking	3 hoops		Secured and undercover
	External store	To suit		

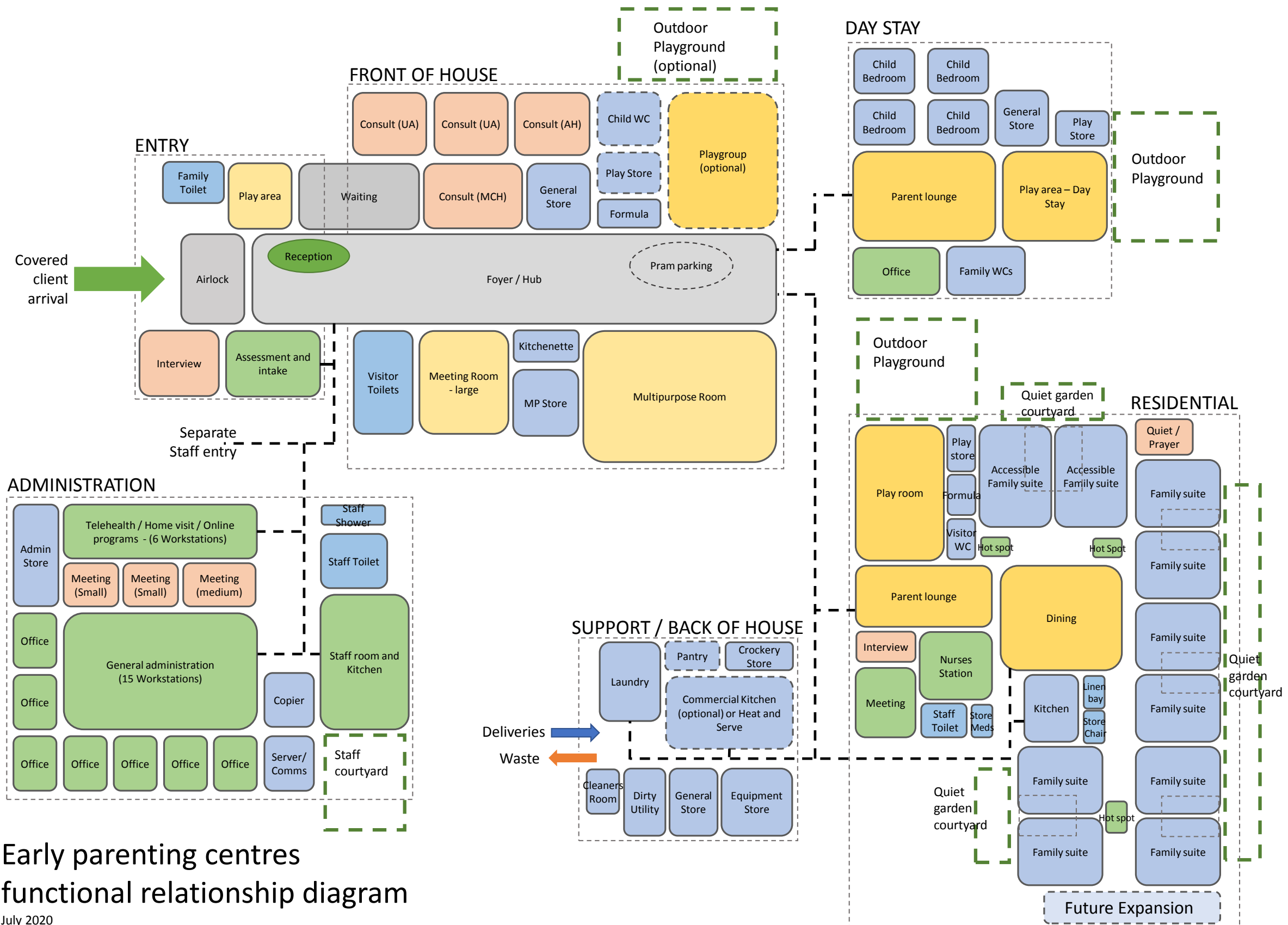
### Circulation, plant and travel space

In addition to the areas nominated in the schedules above, the design team may allow for the following additional percentage uplift in areas in order to achieve a functional and efficient plan layout.

