The MCH Accord: Reimagining Maternal and Child Health through a local context

Discussion Paper October 2025

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As the peak body for the Victorian local government sector, the Municipal Association of Victoria (MAV) offers councils a one-stop shop of services and support to help them serve their communities.

ACKNOWLEDGEMENT

The MAV thanks Allison Kenwood Consulting and the Maternal & Child Health Strategic Advisory Reference Group and the many professionals across Victoria whose generous insights, expertise, and collaboration ensured this discussion paper reflects the diverse realities and needs of councils delivering essential MCH services.

ACKNOWLEDGEMENT OF COUNTRY

The Municipal Association of Victoria acknowledges the Traditional Owners of Country throughout Victoria and recognises their continuing connection to lands, waters, and culture. We pay our respect to Elders past and present who carry the memories, traditions, cultures, and aspirations of First Peoples, and who forge the path ahead for emerging leaders.

We acknowledge the important role of cultural practices that have supported the health and wellbeing of mothers, families and their babies for thousands of years.

We support local governments' commitment to strengthen relationships with Victoria's First Peoples communities and to encourage greater unity, knowledge, cultural awareness and respect for First occupants of our land – through its strong community links and local representation.

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This discussion paper has been prepared by the MAV. The MAV thanks the Strategic Advisory Reference Group and the many professionals across Victoria whose generous insights, expertise, and collaboration ensured this paper reflects the diverse realities and needs of councils delivering essential MCH services

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1. Executive Summary

From a baby's first check-up to school transition, Victoria's Maternal and Child Health (MCH) service has been a constant presence in the lives of families for more than a century. It is one of our most trusted, universal touchpoints, where families turn for expert advice, reassurance, and connection at the most vulnerable and formative stages of life.

Victorian councils play a vital stewardship role in the MCH program, ensuring the provision of flexible, locally responsive services that uphold consistent quality and professional standards. Through council-led coordination and strategic partnerships, they provide a strong foundation for innovation, service integration and inclusive practice.

But this ongoing partnership between the State and local government is now at risk. Rising demand, increasingly complex family needs, and an overstretched workforce are converging with outdated funding and governance frameworks. Councils are being asked to respond to more (family violence, mental health concerns, cultural diversity, cost-of-living stress, housing instability) without the resources or flexibility to match the pace of change.

The upcoming renewal of the MCH Memorandum of Understanding (MOU) presents a strategic opportunity to secure the service's future. With the right investment, reform, and clarity of roles, Victoria can safeguard universal access, strengthen outcomes, and cement its reputation as a national leader in child and family wellbeing.

This paper sets out a sector-led reform agenda to position Victoria as the national benchmark for child and family services. It is shaped by extensive consultation with local government, through the MAV's MCH Strategic Reference Group and the broader sector. It calls for collaborative action across three interconnected priorities:

- **Partnership:** Strengthen collaborative governance and shared responsibility.
- **Practice**: Modernise service delivery and build a skilled, sustainable workforce.
- **Sustainability**: Create contemporary funding models and fit-for-purpose digital infrastructure.

To safeguard and enhance the MCH service, this paper recommends:

- **Strengthening funding models** to reflect the full cost of service delivery
- **Modernising practice frameworks** and digital systems
- **Investing in workforce** sustainability and leadership development
- **Supporting innovation** and integration across health and community services
- **Ensuring place-based flexibility** to meet the needs of diverse communities

These actions will ensure the MCH service continues to deliver equitable, high-quality support to all Victorian families.

The MCH service is more than a program; it is a promise to every Victorian child. Renewing the MOU will ensure that this promise is kept for future generations.

2. Introduction and Context

For over a century, Victorian local government has partnered with the State to deliver essential Maternal and Child Health (MCH) services. As the current 2022-2025 Memorandum of Understanding (MOU) (extended to June 30, 2026) approaches renewal, this partnership faces significant pressures that require collaborative solutions to ensure sustainability and ongoing impact.

Victorian councils play a multifaceted role in the provision of MCH services, acting as direct providers, contractors, partners, system stewards, and local advocates. This versatility has enabled the development of diverse service models that respond to local community needs while maintaining consistent standards and outcomes across the state. Councils bring local knowledge, professional expertise, and community trust, forming a foundation for a responsive and equitable MCH system.

