

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 parents, carers and families as active partners in accessing MCH Services and programs, 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 starting school, their carers and families. MCH Services have processes to actively identify children, carers and families experiencing vulnerability, and support a flexible approach to meet individual needs of the child and family to strengthen opportunities for engagement with MCH Programs and other appropriate support services ¹ .
Authorisation	Department of Health, Women's, Maternal and Child Health
Implementation date	1 June 2026

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 and Programs; particularly families known to the Enhanced Program. 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 parents, carers and families 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 and/or maternity care provider to confirm contact details are correct and optimise all available communication methods to make contact, including confirmation of families requiring an interpreter.
- Attempt contact via telephone, text message and email (if available) to engage the parent, carer and family. Use professional judgment to consider appropriate time points and requirements for follow-up of this communication with the family. When using professional judgement, consider individual needs and any known family circumstances.
- Consider any known risk factors for families, and seek information via [Child Link](#), from the birth hospital and/or maternity care provider and other relevant support services using the [information sharing scheme](#), to obtain greater understanding of risks and protective factors for families not engaged with MCH Services. Information sharing entities are listed at [Information Sharing Entity list search](#) and include for example - migrant resource centres, Aboriginal Community Controlled Health Organisations and early years services.
- 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 the 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 Programs 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; and/or
- Consider referral to the Enhanced MCH Program and other support services such as migrant resource centres and Aboriginal Community Controlled Health Organisations, that are further resourced to address barriers and ensure equitable access to MCH Programs.
- Document all activities associated with attempts to engage the 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

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

- MCH Services shall 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 Programs 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, as a means of referring to appropriate services to meet the needs of the child, carers and family. Where consent is provided, MCH Services should inform the family's GP or other identified relevant professional, that the family has chosen to disengage with the MCH Service.
- Document all activities associated with attempts to engage the family on CDIS.

If parents/carers have disengaged with MCH Services by not attending Key Ages and Stages (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. Use professional judgment to consider appropriate time points and requirements for follow-up of this communication with the family. When using professional judgement, consider individual needs and any known family circumstances around the missed KAS appointment.
- Consider any known risk factors for families, and seek information via [Child Link](#) and from other relevant support services using the [information sharing scheme](#), to obtain greater understanding of risks and protective factors for families not engaged with MCH Services. Information sharing entities are listed at [Information Sharing Entity list search](#) and include for example - migrant resource centres, Aboriginal Community Controlled Health Organisations and early years services.
- 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.

For all families known to the Enhanced MCH Program that have disengaged with MCH Services-

- The actions and considerations outlined above for families not attending KAS appointments also apply to families known to the Enhanced MCH program that have disengaged with MCH Services and Programs.
- **In addition**, consider the following -
 - The Universal MCH nurse should actively work together with the previously allocated Enhanced MCH nurse/Team leader, to connect collaboratively and in partnership with the

family, to attempt to re-engage the family in MCH Programs or with other relevant professionals that the family chooses to engage with.

- Consider any known risk factors for families, and seek information from other support services using the [information sharing scheme](#), to establish if the family are engaged with other services.
- Information sharing entities are listed at [Information Sharing Entity list search](#) and include, for example - migrant resource centres, Aboriginal Community Controlled Health Organisations and early years services.
- Consider any concerns in the history, including current and/or previous involvement with Child Protection and contact child protection/case worker if appropriate.
- Document all activities associated with attempts to engage the 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 June 2026
Version	V3.0 February 2026
Communication mechanism	Distributed via: MCH Newsletter and DH Website