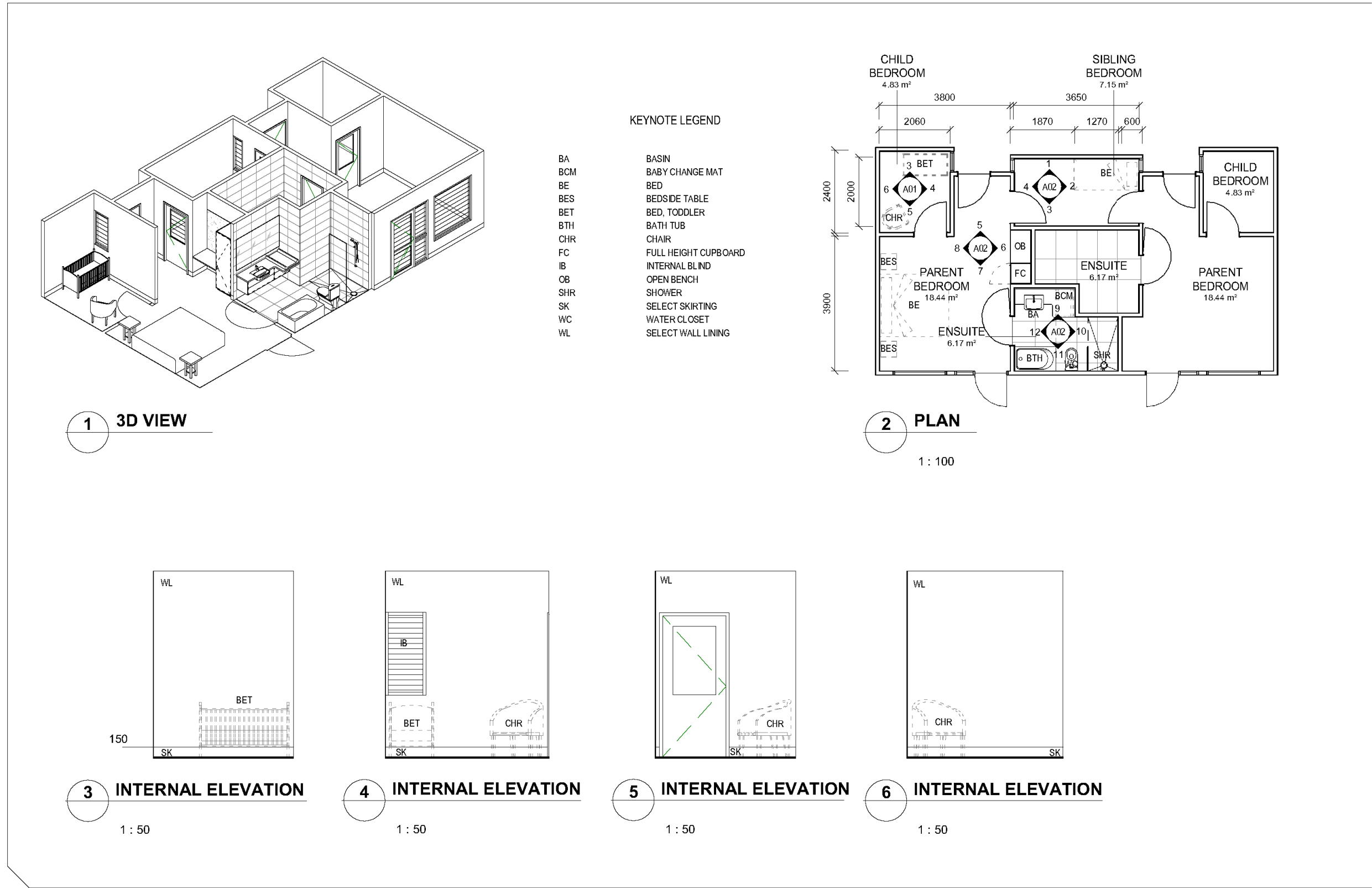
- internal circulation – up to 32 per cent
- plant and engineering – up to five per cent, depending on plant selection
- vertical travel – up to three per cent where a two story facility is required.
-



