

Future directions for the Victorian Maternal and Child Health Service



Future directions for the Victorian Maternal and Child Health Service

Report prepared with the Municipal Association of Victoria.



Published by the Family and Community Support Branch, Community Care Division,
Victorian Government Department of Human Services, Melbourne, Victoria.

May 2004

© Copyright State of Victoria,
Department of Human Services 2004

This publication is copyright. No part may be reproduced by any process except in
accordance with the provisions of the *Copyright Act 1968*.

Authorised by the State Government of Victoria, 555 Collins Street, Melbourne
Printed by Print In Vision, 28 Laser Drive, Rowville

Also published on www.dhs.vic.gov.au

(0190404)

Contents

Foreword	iv
Executive summary	vi
1. Introduction	1
2. The context for change	2
2.1 Policy context	2
2.2 Historical perspective	3
2.3 Studies of the Maternal and Child Health Service	3
2.4 Early childhood research and its implications	5
Evidence on the process and importance of early development	5
Evidence on longer term risk and protective factors	6
Evidence on effective interventions	7
2.5 Effective health promotion and prevention	8
3 A new approach	10
3.1 Vision, mission, principles and goals of a refocused Maternal and Child Health Service	10
Vision	10
Mission	10
Principles	10
Goals	11
3.2 Critical success factors	11
Universal access and participation	11
Prevention, promotion, early detection and intervention	13
A diversity of need	14
Partnership	14
Local planning, flexibility and collaboration	14
A quality framework	15
3.3 Service components	16
Universal Maternal and Child Health Service	16
Enhanced Maternal and Child Health Service	16
Maternal and Child Health Line	16
4. Achieving change	17
Developing a new memorandum of understanding	17
Introducing municipal early years plans	17
Articulating priority areas for gain for children	17
Introducing the Wellbeing Enhancement Framework	18
Building a strong and skilled workforce	18
Revising program standards	18
Developing a protocol between maternity services and the Maternal and Child Health Service	19
Developing evidence-based program resources	19
Improving information management systems	19
Evaluating the service	19
Appendix 1 Acknowledgements	20
Appendix 2 Definitions	22

Foreword

All children deserve the best start in life.

If children are to have the best possible start in life, all parents need access to coordinated and universal services. The Victorian Government's approach, spelt out in our *Children First* policy, is about integration, accessibility and affordability of these services. Provision of such high quality support in the early years can make a big difference in later life.

It is hard to think of a more important place to focus our efforts than on the health of mothers, their babies and young children, and their family as a whole. Fortunately, Victoria is well-served by a Maternal and Child Health Service which for many years has provided a strong foundation of information, advice and support in the early stages of parenting and child development.

A key strength of the Maternal and Child Health Service has been its base in local government, providing natural links other local early years settings and services.

New understandings of early childhood, and of how services can best work with families, are guiding new approaches to planning and delivering services capable of meeting the diverse needs of Victorian families. *Future directions for the Victorian Maternal and Child Health Service* sets out a way forward that will enable the service to respond to all Victorian families, especially reaching out to those who may be less confident, more isolated or under greater pressure.

Under *Children First*, the 2003-04 budget committed \$17 million over four years to support these new directions. A further \$8 million was committed to contribute to the establishment of Children's Centres, again bringing together Maternal and Child Health with other children's services.

This is the most recent instalment in sustained and comprehensive investment in early childhood by the Victorian Government since coming to office in 1999. It builds on earlier improvements to the Maternal and Child Health Line, so that specialist telephone advice to all parents is available 24 hours per day; and the expanded coverage of the Enhanced Maternal and Child Health Service, so that more vulnerable families gain more support when they need it.

The Government's commitment to children, and their families, can also be seen in:

- enhancements to kindergarten education, especially for children with a disability or developmental delay
- expansions to early childhood intervention services
- the establishment of Best Start, bringing together communities and services to focus on improvement
- the development of innovative interventions to reduce child maltreatment and improve out of home care.

The Government continues to make early childhood a priority.

I commend this document to you, and particularly acknowledge the work undertaken by the Municipal Association of Victoria, Department of Human Services and the Maternal and Child Health Service Improvement Project Advisory Group in setting out a way forward for this valued service.



The Hon Sherryl Garbutt MP
Minister for Community Services

The Municipal Association of Victoria and local government recognise the critical opportunities that present in the early years of life. We understand that nurturing families, strong communities and effective early childhood services can improve the health and wellbeing of children throughout life.

The Municipal Association of Victoria and councils are committed to strengthening the role of local government in the coordination and support of early childhood services, including the Maternal and Child Health Service. The central role of local government in the Maternal and Child Health Service is a feature that sets the Victorian service apart from other similar services across the country.

Local government undertakes its responsibilities for the Maternal and Child Health Service within the context of an effective partnership with the State Government. Complementary roles in service planning, funding and delivery are recognised and a commitment to better outcomes for children, families and communities across Victoria is shared.

Future directions for the Victorian Maternal and Child Health Service has been developed through this partnership. It will guide continuing improvements to the Maternal and Child Health Service as part of councils' ongoing vision setting with the community and planning for local services. The introduction of municipal early years plans is an exciting aspect of this new approach. These plans will assist each council to better develop and coordinate local education, care and health programs and activities.

The vision and directions detailed in the document represent a new stage in the relationship between State and local government and will be reflected in a new memorandum of understanding between the Department of Human Services and the Municipal Association of Victoria.

I am pleased, on behalf of Victorian local government and the Municipal Association of Victoria, to endorse the *Future directions for the Victorian Maternal and Child Health Service*.



Brad Matheson
President
Municipal Association of Victoria

Executive summary

The purpose of this document is to guide improvements to the Victorian Maternal and Child Health Service to benefit the health and wellbeing of young children and their families. It redefines a highly valued and long standing service within the context of new understandings of early childhood and innovative local approaches to the planning and delivery of services.

The Department of Human Services and the Municipal Association of Victoria have jointly undertaken the Maternal and Child Health Service Improvement Project, which has resulted in the preparation of this document. The Maternal and Child Health Service Improvement Project Advisory Group has informed the project, as have many other groups during the formal consultation phase.

This document provides a direction for the Maternal and Child Health Service that is guided by an overarching vision. The vision of the service is:

All Victorian children and their families will have the opportunity to optimise their health, development and wellbeing during the period of a child's life from birth to school age.

The Maternal and Child Health Service mission supports this vision for Victorian children. The service's mission is:

To engage with all families in Victoria with children from birth to school age, to take into account their strengths and vulnerabilities, and to provide timely contact and ongoing primary health care in order to improve their health, development and wellbeing.

