

MEMORANDUM OF UNDERSTANDING

between

Department of Education and Training

and

Municipal Association of Victoria

in relation to the

Maternal and Child Health Service

2017 – 2020

1. INTRODUCTION

1.1. PARTIES TO THE MEMORANDUM OF UNDERSTANDING

The parties to this Memorandum of Understanding (MOU) are the Chief Executive Officer of the Municipal Association of Victoria (MAV), representing local government authorities (by Act of Parliament 1907), and the Secretary of the Department of Education and Training (DET). The Department of Health and Human Services (DHHS) is not a party to this MOU; however, the MOU recognises the importance of a shared focus on improving the health, development, wellbeing and learning outcomes for Victorian children. The Maternal and Child Health (MCH) Service MOU was first agreed in 2000, and has been reviewed periodically and updated by the State Government and MAV (on behalf of local government) since that time.

1.2. PURPOSE & SCOPE

*Supporting Children and Families in the Early Years: A Compact between the Department of Education and Training (DET), Department of Health and Human Services (DHHS) and Local Government (represented by MAV)*¹ formalises a closer working relationship between DET, DHHS and Local Government with the aim of lifting outcomes for young children and families. The Compact is a high-level, overarching commitment between the three parties. The MCH Service MOU forms an implementation agreement under this overarching framework.

The MCH Service MOU includes a statement of agreed principles and priority areas to guide the partnership between State and local government as partners in decision-making for the planning, funding, and provision of the Victorian MCH Service. This collaborative approach strengthens the MCH Service's capacity to engage with all families in Victoria with children from birth to school age in a timely manner in order to improve their health, development and wellbeing. This approach takes into account families' strengths and vulnerabilities, and provides ongoing primary health care according to need.

The MOU represents a shared commitment to the delivery and improvement of the MCH Service. The following principles underpin this shared commitment:

- working in a transparent and mutually accountable way to design, plan and deliver on agreed priorities, respecting each party's roles and responsibilities
- holding a shared focus on improving outcomes for children and their families
- engaging families and children in decision making about the services and supports they need
- sharing information, data and evidence to support best practice and identify areas for improvement
- using a systems and place-based approach to deliver well connected, inclusive and high-quality services tailored to local communities.

1.3. ROLES & RESPONSIBILITIES

DET has responsibility for the State Government's policy agenda for MCH service delivery and reform in Victoria. It does this through:

- the development of comprehensive, evidence-based policies, initiatives, guidelines and standards
- contribution to the funding of the MCH Service

¹ Please note that at the time of the development of the MOU, the *Supporting Children and Families in the Early Years: A Compact between DET, DHHS and Local Government (represented by MAV)* was yet to be finalised.

- support for the professional development of the MCH workforce
- provision of regionally-based Performance and Planning Advisors (PAPAs)
- provision of the MCH Line and employment of the MCH workforce delivering this service component.

DET and local councils share the responsibility of funding the Universal MCH Service.

Local government has a statutory and social responsibility for planning for its local community. It supports the learning, health and wellbeing of Victorian children and families through determining policy at a local level. It takes a place-based approach to planning, funding and infrastructure, as well as the coordination and delivery of services for children and families.

Councils are responsible for the delivery and monitoring of the Universal and Enhanced MCH Service either through direct service delivery or by contracting the service. MCH nurses, and other health/early years professionals, are directly employed by the council and they operate under the control of the council or the organisation to which councils contract.

MAV has the statutory responsibility to promote the interests of local government and represents all councils, including local government contribution to the statewide policy direction for the MCH Service.

1.4. TERM OF MEMORANDUM OF UNDERSTANDING

This MCH Service MOU commences 1 May 2017 and concludes 31 December 2020.

2. POLICY CONTEXT

2.1. STATE GOVERNMENT CONTEXT

The Victorian Government's *Education State* is about giving every Victorian the opportunity to succeed in life, regardless of background, place or circumstance, beginning early in life. Every child irrespective of background or disadvantage should be an engaged, confident and creative learner. Every child should be safe, cared for and thriving. Every family should be well supported by early childhood services, and confident in their parenting role.

Early childhood reform, as part of *Education State* and led by DET, seeks to create an early childhood service system where every child has the best start in life, with access to safe, quality early childhood services, and where every parent and carer feels confident and fully supported. This reform and service improvement will be integrated with the Government's *Roadmap for Reform: Strong Families, Safe Children* which is led by DHHS, and sets the directions for long-term reform of the Victorian child and family services system. Together, these reforms seek to ensure that all children are well supported to succeed throughout their life.

