Aboriginal Maternal and Child Health Initiative (AMCHI)

AMCHI Service Model Trials

Grant Application Guidelines

Delivering a culturally safe, high quality Maternal and Child Health Service for all Aboriginal families
MINISTER’S FOREWORD

As our Maternal and Child Health (MCH) Service celebrates its 100th birthday in Victoria, it is more important than ever that the whole community benefits from this world class service.

As a Government we recognise the importance of making our MCH Service inclusive and accessible to all families.

Recent Victorian data shows that there are traditionally lower participation rates of Aboriginal children in the MCH Service. We need to address this to ensure that children and families from Aboriginal communities are able to access the full benefits of the Service.

Over the past year, the Victorian Government has worked with Aboriginal organisations, the MCH sector and local government to co-design strategies and approaches to provide high quality, culturally safe and responsive services for all Aboriginal families.

From this collaboration, I am pleased to launch the Aboriginal Maternal and Child Health Initiative (AMCHI) Service Model Trials.

The Victorian Government has committed $1.6 million to work with Koorie communities to help deliver a more culturally responsive MCH Service through Aboriginal Community Controlled Organisations and current service providers.

Through the AMCHI Service Model Trials, we want to identify better ways of working which improve the responsiveness of the MCH Service for Aboriginal families and children.

We’re providing grants to explore innovative ways to be fully inclusive of the needs of Aboriginal families through the delivery of the Universal MCH Service.

This is about empowering Aboriginal families to choose where and how they access the MCH Service and ensuring the service they receive is high quality, tailored to families’ preferences and well connected to other services.

Importantly, the evaluation of these trials will inform future improvements to the MCH Service to the benefit of all Aboriginal families and communities.

The vision of the Education State is excellence in services and outcomes for every child in Victoria, and the early years are such an important and formative part of a child’s life.

I look forward to seeing the results of this innovative approach and encourage all eligible organisations to apply.

Jenny Mikakos MP
Minister for Families and Children
Aboriginal Maternal and Child Health Initiative

Service Model Trials – Grant Application Guidelines

This document has been prepared to assist prospective applicants of the Aboriginal Maternal and Child Health Initiative (AMCHI) Service Model trial to prepare and lodge submissions for grant funding.

Trials will commence in September 2017, and conclude in September 2018.

The grant application guidelines should be read in conjunction with the following:

- AMCHI Co-design Information Pack (Appendix 1 to this document)
- AMCHI Grant Process Application Form (available by contacting the project team – see section 8).

1. CONTEXT

In April 2016, the Minister for Families and Children launched the Roadmap for Reform: Strong Families, Safe Children – the State Government’s strategy to reform the children, youth and families’ services system.

As part of this reform, the Victorian Government announced a funding package of $33.9 million to improve access to universal services. The package includes $1.6 million over two years to work with Koorie communities to co-design a Maternal and Child Health (MCH) service delivery model to deliver more culturally responsive and high quality MCH services, through both Aboriginal Community Controlled Organisations (ACCOs) and current service providers. This funding also supports a corresponding action in Marrung: Aboriginal Education Plan 2016-2026.

Background

The MCH Service delivers a free universally accessible, statewide service for all families with children from birth to school age. The MCH Service is comprised of the Universal MCH Service, the Enhanced MCH Service and the MCH Line. The different components of the MCH Service are described in section 5.2 of the Maternal and Child Health Service Guidelines (2011).

The MCH Service provides a schedule of contacts and activities for all families, with an emphasis on prevention, health promotion, early detection, and intervention where necessary. It is inclusive of the ten Key Ages and Stages (KAS) consultations, which commences with an initial home visit, and nine further consultations between two weeks and 3.5 years of age. It also includes a Flexible Service Capacity which includes additional consultations, telephone consultations, group sessions and community strengthening activities. The KAS Activity Framework can be found within the Maternal and Child Health Practice Guidelines (2009).