The way forward for the Maternal and Child Health Service is underpinned by a new approach embedding the following critical success factors:

- **Universal access and participation for all children from birth to school age and their families.** A schedule of consultations at key 'ages and stages' and other activities will provide information, advice and support relevant to individual child development and family circumstances. There will be a focus on approaches to include families who are not engaged by the service and those who have the greatest burden of morbidity and risk.
- **A focus on the prevention, promotion, early detection and intervention of health and wellbeing concerns of children.** Early detection will include identifying risk and protective factors at the individual, family and community levels. Interventions to improve outcomes for children and families will be informed by evidence from relevant contemporary studies.
- **Provision of services for children and families, recognising a diversity of need.** The service will assertively seek to identify and respond to children at risk of poor outcomes, and will contribute to an interdisciplinary and integrated service response across program boundaries.
- **Partnerships with families, communities, service providers, and State and local governments.** A partnership approach will be reflected in the service's family centred orientation and partnerships between service providers. The strong partnership between State and local governments will continue to realise benefits for children, families and communities.

- **Local planning, flexibility and collaboration.** Local governments, in consultation with the department, will have the flexibility to design Maternal and Child Health Service models in response to identified individual, family and local community needs. These models will support service integration and include defined mechanisms for collaboration among services. They will build on new understandings about the importance of place-based approaches to supporting families within their community to shape their futures.
- **Support to provide a quality service.** Service quality will be improved and guided by the department's Service Quality Framework and local governments' 'best value' processes.

At this stage, the primary focus of the Maternal and Child Health Service Improvement Project will turn to change at the local level. Clearer articulation of service direction and greater flexibility will allow individual local governments to plan and implement relevant service improvements, building on existing services and maintaining a universal but flexible approach that is responsive to the needs of local communities. This process is supported by increased State Government funding for local governments and the following initiatives:

- **Development of a memorandum of understanding.** A new memorandum of understanding will articulate the partnership relationship between the Municipal Association of Victoria on behalf of local governments and the department in relation to the Maternal and Child Health Service.
- **Introduction of municipal early years plans.** These plans will identify the specific approaches that each local government will take, to ensure a focus on families with young children is part of an integrated municipal planning process.
- **Articulation of priority areas for gain for children.** The department will develop an early childhood policy framework to help identify priority areas of gain in health, development, learning and wellbeing for children and their families.
- **Introduction of a Wellbeing Enhancement Framework.** The Wellbeing Enhancement Framework that is being developed by the department will promote a change in culture across child and family services. This approach will promote wellbeing and strengths in children and families, complementing existing frameworks that are primarily problem or risk focused.
- **Building of a strong and skilled workforce.** Statewide and local initiatives will be developed to improve the recruitment and retention of staff delivering the Maternal and Child Health Service. As well, a comprehensive professional development strategy for the Maternal and Child Health Service will be implemented to support the new service direction outlined in this document.
- **Revision of program standards.** The Maternal and Child Health Service program standards—particularly the evidence base as it relates to the quality of service provided—will be revised to reflect new directions for the service. The complementary quality improvement package will also be revised.
- **A protocol with maternity services.** This protocol will support continuity of care for recent parents through improved service coordination, service collaboration and care planning for mothers and their infants.

- **Development of evidence-based resources.** Additional evidence-based program resources will be developed to support the delivery of quality services. Generally, these will be relevant for use by a range of services for children and families.
- **Improvements to information management systems.** An improved information management system and data set will support ongoing service planning, monitoring and evaluation.
- **An evaluation of the service.** This evaluation will identify service changes and assess the impact of changes on agreed outcome measures. It will also provide support to services undertaking or considering change.

1. Introduction

The purpose of this document is to guide improvements to the Maternal and Child Health Service that will benefit the health and wellbeing of young children and their families. It redefines a highly valued and long standing service within the context of new understandings of early childhood and innovative local approaches to the planning and delivery of services.

The Department of Human Services and the Municipal Association of Victoria have jointly undertaken the Maternal and Child Health Service Improvement Project, which has resulted in the preparation of this document. The Maternal and Child Health Service Improvement Project Advisory Group has informed the project, as have many other groups during the formal consultation phase that commenced in November 2003. The process undertaken reflects the strong partnership between the two levels of government in relation to the service.

This document recognises that the Maternal and Child Health Service is highly valued by the Victorian community. The service's strengths include its wide acceptance by families, its availability in local communities and its highly qualified workforce. Ninety-six percent of infants are enrolled in the service in their first weeks of life—a participation rate that sets Victoria ahead of all other Australian states. This document guides improvements that will build on these and other strengths of the service.

Many of the concepts presented in this document will be familiar to those that fund, plan and deliver early childhood services. They are based on new understandings about the importance of early childhood and effective interventions that have been widely recognised and promoted. As well, the document draws on the best of what is already happening in local services.

The document identifies the vision, mission, principles and goals that will underpin the Maternal and Child Health Service, and factors that are critical to introducing improvements to the service. It outlines the service components that will be provided for families and communities. Finally, it identifies some of the key initiatives that are underway or planned that will support service improvement. Critical to the success of the directions outlined in this document is recognition of the interrelatedness of the growth and development of a child with parental confidence, parental capacity and the environments in which families live.

This document ends the first stage of an ongoing process to develop and improve the Maternal and Child Health Service. The focus will now turn to the introduction of change at the local level. The introduction of municipal early years plans will provide a mechanism to progress changes to the Maternal and Child Health Service within the context of other family and children's services, based on the identified needs of families and communities at the local level.

2. The context for change

2.1 Policy context

The **Growing Victoria Together** policy outlines the Government's commitment to building cohesive communities and delivering high quality, accessible health and community services. It makes particular reference to investment and stronger links across services that support mothers and children from pregnancy to eight years of age and address inequality for individuals, families and communities.

The **Children First** policy articulates a State Government commitment to continuing to invest in early childhood services. It highlights the need to link universal and secondary early childhood services to better identify children at risk and to improve outcomes for children and their families. It recognises the importance of early identification of risk factors and the provision of timely and appropriate intervention. It also includes new ways in which to build, strengthen and connect services, including maternal and child health, maternity, early intervention, kindergarten, childcare and family support services.

The **Best Start** initiative, jointly auspiced by the Department of Human Services and the Department Education, Employment and Training, aims to:

- improve the social, emotional and physical wellbeing of children (0–8 years)
- improve the capacity and competency of parents and carers
- assist communities to become more child friendly.

The underlying strategy for **Best Start** is the development of an accessible, coordinated and flexible universal service platform, with a focus on families that may not currently access services. To date, 11 Best Start projects have commenced activity in high needs areas across the State.

Within the Department of Human Services, policy statements highlight a commitment to prevention and early intervention across kindergarten, maternal and child health, early childhood intervention and family services, including the recently established Innovations Projects and child protection and placement services.

