

Enhanced Maternal & Child Health Program Webinar FAQs

September 2025

OFFICIAL

The information provided below is a response to the questions raised at the Enhanced Maternal and Child Health (MCH) program webinar held on 27 August 2025 by the Department of Health.

The purpose of the webinar was for the Department to provide the MCH sector with an overview of the updates made to the EMCH program guidelines Version 2.0 July 2025.

If you have any questions that are not addressed in this document, please email mch@health.vic.gov.au.

Documentation of time in Enhanced MCH

Q. Does time need to be documented accurately down to the minute or is within 5 minutes accurate enough?

A. Time documented should represent the elements of Enhanced MCH service delivery provided, including direct and indirect client time including travel, documentation and follow-up activities. It is expected to be a reasonable estimation of the time spent supporting a family and does not need to be precisely captured to the minute.

Q. What is the expectation around the documentation of time used by the MCH nurse in the pre-allocation stage?

A. It is important to accurately document the time spent for Enhanced MCH program intake. These processes often require significant effort, including reviewing referrals, coordinating with other services, and planning initial contacts. Clearly recording this time is important to reflect the scope of work and to provide valuable data to inform future workforce planning and program funding decisions. Time should be allocated to the relevant client.

The **Client Not Present** screen can be used to record a data adjustment to capture Enhanced hours for a client who is not enrolled in the program. This may be used to document activities such as time spent reviewing referrals that were assessed but found to be ineligible for the Enhanced program.

Q. Does an Enhanced MCH case need to be closed at 20 hours of service and then reopened if the family need ongoing support?

A. No. While the Enhanced MCH program funding is calculated using a statewide formula and is based on an average of 20 hours of service delivery per child/family (22.67 hours for regional and rural areas) for 15% of the 0–3-year-old population statewide, it is acknowledged that individual family needs will vary. Some families may require fewer than 20 hours, while others may need substantially more. Services are encouraged to deliver care flexibly, based on family needs, and are not expected to close a case, or close and reopen once the 20-hour threshold is reached. It is expected that client case review occurs regularly as part of team clinical discussions. This should incorporate ongoing assessment of client goals to ensure that Enhanced MCH remains an appropriate support for the family.

Flexibility in service delivery

Q. Is it possible to enrol a family with a child over the age of 3 into the Enhanced MCH program on CDIS, if the service has capacity?

A. There are no technical limitations to prevent a child (of any age) being enrolled into an Enhanced MCH Program in CDIS. The decision to accept/continue to work with a family with a child over 3 reflects the flexibility available in the local service and is a matter of balancing family need with service capacity.¹

Q. When writing information in a parent/ carer's notes that you don't want to be visible in the child's notes (for example family violence or mental health information), should you untick the child (i.e remove from program) for that entry?

A. Clinical judgement should inform careful documentation. In general, information relating to the primary caregiver is often relevant to the child. Where sensitive information is included in the primary caregivers notes a reference may be added to the child's notes to refer to mother's history. It is not recommended to untick the child from the Enhanced enrolment. If you need to make a note in a parent's history and do not want it included in the child/rens, utilise the assessment or notes functions - outlined on page 18 of the CDIS Enhanced MCH guide.²

Q. Can the Enhanced MCH program continue to work with a parent/ carer if their child is in Out of Home Care?

A. Children in Out-of-Home Care (OOHC) are a priority group for the Enhanced Maternal and Child Health (MCH) program. The program recognises the importance of providing tailored support to children in OOHC, their parents or carers. Enhanced MCH staff may be actively supporting a parent to build their parenting capacity, even while the child is temporarily not in their care. This approach aligns with the program's aims to be family-centred, to build on strengths and to manage risk factors. Support may include direct engagement with the parent or carer, as well as facilitating connections to other services that are better suited to provide ongoing support—particularly if the OOHC arrangement is expected to continue in the longer term.