Today, councils and the Victorian Department of Health navigate a complex and evolving landscape shaped by workforce pressures, financial constraints, and increasingly diverse family needs. This discussion paper draws on comprehensive consultation with the sector and detailed input from the MAV MCH Strategic Reference Group, representing councils across Victoria's regional, rural, and metropolitan areas. It examines the strategic partnership between Victorian local government and the Department of Health in delivering MCH services and identifies opportunities to strengthen the system through the upcoming MOU renewal.

The Victorian MCH service operates as an integrated system with four key components: the Universal MCH program, providing foundational services to all families; the Enhanced MCH program, offering targeted support for families with additional needs; the 24-hour MCH Line, delivering immediate telephone advice; and Aboriginal MCH services, providing culturally safe care through Aboriginal Community Controlled Organisations.

The governance of MCH services reflects the complementary roles of the State and local government. The Department of Health oversees state-level policy, program funding, and clinical standards, while councils exercise both statutory and social responsibility to plan, fund, and deliver services in line with local community needs. Councils' place-based approach ensures that services are responsive, accessible, and tailored, supporting the health and wellbeing of Victorian children and families.

As the MOU approaches renewal, this discussion paper focuses on three interconnected themes:

1. **Partnership** - strengthening collaborative governance and shared responsibility.
2. **Practice** - modernising service delivery and workforce development.
3. **Sustainability** - ensuring financial viability and long-term continuity.

By addressing these priorities, a renewed MOU can secure a resilient, contemporary MCH system, ensuring that all Victorian families continue to access high-quality, essential services.

3. Service Delivery Models: Flexibility within the Framework

Victorian councils play multiple, complementary roles in the delivery of MCH services, as direct providers, contracted partners, system stewards, and local advocates. This versatility allows councils to develop service models that are responsive to local needs while maintaining consistent standards across the state. By making decisions about how services are best delivered in their communities, councils bring vital flexibility, place-based insight, and responsiveness to the sector.

Council-Led Essential Service Delivery

The majority of councils directly deliver essential MCH services, leveraging their deep community trust and understanding. This locally led model offers distinct advantages: it enables services to be tailored to community needs, builds integrated support networks, and strengthens workforce continuity. Council-delivered services create tangible value through partnerships and integrated programs, such as MABELS, Central Registration and Enrolment Schemes, INFANT Groups, Supported Playgroups, and Our Place Initiatives.

The renewed MOU should actively support and resource this innovation by:

- **Enabling Local Innovation**: Allowing councils to develop creative, locally tailored solutions while maintaining quality standards.
- **Providing Ongoing Multi-Year Innovation Funding**: Offering funding that extends beyond single-year cycles to ensure sufficient time for implementation, evaluation, and demonstration of impact.
- **Supporting Flexible Service Design**: Allowing adaptation of service models to meet diverse community needs without compromising core standards.
- **Focusing on Outcome-Based Accountability**: Measuring success through meaningful outcomes, improved child health, wellbeing, and development, strengthened family functioning, and increased parental confidence, rather than simple process compliance.

Partnership and Contracting Models

In some communities, councils adopt alternative delivery models for MCH services. These include contracting delivery to neighbouring councils or local health providers to best meet the needs of families and available resources. Such flexible service arrangements support stronger integration across the health and early years system, enable warm referral pathways, and draw on shared expertise to improve outcomes for children and families. By tailoring delivery through trusted providers, councils can uphold service quality while responding to local context.

Aboriginal Community-Controlled Services

The Aboriginal MCH model, delivered across 16 sites through 15 Aboriginal Community Controlled Organisations (ACCOs), provides a strong example of culturally safe, self-determined service delivery. Councils partner with local ACCOs to ensure families have

genuine choice, uphold principles of self-determination, and receive culturally appropriate care across all service settings. This partnership reinforces continuity with Koori Maternity Services and strengthens community trust.

Emerging Innovations

Innovation continues to flourish across the sector. Regional partnership approaches and Midwifery-MCH continuity models demonstrate the potential of collaborative, place-based solutions to enhance outcomes. The renewed MOU should actively support these initiatives, providing the resources and flexibility needed to pilot, evaluate, and scale promising approaches.

