

Maternal and Child Health-Service Guideline Update

Title: Parent, Carer and Family Active Engagement Practice Note

OFFICIAL

Description	To outline best practice to promote continued engagement of all family, parents and carers as active partners in accessing MCH Services, particularly for families at risk of disengagement.
This practice note applies to:	All MCH Service Providers All Aboriginal MCH Service Providers
Status	Mandatory Consistent with MCH program standards ¹ MCH services provide universal access to its services for all Victorian children from birth until school age, their carers and families. MCH services must have processes to identify vulnerable children, carers and families, support a flexible approach to meet individual needs of the child and family to strengthen opportunities for engagement with MCH and appropriate services ¹ .
Authorisation	Department of Health, Maternal and Child Health and Early Parenting
Implementation date	1 December 2024

Purpose

This Practice Note outlines principles of best practice for all Victorian Maternal Child Health (MCH) services in making every effort to promote the continued engagement of all parents, carers and families as active partners in accessing MCH services. To promote and optimise health, wellbeing, safety, development and learning outcomes for children², including monitoring growth/weight and developmental delay.

The MCH service is a free universal, voluntary service which is delivered flexibly to meet the individual needs of the child, family, parents and carers to facilitate optimal engagement¹. The active involvement of family, parents, and carers as partners with health professionals in the growth and developmental observation and assessment of their children is best practice. This child-centred, 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.

¹ [Maternal and Child Health Program Standards](#)

² [Maternal and Child Health Service Guidelines](#)

Practice Requirements

If parents/carers are unable to be contacted for first Home Visit –

- Re-contact birth hospital/midwife to confirm contact details are correct and optimise all available communication methods to make contact, including confirmation of families requiring an interpreter.
- Attempt to contact via telephone, text message and email (if available) to engage the parent, carer and family. Utilise professional judgment to consider appropriate time points and requirement for follow up of this communication. Take into account individual needs and known family circumstances.
- Consider any known risk factors for families, seek further information via Child Link and other information sharing sources to obtain greater understanding of risks and protective factors for families not engaged with MCH services, if possible.
- A drop in home visit, if safe to do so, should be prioritised for any family who is not contactable for first home visit.
- Undertake a home visit safety assessment with available information and based on clinical and professional judgement, before undertaking any home visit to initially engage or re-engage families in line with relevant organisational policies.
- If contact is not successful or no one is found at home, services should leave a caller card, including information about how to contact the local MCH service and the 24-hour MCH Line for support.
- Document all activities associated with attempts to engage family on the Child Development Information System (CDIS).

If parents/carers are uncertain about engaging in MCH services –

- In partnership with families the MCH service identifies and removes barriers for access to its services and offers a flexible approach to best meet individual needs of the child and family¹. This may include for example, home visiting, assertive outreach visits and drop-in sessions, to support engagement.
- Document all activities associated with attempts to engage family on CDIS.

If parents/carers confirm they choose not to engage in MCH services -

- The MCH service acknowledges the right of the family to choose not to access the service¹
- MCH services strongly encourage that health promotion, growth/weight and developmental observation of the child is undertaken when the family engages with a general practitioner (GP) or other relevant professional services; and
- MCH services 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.
- MCH services should seek consent from the client to communicate this with the family's GP or other relevant professional, if identified, as a means of referring to appropriate services to meet the needs of the child, carers and family. MCH services inform the GP or other relevant professional, if identified, that the family has chosen to disengage with the MCH service.
- Document all activities associated with attempts to engage family on CDIS.

¹ [Maternal and Child Health Program Standards](#)

If parents/carers have disengaged with MCH services by not attending KAS appointments MCH services should -

- Attempt at least three forms of communication via telephone, text message and written email/letter to re-engage the parent, carer and family. Utilise professional judgment to consider appropriate time points and requirement for follow up of this communication. Take into account individual needs and known family circumstances around the missed KAS appointment.
- Consider any known risks for families, seek further information via Child Link and other information sharing sources to obtain greater understanding of risks and protective factors for families not engaged with services, if possible.
- Consider a drop-in home visit, if safe to do so.
- Undertake a home visit safety assessment with available information and based on clinical and professional judgement, before undertaking any home visit to initially engage or re-engage families in line with relevant organisational policies.
- If contact is not successful or no one is found at home, services should leave a caller card, including information about how to contact the local MCH service and the 24-hour MCH Line for support.
- Document all activities associated with attempts to engage family on CDIS.

Safety and welfare

If MCH services hold any protective concerns for an infant/child that may significantly impact their physical 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.

Safety and wellbeing of MCH staff is a priority in the implementation of this practice note, in line with relevant organisational policies, including recording and reporting processes.

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 and engagement must be recorded on CDIS.

Implementation date	1 December 2024
Review date	1 December 2025
Version	V2.0 October 2024
Communication mechanism	Distributed via: MCH Newsletter and DH Website