¹ Department of Health. (2025). *Enhanced maternal and child health program guidelines* (Version 2.0). Victorian Government. <https://www.health.vic.gov.au/publications/enhanced-maternal-and-child-health-program-guidelines>

² Department of Health and Human Services, (2020). *CDIS Enhanced MCH guide*. Victorian Government. <https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/data/cdis/new---dec-2020/cdis-enhanced-mch-guide.docx>

Q. When undertaking a Key Age and Stage (KAS) visit within the Enhanced MCH program, should the time be attributed to the Enhanced or the KAS in CDIS?

A. The process for recording time under the Enhanced MCH program will vary depending on the local service structure. However, it should broadly reflect the nature and extent of the support provided to the client. KAS funding is based on the number of consultations delivered, not the duration of each appointment.

When an Enhanced MCH nurse conducts a KAS visit, it is common for additional work related to the Enhanced MCH program to occur during the same consultation. In such cases, it is appropriate to allocate a portion of the time to the Enhanced MCH program. However, this should be assessed based on the specific service context.

There is flexibility in this process, recognising that Enhanced MCH and KAS activities often overlap and are delivered as an integrated service in many areas.

The guiding principle is to record Enhanced MCH hours to accurately reflect the work undertaken. As long as KAS consultations are properly conducted and documented in the child's record, the **time** spent on them does not affect reporting or funding.

Q. In smaller services the same nurse often works across both the Universal and Enhanced MCH programs. It is difficult to know when to refer into the Enhanced MCH program and how to separate this work out.

A. If the work you are doing with a family falls outside of the standard KAS visits and they meet eligibility criteria, refer them to the Enhanced MCH program and ensure that the time spent and work you are doing with the family is attributed appropriately.

Allied health in Enhanced MCH

Q. Will there be a framework to address how Enhanced teams can best utilise the scope of knowledge allied health professionals bring to Enhanced MCH delivery?

A. This is an area the Department would be interested in discussing further with services. In the interim, we would greatly appreciate any case studies you can provide regarding local experiences of Enhanced MCH service delivery. For current guidance please refer to pages 13 and 14 of the Enhanced Maternal and Child Health Program Guidelines.²

Child Link

Q. A number of limitations have been identified with Child Link, particularly around the timeliness and usefulness of information available to MCH.

The Department of Education manages Child Link. They have provided answers to the questions and feedback raised during the webinar.

- Child Link provides high-level data, sourced from existing government systems. It is a critical tool that gives professionals access to key factual information and is a critical enabler of the Child Information Sharing Scheme (CISS). The information displayed on Child Link is limited by legislation and includes key information about a child, their family and the child's participation in key early childhood and education services.

- Child Link creates an entry for each Victorian child from birth to 18 years of age at the time a child first interacts with one of the prescribed services (early childhood, education, or MCH) or if a Child Protection Order is made in respect of the child). The information displayed on a child's entries is based on the most recent information received from the relevant government source systems, which is updated regularly. Child Link uses a process of data matching across multiple government sources to create a single child profile. If there are duplicate records or other data inaccuracies raised by users, Child Link works with relevant source system owners to address data quality issues. As Child Link relies on data from government source systems, it displays information about children's participation in funded kindergarten programs.
- Feedback received from MCH nurses to date highlight the benefits as being the ability to see previous engagement of key services, including Child Protection Order information, or information about siblings and including sibling and other key relationship information. Also, when children are transitioning across the council areas, Child Link can support that transition by enabling MCH nurses to work with other services to coordinate supports for the child.
- Child Link is responding to feedback from councils regarding the ability to view children more easily across the council area. Child Link is providing an option for council-based services to be combined, giving nurses' ability to search for children across all locations within the council area. Our team will be in touch with communications to inform and support council-based MCH services to benefit from this option.

If MCH nurses would find more information, they can refer to the [Accessing Child Link](#) web page. Any future questions regarding ChildLink including challenges accessing data or suggestions for improvement can be shared at any time with the Department of Education via email at childlink@education.vic.gov.au.

Other

Q. Will hard copies of the Enhanced MCH guidelines be provided?

A. These guidelines are available electronically and can be printed locally if needed.