4. Key Messages: The Case for Renewal

The renewal of the MCH MOU presents a pivotal opportunity to future-proof one of Victoria's most trusted early years services. As councils and the State navigate rising service complexity, workforce pressures, and outdated practice frameworks, governance clarity and shared accountability are essential. This moment calls for renewed investment, integrated systems, and a co-designed approach that reflects the true cost of delivery, responds to evolving family needs, and secures equitable access for all communities - metropolitan, rural, and regional.

To realise this vision, three interconnected priorities must be addressed: Partnership, Practice, and Sustainability, each building on the strengths of the current system while tackling the barriers that threaten its future.

Partnership

The enduring partnership between State and local government is vital to the success of Victoria's MCH services. Strengthening this shared leadership is key to navigating complexity and achieving equitable, place-based outcomes. The upcoming renewal of the MCH MOU presents an opportunity to reaffirm this commitment and embed sustainable practices that will support the service into the future:

- The MCH MOU renewal is a strategic opportunity to reaffirm shared accountability and collaborative governance.
- Councils bring deep local knowledge, community trust, and place-based insight; the State provides system-level coordination, funding, and strategic oversight.
- Governance clarity is essential. Clear roles and decision-making processes must respect the distinct responsibilities of each tier, as affirmed in the Victorian State and Local Government Agreement (2014).
- Embedding co-design and joint decision-making will strengthen service integration and responsiveness across the early years system.

Practice

The MCH service must evolve to meet the changing needs of families and reflect contemporary evidence, workforce realities, and integrated service models. This evolution is not optional; it is essential for the service to remain relevant, accessible, and effective. The pressures on families and the system are significant, and MCH services must adapt accordingly. This means recognising that:

- Families present with increasingly complex and intersecting challenges, including mental health, family violence, cultural diversity, and housing insecurity. These issues require more adaptive, trauma-informed, and integrated service responses.

- The Key Ages and Stages framework requires urgent modernisation to reflect current evidence, child health, wellbeing and development knowledge, as well as state health priorities.
- System fragmentation hinders continuity of care. Greater integration across hospitals, early childhood education, and community services is needed.
- Investment in integrated digital infrastructure is critical to enable data sharing, improve accessibility, and support outcome-based contemporary practice.

Sustainability

Long-term sustainability depends on adequate funding, workforce stability, and equitable access, especially in rural and regional communities. Achieving this requires confronting the systemic pressures that are undermining service delivery and planning for the capacity needed to meet future demand, including:

- Current funding models, which do not reflect the true cost of service delivery, are placing pressure on councils and risking service quality.
- Workforce sustainability is under threat. Recruitment and retention of MCH nurses and leaders, particularly in rural areas, requires targeted investment in professional development and leadership pathways.
- Rural and regional communities face compounded inequities due to geographic isolation, limited access to specialists, and workforce shortages.

The MOU renewal offers a chance to realign investment, strengthen workforce capacity, and ensure consistent, high-quality service delivery across Victoria. Addressing these priorities sets the stage for meaningful action to strengthen service delivery, support families, and build a sustainable, future-ready system. The following section outlines how, together, we can realise this vision.

5. Contemporary Challenges and Opportunities

Through extensive consultation with Victorian councils, including in-depth workshops with the Strategic Advisory Group, several pressing challenges have emerged that the upcoming MCH MOU renewal must address. These challenges reflect the evolving landscape of family needs, workforce pressures, and funding realities, but they also present significant opportunities for innovation and system-strengthening reforms.

Leadership and Workforce Sustainability

Councils consistently report difficulty recruiting and retaining qualified MCH coordinators and leaders. Many positions remain vacant for extended periods, particularly in rural and regional areas, which affects service quality, staff morale, and continuity of care. Addressing this leadership gap requires strategic investment in professional development, career progression pathways, mentoring, and targeted support for rural professionals. Building sustainable workforce capacity is critical not only to maintain service delivery but also to enable innovation and responsive local service design.

Financial Sustainability

Current funding arrangements do not reflect the true cost of delivering MCH services. Analysis indicates that the median cost of providing the MCH service, including overheads, is projected at $284 per hour of MCH service for 2025–26, more than double the existing unit cost. Fewer than 10% of councils can provide services under the current funding framework, often subsidising essential services with general revenue, which is unsustainable for the future. This financial pressure threatens sustainability and limits councils' ability to innovate or respond to emerging needs.