Victorian Universal MCH Service data from 2014-2015 indicates that there are lower participation rates of Aboriginal children when compared to non-Aboriginal children at all ten KAS consultations provided within the Universal MCH Service. This gap increases from a 4.8 percentage point difference at the initial home visit to an 18 percentage point difference at the eight-month consultation. The AMCHI funding package has been predominantly directed towards increasing participation and engagement of Aboriginal families.

In 2015, the Department of Education and Training (the Department) commissioned a two-part review on the engagement of Aboriginal families with the MCH Service. The review found that many Aboriginal families move between mainstream and ACCO-based MCH services. It also found that ACCO MCH services were intensive, flexible and tailored to Aboriginal children and families’ needs due to the continuity of care model, co-location of services, and a culturally safe environment.

Recommendations of the review included: increasing awareness of, and access to, MCH services by Aboriginal families; using culturally safe practice; and improving the quality of engagement between MCH nurses and Aboriginal families.

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2 Please note: throughout this document, the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander people.
3 The reviews were conducted by VACCHO and ACIL Allen in 2015 and 2016.
As a result, the Department established the AMCHI to improve outcomes for Aboriginal families across Victoria. The overall objectives of the Initiative are:

- to improve access to and participation in the Universal MCH Service
- to provide culturally responsive and high quality services to all Aboriginal families.

Governance for the Initiative is provided by a Steering Committee, which was supported by a time-limited Working Group. Both groups had representation from the MCH sector, Aboriginal organisations and State and local government.

A series of co-design workshops were facilitated to develop strategies and approaches to improve access, awareness and engagement of Aboriginal families with the MCH Service. The Working Group contributed knowledge and expertise on the needs and experiences of Aboriginal families accessing MCH services through a range of service delivery settings. The Group worked together to assess the feasibility and practical application of different strategies based on a number of service principles they agreed. The principles and the model were deemed to be essential for the delivery of the Universal MCH Service to ensure it is culturally safe, flexible and of a high quality.

2. WHAT IS THE AMCHI SERVICE MODEL?

The AMCHI Service Model (the Service Model) is a flexible approach to the delivery of the Universal MCH Service, inclusive of the ten KAS consultations, through existing and new service providers.

The AMCHI Service Model (the Service Model) will be trialled within the universal component of the MCH Service. The Service Model aims to deliver a more culturally responsive, high quality and tailored MCH Service for Aboriginal families.

The AMCHI Service Model comprises:

- five service principles
- three possible delivery settings.

Aboriginal families are at the centre of this Service Model, with delivery shaped around meeting families’ needs rather than being determined by existing system structures. The service principles guide service delivery to empower families to choose how they access the MCH Service, and to ensure that families receive culturally safe, high quality and integrated care.

Integral to attaining these service principles is developing (or better supporting) effective partnerships between local government MCH providers, new providers, and local Aboriginal communities.

### AMCHI service principles

The *five service principles* recommended by the Working Group support self-determination and the delivery of a high quality, culturally safe MCH Service to Aboriginal families:

1. Families receive information about the MCH Service in the antenatal period.
2. Families can elect to receive the MCH Service from a local government, an ACCO, or a combination of both at any point in the family’s engagement with the Service.
3. Families have the choice to engage with Aboriginal staff in the delivery of the MCH Service regardless of their location.
4. Families will receive a culturally safe, flexible, high quality and empowering service from their MCH provider.
5. Families receive an integrated coordinated approach to service delivery with ‘no wrong door’.

In developing the service principles, it has been recognised that there are differences across local government areas in terms of available services, organisations, and communities. This will influence how the service principles are applied on the ground.
AMCHI delivery settings

In order to be responsive to the individual needs of families within different Aboriginal communities, flexibility of delivery setting is a key element of the AMCHI Service Model. The three service delivery settings in which the AMCHI Service Model will be trialled are:

1. **Within Local Government**: the Universal MCH Service is delivered in local government settings that are culturally safe, have strong partnerships with or employ Aboriginal staff, and have outreach services.

2. **Within an ACCO**: the Universal MCH Service is delivered by an MCH nurse employed within an ACCO as part of an integrated and coordinated approach to child and family services delivery.

