

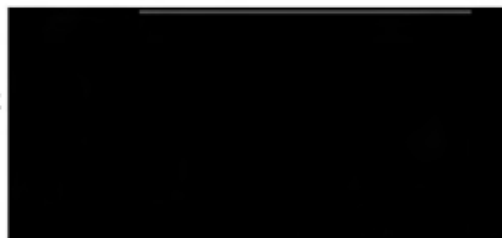
**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT GC-1 TO STATEMENT OF GILLIAN ANNE CALLISTER

Date of document: 4 August 2015
Filed on behalf of: The State of Victoria
Prepared by:
Victorian Government Solicitor's Office
Level 33
80 Collins Street
Melbourne VIC 3000

This is the attachment marked '**GC-1**' produced and shown to **GILLIAN ANNE CALLISTER** at the time of signing her Statement on 4 August 2015.

Before me:



An Australian legal practitioner
within the meaning of the
Legal Profession Uniform Law (Victoria)

Attachment GC-1



Department of Education and
Early Childhood Development



MEMORANDUM OF UNDERSTANDING
BETWEEN
Department of Education and Early Childhood Development
AND
Municipal Association of Victoria

In relation to
MATERNAL AND CHILD HEALTH SERVICES
July 2012 – June 2015

PARTIES TO THE MEMORANDUM OF UNDERSTANDING

The Chief Executive Officer of the Municipal Association of Victoria (MAV), representing local government authorities (by Act of Parliament 1907), and the Secretary to the Department of Education and Early Childhood Development (DEECD) are the parties to this Memorandum of Understanding.

The Memorandum of Understanding is a statement of agreed principles to guide the partnership between state and local government as equal partners in decision-making for the planning, funding, and provision of the Maternal and Child Health service.

This collaborative approach ensures that the Maternal and Child Health service engages with all families in Victoria with children from birth to school age, takes into account their strengths and vulnerabilities, and provides timely contact and ongoing primary health care in order to improve their health, development and wellbeing.

The Memorandum of Understanding is intended to supplement the Victorian State-Local Government Agreement (VSLGA) May 2008 and the DEECD/MAV Partnership Agreement to strengthen state-local government relations by building a collaborative working relationship between state and local government and improving communication and consultation.

PURPOSE OF AGREEMENT

This Memorandum of Understanding is a significant and important document in providing the parties with a high level of confidence that each Party will act in accordance with its terms and represents a shared commitment.

TERM OF AGREEMENT

This Memorandum builds on the previous Memorandum of Understanding and commences July 2012 and concludes June 2015.

CONTEXT

The *2012–13 Victorian Families Statement* outlines the Governments priorities to support Victorian families by providing access to quality health and support services for all children and families. This approach ensures the continued provision of health, development and wellbeing expertise and support to all Victorian families with young children and contributing to timely intervention to support parents and children to meet key developmental milestones.

LOCAL GOVERNMENT POLICY FRAMEWORK

Local government in Victoria is one of the largest early childhood education, care and health providers. It has a joint responsibility with the State and Commonwealth to ensure that locally accessible family and children's services are provided which support families in the care, protection, health, developmental, educational and special needs of young children. Councils determine the most effective means of providing a service to the community through principles of responsiveness, accessibility, quality and cost standards, continuous improvement, consultation and community accountability. The Best Value principles and process are contained in Part A of the *Local Government Act 1989*.

The generic capacities and strengths of local government to carry out its role in planning, service/facility provision, advocacy and community capacity building are many.

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

MEMORANDUM OF UNDERSTANDING KEY AREAS OF AGREEMENT

1. GOVERNANCE

The *MAV/Early Childhood Development Early Years Strategy Group* contributes to the development and review of policy, strategies and community initiatives related to services for individuals, children, youth and families.

The *Early Years Strategy Group* aims to strengthen and support the partnership between State and local government in the planning and service delivery of early childhood services. Both parties will work collaboratively to develop and review policies, strategies and community initiatives relating to early

childhood services, including ongoing discussion on matters relating to local government. The Strategy Group is comprised of equal representation by DEECD and MAV and local government representatives.

2. PROVISION OF SERVICES

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

The Maternal and Child Health Service comprises the Universal Maternal and Child Health Service, the Enhanced service and the Maternal and Child Health Line.