The findings and recommendations of the *Royal Commission into Family Violence* inform the Victorian Government's clear agenda to prevent and respond to family violence in the community. Responsibility for implementing this agenda spans multiple Victorian Government departments, including DET and DHHS through their roles in delivering health, community and education services.

2.2. LOCAL GOVERNMENT CONTEXT

Local government in Victoria is one of the largest early childhood education, care and health providers. It has a joint responsibility with the State and Commonwealth to ensure that locally accessible family and children's services are provided to support families in the care, protection, health, development and education of young children. Strengthening the universal service system, building community resilience and intervening early are core objectives.

Councils determine the most effective means of providing a service to the community through principles of evidence-based practice, responsiveness, accessibility, quality and cost standards, continuous improvement, consultation and community accountability. The Best Value principles and process are contained in Part 1A of the Local Government Act 1989.

Municipal Early Years Plans provide a strategic direction for local government in the planning and delivery of early childhood services. The review and updating of Municipal Early Years Plans by councils continue to provide a focus on the development and coordination of local services for children and their families as part of an integrated municipal planning process. Within this context, Municipal Early Years Plans inform the priorities of individual councils in the delivery of MCH services.

2.3. VICTORIAN MATERNAL AND CHILD HEALTH SERVICE

The Maternal and Child Health Service

The MCH Service is a free, universally accessible, statewide health, wellbeing and development service provided for all families with children aged from birth to school age. The MCH Service supports families and their children with an emphasis on parenting, prevention and health promotion, developmental and psychosocial screening, early detection and intervention, and referral and social support.

The MCH Service in Victoria seeks outcomes related to:

- population level public health via a universal service for children from birth to school age
- child health and development through prevention, early detection and intervention for physical, emotional and social factors affecting young children
- child and family wellbeing through considering the holistic context of the child's health and wellbeing, including the mother and the family.

The MCH Service is delivered by a workforce of MCH nurses and other professionals with an agreed skill set to achieve service outcomes as specified in the MCH Service Guidelines. The MCH Service comprises three core components; the Universal MCH service, the Enhanced MCH service and the MCH Line.

The Universal MCH Service:

- provides a schedule of 10 Key Ages and Stages (KAS) consultations between an MCH Nurse and the child and family from birth to school entry age; these consist of an initial home visit, consultations at two, four and eight weeks, four, eight, 12 and 18 months, and at two and three and a half years of age
- provides capacity for groups, additional consultations and community development to enable the development of innovative local service responses to meet the needs of families not addressed through the standard KAS visits; including first time parent groups, community strengthening activities, additional targeted consultations where there is a demonstrated need, and telephone consultations.

The Enhanced MCH Service:

- responds assertively to the needs of children and families at risk of poor outcomes, in particular where there are multiple risk factors, by providing a more intensive level of support in addition to the suite of services offered universally
- enables councils to identify and provide services to eligible families in their community, and to prevent emerging difficulties through early intervention, early identification and linkage with other support systems including GPs, paediatric, maternity, mental health practitioners, ChildFIRST, family support, child protection, specialist family violence, parenting and early intervention services
- provides support in a variety of settings, including the family's home, the local MCH centre or another location within the community.

The MCH Line:

- provides telephone advice and support to families with young children 24 hours a day, seven days a week.

The Child Wellbeing and Safety Act 2005

The Child Wellbeing and Safety Act 2005 (the Act) prescribes who is to give notification of a birth to the Chief Executive Officer of the council of the municipal district in which the mother of the child usually resides. The Act also prescribes that once the birth notification is received at the municipal district, it is to be sent to the nurse whose duty it is to visit or communicate with the family to which the notice relates.

3. DETAILS OF AGREEMENT

The parties will develop a work plan that details the priorities and activities to be undertaken each year under each of the four areas of the MOU.

3.1. SERVICE DELIVERY

Principles of service delivery

The following principles guide the delivery of the Victorian MCH Service:

- The MCH Service provides a core service for all children and their families with additional support provided to the children and families who need it.
- The MCH Service is delivered in line with the relevant health policy frameworks and clinical practice guidelines; for example, the Victorian Early Years Learning and Development Framework, MCH Service specific guidelines and standards, and mandated health standards to ensure safety and quality.
- The MCH Service is delivered in line with evidence regarding best practice in MCH service delivery.
- The MCH Service will recognise the importance of an integrated and flexible approach to planning and service delivery, and a commitment to pursue innovative service delivery options in response to identified individual, family and local community needs and preferences.
- The MCH Service will improve accountability and measure service delivery against a set of agreed outcomes and quality measures.