## Attachment 2: Functional relationship diagram

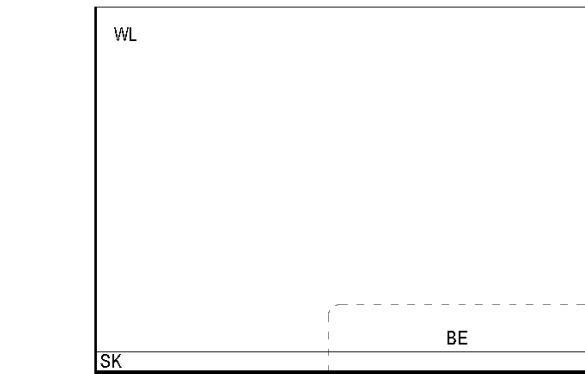


Attachment 3: Standard paired residential suite arrangements

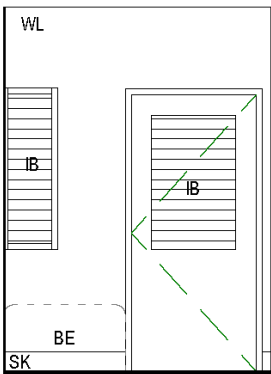


KEYNOTE LEGEND

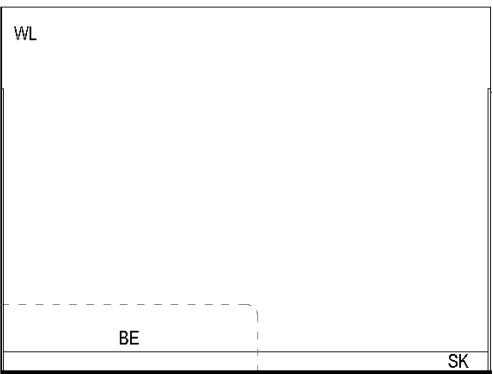
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BCM	BABY CHANGE MAT
BE	BED
BES	BEDSIDE TABLE
BTH	BATH TUB
CT	CERAMIC TILES
FC	FULL HEIGHT CUPBOARD
IB	INTERNAL BLIND
MI	MIRROR
NB	NOTICEBOARD
OB	OPEN BENCH
SHR	SHOWER
SHRSC	SHOWER SCREEN
SK	SELECT SKIRTING
TAP	TAP
WC	WATER CLOSET
WL	SELECT WALL LINING



