

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

ATTACHMENT GC-4 TO STATEMENT OF GILLIAN ANNE CALLISTER

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This is the attachment marked 'GC-4' 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-4

ENHANCED MATERNAL AND CHILD HEALTH SERVICE GUIDELINES, 2003-2004

(Formerly the Maternal and Child Health Enhanced Home Visiting Service)

APRIL 2003



This document consists of 2 sections:

Section A – Introduction including background, policy context and review process;

Section B –Enhanced Maternal and Child Health Service Guidelines, 2003-2004.

SECTION A –

1. INTRODUCTION

The purpose of this document is to provide revised guidelines for the provision of the Enhanced Home Visiting Service in line with current early years research, present Government policy context, findings of the New Initiative Evaluation Projects and consultation with service providers and other relevant stakeholders. The revised guidelines replace the Preliminary Maternal and Child Health Enhanced Home Visiting Guidelines developed at the commencement of the implementation of the Enhanced Home Visiting Service in 2000. As a part of this process, the Enhanced Home Visiting Service will now be known as the **Enhanced Maternal and Child Health Service**.

The revised guidelines for the Enhanced Maternal and Child Health Service focus on 3 significant areas. These are:

- A more focused and intensive level of support for vulnerable families experiencing early parenting difficulties and children identified as being at risk of harm;
- Increased flexibility in models of service provision; and
- A strengthened interface between the Maternal and Child Health Service and other early childhood providers.

2. BACKGROUND

2.1 The Enhanced Home Visiting Service

The Maternal and Child Health Enhanced Home Visiting Service commenced in 1999-2000, in a response by the Labor Government to emerging early years research highlighting the importance of neurobiological, behavioural and environmental influences that affect the development of the infant and young child. Research also highlights the importance of providing support for parents to promote physical, intellectual, emotional, cultural growth and development of the child. Additional funding was allocated to all municipalities throughout Victoria to provide a home visiting program, further extending the universal Maternal and Child Service.

The aims of the Enhanced Home Visiting Service were to:

- Provide significant additional support for families experiencing significant early parenting difficulties;
- Improve family functioning and the health and well being of vulnerable children and families;
- Promote early identification and intervention particularly for children and families at risk, improve linkages with other early childhood support systems including maternity services, family support and early intervention services; and
- Provide more inclusive services for fathers.

2.2 New Initiative Projects

The Enhanced Home Visiting Service was preceded in 1997, by 31 Maternal and Child Health New Initiatives Project in 29 municipalities across Victoria to provide support and intervention for families experiencing high risk and high needs as well as focus upon families who did not use the universal Maternal and Child Health Service. The projects were funded by the Department of Human Services and a variety of service models were in place including outreach, day stay, volunteer and centre based programs. Some projects focused specific groups including Koori families, teenage mothers, rurally isolated families and culturally and linguistically diverse families.

In 1998, the Department of Human Services engaged the Royal Melbourne Institute of Technology University to undertake an evaluation of the 31 projects. The Maternal and Child Health Service New Initiatives Projects Evaluation (NIPE) was undertaken over a 3 year period to assess the effectiveness of the projects to:

- Engage families under-utilising the universal Maternal and Child Health Service;
- Improve the health and well-being of children and their families; and
- Determine elements and features of the projects that contributed to successful outcomes.

Key findings of the evaluation included:

- Improved parenting confidence, both for families receiving short term and longer term interventions as well as day stay services;
- Koori families and adolescent mothers who did not use or under utilized the universal Maternal and Child Health Service generally preferred a specific home based service and also responded positively to group activities;
- Day stay services combined with follow up outreach services were effective in improving significant early parenting difficulties;
- Mothers reported significant improvement in maternal health and well being including reduced postnatal depression;
- Clients became more aware of local community resources and services offering support for families;
- The importance of early intervention and appropriate referral to prevent further escalation of needs;
- Management support and clinical supervision for staff further assisted quality of service delivery.