The role of local governments in the planning, development and coordination of community services and infrastructure is vested in the *Local Government Act 1989*. Local government provide and fund a range of primary care services, and have an important role in local area public health planning, advocacy, community development and the delivery of children's and other services. They have actively partnered with the State Government and the Australian Government for the development of early childhood services.

The Municipal Association of Victoria and councils are committed to strengthening the role of local government in the coordination and support of early childhood services. Local governments continue to develop maternal and child health services as part of their ongoing vision setting with the community and in their planning for community children's services.

In October 2002, the department and the Municipal Association of Victoria co-signed a Partnership Protocol that recognises the complementary roles of State and local governments in the planning, funding and delivery of community services and the shared commitment to achieve better health and wellbeing outcomes for children, families and communities across Victoria.

2.2 Historical perspective

The first maternal and child health services were provided in Richmond by voluntary welfare associations in 1917. The Statewide Maternal and Child Health Service was founded as the Infant Welfare Service in 1926, following a Royal Commission into the welfare of women and children in Victoria in 1925. At that time, the emphasis was on addressing high infant mortality and morbidity rates that resulted from infectious diseases and poor nutrition. Local governments have since been central to the delivery of the Maternal and Child Health Service.

The service has changed over the years to respond to new understandings and approaches relevant to maternal and child health. Since 1992, the parent-held Child Health Record has provided parents with information and a history of their child's health from consultation visits to service providers such as general practitioners and maternal and child health nurses. Also of significance was the introduction in 1994 of a framework that articulated the goals of the universal service, specified uniform program components, introduced consistent standards for service delivery and addressed inequalities in resource distribution.

The development of the Maternal and Child Health Service has acknowledged a worldwide trend that recognises the value of enhancing parenting confidence and home visiting services. By the late 1990s, home visiting services and other new models of service delivery were operating in a small number of municipalities.

The introduction of Enhanced Home Visiting Service in 2000–01 enabled local government to build more intensive service responses for families requiring support in addition to that available through the universal service. Some Enhanced Home Visiting Services introduced multidisciplinary staffing models, with maternal and child health nurses working alongside family support workers, Indigenous workers, ethnic support workers and early childhood workers.

2.3 Studies of the Maternal and Child Health Service

While a comprehensive evaluation of the Statewide Maternal and Child Health Service has never been undertaken, a number of evaluations and studies of aspects of the service can inform its development. In 1997, the *Maternal and Child Health Service Consumer Survey* found that the majority of parents (90 per cent) were satisfied with the service.¹ The survey also found that:

- parents considered the monitoring of physical development to be the core service
- satisfaction with the service related to the positive characteristics of the nurse
- parent groups were considered vital for peer support
- the service did not respond effectively to families from culturally and linguistically diverse backgrounds, families with a child with a disability, single parent families or working mothers and fathers
- flexibility of access and the extension to service operating hours were the main areas identified for improvement.

¹ Department of Human Services 1997, *Maternal and Child Health Consumer Survey: project report*, Melbourne.

Parent groups may be a useful primary prevention strategy.

A study of first time parents' groups delivered as part of the Maternal and Child Health Service found that two thirds of first time mothers joined these groups.² The majority of participants found the groups positive and, after 18 months, the majority of the groups had developed into self-sustaining social networks. The study concluded that the purposeful establishment of parent groups may be a useful primary prevention strategy. It noted that such groups should not be presumed to be a suitable type of support for all families; some families may prefer one-to-one professional, peer or volunteer based home visiting programs. In particular, the study suggested that the service model may not reach vulnerable and isolated families. This finding is consistent with the findings of the 1997 Maternal and Child Health Service Consumer Survey.

Flexible approaches were a common feature of successful programs.

Key findings of the *Maternal and Child Health Service New Initiatives Project Evaluation* included the following:³

- Flexible approaches were a common feature of successful programs.
- Services were most successful when they were integrated within the universal Maternal and Child Health Service and linked well to other services.
- Families reported that they particularly benefited from social interaction with other parents through groups, community-based services and activities.
- Some models were effective in engaging families from culturally and linguistically diverse backgrounds who did not access the universal Maternal and Child Health Service and linking them to the universal program.
- Indigenous families and adolescent mothers who did not use or who underused the universal service generally preferred a home-based service. These families also responded positively to group activities.
- Timely assessment and referral contributed to effective interventions.
- Program support, including effective management, was an important feature of successful programs.

The Parent Education and Support Program developed and evaluated the effectiveness of some specifically designed interventions delivered to parents at key Maternal and Child Health Service consultations.⁴ The study found that the program was well received by parents and maternal and child health nurses. In particular, the nurses rated highly the materials, resources and professional development opportunities provided through the program. Promising results were obtained for intervention versus control group parents for a number of the targeted areas.

The Melbourne Initial Screening Test (MIST) is a pass/fail vision screening test designed for use by the Maternal and Child Health Service in Victoria for children aged 3.5–4.5 years. An evaluation of the MIST in 2000 concluded that it is a valid and reliable screening tool.⁵

2 D Scott 2001, 'New mother groups as a social network intervention: consumer and maternal and child health nurse perspectives', *Australian Journal of Advanced Nursing*, vol. 18, no. 4, pp. 23–29

3 RMIT University 2001, *Maternal and Child Health Service New Initiatives Project Evaluation (NIPE)*, Draft report for the Department of Human Services, Melbourne.

4 Centre for Community Child Health, Royal Children's Hospital 2003, *The Parent Education and Support (PEAS) Program: final report*, Melbourne.

5 La Trobe University 2002, *The MIST (Melbourne Initial Screening Test) evaluation project*, Melbourne.

A research project was undertaken over six years to determine the effectiveness of the Victorian Infant Hearing Screening Program (VIHSP).⁶ The VIHSP comprises a questionnaire conducted at two weeks of age and the Ewing Distraction Test conducted at 7–9 months of age to detect hearing impairment. The study indicated that the VIHSP lowered the median age of diagnosis of severe congenital hearing impairment, although the distraction test performed poorly, with a very high false positive rate. Subsequent to the completion of the study, strategies for risk factor identification were strengthened and an interim screening program was introduced for high risk newborns. A recent report to the National Health and Medical Research Council (see Section 2.5) considered this issue.

In addition to these studies, local governments have conducted regular community satisfaction surveys or other evaluations of individual maternal and child health services, as part of local quality improvement initiatives.

2.4 Early childhood research and its implications

The implementation and development of programs and practice needs to draw on the evidence base.

It is essential that government action, programs and services are both demonstrably useful and effective for children and their families. The implementation and development of programs and practice needs to be considered within the context of the available evidence base.