3. **With an Integrated Service Partnership**: multidisciplinary teams deliver the Universal MCH Service, providing continuity of care across hospital networks, local government, community health centres and/or ACCOs.

Regardless of the service delivery setting, all service principles must be applied. The intention is for grant funding for each model to be used to suit the local setting, whilst supporting a high standard of service aligned with the service principles.

Strong service partnerships within communities and regions are fundamental to the model in each setting to ensure families receive an integrated service that is also flexible in delivery.

All KAS consultations must be delivered by a maternal and child health nurse registered with the Australian Health Practitioner Regulation Agency (AHPRA), be a Division 1 Registered Nurse, be a Registered Midwife, and hold a Graduate Diploma in Child and Family Health (or equivalent).

Local government receives all birth notifications by statute and has the legislative responsibility to follow up on each birth notification. As this occurs prior to or at the first MCH visit, it is vital that there are strong partnerships and clear communication pathways in place between local government and any other organisations that may be providing the MCH Service to Aboriginal families.

Examples of how the service principles may be applied in the three delivery settings are detailed within the Aboriginal Maternal Child Health Initiative Co-design Information Pack (Appendix 1).

**3. OBJECTIVES OF THE AMCHI SERVICE MODEL GRANTS**

The objectives of the AMCHI Service Model grants are:

- To facilitate the trial of a model to inform the Department and local government on the effective delivery of a high quality, culturally safe MCH Service for Aboriginal families.
- To enable the trialling of a model that allows for flexible delivery of the Universal MCH Service that is responsive to the needs of Aboriginal communities across the State.
- To trial a model that will promote optimal child health, wellbeing and development for all Aboriginal children.

To achieve the AMCHI objectives, the Department is providing one-off funding grants for eligible organisations to trial the AMCHI Service Model in various locations across Victoria.

The focus of the grant funding is to enable the trialling of innovative ways to be fully inclusive of the needs of Aboriginal families through the delivery of the Universal MCH Service and to ensure that the Universal MCH Service is high quality, tailored to families’ preferences and well connected to other services. Grant funding will also enable evaluation of the proposed AMCHI Service Model across a range of sites using consistent criteria.

The trial is not intended to fund additional hours of service delivery but to test new approaches within the existing service framework (e.g. different staffing mix and improving cultural inclusivity, but within the same number of hours).

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4. FUNDING

Funding is available to incorporated, not-for-profit organisations, ACCOs and local councils. Where partner organisations are included in a project, a lead organisation should be nominated for lodging the grant application, and dispersal and acquittal of grant funding.

Partnerships between two or more local government areas are ineligible for the Integrated Service Partnership category. However, individual local governments can lodge an application through the Local Government category or as part of an Integrated Service Partnership with a non-local government organisation.

Funding to trial the AMCHI Service Model will be distributed through a grants process compliant with the Victorian Government Discretionary Grants Investment Principles.

Organisations may apply for grant funding to trial delivery of the Universal MCH Service per the Aboriginal MCH Initiative Service Model within one of three delivery settings. There is flexibility in the way the model can be delivered at a local level; however, all service principles must be applied in service planning and delivery.

Funding for successful proposals will be distributed through existing Funding and Service Agreements, or through a common funding agreement with the Department.

Distribution of the grant funding will be scheduled at the commencement of the trial and at appropriate intervals, to coincide with the agreed milestones. Full expenditure of the grant funding is expected by the completion of the trial; however, where this is not possible the Department will negotiate an agreement to enable a recoup of funds.

The awarding of AMCHI Service Model grants is a competitive process and a grant application does not guarantee the success of the application.

Grant funding will be allocated according to the following limits:

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<th>Within Local Government</th>
<th>Within an ACCO</th>
<th>Within an Integrated Partnership</th>
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<tr>
<td></td>
<td>Up to $100,000</td>
<td>Up to $130,000</td>
<td>Up to $130,000</td>
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The MCH Service within Local Government is currently funded to provide a universal service to all children enrolled within their catchment area. As such, the grant funding cap is less than the alternative service delivery settings.