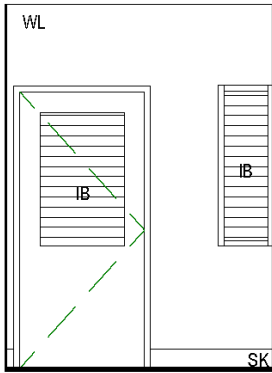
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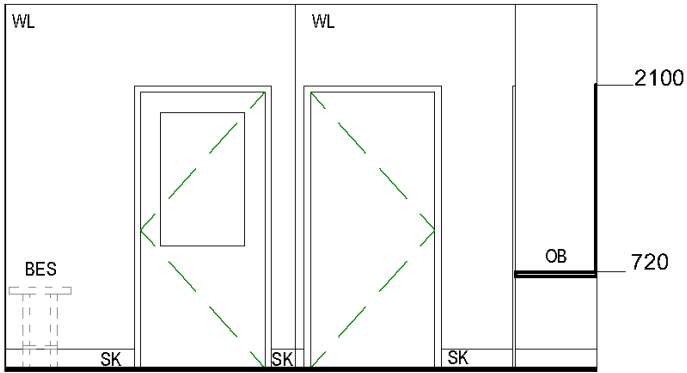
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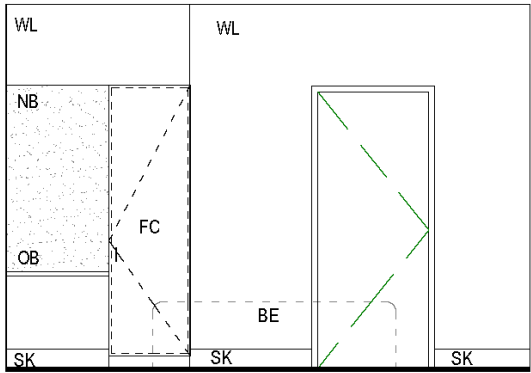
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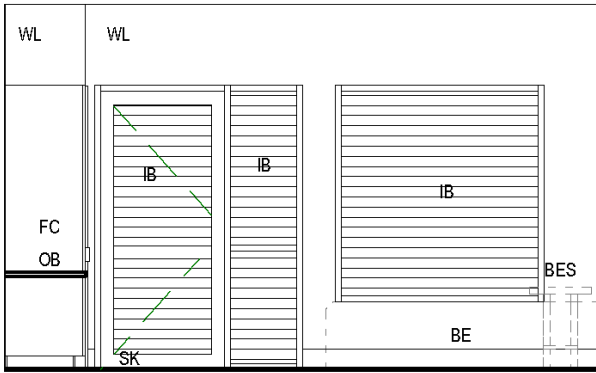
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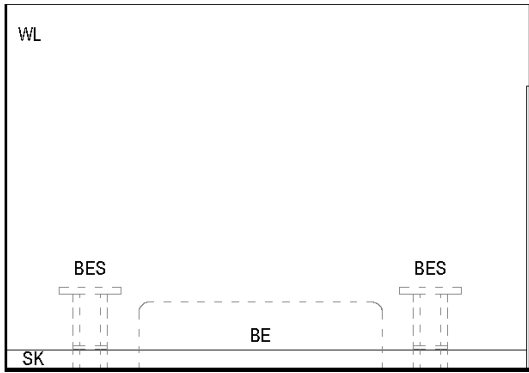
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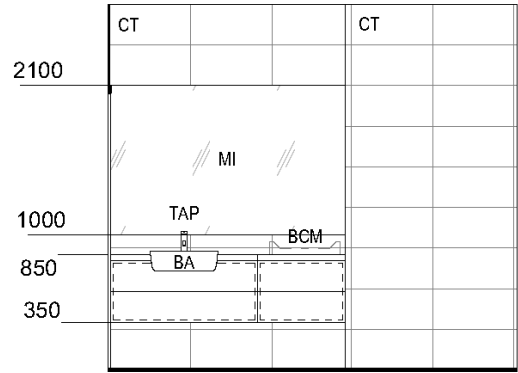
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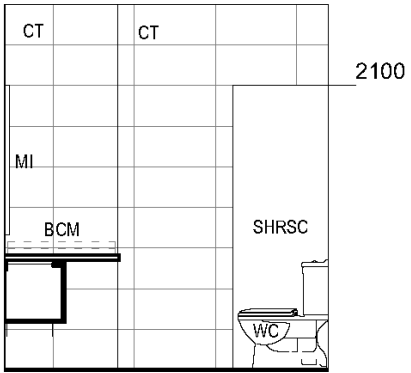
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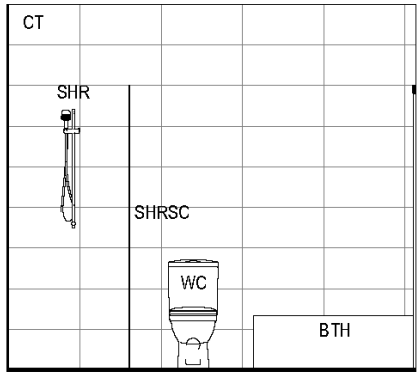
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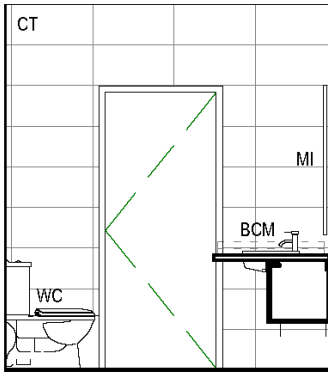
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11 INTERNAL ELEVATION  
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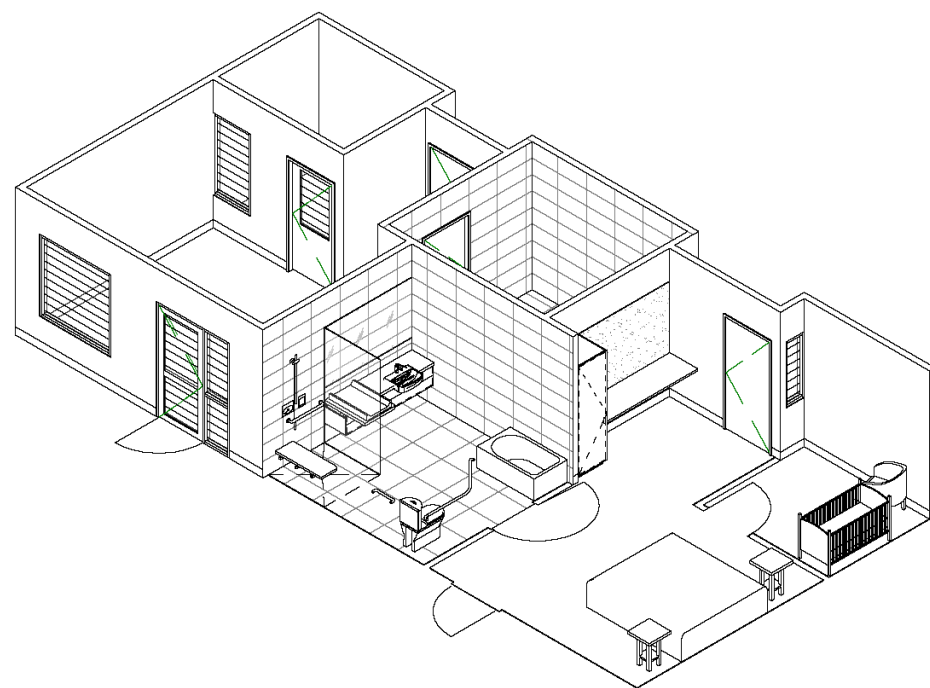
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EARLY PARENTING CENTRES DESIGN GUIDELINE