Areas of service delivery and improvement

To support high-quality service delivery, the parties hold a shared commitment to the development and implementation of a MCH Service framework and revising guidelines to be based on current evidence and consistent with State and local government priorities. The parties also share a commitment to identify and document the characteristics of an effective MCH Service as part of this work.

The MCH Service recognises the importance of an integrated and flexible approach to service planning and delivery. MCH services will strive to link with and collaborate with other early years and family services including parenting services, playgroups, and specialist and tertiary services. MCH services will work with early childhood education and care services to support children in their transition to early learning services and school.

Consistent with Universal MCH Service funding provided for delivery of the 10 KAS consultations for all families, and to allow the provision of groups, additional consultations and community development, MCH services will make reasonable efforts to engage all families in the service within their local area. This includes undertaking local workforce planning to maintain the level of staffing required to offer a service to all families.

The parties will work collaboratively to further develop a shared understanding of the key features of best-practice at the system, service, and practitioner level. This work will include:

- developing and implementing an agreed MCH Service framework and revised guidelines
- exploring and supporting, where feasible, innovative ways of managing and providing the MCH Service, including across different geographical areas
- examining opportunities to support better transitions (for example, making links between MCH consultations and early learning services)
- working in partnership with DHHS to provide robust and timely MCH Service client data, including improved information and information sharing in relation to children and families experiencing vulnerability; the integral role of the MCH Service will be recognised within this process.

3.2. SERVICE REFORM

Principles of service reform

The following principles guide the service reform initiatives for the Victorian MCH Service:

- Reform initiatives seek to build on the strengths of the MCH Service to better support all children and their families.
- A commitment to universal service provision will be retained in the development and implementation of all MCH Service reform initiatives.
- A commitment to supporting linkages between the universal, secondary and tertiary services.
- In undertaking reform initiatives, there will be due consideration of the impact on funding and the associated processes.

Areas of service reform

The implementation of the recommendations of the *Royal Commission into Family Violence* will impact on reform priorities for local and State Government, including for the MCH Service in the term of this agreement.

DET will lead the delivery of MCH Service reform initiatives under the *Education State Early Childhood Development Reform Plan*, and *Roadmap for Reform: Strong Families, Safe Children*, in collaboration with MAV (representing local government). This includes but is not limited to:

- a new intensive early childhood support service for families experiencing vulnerability, including consideration of the role of and relationship with the MCH Service
- working with Koorie communities to co-design a MCH service delivery model to deliver more culturally responsive and high quality services, including through both Aboriginal Community Controlled Organisations, local government or other current MCH service providers
- expansion of the Enhanced MCH service to support more families with children aged 0-3 supported by the revised Enhanced MCH clinical guidelines
- additional outreach visits for women and children who are experiencing family violence, or at risk of experiencing it.

MAV is leading the development of the statewide platform database for all children in Victoria (Child Development Information System – CDIS), which will facilitate linkages and referral of families to the secondary and tertiary services.

3.3. FUNDING

Principles of funding

The following principles guide the funding of the Victorian MCH Service:

- State and local government contribute equally (50:50) to the hourly price for the Universal MCH Service, which includes 10 KAS consultations and capacity to provide groups, additional consultations and community development. If, by agreement, the core components of the Service are modified, a corresponding review of costing will be undertaken in consultation with local government.
- State Government's contribution to funding the MCH Service is ongoing and supports local government to respond to birth notifications in accordance with legislative requirements. Local government may provide services directly or tender services out.
- State Government funding is for MCH Service activities specified in the service agreements between DET and local government or agencies that provide the MCH Service, and within the MCH Service Guidelines.
- Where either party proposes additional or new service activities beyond that specified in service agreements between DET and local government (or agencies that provide the MCH Service), these

will be fully funded by the party proposing the activity unless otherwise negotiated. This is therefore outside the 50:50 funding agreement for the Universal MCH Service.

- Planning for any modification to the service delivery model will consider the cost impact of the modification to both State and local government.
- No user charges will be applied to the Universal MCH Service, the Enhanced MCH Service or the MCH Line for the term of this MOU.

Unit price and indexation

The unit price is the basis for funding the MCH Service. The parties have agreed on a unit price for the MCH Service that includes salary and on-costs, operating expenses, management, facilities, and professional development. The unit price for one hour of service is \$110 in 2016/17, which is applicable from 1 July 2016.

