CITY OF BALLARAT

Enhanced MCH 2018 – 2019 so far....

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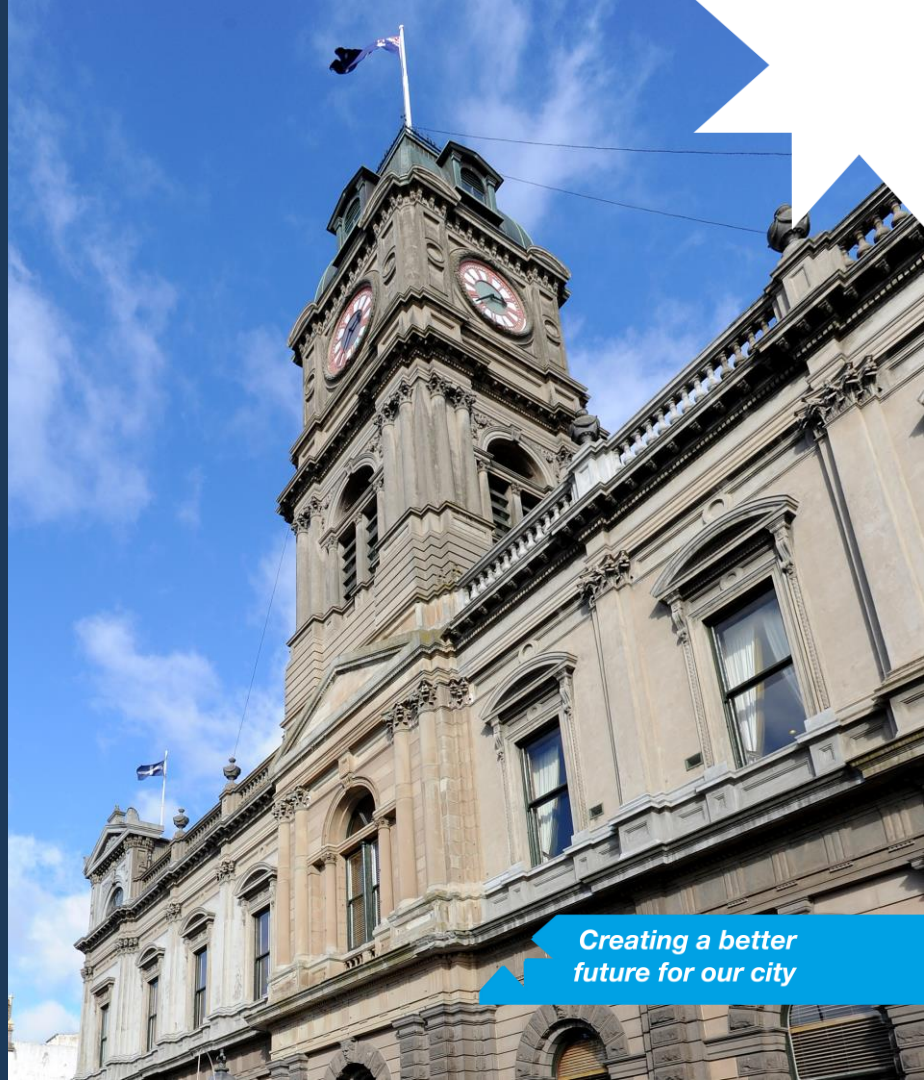

History

Issues with long term team stability, intake/caseload process; welcome July 2018 Enhanced MCH Guidelines

Right@ home site - merger required; staff, physical site
Creation new team in change process - collaborate, one team, group supervision.

Qualities of team members – strengths, ability to share/contribute, allocation of roles/tasks, participation, feedback and brainstorming without criticism, willingness to provide input/ideas.

Risks associated with worker wellbeing - vicarious trauma impacts, lack of support, constant exposure to chaos

Budget

Increase - 50% - $432K + right@home grant
Anticipating – Increase 25% (19-20) & 25% (20-21)

AIM:
Review team mix –discussion, brainstorm model of expanded team
Establish support/culture of one team
Opportunity - future service provision/relevant skills in highly trained and intelligent workforce

EFT - Former (2.4) current (3.1) v future (4.5)

CHALLENGES:
Approvals for new positions within Council despite funding
Budget in surplus - C/F to 19-20 year as changes embedded

Staffing and Team Structure

Team input - aim multi-disciplinary

Team Leader role 0.5

Enhanced Nurse recruitment – workforce in r@h

Allied health (OT) - 0.4; trial

Mentoring roles while working through change (0.4 - 0.6)

Scope to add value & share social worker/paed. OT collaborative to Universal MCH

Caseloads

0.2 = 4 - 5 cases + 2-3 long term cases

e.g. 0.6 EMCH Nurse = approx. 18-19 cases

Team Leader - caseload; representative roles/flexibility

Service KPI's

3743 hours of service (former case target)

22.67 hours per family

Reviewed service hours – iris ?accuracy

Reporting of Child Family Action Plans (CFAP)

Clinical supervision signed agreements

Ongoing...Perseverance, patience & continued discussions around creating change

Referral Process

Refined DET format e.g. ability to highlight protective and risk factors, remove duplications.

Internal & External referrers (3 versions)

CDIS – set up internal referral from mother screen, scan attachment & set up response in EMCH program

Education and training for referrers e.g. Universal MCH, hospital & others who rarely refer (paed's)

Managing Intake

- Closed – 3months
- Referral V Intake V Allocation
- Preparation for weekly dedicated Intake meeting (team)
- Clear caseload picture - iris, caseloads, capacity, pending discharges
- Secondary consult links/support for declined referrals - Universal MCH
- Allocation – assign mother & all children to EMCH centre; add flag

Child Family Action Plan (CFAP)

- Challenges – secure storage outside of CDIS health record (?sharepoint), version control, access for team/manager, and later Universal MCH
- Refined DET form from DET guidelines - improve user ability
- EMCH Nurse has ownership of CFAP and reviews
- Created a brief guideline on how team could implement in uniform way to get started...evolving

Clinical Supervision

DET - $2421; endorsed value

Signed agreements (3); group/individual -frequency

Model of work important - highly relational/care based, family lead, child-centred; empowerment focus

Avoid 'rescuing'/enmeshment; vicarious trauma risk

Choice/positive match for needs of each practitioner; focus health/wellbeing of worker

Social worker (trial) - providing some supervision

Professional Development

- Increase focus – case conferencing, family partnership, trauma, networks, representation skills (Intensive Infant Response Panel, Volunteer FV training), skills client advocacy
- Value of individual learning needs - well being, performance plan and portfolio discussions
- Formal PD application
- Flexibility – ensure staff can attend relevant opportunities

Next Steps

Recruitment & embed new roles, network reps.

Tracking of service hours

Review trials - ChildFIRST MCH role; paed OT;

OOHC agreement responsibilities

Link to Council children's services Vulnerable Families initiatives, FV worker in Parent Place.

Vigilant to staff needs/input as program develops.

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