The early childhood literature provides substantial evidence on:

- the process and importance of early child development
- understanding the interactions between risk and protective factors, and genes and environment, along with their impact on children's lifelong outcomes trajectories
- opportunities to effect change by minimising risk and promoting protective factors to enhance health, wellbeing or life chances through effective interventions
- the types of intervention, program and service model that are most effective.

The research findings outlined in this section are relevant to the continuum of services available for children and their families, including the Maternal and Child Health Service, kindergarten and child care services, early childhood intervention services, parenting services and family services.

Evidence on the process and importance of early development

There is substantial evidence on the importance of the early years of child development. Reviews of the literature stress the interconnections between the child's physical, cognitive and social–emotional development, and the importance of the social context to this development—a context comprising family, neighbourhood and wider relationships, behaviours, experiences and opportunities.

The evidence on early development informs government policy in three ways:

- It indicates the importance to Victoria of sustaining and developing the existing social infrastructure, the opportunities to do so, and the need to continue to ensure access and improve quality.

⁶ SA Russ, F Rickards, Z Poulakis, M Barker, K Saunders & M Wake 2001, *Six year effectiveness of a population based two tier infant hearing screening programme*, The Centre for Community Child Health, Royal Children's Hospital, Melbourne.

- It suggests a significant gulf between what research is finding about developmental environments and developmental interventions, and what is universally available. Better ways of effectively translating this knowledge are needed.
- Finally, the evidence demonstrates the particular cost-effectiveness of specific programs for those children who are most at risk of long term damage or disadvantage.

Risk factors often co-occur and may have a cumulative effect over time.

Evidence on longer term risk and protective factors

Longitudinal studies have enabled a better understanding of the risk and protective factors that influence children's short term and long term health, and their developmental, educational and social outcomes. This research points to why some children might face poorer lifetime educational prospects and/or life chances, or might be caught up in crime or serious harm. Tables 1 and 2 outline individual, family and community risk factors and protective factors respectively for young children.

Table 1: Risk factors in early childhood that are associated with adverse outcomes⁷

Child characteristics	Parents and their parenting style	Family factors and life events	Community factors
Low birth weight	Single parent	Family instability, conflict or violence	Socioeconomic disadvantage
Birth injury	Young maternal age	Marital disharmony	Housing conditions
Disability	Depression or other mental illness	Divorce	
Low intelligence	Drug and alcohol abuse	Disorganisation	
Chronic illness	Harsh or inconsistent discipline	Large family size/ rapid successive pregnancies	
Delayed development	Lack of stimulation of child	Absence of father	
Difficult temperament	Lack of warmth and affection	Very low level of parental education	
Poor attachment	Rejection of child		
Poor social skills	Abuse or neglect		
Disruptive behaviour			
Impulsivity			

⁷ Centre for Community Child Health 2000, *A review of the early childhood literature*, Melbourne.

Table 2: Protective factors in early childhood that are associated with prevention of adverse outcomes⁸

Child characteristics	Parents and their parenting style	Family factors and life events	Community factors
Social skills	Competent, stable care	Family harmony	Positive social networks (for example, peers, teachers and neighbours)
Easy temperament	Breastfeeding	Positive relationships with extended family	
At least average intelligence	Positive attention from parents	Small family size	Access to positive opportunities (for example, education)
Attachment to family	Supportive relationship with other adults	Spacing of siblings by more than two years	
Independence			Participation in community activities
Good problem solving skills	Religious faith		

Risk factors often co-occur and may have a cumulative effect over time. The challenges therefore are to consider how systems might identify and minimise risk factors for children and how to promote protective factors. Given the complex and dynamic relationship between risk and protective factors, and the changing level of need and degree of risk for children and families across time, this is a challenging area for systems to consider.

This evidence informs government policy in the following ways:

- It demonstrates how early childhood investments may have significant external benefits, accrued across different parts of government and to society more broadly.
- Knowledge of both risk and protective factors allows early childhood professionals to better understand and respond to individual children and families, to develop strategies of enhanced support and inclusion.
- Such evidence may make possible the design of more effective strategies to promote health, wellbeing and learning capacity across the whole population, so as to address risk and build resilience.
- Finally, the evidence may help guide the balance across different strategies. The apparent synergies among some known risk factors in early childhood suggest ways in which to target strategies to reinforce more universal approaches across the early childhood population.

Evidence on effective interventions

The report *Best Start, effective intervention programs, examples of effective interventions, programs and service models*⁹ summarised a range of well evaluated interventions, programs and service models that build the evidence base underlying investment in the early years. The report concluded that effective programs are those that:

- empower families and build on existing strengths of families
- provide individualised responses to family needs and circumstances

⁸ Centre for Community Child Health 2000, *A review of the early childhood literature*, Melbourne.

⁹ Department of Human Services 2001, *Best Start: effective intervention programs: examples of effective interventions, programs and service models*, Melbourne.

- provide well coordinated, community-based services that are easily accessible for families
- provide a family-centred approach and begin at the developmental level of the family
- are sensitive and responsive to family cultural, ethnic and socioeconomic diversity
- are based on clear, scientifically validated theoretical frameworks
- are comprehensive and address known risk variables
- address the needs of all family members, particularly the child
- are staffed by trained personnel who are supported to provide high quality, responsive services.

This report also highlighted strategies known to be effective in working with families, including:

- the provision of timely, practical and easy-to-understand information on topics related to children's behaviour and development, to enhance the confidence and competence of parents
- family-centred practice, including recognising family strengths and empowering families to make informed choices about appropriate service intervention
- the provision of flexible, responsive and timely support and intervention according to individual family needs
- partnership and collaboration with families regarding service intervention
- services that are sensitive to the diverse ethnic, socioeconomic and cultural needs of families
- services that promote social networks and support for families
- positive social relationships among community members, community organisations and individuals within a community, thereby reducing social isolation and enhancing the wellbeing of individuals within the community
- family-friendly universal services that are easily accessible, attractive and responsive to the needs of families and that promote parental involvement.

2.5 Effective health promotion and prevention

The prevention of problems and the promotion of health and wellbeing should include both universal and targeted activities.

A recent Australian report for the National Health and Medical Research Council reviewed the evidence base for child health screening and surveillance activities.¹⁰ This report is directly relevant to the Maternal and Child Health Service. The review concluded that there is little evidence for the effectiveness of screening programs in many domains. Further, it noted that screening tests that meet the criteria for screening mostly apply to conditions and tests in the neonatal period.

The report's recommendations in relation to distraction testing for permanent childhood hearing impairment and visual pre-school acuity screening are particularly relevant to the Maternal and Child Health Service, because these tests are included in the service's current schedule of activities. The review found insufficient evidence to recommend for or against pre-school visual acuity screening, and good evidence to recommend against distraction testing for hearing impairment.