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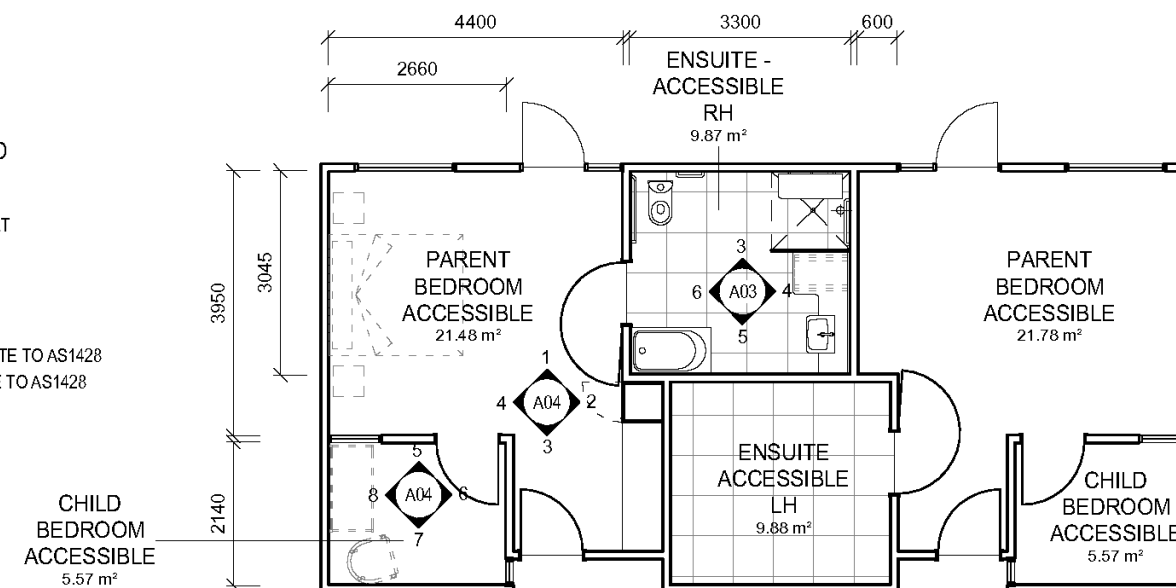
TYPICAL PRIVATE FAMILY SUITES