3. CURRENT GOVERNMENT POLICY CONTEXT

The Victorian Government is committed to assisting children have the best possible start in life. The Government values the role of parents and carers and aims to strengthen support for families by providing more accessible services in the communities in which they live.

3.1 Growing Victoria Together

The Government's policy *Growing Victoria Together 2001* outlines the Government's broad vision for the future. The document describes the economic, social and environmental goals and actions to ensure all Victorians benefit from expanding opportunities and a better quality of life.

The Maternal and Child Health Service contributes to the Government's vision to provide high quality, accessible health and community services in particular, linking and investing in services for mothers and children through pregnancy to 8 years of age, building cohesive communities

and reducing inequalities, promoting the rights and diversity for children and their families, and valuing and investing in life long education for both children and their parents.

3.2 Best Start

The Maternal and Child Health Service is a crucial link in supporting the Government's *Best Start* initiative. *Best Start* aims to reduce the impact of disadvantage for children and link early childhood, social, health and education services into an integrated system that maximises development opportunities for children. *Best Start* is focused on strengthening universal early years services and working with Local Government, the Maternal and Child Health Service, childcare, preschools and primary schools and family support services to develop initiatives focused on optimising the emotional, intellectual and physical development of children from pregnancy through to transition to school.

3.3 Children First Policy

The Government's 2002 *Children First* policy outlines a commitment to support parents and children from birth through to school age, in particular parents experiencing early parenting difficulties. The policy promotes strategies to improve services for young children and their families including:

- More focused and intensive support for vulnerable families and children identified at risk of harm;
- A strengthened interface between the Maternal and Child Health Service and other early childhood service providers;
- Ease of access for families to a broad range of community based services;
- The development of integrated and collaborative service delivery through children's centres and new preschools in multipurpose facilities; and
- Professional development for maternal and child health nurses to support families strengthen the capacity of the Maternal and Child Health Service to address emerging trends in early childhood mortality and morbidity.

3.4 Early Childhood Policy Framework

The Community Care Division is currently undertaking work to develop an Early Childhood Policy Framework. This framework will be relevant to all early years services and guide service improvements. It is expected to articulate:

- The importance of early childhood;
- Shared principles;
- A common vision and purpose;
- Key directions to lead program development; and
- A process for establishing an outcome agenda.

3.5 Partnership Arrangement with Local Government

In October 2002, the Department of Human Services and the Municipal Association of Victoria co-signed a Partnership Agreement that aims to promote a high quality working relationship between the Department and Local Government across Victoria and improve services for local communities.

A Joint Department of Human Services/Municipal Association of Victoria – Local Government Community Care Partnerships Working Party is convened to examine policy and funding issues

related to the broad range of services delivered by Local Government including the Maternal and Child Health Service.

Community Care Division is currently consulting with MAV regarding the details of a project to guide the MCH Service Improvement Project. The project will make recommendations for improvements to the MCH Service and professional development for MCH nurses. It will provide a framework for the development of individual municipal Early Years Plans by 1 July 2004. This process will effect change at the service level in 2004-05, and the guidelines for Enhanced Maternal and Child Health service provision may further be refined in 2004-05.

4. THE PROCESS

The Enhanced Maternal and Child Health Service Guidelines have been revised through a consultative committee including representation from the Department of Human Services in metropolitan and rural regions, the Municipal Association of Victoria, metropolitan and rural Local Governments, Department of Human Services Child Protection Branch and the Clinical Chair Community Child Health Nursing.

SECTION B

MONITORING AND ACCOUNTABILITY FOR ENHANCED MATERNAL AND CHILD HEALTH SERVICE 2003-2004

5.1 Aim

The overall aim of the Enhanced Maternal and Child Health Service is to improve the health and wellbeing of children by providing more focused and intensive support for vulnerable families experiencing significant early parenting difficulties and children identified as being at risk of harm.