¹⁰ Centre for Community Child Health 2002, *Child health screening and surveillance: a critical review of the evidence*, Melbourne.

The report recommended a move away from the pass/fail approach inherent in screening tests, asserting that there will never be screening tests suitable for many of the conditions that may benefit most from early intervention—for example, development, language, behaviour and family psychosocial issues.

The report argued that the prevention of problems and the promotion of health and wellbeing are integral to primary health care for children, and that these approaches should include both universal and targeted activities. Activities identified as being applicable universally include those that:

- enhance health and wellbeing—for example, the promotion of breastfeeding, the promotion of early language/literacy, anticipatory guidance for behaviour, sleep management and immunisation
- promote healthy lifestyle—for example, food choices, physical activity and safety in the home.

The report suggested that targeted activities should be directed at children who are identified—through information and concerns elicited from parents, observation, information from other sources, physical examination, measurement for growth, the administration of test and procedures, and referral for further assessment—as being at risk of specific adverse outcomes. Early identification of risk of adverse outcomes will often provide an opportunity for secondary prevention activities within the community.

The report articulated principles and processes for service delivery, and suggested that screening (confined to conditions and tests that meet the criteria for screening), early detection and prevention/promotion activities should form the core components of primary care service models. Further, it supported the provision to parents of credible, age appropriate and culturally relevant information about child health, development and behaviour.

The report also identified that some families with moderate or severe problems require more intensive interventions and that the level of support or intervention needed is influenced by the child, the parents (that is, parental knowledge, confidence, level of concern and available supports) and the availability of other services.¹¹

Evidence shows single interventions, such as simply providing health information, have a limited impact. Using a mix of interventions to achieve a health promotion goal is consistent with the evidence that working at both individual and population-wide levels provides the best outcomes.¹²

11 Centre for Community Child Health 2002, *Child health screening and surveillance: a critical review of the evidence*, Melbourne.

12 Department of Human Services 2003, *Integrated health promotion resource kit*, Melbourne.

3. A new approach

3.1 Vision, mission, principles and goals of a refocused Maternal and Child Health Service

The Maternal and Child Health Service is guided by the following vision, mission, principles and goals.

Vision

All Victorian children and their families will have the opportunity to optimise their health, development and wellbeing during the period of a child's life from birth to school age.

Mission

To engage with all families in Victoria with children from birth to school age, taking into account their strengths and vulnerabilities, and to provide timely contact and ongoing primary health care in order to improve their health, development and wellbeing.

Principles

Consultation and participation

Consultation with, and participation by, families is integral to the service. Services will be informed by, and seek to meet, the needs of young children and their families.

Access and availability

All families with young children should be able to readily access the information, services and resources that are appropriate for and useful to them.

Primacy of prevention

The prevention of harm or damage is preferable to repairing it later. Early detection of and intervention against risk factors are required.

Capacity building

The promotion of resilience and capacity is preferable to allowing problems to undermine health or autonomy.

Equity

All children should be able to grow up actively learning, healthy, sociable and safe, irrespective of their family circumstances and background.

Family-centred

The identification and management of child and family needs require a family-centred approach that focuses on strengths.

Diversity

The diversity of Victorian families should be recognised and valued.

Inclusion

Inclusive practices are essential for all children to get the best start, irrespective of their family circumstances, differing abilities and background.

Partnership

Quality services are achieved through integrated service delivery and partnerships with other early childhood and specialist services, and with families.

Quality

All families with young children must be confident about the quality of information, services and resources provided to them.

Evidence and knowledge

Policies, programs and practice are based on the best evidence and knowledge available.

Evolution of services

Programs and services will continue to evolve to meet needs in a changing environment.

Continuous improvement and value adding to services

Sustained and improved services for families and children promote better outcomes for children and their families.

Goals

The framework for the provision of the Maternal and Child Health Service is guided by the following overarching goal:

To promote a comprehensive and focused approach for the promotion, prevention, early detection and intervention of physical, emotional or social factors affecting young children and their families in contemporary communities.

To support this goal, two further objectives regarding families and communities supporting children have been identified:

1. **Enhance family capacity** to support young children and address physical, emotional, social and wellbeing issues affecting young children.
2. **Enhance community capacity** to support young children and their families to address physical, emotional, social and wellbeing issues affecting young children.

3.2 Critical success factors

Six factors are critical to improving the Maternal and Child Health Service. These factors bring together the long standing strengths of the service, new understandings of early childhood health and wellbeing, and innovative approaches to the planning and delivery of services.

Universal access and participation

Leading health experts support the concept of universal primary health services for young children and their families, organised around key developmental stages or transition points.¹³ Universal access and participation recognises that all families with young children can benefit from information, advice and support relevant to their circumstances and their child's individual development.

¹³ DMB Hall & D Elliman 2003, *Health for all children*, 4th edn, Oxford University Press, New York

All families with young children can benefit from information, advice and support relevant to their circumstances and matching their child's development.

In Victoria, the high rate of enrolment in the Maternal and Child Health Service is supported by the legislative requirement for hospitals to give notice of birth to the local government in which the mother resides.¹⁴ The Maternal and Child Health Service is then obliged to visit or communicate with the house to which the notice relates. While 96 per cent of newborns are enrolled in the Maternal and Child Health Service, participation has declined to approximately 50 per cent by the fourth year of life.¹⁵

Access to and participation in the Maternal and Child Health Service will be promoted to all families and provided through a schedule of consultations at key 'ages and stages' and other activities most relevant to local needs and priorities. The type of support and activity undertaken during these contacts will be relevant to the needs of individual families and recognise cultural diversity. Services will be delivered through a family-centred approach with a focus on strengthening parenting capacity.

Local knowledge and data will identify specific groups who are underrepresented in users of the service or who have the greatest burden of morbidity and risk. The inclusion of Indigenous families, families from culturally and linguistically diverse backgrounds, families with a child or parent with a disability, families with substance abuse issues, disadvantaged families and children in out-of-home care may provide gains in child health and wellbeing. Innovative local approaches will be developed to promote the service to these families and to actively engage them.

Access to the service and the inclusion of families may be improved through flexible service delivery offering an appropriate mix of strategies—for example, appointment and 'drop in' services, group consultations, consultations in the home, extended hours services and service delivery in other settings such as childcare centres, shopping complexes and Aboriginal cooperatives. These approaches may also support the increased involvement of fathers in the service.