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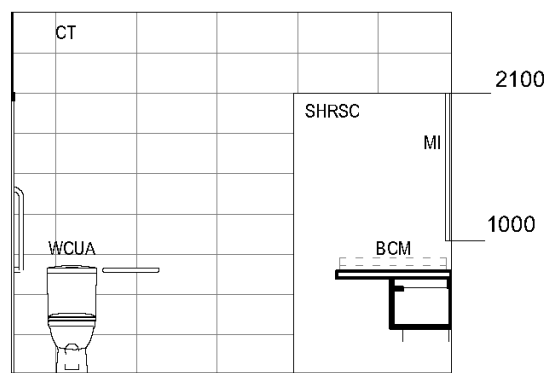
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BCM	BABY CHANGE MAT
BTH	BATH TUB
CT	CERAMIC TILES
MI	MIRROR
SHRSC	SHOWER SCREEN
SHRUA	DDA SHOWER SUITE TO AS1428
WCUA	DDA TOILET SUITE TO AS1428



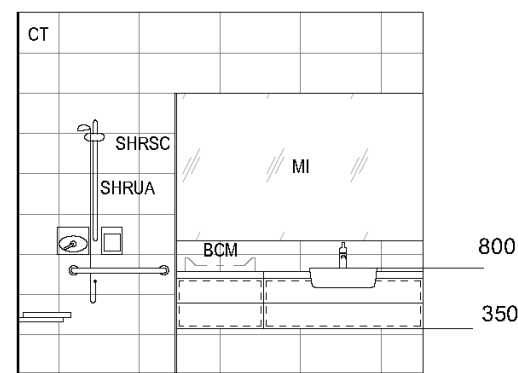
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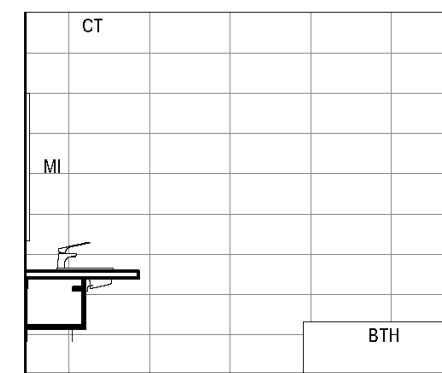
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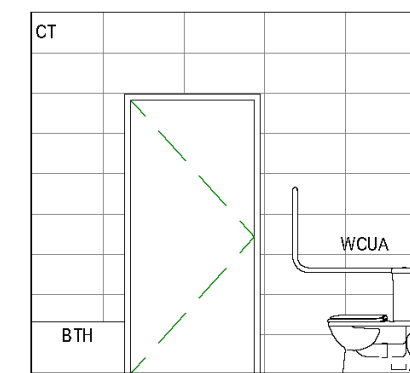
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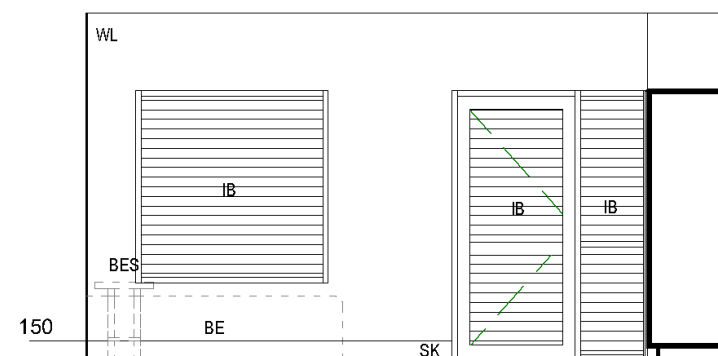
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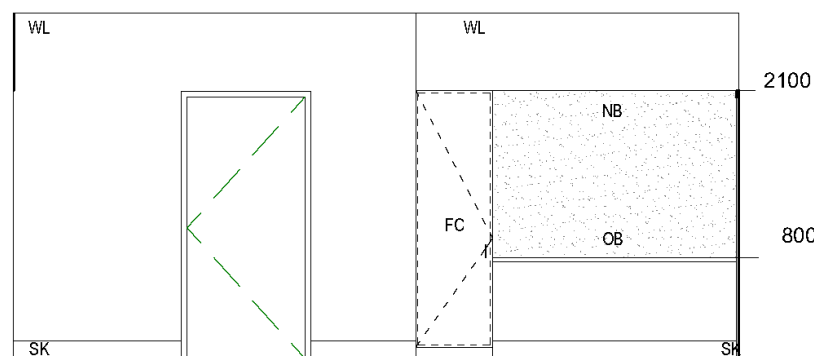
EARLY PARENTING CENTRES DESIGN GUIDELINE

