

## Radiance Network South West — Model of Care

Document number	30	Version	2.0
Drafted by	Josephine Stewart	Approved by Board on	19/5/2026
Responsible person	Anne Mackay	Scheduled review date	19/5/2028

### Executive summary

This Model of Care (MoC) defines how Radiance Network South West Inc (“Radiance”) will plan, deliver and evaluate perinatal and infant mental health supports across the South West region. It adapts national and WA state best-practice principles to the local context and describes a stepped, integrated, family-centred approach that prioritises prevention, early identification, accessible treatment, mother–infant dyad safety, cultural safety, and strong partnerships across health, community and non-government organisations.

Radiance staff do not undertake clinical assessment, diagnosis or treatment. References to screening, monitoring or response in Radiance policies relate to identification of safety concerns and escalation to appropriate clinical or emergency services only. Any assessment, screening, monitoring or support plan development is done within the *Peer Workforce - Scope of Practice*.

Radiance honours and amplifies the lived experience of our people. Guided by best practice, we integrate peer workers across all programs, ensuring that the voices, expertise, and courage of lived experience communities remain central to our model of care. Founded by peer support volunteers, Radiance continues to be shaped and strengthened by their contribution across every aspect of service delivery.

### Purpose and objectives

**Purpose:** Provide an operational framework that guides Radiance to improve mental health outcomes for parents/caregivers and infants in the perinatal period (conception to 2 years postpartum) across the South West region.

#### Objectives:

- Promote universal screening and early identification of perinatal mental health issues.
- Deliver a stepped-care response ranging from peer support to advocacy as well as referrals to specialist interventions.
- Provide dyad-focused assessment and interventions that support infant–parent attachment and development.
- Strengthen pathways, referral and navigation between community, primary, and specialist services.

- Embed cultural safety and family-centred practice.
- Build peer workforce capability across the region through training and supervision.
- Monitor outcomes and continuously improve service delivery.

## Scope

Covers non-clinical, peer-led services and activities delivered or coordinated by Radiance for:

- Pregnant people (antenatal) and those up to 2 years postpartum.
- Infants up to 2 years old and their primary caregivers.
- Partners and significant others where their mental health affects family functioning.

## Definitions and Key Terms

Term	Definition
Consumer	A person accessing Radiance services or supports.
Carer	A family member, support person or significant other involved in supporting a client.
Cultural Safety	An environment where individuals feel respected, safe and free from discrimination, and where their identity, culture and experiences are acknowledged and valued.
Dyadic	Relating to the parent–infant relationship and interactions between caregiver and infant.
EPDS	Edinburgh Postnatal Depression Scale – a recognised screening tool used to identify symptoms of perinatal anxiety and depression.
Peer Worker	A person who draws upon their lived experience to provide support, connection and advocacy within clearly defined scope of practice boundaries.
Stepped Care	A flexible approach where the level of support is matched to the needs and circumstances of the client.
Trauma-Informed Practice	An approach that recognises the prevalence and impact of trauma and seeks to create emotional and physical safety while avoiding re-traumatisation.

Warm Referral	A supported referral process where Radiance assists the client to connect with another service or provider, rather than providing contact details alone.
MBU	Mother and Baby Unit – a specialist inpatient mental health service for mothers and infants.
Continuity of Care	Processes that support coordinated, connected and consistent care experiences across services and transitions.