DET will increase the funding payable each financial year of the term of the MOU by the rate of indexation approved by the State Government. An annual indexation rate of 2.5 per cent will be applied for the period 2017/18 to 2019/20.

Any additional increases to the State Government's contribution to the unit price will be informed by relevant reform directions, a consideration of effectiveness and efficiency, a review of the costs, and will be consistent with Victorian Government wages policy.

Local government contributions include direct funds and corporate contributions related to service delivery.

Annual inputs and cost monitoring

To inform State and local government, MAV will coordinate information regarding every local government area level costs and inputs involved in delivering the MCH Service on an annual basis and provide this to DET. The format and content of this information will be determined jointly by the MAV and DET. DET will consider the costs and inputs provided by MAV when advising State Government.

Funding the Universal and Enhanced MCH Service

Funding for each municipality is calculated based on a funding formula that takes into account the number of children enrolled in the MCH Service in specific age cohorts, the socioeconomic situation of families and rurality. Funding is based on information provided to DET in March each year by local government, this is referred to as 'March data'. The implementation of data systems may support changes to the funding process.

The Universal MCH Service is funded for 100 per cent participation in the 10 KAS consultations. Funding is also provided for families who require support outside the standard 10 KAS consultations, including for the provision of additional consultations (via phone or face to face), first time parent groups and community development. Any additional universal consultations initiated by local government are to be fully funded by local government.

Funding for the Enhanced MCH Service is allocated on the basis of rurality and socioeconomic situation and is fully funded by DET. Potential measures of disadvantage to be applied in this calculation will be monitored to ensure the most appropriate measure is used.

In 2007, a rural sustainability grant was established to help stabilise funding and staffing costs for very small MCH services and provide a measure of sustainability to these services. Services that receive less than the threshold amount from the State Government for their Universal MCH Service receive a rural sustainability grant to top up their funding to that threshold. This grant is provided in addition to Enhanced MCH Service funding for these services.

Funding the MCH Line

The MCH Line is fully funded by DET. The MCH nurses who deliver the service are employed by DET.

3.4. OUTCOMES & ACCOUNTABILITY

Principles of outcomes and accountability

The following principles guide outcomes and accountability measures of the Victorian MCH Service:

- The MCH Service has clear reporting processes that support the collection of high-quality data, and data is used to indicate good practice and service quality.
- The MCH Service uses evidence, research and evaluation to continuously improve the planning, delivery and practice to drive stronger outcomes for Victorian children and their families, and to track and measure the benefits of the Service.

Outcomes and reporting framework

The parties share a commitment to increasing the focus on outcomes and accountability within the MCH Service to inform the development of best practice. As part of this commitment, local government, MAV (on behalf on local government) and DET will work together to develop an outcomes and reporting framework for the MCH Service. Reporting and performance indicators for both State and local government included in this framework will align with relevant education and health early childhood outcomes and measures.

Future adaptations of the MCH Service MOU will include reference to these outcomes and measures.

Data and reporting requirements

Councils endeavour to provide MCH Service data to DET to demonstrate service provision and achievement against outcomes outlined in the:

- service agreements between DET and local government (or agencies that provide the MCH Service)
- MCH Service Guidelines
- MCH Service Practice Guidelines.

The parties will work collaboratively to develop a process for providing feedback to drive improved service quality and outcomes.

Service improvement planning should be directed at the achievement of agreed early childhood outcomes, service objectives and community need, monitored through service data and submitted to DET annually.

DET and MAV (on behalf on local government) will work together to inform CDIS enhancements. Through enhanced data collection via the CDIS and integration with MCH Central, local government, DET and MAV will be able to better demonstrate the achievements of and gaps in MCH service delivery, and progress towards achieving agreed outcomes. This will inform future service improvement initiatives and reforms, and increases to funding via the unit price.

4. PROCESS FOR VARIATION & REVIEW

The MCH Service MOU can be reviewed and amended by mutual agreement between the parties during the agreed term. The MOU will be the subject of a review commencing 1 June 2020 with the intention of agreeing the form of the new MOU by 31 December 2020.

5. AUTHORISATION

The Secretary of the Department of Education and Training and the Chief Executive Officer of the Municipal Association of Victoria acknowledge their acceptance of the terms of this Memorandum of Understanding for the delivery of MCH services by signing on1...../.....5...../.....17.....

Signed for and on behalf and with the authority of the Municipal Association of Victoria



Signature



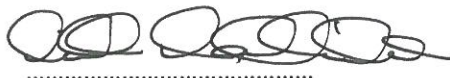
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Signed by the Secretary of the Department of Education and Training



Signature



Witness signature

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