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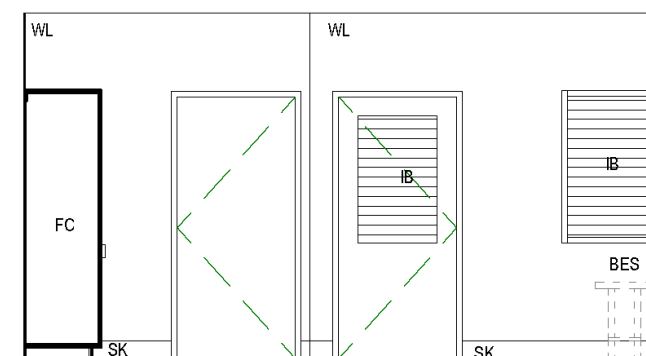
TYPICAL PRIVATE FAMILY SUITES - UNIVERSAL ACCESS



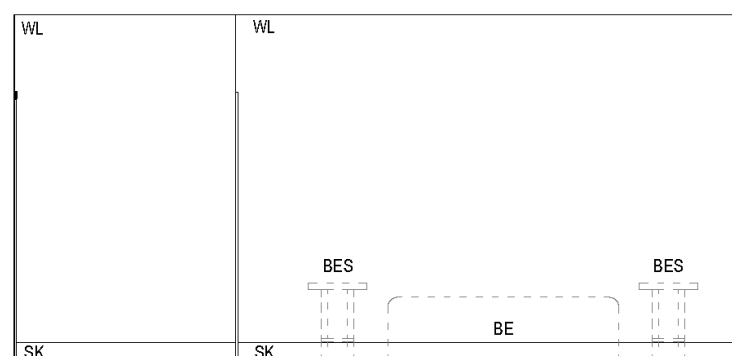
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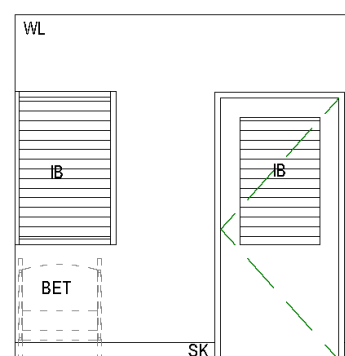
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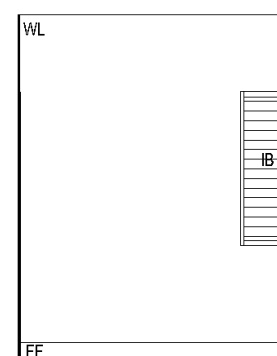
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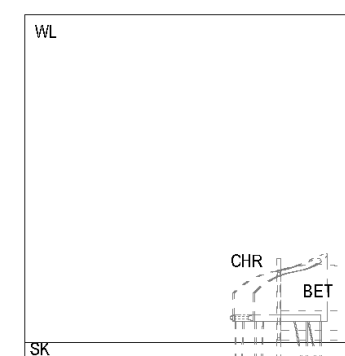
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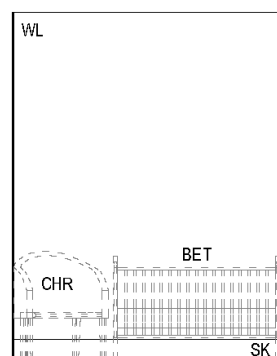
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#### KEYNOTE LEGEND

BE	BED
BES	BEDSIDE TABLE
BET	BED, TODDLER
CHR	CHAIR
FC	FULL HEIGHT CUPBOARD
FF	SELECT FLOOR FINISH
IB	INTERNAL BLIND
NB	NOTICEBOARD
OB	OPEN BENCH
SK	SELECT SKIRTING
WL	SELECT WALL LINING

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EARLY PARENTING CENTRES DESIGN GUIDELINE

**A04 [FOR GUIDE]**

TYPICAL PRIVATE FAMILY SUITES - UNIVERSAL ACCESS