Service Framework Modernisation

Since the framework rollout in 2009, family needs and community expectations have evolved significantly. Today, MCH services must respond to increasingly complex presentations, including higher rates of family violence, mental health concerns, and culturally and linguistically diverse needs requiring interpreter support. Legislative obligations stemming from recent royal commission recommendations further add to service complexity. Modernising practice frameworks, including reviewing the Key Ages and Stages framework, is essential to ensure services remain evidence-based, responsive, and relevant to contemporary families.

Rural and Regional Considerations

Rural and regional communities face unique challenges, including geographic isolation, limited access to specialist services, higher rates of developmental vulnerability, and workforce recruitment difficulties. Thin markets, siloed systems, and limited complementary service options complicate integrated, place-based delivery. Addressing these disparities requires targeted support, regional collaboration, and innovative approaches to workforce

development, service design, and integration with local health and community services.

Opportunities for Systemic Innovation

Despite current challenges, the evolving landscape presents a pivotal opportunity to reimagine MCH services. The renewal of the MOU offers a strategic platform to co-design a transformed service model that is locally responsive, evidence-informed, and system-connected. Through this process, councils and the State Government can:

- **Strengthen partnerships** by establishing governance structures that clarify roles, support shared decision-making, and empower councils to tailor services to community needs.
- **Modernise service delivery** by embedding contemporary evidence, digital innovations, and flexible care models that are outcome-driven and reflect the realities of families today
- **Invest in workforce sustainability** through targeted development, leadership pathways, and rural support strategies that build capability across the system.
- **Advance integrated, family-centred care** by improving digital information sharing, enabling warm referrals, and leveraging innovation funding to drive continuous improvement.
- **Establishing a contemporary funding model** that reflects the true cost of delivering the service, supports equitable access, and enables councils to innovate and respond to emerging needs.
- **Aligning investment and accountability** with shared outcomes, creating the conditions for enduring reform and continuous improvement.

By embracing this collaborative reform agenda through shared governance, Victoria can shape a MCH system that reflects local context and positions Victoria as the national leader in child and family wellbeing.

6. Strategic Priorities for MoU Renewal

The renewal of the Maternal and Child Health (MCH) Memorandum of Understanding presents a timely and critical opportunity to strengthen services for Victorian families through targeted, coordinated reform. Building on the strengths of council-led service delivery, contemporary challenges identified through extensive Strategic Advisory Group consultation, and emerging innovations across the sector, the new MOU must prioritise five interdependent strategic areas: contemporary funding, service framework modernisation, workforce sustainability, service innovation and integration, and leadership development and clinical governance.

Contemporary Funding Partnership

A sustainable MCH service requires funding that accurately reflects the cost and complexity of delivering high-quality, universal and targeted services. Analysis across the sector highlights that the current unit cost is insufficient for over 90% of councils, with many councils subsidising delivery from general revenue, which is no longer sustainable. A comprehensive, evidence-based cost review is underway to provide a robust foundation for MOU negotiations. In the interim, urgent issues require attention, including recognition of infrastructure, digital systems, clinical governance costs, complexity loading for interpreter-mediated sessions or complex presentations, and “invisible hours” spent on planning, administration, and collaboration/partnerships.

The renewed MOU must establish a partnership-based funding model that acknowledges the shared responsibility of state and local government in ensuring accessible, high-quality MCH services. This approach would not only secure the viability of existing services but also enable innovation and adaptation to local community needs.

Service Framework Modernisation

MCH practice must evolve alongside contemporary evidence, emerging health priorities, and the increasing complexity of family needs. The current Key Ages and Stages framework requires a comprehensive review to ensure it aligns with the latest child health, development, and wellbeing knowledge. Modernisation efforts must also embed flexible service design, support digital transformation for accessible and effective service delivery, and provide appropriate resourcing to accommodate policy-driven changes.

The new MOU should emphasise outcome-focused accountability, shifting from process compliance to measuring meaningful impact, including improved child health, parental confidence, and family wellbeing, while maintaining universal service standards. Supporting councils in adapting frameworks to local contexts ensures services remain responsive, place-based, and aligned with state-wide objectives.

Workforce Sustainability Strategy

A skilled, stable, and supported workforce is central to the continuity and quality of MCH services. Strategic Advisory Group consultations consistently highlight recruitment difficulties, particularly for coordinator and leadership roles, alongside professional isolation challenges in rural and regional communities. To address these, the MOU must enable coordinated investment in workforce development, education pathways, career progression, and competitive employment conditions.