5. EVALUATION OF THE TRIALS

An impact evaluation will be undertaken by the Centre for Community Child Health – Murdoch Children’s Research Institute, to determine if the objectives of the Initiative were achieved in each of the three delivery settings, what factors influenced the outcomes, and to what extent. In addition, the evaluation will review the process followed by each organisation trialling the AMCHI Service Model to ascertain:

- if all the service principles were met
- how the service principles were implemented
- the experiences of families engaging with the MCH Service
- the extent to which the various processes employed could be replicated and sustained in other locations across Victoria.

Successful grant funding applicants will work with the evaluation team through a collaborative evaluation approach. Sites will be supported to participate in process and impact evaluation activities, to help understand how well the pilot model was implemented and demonstrate if objectives were achieved. An initial trial site visit will be scheduled early in the trials to ensure a clear understanding of evaluation tasks, processes and templates.

Trial sites will be required to collect and provide available data to inform the evaluation at key points. Sites will also be involved in collecting feedback from parents and carers, supported by the evaluators.
6. APPLICATION PROCESS

Applicants (organisations) will need to submit a detailed project proposal, which outlines how the AMCHI service principles will enhance the delivery of the Universal MCH Service within one of the specified delivery settings.

Applications should be based on the specified trial timeframes and should include the following information:

1. Evidence that the lead organisation is registered under the Department of Health and Human Services Standards (2012) for community service organisations, under the Children, Youth and Families Act (2005) (if applicable).

2. Details of the organisations experience in delivering child (0 to 3.5 years) and/or health services to Aboriginal communities.

3. Local data evidence to reflect that there are sufficient numbers of Aboriginal children within the local community who are eligible for any of the ten KAS consultations within the trial period of September 2017 to September 2018.

4. A program model of care which details strategies for the establishment or expansion of the current Universal MCH Service which supports the AMCHI service principles. The proposed model should include but not be limited to the following:
   a. an outline of the proposed delivery of the Universal MCH Service including details of staffing, hours of service, delivery site etc.
   b. strategies to ensure flexibility and responsiveness to the needs of Aboriginal families
   c. details of how the model will be inclusive of all family members including fathers
   d. strategies to provide appropriate professional support for staff relating to child health, wellbeing and development, and culturally safe practice, at the service delivery sites for the period of the trial
   e. details of current and proposed referral pathways to ensure families receive integrated coordinated and culturally safe care
   f. a detailed process to communicate, collaborate and establish referral pathways with the Enhanced MCH Service to ensure continuity of care for those families who require more support.

5. A detailed budget for the proposed model of care. This budget must be within the total budget limit outlines in Section 4, and should include:
   a. establishment costs, such as recruitment, resources, travel
   b. ongoing cost for the period of the trial, such as wages
   c. an outline of current State or Commonwealth funding received, that may be complementary to the AMCHI Service Model Trials grant funding (include details of funding source and how it may link to proposed program model of care).

6. A protocol with responsible municipality/ies
   a. details of current or proposed partnership between the municipality/ies in which the families reside to ensure that local government's legislative responsibility of the birth notification follow up is adhered to.
   b. all children born in Victoria should be entered into the state-wide Child Development Information System (CDIS). Municipal Association of Victoria will facilitate recording on CDIS at no additional cost for successful grant applicants.

7. Details of relevant partnerships your organisation currently has in place, and details of proposed opportunities for further innovative partnerships. This should include:
   a. clarification of roles and responsibilities within partnerships and details of current communication networks
   b. details of current or proposed partnership arrangements with local government
   c. an outline of current or proposed mechanisms for appropriate information sharing.
8. Details of the organisations capacity to successfully plan and apply resources to deliver projects within short timeframes
   a. include details of current or proposed governance structures which could be utilised to assist with ensuring readiness for the commencement of trials in September 2017 and maintain oversight of the project over the course of the trial.

9. A risk assessment which includes the development of mitigation strategies for risks associated with the proposed model of service delivery. This would include risks relating to:
   a. governance, performance management issues, financial management and operational issues
   b. appropriate employment arrangements for staff engaged for the period of the trial

   A risk assessment template is provided at Appendix 2.

