**Local Government Area:**

**Region:**

Good quality early childhood programs not only promote a young child’s health, learning and skill development, but also positively influence their longer-term health, educational and social outcomes. This is particularly so for vulnerable and

disadvantaged children.

The Department of Education and Training (DET) works in partnership with Local Government Areas to deliver Maternal and Child Health (MCH) services for all young children and their families, and Enhanced MCH services for vulnerable and disadvantaged children and families. Participation in these services is voluntary.

#### The MCH service is a state-wide primary health service for Victorian families with children from birth to school age. The Universal MCH service includes 10 free Key Ages and Stages (KAS) consultations from birth to 3.5 years for all children and their families as well as a flexible service capacity to enable the development of innovative service responses to meet additional support needs of families not addressed through the standard key ages and stages consultations. The service is provided in partnership with the Municipal Association of Victoria (MAV), Local Government and DET.

The MCH Service is underpinned by a Memorandum of Understanding (MoU) with the MAV on behalf of Local Government. The MoU is a statement of agreed principles to guide the partnership between State and Local Government for the planning, funding, and provision of MCH services. The MoU is currently being reviewed in partnership by DET and MAV.

To inform regional and state-wide service improvement activity, DET requires MCH service providers to submit an annual Service Improvement Plan (SIP). The priority action areas for improvement as outlined in the SIP include measures to increase access for vulnerable families to the MCH service including Aboriginal and Torres Strait Islander, CALD families and the measurement of increased 4 week KAS consultations where screening takes place for family violence.

**Five priority areas have been included in this SIP. Local Governments are required to complete three of these. Where the Local Government is a Best Start site the completion of Priority Area number 3 is required.**

DET is placing a renewed emphasis on the critical role that MCH nurses play in identifying and assessing risk of family violence in light of the Royal Commission into Family Violence whose task it was to enquire into and provide practical recommendations on how Victoria’s response to family violence can be improved. State wide KAS data indicates that family violence assessments were undertaken in 2014-15 for 60 percent of KAS four week consultations.

The MCH Program Standards provide an evidence-based framework for the consistent, safe and quality delivery of the MCH service. The Program Standards provide a systematic approach to improving service delivery and safety. The six MCH Program Standards support the vision, mission, goals and principles of the service as stated in the MCH Guidelines (2011) to ensure that the service provides a high standard of care to Victorian families. Further information can be found at <http://www.education.vic.gov.au/mchservice>

**Note:** Accurate MCH service data for the development of base line measures for the 2016-17 SIPs may not be available for some councils. In this circumstance it may be best to focus on qualitative measures of performance.

Please discuss how you will measure service improvements with your DET Performance and Planning Adviser.

**Priority Areas for 2016-17**

1 Increase the number of times the family violence assessment is undertaken at the 4 week KAS consultation.

1. Increase participation in the 18 month, 2 year and 3.5 year KAS consultations.
2. Where a Best Start partnership exists in your municipality, the MCH service will engage to identify barriers to attendance in the local community and identify actions to improve practice and increase the number of all KAS consultations.
3. Improve accessibility for vulnerable families (including ATSI and/or CALD families) to the MCH Service.
4. MCH Program Standard Four – the MCH service is to be delivered by a competent and professional workforce.

**Reporting Timelines**

|  |  |
| --- | --- |
| **Due Dates** | **Action** |
| 4th November 2016 | 2015-16 SIPs with the **“Performance’’** section completed and forwarded to your DET Performance and Planning Adviser. |
| 21st November 2016 | PAPAs to discuss the 2016-17 SIPs requirements with Local Governments. |
| 28th November 2016 | Identify your three priority areas for 2016-17 and complete the “**Action Planned”** and “**How to Measure**”. The SIP tool is retained regionally until the **“Performance”** section has been completed in 2017. |
| 31st August 2017 | PAPAs are required to submit the completed 2016-17 SIPS with the **“Performance/Outcome”** section from each local government area to DET via email [mch@edumail.vic.gov.au](mailto:mch@edumail.vic.gov.au) |

**SIP Template**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priorities** | **Action Planned** | **How to Measure** | **Performance/Outcome** |
| Increase the number of times the family violence assessment is undertaken at the 4 week KAS consultation. | Example: Implement a strategy to increase nurse’s confidence in asking the family violence questions and measure the results. |  |  |
| Increase participation in the 18 month, 2 year and 3.5 year KAS consultations. | Example: Establish a follow up system for families that miss appointments. |  |  |
| Where a Best Start partnership exists in your municipality, the MCH service will engage to identify barriers to attendance in the local community and identify actions to improve practice and increase the number of all KAS consultations. | Example: Develop or strengthen your working relationship with the Best Start program to implement strategies to increase the number of all KAS consultations. |  |  |
| Improve accessibility for vulnerable families (including ATSI and/or CALD families) to the MCH Service. | Example: Increase access for vulnerable families by establishing an outreach approach to service provision. |  |  |
| MCH Program Standard Four: The MCH service is to be delivered by a competent and professional workforce. | Example: Provide professional development and support to MCH staff or develop a peer support network for all staff. |  |  |

**Endorsement**

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| --- | --- | --- |
| **Local Government Area:** |  |  |
| **Endorsed By:** |  |  |
| **Name:** |  | **Signature:** |
| **Phone:** |  | **Date:** |

|  |  |  |
| --- | --- | --- |
| **Region:** |  |  |
| **Completed By:** |  |  |
| **Name:** |  | **Signature:** |
| **Phone:** |  | **Date:** |