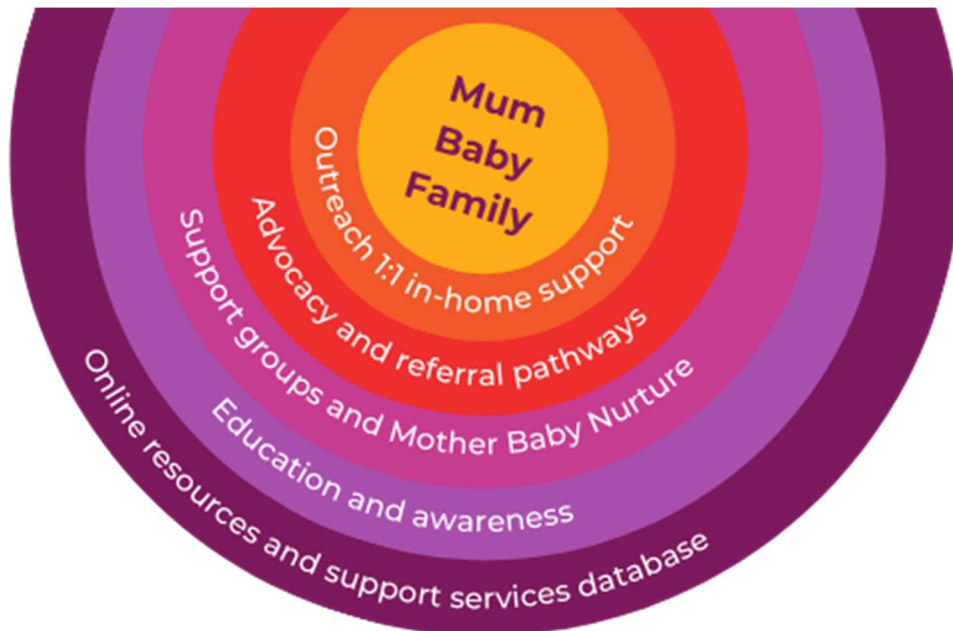
## Guiding principles

These guiding principles align with our four strategic pillars of people, advocacy, sustainability and leadership and supports our vision to ‘connect and create a supportive community that enhances parental emotional wellbeing, strengthens families, and nurtures community relationships.’ In line with Radiance’s Governance Framework, our model delivers:

1. **Stepped, evidence-informed care** — match intensity of intervention to need.
2. **Client-centred** — assess and support with attention to and direction from parent–infant relationship and infant development.
3. **Accessible and flexible** — free, low-barrier referral, outreach, and telehealth options.
4. **Cultural safety and inclusivity** — co-design with vulnerable communities and local families and represented in workforce.
5. **Trauma-informed practice** — recognise prevalence of trauma and apply trauma-informed approaches.
6. **Collaboration** — involve partners, families and community when appropriate.
7. **Workforce support** — supervision and training.
8. **Accountability** — responsibility for actions, measure outcomes and service experience.

## Model architecture (wrap-around care)

**Early intervention:** - Resilience building and connection in outreach program for most vulnerable and isolated clients.



**Advocacy and referral pathways:** - Advocacy and referral to third party support services, (mental) health professionals, MBUs in Perth.

- Advocacy and referral to third party supports for multidisciplinary assessment (mental health clinician, perinatal nurse, infant mental health specialist) focusing on maternal mental health and parent–infant interaction.

**Support:** - Through Radiance peer-led support groups including, but not limited to, Radiance Support Group and Mother Baby Nurture.

**Education and awareness:** - Radiance supports, and/or initiates where appropriate, public education campaigns, community events, antenatal classes, parenting groups, maternal & child health contacts promoting wellbeing and normalising help-seeking.

**Online resources and support services database:** - The Radiance website contains information for parents and (mental) health professionals. Regional, online and phone support services can be found per location, per need, or per category (e.g. vulnerable communities).

## Service components and pathways

### 1. Screening and referral:

- Clients can self-refer or be referred by a (mental) health professional.
- Referral forms include information about pre-existing conditions, trauma, risks and barriers to receiving help.
- Clients are phoned prior to enrolment to ensure Radiance is a suitable fit.
- Inform all clients of their rights, ways to access information, and how their information could be used.

### 2. Client management:

- Radiance operates a central database to triage referrals, match families to the stepped-care level, and coordinate appointments and wraparound supports.
- Clients may return to any Radiance service without a new referral and assessments within a three-month period. After three months a re-assessment is required. Client data will be archived after one year, meaning returning clients will need a new referral and complete new assessment forms.
- Graduation from Radiance is discussed collaboratively with the client, ensuring informed choice, clarity of next steps, and identification of alternative supports where required.
- Unprompted disengagement with Radiance is discussed with the referrer as per the referral process.
- Transition planning and significant engagement changes are documented within the client management system to support continuity, safety and quality improvement processes.