In addition to providing a schedule of contacts with all families, the Maternal and Child Health Service provides a universal platform that will be used to:

- facilitate the opportunistic identification of children and families who require further assessment, intervention, referral and/or support
- bring families together, foster social networks, support playgroups and strengthen local community connections
- deliver other services and supports, such as family support services, immunisation programs and volunteer programs.

¹⁴ *Health Act 1958 (Vic.)* Version 100, incorporating amendments as at 1 July 2002.

¹⁵ Department of Human Services 2002, *2001–02 Maternal and Child Health Service annual data report*, Melbourne.

Prevention, promotion, early detection and intervention

In line with the *Child health screening and surveillance: a critical review of the evidence* report prepared for the National Health and Medical Research Council,¹⁶ the Maternal and Child Health Service will have a strong focus on prevention and promotion activities, early detection and intervention. Assessment processes that guide early detection will incorporate the identification of risk and protective factors at the individual, family and community level. Interventions to improve outcomes for children and their families will be informed by evidence, and range from information, support and advice through to more intensive activities suitable to a community setting and referral to other services.

The focus of prevention and promotion activities will include a primary health care role to: promote breastfeeding; promote child development; educate about early language, literacy and learning; provide anticipatory guidance for behaviour; reduce the risk of sudden infant death syndrome; and promote immunisation. As well, the service will promote healthy lifestyles—for example, food choices, physical activity, oral health and safety in the home and community.

Strategies to support effective health promotion activities at a local level are outlined in publications, including the department's *Integrated health promotion resource kit, 2003*.¹⁷ The kit refers to agencies and organisations from a wide range of sectors and communities in a catchment that are working in a collaborative manner, using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues. It is a valuable resource to support the service in the planning, delivery and evaluation of effective integrated health promotion programs.

Assessments based on information and concerns elicited from parents, observation, information from other sources, physical examination, measurement for growth and the use of appropriate tests or procedures will identify children at risk of specific adverse outcomes. Tailored activities will be provided for these children, of whom some will be referred for further assessment and intervention. Early identification of the risk of adverse outcomes often provides an opportunity for secondary prevention activities within the community.

In line with the recommendations in the report for the National Health and Medical Research Council, the MIST for visual acuity will continue to be used at a consultation for children aged 3.5 years, while the Ewing Distraction Test for childhood hearing impairment will be discontinued. The department will explore alternative strategies for detecting hearing impairment and, in consultation with stakeholders, consider the timing of discontinuing the distraction test.

The Maternal and Child Health Service will also provide information, support, intervention and referral to improve the health, social and emotional wellbeing of mothers, particularly in the first weeks and months following birth. The service will play an important role in identifying and assisting women with issues such as postnatal depression.

¹⁶ Centre for Community Child Health 2002, *Child health screening and surveillance: a critical review of the evidence*, Melbourne.

¹⁷ Department of Human Services 2003, *Integrated health promotion resource kit*, Melbourne.

A diversity of need

There have been indications in recent years of an increase in the level of risk for many children and in the complexity of issues for families that might have a significant impact on outcomes for children. This trend is illustrated in the changing proportion of parents whose children are notified to the child protection service and who experience psychiatric disability, intellectual disability, physical disability, family violence, alcohol abuse and substance abuse. The proportion of parents with one or more of these characteristics increased from 41 per cent in 1995–96 to 73 per cent in 2000–01; further, the proportion of parents with two or more of these characteristics increased from 9 per cent in 1995–96 to 44 per cent in 2000–01.¹⁸

A new understanding of the way in which risk factors often cluster together for some vulnerable families means service approaches need to draw on a range of expertise. The Maternal and Child Health Service will contribute to an interdisciplinary, integrated service response across program boundaries. It will provide a differential response to families, depending on their relative level of need. Importantly, it will seek to identify and respond to children and families at risk of poor outcomes, particularly children for whom there are multiple risk factors or indications of a significant level of risk.

Within this context, the service will recognise and respond to the unique needs and experiences of Indigenous children and their families. Working with and through Indigenous organisations and communities, the service will respond with culturally sensitive approaches to the poor health and wellbeing outcomes experienced by many Indigenous children and their families.¹⁹

Partnership

Strong partnerships will underpin the Maternal and Child Health Service.

Together, families, communities and governments shape the environments in which children grow. The Maternal and Child Health Service will continue to be underpinned by strong partnerships. For families, this approach will be reflected in the family-centred orientation of the service. Within local communities, it will be reflected in partnerships between service providers across the spectrum of services for children and families, and specialist services. Partnerships will also support new ways of working together, such as participation in Best Start Projects, Innovations Projects, Primary Care Partnerships and Neighbourhood Renewal projects. At a broader level, a strong partnership between State and local governments will continue.

Planning for the service will account for the broader service system.

Local planning, flexibility and collaboration

Planning for the delivery of the Maternal and Child Health Service will be a continual process that occurs in the context of the broader service system and builds on the identification of individual, family and community needs at a local level. This approach requires an integrated response to families that is not based on program boundaries. It is particularly important in responding to the needs of families and children for whom there are multiple risk factors or indications of a significant level of risk.

¹⁸ Department of Human Services 2002, *An integrated strategy for child protection and placement services*, Melbourne.

¹⁹ Department of Human Services 2004, *Aboriginal Best Start status report*, Melbourne.

Local governments will have the flexibility to design innovative service models that support service integration and service collaboration while maintaining the universal nature of the service. Strategies that promote service integration include service co-location, the establishment of interdisciplinary teams, the shared use of protocols across services, the use of common assessment frameworks, joint service delivery and the use of common referral tools.

This emphasis on local planning is consistent with the concept of ‘place-based’ initiatives, which are emerging as an effective way for government and organisations to relate to, and provide services to, communities. These new approaches empower local communities to shape their own future, develop a shared vision and create vibrant places for families to live. For rural communities, an integrated approach to service planning and delivery offers a mechanism to increase the sustainability and viability of services.

The local service network central to this planned, integrated approach includes, in addition to the Maternal and Child Health Service, maternity services, general practitioners, kindergarten and child care services, early childhood intervention services, parenting and family services (for example, Innovations Projects), school nursing services, child protection and placement services, and specialist services such as those addressing disability, drug and alcohol abuse, mental illness and family violence issues. Local planning will also guide the participation of the Maternal and Child Health Service in Best Start Projects, Innovations Projects, Primary Care Partnerships and Neighbourhood Renewal projects.

A quality framework

The department’s *Service Quality Framework*²⁰ identifies key actions for quality assurance and improvement. Areas for attention include:

- service users’ responsiveness
- staffing and physical resource quality
- quality assurance, including standards and monitoring
- safety and adverse event management
- quality improvement processes.

Local government will consider this framework in developing local service improvements, while at the same time it will inform regional and statewide activity lead by the department.