5.2 Objectives

The objectives of the Enhanced Maternal and Child Health Service are to provide:

- A comprehensive and focused approach for the early intervention and prevention of physical, emotional and social issues affecting young children and their families and ensure appropriate and timely referral for children and support for families;
- Flexible models of service delivery and service activities utilising an appropriate multidisciplinary approach to meet the needs of families based on the identified needs and/or characteristics of the family or community, including inclusive services for fathers;
- Integrated service provision across all early childhood services including maternity and neonatal services, the universal Maternal and Child Health Service, early intervention, family support, child protection, childcare, preschool and parenting services;
- Integrated service provision for high-risk families including assertive outreach and liaison with relevant services such as antenatal services, domestic violence, drug and alcohol and mental health services, Indigenous and culturally and linguistic diverse communities.

5.3 Identified Service Users

The primary focus of service delivery is vulnerable families with one or more risk factors including:

- Drug and alcohol issues;
- Mental health issues;
- Family violence issues;
- Families known to child protection;
- Homelessness;
- Unsupported parent/s under 24 years of age;
- Low income, socially isolated, single parent families;
- Significant parent/baby bonding and attachment issues;
- Parent with an intellectual disability;
- Children with a physical or intellectual disability;
- Infants at increased medical risk due to prematurity, low birth weight, drug dependency and failure to thrive.

A particular focus for the Service is Indigenous families who are not linked into, and/or require additional support to the universal Maternal and Child Health Service.

It is vital that the Enhanced Maternal and Child Health Service be directed towards families who are experiencing significant risk issues and/or present with multiple risk factors given the potential for a significant impact upon the health and well being of children within these families. While priority for services will be given to vulnerable families with a child under 12 months of age, the aim of the Enhanced Maternal and Child Health Service is to provide additional support for vulnerable families presenting with multiple risk factors and may include families with children over 12 months of age, as a strategy to link children and families with other primary or secondary services for longer term intervention and support.

5.4 Models of Enhanced Maternal and Child Health Service Delivery

The aim of Enhanced Maternal and Child Health Service to provide intensive service provision for vulnerable families experiencing significant early parenting difficulties and children identified at risk of harm. The Service is to be provided 52 weeks of the year. The Service must have the capacity to provide Maternal and Child Health activities as outlined in the *Maternal and Child Health Service Program Resource Guide 2002-2003*.

Flexible models of service delivery and service activities are to be utilised based on local demographics and the identified needs of families including:

- Home based services for families with children 0-12 months of age requiring intensive service provision;
- Group activities for specific communities such as adolescent parents, Indigenous families, culturally and linguistically diverse families;
- Home visiting combined with specific group work to address an identified common need such as postnatal depression;
- Day stay programs with follow up home visiting for families requiring more intensive service provision;
- Service provision for families with children over 12 months of age where a number of risk factors are present, as a strategy to link children and families with other primary or secondary services for longer term intervention and support;
- Community based services for families with children birth to school age to provide culturally appropriate service provision such as Indigenous communities;
- Integrated service provision with maternity services for high risk mothers including antenatal and postnatal service provision;
- Integrated service provision with local service providers including drug and alcohol, family violence, mental health, homelessness, family support, early intervention, preschool and child protection services.

5.5 Hours of Service Provision

Funding for the Enhanced Maternal and Child Health Service is based on an average of 15 hours of service delivery per family in addition to the suite of services offered through the universal Maternal and Child Health Service. The length and intensity of contact with a particular family is a matter for professional judgement based on the complexity of needs for families and efficient and effective service provision for children and families.

5.6 Funding and Targets

Funding for the Enhanced Maternal and Child Health Service is allocated to Department of Human Services Regions based on the funding formula for the Enhanced Maternal and Child Health Service. It is important that families with young children have access to relevant resources and support, in particular vulnerable families who often do not access available services. Funding is allocated to municipalities by the Department of Human Service Regions based on the formula and negotiated targets for each municipality.

