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| Maternal and Child Health Service Guideline Update |
| Title: MCH Services Parent, Carer and Family Active Engagement Practice Note |
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| |  |  | | --- | --- | | **Description** | To outline best practice to promote continued engagement of all family, parents and carers as active partners in accessing MCH Services. | | **This practice note applies to:** | All MCH Service Providers  All Aboriginal MCH Service Providers | | **Status** | Mandatory | | **Authorisation** | Camilla Macdonell, Director, Maternal and Child Health and Early Parenting | | **Implementation date** | 1 September 2024 | |

## Purpose

## This Practice Note outlines the gold standard for all Victorian Maternal Child Health (MCH) services in making every effort to promote the continued engagement of all family, parents and carers as active partners in accessing MCH services to assess, monitor and support their children’s health, growth and development.

The active involvement of family, parents and carers as partners with health professionals in the growth and developmental surveillance and assessment of their children is best practice. This partnership approach is critical in the early identification of growth, development and nutrition concerns and imperative in strengthening the MCH systems to detect, monitor and treat malnutrition.

## Practice Requirements

If parents/carers have not successfully engaged via the first home visit or they have disengaged with MCH services by not attending subsequent appointments, services should:

* Attempt **at least three forms of communication** via telephone, text message and email to e-engage the family, parent or carer; and
* If following three attempts at communication, there has been no response or communication from the family, parent or carer, MCH services should **follow up with a drop-in home visit** to engage or attempt reengagement. A drop-in home visit should be prioritised for any family who has missed their first home visit. If contact is not successful, services should leave a caller card if no one is found at home, including information about how to contact the local MCH service and the 24-hour MCH Line for support

If MCH services are unable to locate or re-engage a family, parent or carer, **written communication should also be provided to the family’s General Practitioner (GP) / GP practice** to:

* Inform the GP the family has been uncontactable or chosen to disengage with the MCH service;
* Strongly encourage that health promotion, growth and developmental surveillance of the child is undertaken when the family engages with GP services; and
* Re-state that families are always welcome to re-engage with local MCH services at any time and utilise the 24-hour MCH Line for advice and support.

Working in partnership with families, a copy of such correspondence should also be provided to the family.

## Safety and welfare

## If MCH services hold concerns for the infant/ child that may significantly impact on their growth and development, a notification should be made to the Victorian Child Protection Service (Child Protection) under mandatory reporting requirements. Child Protection has the statutory authority to follow up and intervene on a non-voluntary basis.

## Child Development Information System (CDIS)

All activities associated with following up the family, parent or/carers, including the dates, time taken and attempts at communication should be recorded on CDIS.

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| **Review date** | 1 September 2025 |
| **Version** | **1.0 August 2024** |
| **Communication mechanism** | Distributed via:  MCH Newsletter and DH Website |

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