### 3. Continuity of Care

Radiance recognises that continuity of care within a peer-led, non-clinical community-managed organisation differs from clinical follow-up or case management models. In alignment with national safety and quality standards for community-managed mental health services, Radiance promotes continuity through relational practice, supported transitions, consumer partnership, safe information sharing, and strong inter-service collaboration.

Radiance does not provide clinical follow-up, diagnosis, treatment or formal case management. Continuity within this model is relational, community-based and partnership-driven.

#### 3.1 Relational Continuity

Radiance prioritises consistent facilitators within groups and outreach programs wherever possible to support trust, emotional safety and connection.

Peer workers:

- Operate within the Peer Workforce – Scope of Practice

- Use trauma-informed, culturally safe, strengths-based approaches
- Partner with clients in decisions about engagement and graduation

Where staff transitions occur, supported internal handovers ensure relevant non-clinical information is shared appropriately and transparently with client consent.

### 3.2 Supported Transitions (Graduation)

Graduation from Radiance services is discussed collaboratively with the client.

Graduation occurs when:

- The client identifies readiness to conclude active support, and/or
- Alternative supports have been engaged (warm referral).

Where ongoing or higher-intensity support is required, Radiance provides:

- Warm referrals (direct contact with receiving service where consented)
- Advocacy to reduce barriers to access
- Clear written and verbal information about next steps
- Crisis and escalation information prior to exit

Transition discussions are documented within the client management system to support accountability and quality improvement.

### 3.3 Open-Door Re-Engagement

Radiance maintains a low-barrier re-entry process in recognition that perinatal mental health needs may fluctuate across pregnancy and the first two years postpartum.

- Clients may re-engage within three months without a new referral.
- After archival timeframes, standard referral processes apply.
- Re-engagement is welcomed without stigma.

This approach supports sustained help-seeking behaviour and reduces risk of disengagement from support systems.

### 3.4 Communication for Safety, Critical Information and Risk

At entry and exit points, clients are provided with:

- Information about crisis services and emergency pathways

- Local service contact details
- Clear explanation of how to re-access Radiance

Radiance recognises the importance of timely communication of critical information, emerging risks, and significant changes impacting a client's wellbeing, safety or support needs.

Radiance has processes to:

- Communicate relevant critical information, identified risks, safety concerns, or significant changes in a client's circumstances to appropriate staff, volunteers, referrers or external services in accordance with consent, privacy obligations, and organisational safety protocols.
- Escalate concerns promptly where there is risk of deterioration, suicidality, family violence, child safety concerns, or other urgent wellbeing issues.
- Support clients, families and carers to communicate important information about risks, changing needs, preferences, or concerns relating to their care and support experience.
- Encourage collaborative communication between clients, peer workers, families, carers and external service providers to support continuity, safety and coordinated care.
- Document significant risk-related communications, transitions and escalation actions within the client management system where appropriate.

If a client disengages unexpectedly, Radiance follows referral process guidelines, including communication with referrers where appropriate and consented.

Radiance recognises consumers, families and carers as important partners in identifying risks, emerging concerns and support needs, and supports their involvement in communication, advocacy and decision-making processes wherever appropriate.

### 3.5 System-Level Continuity

Radiance contributes to regional continuity of care by:

- Maintaining formal partnerships with hospitals, statewide perinatal programs, general practice, Aboriginal health services, housing and family violence services
- Strengthening referral pathways and collaboration
- Advocating for integrated perinatal and infant mental health responses

Radiance functions as a connector within the broader service ecosystem, ensuring families are supported to navigate services safely and confidently.

**4. Dyadic assessment and interventions:**

- Standard assessment at commencement and graduation from Radiance services through a pre- and post-evaluation form and EPDS.

**5. Referral pathways and advocacy:**

- Provide advocacy and referral support for families with complex needs such as integration with housing, child protection, domestic violence and primary care where relevant.