Targeted strategies should include partnerships with universities and training providers to support qualifications and professional growth, leadership pathways through mentoring and communities of practice, and solutions to address rural workforce challenges, such as shared educator models and technology-enabled connections. Strengthening workforce sustainability ensures that MCH services can respond to contemporary demands, maintain quality standards, and build long-term capacity across all Victorian communities.

Service Innovation and Integration

Delivering seamless, family-centred care requires a connected and integrated system. The new MOU must enable stronger collaboration across hospitals, general practitioners, community services, and early childhood programs to ensure timely referrals, coordinated pathways, and equitable service access. Digital integration and streamlined data sharing are critical enablers of this system-wide coordination.

Innovation funding is also essential, with multi-year commitments that allow councils to pilot and evaluate new service models, including regional partnerships and midwifery-MCH continuity approaches. Strengthened collaboration with Aboriginal Community Controlled Organisations (ACCOs) ensures culturally safe, self-determined service delivery for Aboriginal families while building shared pathways and community trust. These investments create the conditions for more seamless, responsive, and sustainable service delivery across Victoria.

Leadership Development and Clinical Governance

Leadership capacity and strong clinical governance are central to the effectiveness, resilience, and innovation of MCH services. Persistent recruitment challenges, limited career progression pathways, succession planning gaps, and competing clinical demands have underscored the need for deliberate, coordinated investment in sector-wide leadership development.

The renewed MOU should support initiatives that build leadership and clinical capability across councils while responding to local context and workforce pressures. MAV-led programs, including communities of practice, mentoring, and tiered leadership approaches, will provide structured support, while university partnerships with RMIT, La Trobe and Federation University can strengthen clinical expertise and professional development. Dedicated regional support, including shared educator models and technology-enabled networks, will address rural and regional isolation, and systemic solutions around pay parity, career clarity, and succession planning would safeguard long-term workforce sustainability.

By prioritising leadership and governance in this way, the MOU can ensure councils are equipped to deliver high-quality MCH services, drive innovation, and maintain stability across the sector while meeting the evolving needs of Victorian families.

Service Innovation and Integration

Integrated, family-centred care is essential for improving outcomes and optimising the impact of MCH services. The MOU should foster innovation and enable councils to work collaboratively across health, education, and community services. Regional partnerships, midwifery-MCH continuity models, and Aboriginal Community Controlled Organisation partnerships demonstrate the potential of collaborative, place-based approaches. Innovation funding, digital integration, and streamlined referral pathways will enhance system efficiency, reduce duplication, and create seamless experiences for families.

Strategic Priorities for MoU Renewal Summary Table

Strategic Priority	Rationale	Key Actions / Considerations
Contemporary Funding Partnership	Ensuring long-term sustainability requires funding that reflects the true cost and complexity of MCH service delivery, including infrastructure, digital systems, clinical governance, and “invisible hours.”	• Conduct evidence-based unit cost review • Establish partnership funding model recognising shared responsibility • Apply complexity loading for interpreter use and complex cases • Recognise planning, administration, and integration (“invisible hours”) • Strategic investment in workforce, education, careers, and employment conditions • Support innovation through multi-year funding commitments
Service Framework Modernisation	Practice must evolve with contemporary evidence, emerging health priorities, and complex family needs. Frameworks must support flexible, digitally enabled delivery while maintaining consistent standards.	• Review and update Key Ages and Stages framework • Enable flexible service design that supports innovation • Invest in digital transformation for accessible delivery • Provide resources to compensate for policy-driven service changes • Emphasise outcome-focused accountability (child health, family wellbeing, parental confidence)
Workforce Sustainability Strategy	A skilled and supported workforce underpins continuity, quality, and responsiveness of MCH services, particularly in rural and regional areas.	• Develop education pathways with universities and training providers • Implement career progression frameworks • Offer competitive employment conditions to retain talent • Deliver rural workforce solutions addressing isolation and access • Support leadership development and succession planning
Service Innovation and Integration	Seamless, family-centred care depends on connected systems, collaborative innovation, and culturally safe service delivery, including partnerships with Aboriginal Community Controlled Organisations (ACCOs).	• Strengthen digital integration across hospitals, GPs, and community services • Streamline referral pathways and early years system integration • Provide innovation funding for piloting and evaluating new models • Support regional collaboration and shared service models • Enhance partnerships with ACCOs for culturally safe service delivery
Leadership Development & Clinical Governance	Strong leadership and governance underpin service quality, innovation, workforce retention, and succession planning across councils.	• MAV-led sector-wide leadership development (communities of practice, mentoring, tiered models) • University partnerships to build clinical and leadership capability • Dedicated rural and regional support, including shared educator models and tech-enabled networks • Systemic solutions addressing pay parity, career clarity, and succession planning