Funding for the Enhanced Maternal and Child Health Service is based on an hourly rate of service delivery and the Service being provided 52 weeks of the year. Targets for Enhanced Maternal and Child Health Service are calculated on a total of 15 hours of direct/ indirect service delivery per family in metropolitan regions and 16.5 hours per family in rural regions, as outlined in the data collection forms. A direct service activity is an interaction, usually face-to-face, with the family to deliver service. An indirect activity comprises those tasks and processes that occur separately from the face-to-face interaction with the family and that are necessary to achieve the case goals and effective outcomes for the family.

Department of Human Service Regions will negotiate Service Agreements with individual municipalities and monitor these agreements.

5.7 Staffing

Since its inception in 2000, the Service has been staffed by maternal and child health nurses as well as a smaller number of workers with other professional backgrounds. A multidisciplinary team for the Enhanced Maternal and Child Health Service is considered appropriate and encouraged. Other staff, in addition to maternal and child health nurses, may include Indigenous workers, early childhood workers, family support workers, or specialist workers such as drug and alcohol and mental health workers.

Service providers have a responsibility to:

- Recruit suitably qualified staff;
- Provide staff with an orientation to the service organisation;
- Ensure staff are familiar with the aims and values of the Maternal and Child Health Service, including compliance with the *Maternal and Child Health Service Program Standards 1995*¹ and the *Maternal and Child Health Service Program Resource Guide*;
- Promote regular clinical supervision with peers and supervisor;
- Provide critical incident debriefing when necessary;
- Ensure clear policy and practice guidelines are in place including occupational health and safety standards, child protection protocols, worker safety when working with families where violence may be present, incident reporting; and
- Encourage and support staff to take professional development opportunities.

5.8 Data Collection

A quarterly data collection has been operating since 1 July 2001, for the Maternal and Child Health Enhanced Home Visiting Service.

• ¹ Refer to www.dhs.vic.gov.au/commcare, Maternal and Child Health, Information for Nurses

The data collection was developed as part of the Community Care Division information management strategy. The information management strategy and the data collection are described in detail in the document *Community Care Division: Maternal and Child Health Enhanced Home Visiting Service Data Collection, Guidelines and Explanatory Notes, July 2001*.

The data collection requirements for the Enhanced Maternal and Child Health Service remain unchanged from the previous Enhanced Home Visiting Service. Consequently, services should continue to report as they were previously.

Data collection stationary bearing the name change for the Enhanced Maternal and Child Health Service will be provided when current supplies are exhausted.

Note: Funding arrangements for service providers pertaining to Key Ages and Stages consultations, requires the number of Key Ages and Stages consultations conducted by the Enhanced Maternal and Child Health Service to be included in the universal Maternal and Child Health Annual Data Report undertaken by municipalities on 30 June each year. The number of families receiving the Enhanced Maternal and Child Health Service at case closure is also included in the Annual Data Report.

5.9 Privacy

The Department of Human Services and funded community service organisations must comply with the *Information Privacy Act* and *Health Records Act* whenever personal information about clients or staff is collected, stored, transmitted, shared, used or disclosed. Further information regarding the legislation can be obtained at: www.dhs.vic.gov.au/privacy (Also refer to Attachment 1).

It must be noted, that when a health professional assesses a child is in need of protection as outlined in the *Children and Young Persons Act 1989*, Section 67 and makes a notification to Child Protection Services in good faith, the *Children and Young Persons Act 1989*, supersedes all other legislation and giving of information to a protective intervener does not constitute unprofessional conduct or breach of professional ethics, or make that person subject to any liability.

6. CONTINUOUS QUALITY IMPROVEMENT

To promote continuous quality improvement within the Maternal and Child Health Service, a consultative committee including representatives from the Department of Human Services, the Municipal Association of Victoria and metropolitan and rural Local Governments and maternal and child health nurses will work together to identify opportunities for improvement within the Service during 2003-04. Following this process, guidelines for Enhanced Maternal and Child Health service provision may further be refined in 2004-2005.