The quality framework will complement local government best value processes which require a continuous improvement and quality process under the Local Government Act, with a strong emphasis on community input and meeting the needs of local communities.

The Maternal and Child Health Service requires a well prepared workforce to enable it to effectively respond to new and emerging family and community needs. Service quality will be supported through opportunities to evaluate the effectiveness of service approaches and implement service improvements. Service quality will be further supported through the provision of training and reflected in contemporary, evidence-based program standards.

²⁰ Department of Human Services 2002, *Service Quality Framework*, Melbourne.

3.3 Service components

Universal Maternal and Child Health Service

The State Government, through the department, and local governments will continue to jointly fund the universal Maternal and Child Health Service to enable the participation of all families. The funding provided by the State Government recognises areas of disadvantage and the particular needs of rural communities. The universal service will provide key 'age and stage' consultations and additional activities allowed by the flexible service capacity.

Key 'ages and stages' consultations

The Maternal and Child Health Service will provide ten key 'age and stage' consultations from birth to 3.5 years, including an initial home visit and consultations at 2 weeks, 4 weeks, 8 weeks, 4 months, 7–8 months, 12 months, 18 months, 2 years and 3.5 years of age for all children and their families. Consultations may be one-on-one or group-based. They may be offered in a variety of settings, including a maternal and child health centre, another community service or location, or a family's home.

Flexible service capacity

Local governments will plan and deliver additional activities within the service that are most relevant to local needs and priorities. These activities may include, but are not limited to, additional one-on-one or group consultations, community strengthening activities such as group activities, health promotion activities, assertive outreach, activities with other service providers, and initiatives to engage particular groups or those with particular needs. Parent groups inclusive of, but not limited to, first time parents are a required activity within this component.

Enhanced Maternal and Child Health Service

The State Government, through the department, will continue to fund the Enhanced Maternal and Child Health Service. The service will assertively respond to children and families at risk of poor outcomes, particularly children for whom there are multiple risk factors or indications of a significant level of risk.

A comprehensive assessment of risk and protective factors will identify families likely to benefit most from enhanced services. These families are likely to include: families in which a parent is experiencing psychiatric disability, alcohol or substance abuse, intellectual disability, physical disability or family violence; families in which a child has low birth weight, fails to thrive, has a disability or has been involved with child protection services; families in which a member has a serious illness; or families headed by a teenage parent.

The Enhanced Maternal and Child Health Service will provide a more intensive level of in-home family support than is available through the universal service, including short term case management in some circumstances.

Maternal and Child Health Line

The State Government funds the Maternal and Child Health Line. It provides 24-hour telephone advice and support to families with young children. As well, the service is instrumental in linking families to their local Maternal and Child Health Service and to other community, health and support services.

4. Achieving change

As community planners and service providers, local governments will lead change and improvements within the Maternal and Child Health Service. Through the development of municipal early years plans, local governments will have greater flexibility to introduce locally relevant service improvements that address barriers to service access and build existing services.

Improvement to the Maternal and Child Health Service is being supported by the State Government with an injection of an additional \$17 million over four years, introduced in the 2003–04 State Budget. By July 2004, this funding will have increased the subsidy provided to local governments by an average of 24.9 per cent since 2002–03.²¹

This section outlines some key initiatives that have commenced or are planned that will complement the local service improvements.

Developing a new memorandum of understanding

A new memorandum of understanding between the department and the Municipal Association of Victoria will be developed to articulate the relationship between the two spheres of government in funding, planning and delivery of the service. It will reflect the broad concepts and principles outlined in this document.

Introducing municipal early years plans

Local governments will introduce municipal early years plans by July 2004. These plans will focus on the development and coordination of local services for children and their families, accounting for the identified needs of families and communities at a local level. Their requirements will be determined through a project being undertaken by the Municipal Association of Victoria in partnership with the department and local governments.

These plans are intended to complement municipal public health plans and Community Health Plans, ensuring a focus on support for families with young children as part of an integrated municipal planning process. They will provide a broad planning framework for local family and children's services. Within this context, they will articulate the priorities of individual local governments in the delivery of the Maternal and Child Health Service.

Articulating priority areas for gain for children

The department is developing an early childhood policy framework that will identify priority areas for gain in child health, development, learning and wellbeing. Issues for consideration include, but are not limited to, injury prevention, low birth weight, smoking, overweight and obesity, child abuse, dental health, childhood behaviour problems, maternal wellbeing and depression, language development, asthma, breast feeding, sudden infant death syndrome, visual impairment, hearing impairment, learning difficulties, literacy/numeracy acquisition, vaccine preventable disease and family wellbeing. The framework will guide the evolution of early childhood services, including the Maternal and Child Health Service.

²¹ Including indexation.

Introducing the Wellbeing Enhancement Framework

The department is developing a Wellbeing Enhancement Framework for service providers across the spectrum of services for children and families. The framework will promote a change in culture across child and family services towards an approach that promotes wellbeing and strengths in children and families, complementing existing frameworks that are primarily problem or risk focused. It will provide:

- a common understanding of wellbeing as a construct and the key elements and domains that contribute to wellbeing
- links to relevant resource material to promote wellbeing and strengths in children and families at an individual client level
- support to professionals in the form of a framework that can be used at an individual client level and/or a broader system planning level.

Agencies may use the framework for the following functions:

- use by professionals at the individual client level to enhance wellbeing in working with children and families
- use as a planning tool for organisations to develop strategies at a organisational/program/system level.

Building a strong and skilled workforce

Implementation of a workforce strategy

A comprehensive workforce strategy for the Maternal and Child Health Service will support statewide and local initiatives to improve recruitment, retention and re-entry of maternal and child health nurses to the service. Both short term and long term strategies will be identified.

Activities will include the provision of scholarships to support nurses wishing to undertake maternal and child health nursing studies, the development of reflective practice models, and the provision of support for rural municipalities in recruiting, retaining and supporting Maternal and Child Health Service staff.

Implementation of a professional development strategy

A comprehensive professional development strategy for the Maternal and Child Health Service will be implemented to support the new service approach (as outlined in this document) and priorities identified through a training needs analysis. This approach will build on the Integrated Early Years Training Strategy that commenced in 2003, and involves the Maternal and Child Health Service, kindergarten teachers and Preschool field officers, Koori early childhood workers, early intervention staff and family support staff. Professional development will also focus on the improved identification of, and work with, at-risk children and families, along with community strengthening activities.

Revising program standards

Consistent with the principles of continuous quality improvement, the Maternal and Child Health Service program standards will be revised to reflect the new service approach outlined in this document. The standards will define and describe the quality of services provided. In addition, the quality improvement package that complements the Maternal and Child Health Service program standards will be revised to guide evidence-based improvements to service delivery at the local level.