10. Details on how strategies within the proposed model of delivery could be sustainable in the future:
   a. processes that may be embedded into local practice to ensure partnerships can continue after the trials have completed (for example links with local hospitals & GP’s).

All applications must:
   • be signed by the Chief Executive Officer or equivalent position within the applicant’s organisation
   • indicate agreement for the organisation to provide detailed project information and data to the project evaluation team
   • indicate agreement for members of the organisation to participate in a minimum of three progress meetings over the duration of the trial
   • indicate accountability for the expenditure of funding for the delivery of the trial. Organisations will be required to comply with funding expenditure, data collection and other reporting requirements.

All applications must be submitted on the AMCHI Service Model Trial Application Form.
7. ASSESSMENT

Grant applications will be evaluated against the assessment criteria listed below.

Criteria for assessment of grant applications:

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<th>Criteria for assessment of grant applications:</th>
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<tr>
<td>Compliance of lead organisation with the Department of Health and Human Standards (2012) for community service organisations under the <em>Children, Youth and Families Act 2005</em></td>
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<tr>
<td>Experience in delivering child (0-3.5 years) and/or family health services to Aboriginal communities and accompanying local feasibility data</td>
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<td>Demonstrated strategies to ensure Aboriginal families are aware of the MCH Service antenatally</td>
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<tr>
<td>Details of relevant partnerships the organisation currently has in place, and documented opportunities for further innovative partnerships</td>
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<tr>
<td>Demonstrated strategies to ensure Aboriginal families are given the opportunity to engage with Aboriginal staff when accessing an MCH service, regardless of their location</td>
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<td>Detail of strategies proposed to ensure the MCH Service is culturally safe, flexible, high quality and empowering for Aboriginal families</td>
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<tr>
<td>Strategies documented to ensure the provision of an integrated coordinated service approach</td>
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<tr>
<td>Detail how strategies within the proposed AMCHI Service Model could be sustainable</td>
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<tr>
<td>Inclusion of a detailed operational budget</td>
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<tr>
<td>The proposed AMCHI service model of care accounts for the delivery of the ten KAS consultations</td>
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Assessment of grant funding applications will be through an independent panel. Submissions will be evaluated against the indicated criteria. Initial assessment may be used to shortlist submissions; following shortlisting, organisations may be requested to provide clarification or additional information.

Balancing the geographic spread of trials across Victoria will be a factor in the allocation of grants, as will be the number of applications in each category.
8. SUBMITTING YOUR APPLICATION

Grant funding applications open on Wednesday 14 June 2017.

Organisations that wish to apply for an Aboriginal MCH Initiative Service Model Grant must email amchi.grants@edumail.vic.gov.au to register their interest and request an application form.

Applications close at midnight on Wednesday 26 July. Please submit your application form and any additional documentation to: amchi.grants@edumail.vic.gov.au.

Organisations that wish to submit a joint application should detail the roles and responsibilities of all partners and identify a lead organisation to broker funding.

Any queries can be directed to: amchi.grants@edumail.vic.gov.au.

Frequently asked questions about the grants process may be addressed on the Aboriginal MCH Initiative webpage. All applicants are encouraged to check the webpage regularly whilst the grants period is open.

9. NOTIFICATION OF OUTCOMES & NEXT STEPS

The Minister for Families and Children will announce the successful grant applicants in September 2017. All communication in relation to projects receiving a grant under the AMCHI Service Model trials must cite the State Government contribution.

The Department will organise implementation planning meetings with the successful trial site project teams, prior to commencement in September 2017. A detailed project plan including timelines and deliverables will be required to be submitted following this meeting on a template provided by the Department.

The evaluation team will meet with the successful trial sites at the commencement of the trial to collect relevant baseline data and provide specific measurement indicators and templates.

Trial site project teams will be required to attend progress meetings with the AMCHI Project Team, which will be scheduled (at this stage) for December 2017, March 2018 and June 2018.

The AMCHI Service Model trials will be completed September 2018.