**6. Crisis and acute pathways:**

- Clear escalation pathways to emergency mental health services, perinatal psychiatrists, and mother–baby units are maintained and regularly reviewed.
- Peer workers are trained to recognise signs of acute deterioration within scope and to escalate concerns promptly in accordance with Radiance safety protocols.

**7. Workforce training and supervision:**

- Regular training peer workforce to ensure appropriate skill development and maintenance.
- Peer workforce has regular access to supervision to manage mental wellbeing and trauma processing.

**8. Partnerships:**

- Formal partnerships with local hospitals, KEMH statewide programs, PANDA, general practice, Aboriginal health services, housing and domestic violence services; and any other services who support perinatal and infant mental health.

## Cultural safety, inclusion and co-design

Radiance is committed to creating safe, welcoming and inclusive spaces where parents, caregivers, infants, families and volunteers feel heard, respected and supported.

We recognise that every person’s experience is different, and we aim to provide flexible support that responds to individual needs, culture, identity, family structure, lived experience and circumstances.

Radiance works alongside local families, people with lived experience, community representatives and partner organisations to help shape our programs, resources and service delivery. Feedback and shared experiences are valued as an important part of improving services and strengthening community connection.

We encourage ongoing feedback in a variety of ways, including:

- conversations during and after groups or outreach activities
- feedback forms and surveys
- opportunities to contribute ideas for group topics and service improvements
- anonymous feedback options through the website and feedback boxes
- direct contact with staff, volunteers or Board representatives

Feedback is regularly reviewed by staff and the Board to help guide service improvements, identify emerging needs and strengthen the safety and quality of Radiance services.

Radiance recognises that emotional safety is essential in peer-led support environments. Facilitators regularly check in with clients and volunteers throughout programs and at the end of sessions to ensure participants feel supported, safe and connected to appropriate follow-up supports where needed.

Radiance is committed to reducing barriers to support and works collaboratively with clients to identify individual needs, access requirements and appropriate referral or support options where required.

### **Model of Care Review and Working Group**

Radiance has established a Model of Care Working Group to support ongoing review, evaluation and continuous improvement of the service model. In addition, this Model of Care is reviewed regularly in consultation with consumers, staff, volunteers, Board representatives and key stakeholders to ensure continued alignment with service needs, evidence-informed practice and accreditation requirements.

The Working Group may include:

- Staff representatives
- Peer workers and volunteers
- Board members
- Consumers and carers with lived experience
- Independent stakeholders and community partners (e.g. referrers, health professionals, partner agencies)

The Working Group will contribute to:

- Reviewing service effectiveness and accessibility
- Identifying emerging community needs and service gaps
- Supporting co-design and continuous improvement activities
- Ensuring the Model of Care remains aligned with evidence-based practice, accreditation standards, consumer expectations and regional service priorities

### **Workforce and capability**

- Peer workforce to deliver lived-experience support across the organisation – management, client facing staff as well as representatives on the Board.
- Minimum formal education for client-facing staff to include Mental Health Certificate IV or equivalent, first aid and mental health first aid.

- Peer workforce has regular access to supervision to manage mental wellbeing and trauma processing.

### Governance, safety and risk management

- Governance overseen by Radiance Board including consumers and partner agency co-design of strategic direction.
- Safety protocols for family violence, child protection, and suicidality with rapid response timelines.
- This Model of Care and all Radiance services operate in accordance with Radiance’s Governance Framework and policies. Radiance services align with relevant evidence-based processes, standards and legislation including, but not limited to:
  - Australian Charter of Healthcare Rights
  - ACNC (Australian Charities and Not-for-profits Commission) standards
  - Privacy and child safeguarding laws
  - National standards for mental health services
  - Workplace Health and Safety regulations

### Monitoring, evaluation and Key Performance Indicators (KPIs)

Radiance is committed to continuous quality improvement, safety and consumer-centred service delivery. Service data, client feedback and outcome measures are routinely reviewed to evaluate effectiveness, identify emerging needs and strengthen service delivery across the organisation.