Developing a protocol between maternity services and the Maternal and Child Health Service

A protocol between the Maternal and Child Health Service and public hospital maternity services is being developed to improve continuity of care for recent mothers and infants, and to support improved coordination, collaboration and communication between these services. This protocol will benefit all those using these services, particularly where there is risk of poor outcomes. It will also provide a model for the development of similar agreements between other service providers at the local level—for example, between local governments and private maternity services.

Developing evidence-based program resources

Additional evidence-based program resources will be developed to support the delivery of quality services. Generally, these resources will be relevant for use by a range of services for children and families. Initial projects involve resources to support communication and language acquisition in young children and to promote injury prevention.

Improving information management systems

An improved data set will collect population-based information and local data to support service monitoring and evaluation. Local governments will have the option of incorporating the new data set into their existing information management systems or adopting the department's Integrated Reports and Information System (IRIS). IRIS provides client and case recording functions, and data reporting and performance monitoring capability.

Evaluating the service

The Maternal and Child Health Service will be comprehensively evaluated in relation to the changes introduced through the service improvement process. The evaluation will evaluate strategies and changes introduced, and assess their impact on agreed outcome measures. It will also include support for the services undertaking or considering changes.

Appendix 1 Acknowledgements

The Maternal and Child Health Service Improvement Project Advisory Group was formed through a subcommittee of the existing Community Care Division/Municipal Association of Victoria Local Government Partnerships Working Group. Thanks are extended to the advisory group members:

- Ms Anne Scott, Ballarat City Council
- Ms Cathryn Curtin, Primary Care Partnerships
- Ms Clare Hargreaves, Municipal Association of Victoria
- Ms Coleen Clare, Children's Welfare Association of Victoria
- Ms Connie Forbes, Department of Human Services
- Ms Fran Morris, Australian Nursing Federation Maternal and Child Health Nurses Special Interest Group
- Mr Gerard Jose, Knox City Council
- Ms Jeanette Nagorcka, Department of Human Services
- Ms Jennifer McDonald, Department of Human Services
- Mr John Cheshire, Department of Human Services
- Ms June McLoughlin, Centre for Community Child Health
- Ms Kelly Loughran, Victorian Aboriginal Community Controlled Health Organisation
- Ms Kimberley Flanagan, Department of Human Services
- Ms Liz Mann, Maternal and Child Health Nurse Coordinators Group
- Ms Pam Regan, Moonee Valley City Council
- Professor Gay Edgecombe, Royal Melbourne Institute of Technology
- Ms Kerry Stubbings, Moreland City Council.

The Department of Human Services and the Municipal Association of Victoria also acknowledge the many organisations and individuals that provided written feedback and participated in the consultation process that informed this document:

- Local government city councils and shires
- Department of Human Services regional offices
- Anglicare Victoria
- the Association for Children with a Disability
- the Australian Nursing Federation
- the Country Women's Association
- the Free Kindergarten Association Multicultural Resource Centre Children's Services
- Kindergarten Parents Victoria
- the Maternal and Child Health Special Interest Group
- the Post and Ante Natal Depression Association
- Relationships Victoria
- the Salvation Army
- the Victorian Co-operative on Children's Services for Ethnic Groups (VICSEG)
- the Victorian Aboriginal Health Service
- the Victorian Parenting Centre
- the Women's Action Alliance.

The contribution of the Department of Human Services Internal Reference Group for the Maternal and Child Health Service Improvement Project is also acknowledged.

Appendix 2 Definitions

The following definitions have been used for this document.

health

The World Health Organisation defines health as ‘a state of complete physical, mental and social well-being not merely the absence of disease or infirmity’. Health is determined by social, economic and environmental factors, referred to as the ‘social determinants of health’. The World Health Organisation has identified 10 factors that determine health:²²

- social gradient
- stress
- early life
- social exclusion
- work
- unemployment
- social support
- addiction
- food
- transport

wellbeing

‘The condition of being well, healthy or contented. Wellbeing can be assessed through a combination of objective and subjective measurements (that is, in a person, both physical and mental health, and the development of skills and relationships)’.²³

development

Development is an increase in complexity. It involves both structure and function. Its numerous simultaneous progressions are closely related but manifest many individual variations.²⁴

22 R Wilkinson & M Marmot 2003, *Social determinants of health: the solid facts, 2nd Edition* World Health Organisation, World Health Regional Office for Europe, Copenhagen

23 M Salvaris et al. 2000, *Measuring Victoria's progress*, Institute for Social Research, Swinburne University of Technology, Melbourne, p. 38.

24 MD Sheridan 1980, *From birth to five years: children's developmental progress*, 7th impression, The NFER-Nelson, Windsor.

interdisciplinary

Interdisciplinary teams comprise professionals from several different disciplines.²⁵ They are characterised by formal channels of communication that encourage team members to share their information and discuss individual results.²⁶

universal services

Universal services are services directed to the whole target population. There is no requirement, or expectation, that the users of these services have specific issues, problems or concerns that need to be addressed, although some users may. It is also not necessary for problems or issues to be present or identified for a person or family to use universal services.²⁷

secondary services

Secondary services are services directed at people who have a particular issue, problem or concern, and who need help to manage or resolve this. There may be some level of risk involved if issues are not addressed. People may seek out the assistance or it may be provided by way of referral from either a universal or tertiary service.²⁸

tertiary services

Tertiary services are services directed at people who have an issue, problem or concern that requires intensive and often ongoing intervention. People may seek out the assistance, be referred by another service, or be subject to statutory intervention due to the nature of the problem and/or the level of risk to children or other family members.²⁹

primary health care

Primary health care is essential health care based on practical, scientific and socially acceptable methods and technology. It is made universally accessible to individuals and families in the community through their full participation and at an affordable cost to the community and country.³⁰

25 R Fewell 1983, 'The team approach to infant education', In SG Garwood & RR Fewell (eds), *Educating handicapped infants: issues in development and intervention*, Aspen, pp. 299–322.

26 N Peterson 1987, *Early intervention for handicapped and at risk children: an introduction to early childhood special education*, Denver Co, Love Publishing Company

27 Australian Institute of Health and Welfare 2001, *Family support services in Australia 2000*, AIHW cat. no. CFS 4, Canberra, p. 6.

28 Australian Institute of Health and Welfare 2001, *Family support services in Australia 2000*, AIHW cat. no. CFS 4, Canberra, p. 6.

29 Australian Institute of Health and Welfare 2001, *Family support services in Australia 2000*, AIHW cat. no. CFS 4, Canberra, p. 6.

30 Department of Human Services 2001, *Better access to services: a policy and operational framework*, Primary Care Partnerships, Melbourne.