The Universal Maternal and Child Health service provides:

- 10 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, 8 months, 12 months, 18 months, 2 years and 3.5 years of age for all children and their families
- a flexible service capacity to enable the development of innovative local service responses to meet additional support needs of families not addressed through the standard Key Age and Stage visits. These activities must include first time parent groups, community strengthening activities, additional targeted consultations where there is a demonstrated need, and telephone consultations. The flexible service capacity cannot be directed to regular checks for all families in addition to the ten key age and stage consultations
- the Universal service is funded jointly by DEECD and local government and delivered by local government.

The Enhanced Maternal and Child Health service aims to provide a more intensive level of support for children and families at risk of poor outcomes and is in addition to the suite of services offered through the Universal Maternal and Child Health Service. The enhanced service offers councils additional resources to identify and provide services to at-risk families in their community, and to prevent emerging difficulties through early intervention, early identification and linkage with other support systems including maternity services, ChildFIRST, family support, child protection, parenting and early intervention services. The enhanced service is fully funded by DEECD and delivered by local government.

The Maternal and Child Health Line is funded and provided by the State government. It provides 24-hour telephone advice and support to families with young children. The core activities of the Maternal and Child Health Service are specified in the *Maternal and Child Health Service Guidelines* (<http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/mch/mchsguidelines.pdf>).

Service Improvement

Regional and state-wide service improvement activity is informed by the annual service improvement report submitted by service providers annually.

3. ACTION PLAN

The Action Plan 2012–2015 provides an outline of the agreed areas of joint work. The Action Plan will be a dynamic element of the partnership. It will change and evolve as DEECD and MAV (*service providers*) work through and address the identified areas of work (Appendix).

The Action Plan will be informed by recommendations from the *Victorian Auditor General's Report – Early Childhood Development Services: Access and Quality* (2011), the *Protecting Victoria's Vulnerable Children Inquiry Report* (2012) and the Governments response to this inquiry (*Victoria's Vulnerable Children – Our Shared Responsibility*) which includes a commitment to a substantial and broad reform project to develop evidence-based recommendations for the refinement and modification of the Maternal and Child Health Service model.

4. PRINCIPLES OF AGREEMENT¹

This Memorandum of Understanding is based on the following shared commitment:

- Understanding and respect for each party's specific legislative and electoral mandates and responsibilities;
- Shared focus on outcomes for local and regional communities;
- Open and timely communication and consultation; and
- Understanding of the resource capacities of each sphere.

Principles of Service

Universality of Service

The Maternal and Child Health Service provides a core service for all children and their families with additional support provided to some children and families who need it.

Integrated Planning and Service System Development

Future development of the Maternal and Child Health Service will recognise the importance of an integrated and flexible approach to planning and service delivery and a commitment to pursue innovative service delivery options in response to identified individual, family and local community needs.

Principles of Funding

- State and local government contribute equally (i.e. 50/50) to the hourly cost for the Universal Maternal and Child Health Service that includes 10 key ages and stages consultations and flexible service capacity as defined in Section 2. If by agreement the core components of the service are modified a commensurate review of costing will be undertaken.
- The Enhanced Maternal and Child Health Service and the Maternal and Child Health Line are fully funded by DEECD.
- DEECD and MAV, representing local government, supports the premise that all funding of Maternal and Child Health services should be allocated to local government authorities to provide them directly or tender out services where direct provision is not possible.
- State government funding is for Maternal and Child Health Service activities specified in service agreements between DEECD and local government or agencies that provide the Maternal and Child Health Service.
- Where local government provides additional Maternal and Child Health Service activities beyond that specified in service agreements, these additional activities are fully funded by local government and/or other funding sources and are therefore outside the 50/50 funding agreement.
- Local government contributions include both direct funds and corporate contributions related to service delivery.
- Additional or new service activities proposed by DEECD will be funded at the full cost, at the agreed hourly rate, of the delivery of the specified activity/ies, unless otherwise negotiated with local government.

The DEECD will increase the funding payable each year of the term by the rate of indexation approved by the Victorian Government and advise by the DEECD.

User Charges

No user charges will be applied to:

- The Universal Maternal and Child Health Service to which the Department of Education and Early Childhood Services contributes funding; or
- The Enhanced Maternal and Child Health Service.

¹ These principles reflect the Partnership Agreement between the Municipal Association of Victoria and the Department of Education and Early Childhood Development.

5. FUNDING

DEECD and MAV have agreed on a unit cost for the Maternal and Child Health service that includes salary and on-costs, operating expenses, travel, management, facilities and professional development. The revised unit cost for one hour of service is \$89.76 in 2012–13, which is applicable from 1 July 2012. Determination of the unit cost is informed by an MAV survey of representative local government areas.