ATTACHMENT 1

INFORMATION PRIVACY ACT, 2000, AND HEALTH RECORDS ACT, 2001

Information Privacy Act 2000 regulates the collection and handling of personal information in Victoria. The Information Privacy Act covers all Victorian public sector agencies including Local Government.

Objectives of the Information Privacy Act are:

- To balance public interest in the free flow of information with respect to privacy and protection of personal information;
- To promote responsible and transparent handling of personal information; and
- To promote public awareness of these practices.

The Health Records Act 2001

As from 1 July 2002, the Health Records Act 2001 regulates the collection and handling of health information in Victoria. The Act contains provisions which:

- Establish a framework to protect the privacy of a person's health information; and
- Provide people with an enforceable right of access to their own health information.

Organisations subject to the Health Records Act include any organisation that holds health information or health reports concerning clients or customers including Victorian Government Departments, Local Government, Schools, Kindergartens and Childcare Centres and Maternal and Child Health Services.

The **Freedom of Information Act 1982** will continue to regulate a person's access to their own health information where it is held by public sector agencies including Local and State Government departments.

The **Information Privacy Act** and the **Health Records Act** each contains a set of **Privacy Principles** which must be adhered by organisations and relate to the collection, use, disclosure, quality, security, retention and transfer of, and access to, people's personal and health information.

The **Information Privacy Act** requires that organisations **must inform** a person that information is being collected and the purpose for the collection of this information. The **Health Records Act** requires that organisations must have the person's **consent** to collect health information and to inform the person that they may have access to the information collected.

Further information regarding notifying a person about the collection of information and gaining consent from a person can be found at:

www.dhs.vic.gov.au/privacy/ippg/collection/collectnotify.htm

www.dhs.vic.gov.au/privacy/ippg/concepts/gainingconsent.htm

It is the responsibility of each individual organisation and agency to have appropriate systems in place in accordance with the Information Privacy Act and the Health Records Act.

Neither the **Information Privacy Act** or the **Health Records Act** relieve mandated professionals of their obligations to report child abuse to the Department of Human Services Child Protection Service. The *Children and Young Persons Act 1989*, Section 67 states that

giving of information to a protective intervenor does not constitute unprofessional conduct or breach of professional ethics, or make that person subject to any liability.

The Office of the Victorian Privacy Commissioner is an independent statutory office to provide information and guidance for Victorian government agencies and local councils in the collection and handling of personal information. The Office is also responsible for ensuring organisations comply with the Information Privacy Act. Further information regarding the Information Privacy Act 2000 and the 10 Information Privacy Principles can be found at www.privacy.vic.gov.au.

The Health Services Commissioner is responsible for the implementation of the Health Records Act including educating organisations that collect and handle health information as well as educating Victorians regarding their rights under the Health Records Act. Further information regarding the Health Records Act 2001 and the 11 Health Privacy Principles can be found at: www.health.vic.gov.au

ATTACHMENT 2

ADDITIONAL RESOURCES

The following resources may assist in the provision of quality service and provide information in relation to resources available through other program areas:

- *Community Child Health, Maternal and Child Health Service Program Standards, 1995;*
- *Maternal and Child Health Nurses Special Interest Group, Standards of Professional Practice for Maternal and Child Health Nurses, 1999;*
- *Quality Improvement: A Distance Education Package for Maternal and Child Health Nurses, 1995;*
- *Best Start, Program Overview;*
- *Best Start, Evidence Base Summary;*
- *Victorian Risk Framework Specialist Guides Guide for Assessing Risk to Infants, 2000;*
- *A Strategic Framework for Family Services, October 2002;*
- *An Integrated Strategy for Child Protection and Placement Services, 2002;*
- *High Risk Infants known to Child Protection Services, Literature Review, Annotation and Analysis, 1999;*
- *High Risk Infants Parenting Assessment and Skill Development Research Project, Phase One: Research and Analysis, 1999;*
- *High Risk Infants Service Quality Initiatives Project, Development and Early Implementation Report, July 1997-June 1999.*