Area	Key Performance Indicator (KPI)	Measure/Target	Monitoring Method
Access and Responsiveness	Timeliness of referral triage	Initial contact attempted within 5-7 business days of referral receipt	Client management data through Client Management data system
Service Engagement	Referral engagement rate	Percentage of referred clients who engage with a Radiance service, with target of 75% of all referrals will engage	Referral and attendance data, located through client management data

Consumer Experience	Client satisfaction and perceived emotional safety	Positive feedback from clients regarding support experience, safety and feeling heard	Surveys, feedback forms and verbal feedback
Cultural Safety and Inclusion	Client-reported cultural safety and accessibility	Clients report feeling respected, included and supported	Feedback surveys and quality review processes
Peer Support Outcomes	Improvement in wellbeing and confidence	Client-reported improvement in emotional wellbeing, connection and support	Pre/post evaluation forms
Escalation, Risk and Safety Issues	Appropriate escalation of identified risks	Safety concerns escalated in accordance with organisational procedures	Incident review and documentation audits
Parent–Infant Connection	Dyadic and relational outcomes	Qualitative feedback regarding parent–infant bonding, confidence and connection	Facilitator observations and client feedback, The Edinburgh Postnatal Depression Scale (EPDS).
Workforce Capability	Supervision and training compliance	Peer workforce participate in regular supervision and required training activities	Training and supervision records
Quality Improvement	Review of service trends and feedback	Routine review of feedback, incidents, disengagement patterns and service outcomes to inform improvements	Staff, leadership and Board review processes
Co-design	Consumer participation in review and refinement of Model of Care	Model of Care Working Party to meet 2 – 3 times a year. Community feedback requested at initial introduction of Model of Care.	Model of Care Working Party meeting minutes, Model of Care Community Feedback survey results

Radiance uses ongoing quality improvement processes to review service outcomes, referral pathways, client experience, workforce capability and emerging community needs. Findings from monitoring and evaluation activities are discussed regularly within staff, leadership and Board meetings to support service improvement, accountability and alignment with community-managed mental health service standards.

Continuity of care, communication processes, consumer participation and safety systems are reviewed as part of Radiance's broader quality and governance framework.

## Resources and enablers

- Digital intake, personal triage system, training budget, local partnership agreements, clinical supervision resources, and secured funding for key FTE positions.

## Consumer advocacy and participation

Radiance is committed to meaningful consumer participation and advocacy across all levels of service delivery and organisational development.

Clients, and their families and carers (where appropriate), are encouraged and supported to:

- Participate in decisions regarding their support and engagement with services.
- Provide feedback and contribute to continuous quality improvement activities.
- Engage in advocacy opportunities that promote improved perinatal and infant mental health awareness, service accessibility and system improvement.
- Participate in co-design activities, advisory opportunities, volunteer roles and community engagement initiatives where appropriate.

Radiance recognises lived experience as a valuable form of expertise and seeks to embed consumer voices in service planning, evaluation and advocacy activities.

## Related documents

- Peer Workforce Scope of Practice
- Governance Framework
- Pre- and post-evaluation forms
- Referral Process Internal and External
- Organisational chart and job descriptions
- Local mapped referral directory (on website)
- Data collection forms and evaluation plan (Carepatron, RNSW Quality and Safety Systems Data)

<b>Version</b>	<b>Date</b>	<b>Author/Reviewed By</b>	<b>Description of Changes</b>
1	17 September 2025	Radiance Network South West	Initial draft Model of Care developed, reviewed and published
2	7 May 2026	Choley MacNaughton / Radiance Network South West	Updated to reflect current service delivery processes, consumer partnership, safety communication and continuous improvement activities

## Appendix

### *Opportunities for feedback*

Clients are invited at various stages in their engagement with Radiance to share their thoughts.



Upon receipt of feedback it is recorded in Radiance's Safety and Quality Data System; noted and discussed during staff and Board meeting; next steps are identified and discussed with client (where possible).