7. Recommendations to Strengthen Partnership, Practice, and Outcomes

To ensure the long-term viability, relevance, and impact of Victoria's MCH services, this paper proposes a set of priority actions for the renewal of the MCH Memorandum of Understanding. These actions focus on strengthening partnerships, modernising practice, ensuring sustainability, and positioning Victoria as a leader in early years service delivery. These recommendations build on existing initiatives while highlighting priority areas where additional investment, innovation, and system-wide coordination are needed to secure the long-term future of MCH services.

1. Develop a Contemporary Funding Model

A modernised funding approach is essential to reflect the true cost of service delivery and support councils in meeting growing and complex community needs. Evidence-based unit pricing should be established to address gaps where current funding is insufficient, ensuring over 90% of councils can maintain high-quality services. This investment will underpin workforce sustainability, service innovation, and digital infrastructure upgrades.

2. Modernise the Service Framework

The Key Ages and Stages (KAS) framework, alongside broader service delivery models, should be comprehensively reviewed to ensure alignment with contemporary evidence, child health, wellbeing and development knowledge, and current health priorities. Modernisation will enable services to remain responsive to evolving family needs, support flexible service delivery, and embed innovative, evidence-based practice across all Victorian communities.

3. Create a Statewide Workforce Strategy

A coordinated approach to workforce development is critical to maintaining high-quality service delivery. This includes strengthening professional development pathways, supporting leadership capacity, addressing rural workforce challenges, and fostering career progression opportunities for MCH nurses. A statewide strategy will also help mitigate professional isolation, retain skilled practitioners, and build resilience across the system.

4. Invest in Leadership Development

Leadership development is central to sustaining an adaptive and effective MCH service. MAV-led initiatives, such as mentoring, communities of practice, and partnerships with universities, will equip coordinators and emerging leaders with the skills to navigate complex service environments, drive innovation, and support frontline staff.

5. Support Multi-Year Innovation

Innovation in service delivery should be supported through multi-year funding commitments, allowing councils to pilot and scale programs beyond single-year cycles. Sustained

investment will encourage experimentation, capture evidence of best practice, and enable responsive adaptation to local needs.

6. Invest in Digital Transformation

Modern digital systems are essential to efficient service delivery, data sharing, and family engagement. Investment in technology will enhance accessibility, support evidence-informed practice, and streamline reporting, enabling MCH nurses and councils to focus on frontline care rather than administrative burden.

7. Establish an Outcomes Framework

A shared outcomes framework will provide clarity on success measures across child and family health and wellbeing. By tracking progress consistently across Victoria, the framework will support continuous improvement, enable benchmarking, and ensure that service innovation and investment translate into tangible benefits for families.

8. Develop Long-Term Strategic Planning

A ten-year strategic outlook is required to ensure the sustainability of infrastructure, workforce, and service delivery. Long-term planning will enable councils and the State to anticipate demographic changes, respond to emerging community needs, and invest proactively in systems and programs that support high-quality, equitable outcomes.

9. Strengthen Rural and Regional Support

Rural and regional communities require targeted resources to address the unique challenges posed by geographic isolation, smaller service volumes, and workforce recruitment difficulties. Dedicated support will ensure equitable access to MCH services and promote consistent service quality across all Victorian communities.

10. Enhance System Integration

Seamless integration between MCH services, hospitals, early childhood education, and broader community services will improve outcomes for families, particularly those experiencing vulnerability. Strengthening pathways and sharing information across sectors will reduce duplication, enhance continuity of care, and optimise the unique skills of MCH nurses within the broader health system.