Funding for each municipality is calculated based on a funding formula that takes into account the number of children enrolled in the Maternal and Child Health service in specific age cohorts, the socioeconomic situation of families and rurality. Funding is based on information provided to DEECD in March each year by local government, known as the March data.

The Universal service is funded for 100% participation in the ten key age and stage consultations and the flexible service capacity.

The flexible service component of the funding cannot be used to provide additional key age and stage consultations on a universal basis. Any additional universal consultations initiated by local government (for example a 6 month visit) are to be fully funded by local government.

The Enhanced Maternal and Child Health Service responds assertively to the needs of children and families at risk of poor outcomes, in particular where there are multiple risk factors. This service is provided in addition to the suite of services offered through the Universal MCH Service. It provides a more intensive level of support, including short-term case management in some circumstances. Support may be provided in a variety of settings, such as the family's home, the MCH centre or another location within the community. Staffing of the enhanced service is primarily by maternal and child health nurses with additional staff having an agreed skill set to achieve service outcomes. Funding for the enhanced service is allocated on the basis of rurality and socioeconomic disadvantage and is fully funded by DEECD.

In 2007 a rural sustainability grant was established to help stabilise funding and staffing costs for very small Maternal and Child Health services and thereby provide a measure of sustainability to these rural services. Councils that receive less than the threshold amount from the State Government for their universal Maternal and Child Health Service receive a rural sustainability grant topping up their Maternal and Child Health Universal funding to that threshold. For these councils, the Enhanced Maternal and Child Health service funding is still calculated as previously and provided in addition to the grant.

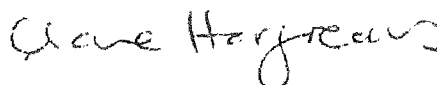
6. MECHANISMS FOR REVIEW

The *MAV/Early Childhood Development Early Years Strategy Group* is the mechanism for review for issues related to Maternal and Child Health service planning, policy, program development and funding arrangements.

The Memorandum of Understanding may be reviewed and changed by mutual agreement during its term of application. The Memorandum of Understanding will be the subject of a review commencing January 2015 with the intention of agreeing the form of the new Memorandum of Understanding by 30 June 2015.

The Secretary of the Department of Education and Early Childhood Development and the Chief Executive Officer of the Municipal Association of Victoria acknowledge their acceptance of the terms of this Memorandum of Understanding by signing on 27/7/2012.....<date>

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

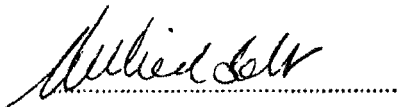


.....
Signature

.....
Witness

Name Rob Spence
Title Chief Executive Officer
Address 12/60 Collins Street, Melbourne 3000
Facsimile No 9667 5550

Signed by the Secretary to the Department of Education and Early Childhood Development.



.....
Signature

.....
Witness

Name: Richard Bolt
Title: Secretary, Department Of Education And Early Childhood Development.
Address: 2 Treasury Place East Melbourne
Facsimile No: 9637 2730

APPENDIX

Action Plan 2012–2015

To be undertaken in partnership between DEECD and MAV on behalf of and with councils.

The Victorian Auditor General's Report – *Early Childhood Development Services: Access and Quality (2011)* and the *Protecting Victoria's Vulnerable Children Inquiry Report (2012)* are key drivers for the following reform actions:

- Sustain access to a core MCH service level for all families
- In this context increase the priority focus on the inclusion of vulnerable children including the identification of service enhancements which could include greater service intensity or more flexible delivery options for vulnerable children
- Establishment of a 'service commitment principle' for children known to child protection or Child FIRST as a priority cohort for sustained engagement in all key age and stage visits
- A substantial reform project to develop evidence based recommendations for the refinement and/or, modification of the service model
- Continued improvement in later key ages and stages visits with a priority focus on engaging vulnerable children and families
- Continued professional development for MCH nurses on identification of risk and their role as mandatory reporters
- Improved data collection, monitoring and information sharing including the provision of regular service data and population characteristics at the local government level to enable each LGA to better plan the deployment of resources to meet priority needs including children known to child protection and referred from Child FIRST
- Review and update the Service Improvement Plans for Maternal and Child Health
- To ensure that young children in out-of-home care can thrive and learn in early childhood settings, the government will explore new mechanisms – with local government and our other service delivery partners – to deliver focussed attention on their needs.
- Explanation and simplification of the funding model.