8. Future Vision: A Renewed Partnership for Victorian Families

The future of MCH services in Victoria depends on strengthening the enduring foundations of council-led delivery while embracing innovation and adaptability. A renewed vision for MCH services sees councils and the Department of Health working in genuine partnership to create a system that is responsive, equitable, and sustainable for all families.

At the heart of this vision is family-centred integration, where services across health, early childhood, and family support systems work seamlessly together. Families experience a connected journey, with warm referral pathways and coordinated care, ensuring that support is timely, comprehensive, and tailored to their unique circumstances.

Digital transformation is an essential enabler of this vision. Technology is leveraged to improve accessibility, enhance communication, and reduce barriers to service, while preserving the personal connection that is central to trusted MCH relationships. This approach ensures families can access high-quality support wherever they live, while services remain efficient, coordinated, and data-informed.

Central to a forward-looking MCH system is workforce sustainability**.** Building a skilled, well-supported, and resilient workforce, backed by strong leadership development, ensures continuity of care, enables innovative service delivery, and addresses the challenges of recruitment and retention, particularly in rural and regional communities.

The vision also emphasises evidence-driven practice, where outcomes data informs continuous improvement, strengthens service quality, and supports innovation that responds to evolving family needs. Simultaneously, place-based flexibility ensures that services can adapt to the unique characteristics of local communities, enabling councils to develop and implement solutions that reflect lived realities while maintaining universal standards and equity.

Together, these priorities create a clear, strategic pathway for a renewed MCH partnership; one that honours a century of trusted service while positioning the system for ongoing excellence and adaptability.

9. Conclusion

For over 100 years, Victorian maternal and child health services have been shaped by a productive partnership between state and local government, establishing a service that is both nationally and internationally recognised for its quality, reach, and community trust. The evidence is clear: the MCH service is a cornerstone of early years support, promoting child health, parental wellbeing, and family resilience across the state.

This discussion paper highlights the critical need for collaborative attention to funding sustainability, workforce challenges, and service delivery innovation. Through the themes of Partnership, Practice, and Sustainability, and informed by extensive consultation with councils and the Strategic Advisory Group, it identifies priorities and actions essential to sustaining high-quality MCH services for all Victorian families.

The upcoming MOU negotiation presents a significant opportunity to translate these priorities into action. By modernising practice frameworks, establishing evidence-based funding models, investing in workforce sustainability and leadership, and supporting innovation and integration, Victorian councils and the Department of Health can ensure the service remains responsive, equitable, and future-ready.

The path forward demands decisive action: strengthening partnership principles, reinforcing the capacity and capability of the workforce, and embracing innovation to deliver flexible, family-centred, and outcomes-focused MCH services. In doing so, Victoria can honour a century-long commitment to families while meeting the contemporary and future challenges of maternal and child health.

10. Acknowledgement

The Municipal Association of Victoria gratefully acknowledges Allison Kenwood Consulting and the Strategic Advisory Reference Group members whose diverse insights and feedback across Victoria shaped the challenges and opportunities outlined in this paper.

Council	Name	Title
Bass Coast Shire	Colette McMahon	Manager Community Wellbeing & Culture
Brimbank City	Erin Clark	Manager of Community Care
Casey City	Bronwyn Saffron	Manager Child Youth & Family Services
Central Goldfields Shire	Carolyn Bartholomeusz	Manager Childrens & Families
Glen Eira City	Jane Price	Director Community Wellbeing
Hume City	Anne Mallia	Manager Family Youth & Childrens Services
Knox City	Sarah Kleine	Manager Early Years
Loddon Shire	Nicole Taylor	Executive Manager Family & Children Services
Macedon Ranges Shire	Karen Curson	Manager Community Services
Maroondah City	Marianne Di Giallonardo	Director People and Places
Melbourne City	Vishal (Vish) Tandon	Executive Manager Family & Children Services
Melton City	Lisa Bzovy	MCH Manager
Mitchell Shire	Buffy Leadbeater	Acting Director Strategic Partnerships & Communities
Mildura Rural City	Amanda Boulton	Manager Community Care
Monash City	Sharon Bahn	Manager Children, Youth & Families
Moorabool Shire	Rhona Pedretti	Manager Community Connections & Wellbeing
Mornington Peninsula Shire	Cheryl Casey	Director Community Strengthening
Shepparton City	Stacey East	Manager Early Years Operations and Reform
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MCH Service Reflections from the MAV MCH SRG

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