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*ANMF (Vic Branch)
Submission to
The Essential
Services
Commission, A
Blueprint for
Change Local
Government Rates
Capping and
Variation
Framework Review
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Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF) was established in 1924. The ANMF (Vic Branch) is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia.

The ANMF (Vic Branch) represents in excess of 74,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Our members are employed in a wide range of enterprises in urban, rural and community care locations and the public and private health and aged care sectors. Relevantly, ANMF (Vic Branch) represents maternal and child health nurses and immunisation nurses throughout Victoria.

The core business for the ANMF (Vic Branch) is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery.

The ANMF (Vic Branch) participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare, health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANMF (Vic Branch) is delighted to make submission to the *Essential Services Commission A Blueprint for Change, Local Government Rates Capping and Variation Framework Review, Draft Report- Volume 1 July 2015* (Essential Services Commission, 2015) [the Draft Blueprint]. We have limited our submission to the Draft Recommendations outlined within the Draft Blueprint and their interface with maternal and child health nurses (MCH) within the Maternal and Child Health Service and immunisation nurses providing immunisation services within local government. This submission should be read in conjunction with ANMF (Vic Branch) submission dated 19 May 2015.

Executive Summary

ANMF (Vic Branch) welcomes the opportunity to make submission to the *Essential Services Commission, A Blueprint for Change, Local Government Rates Capping and Variation Framework Review Draft Report July 2015* [the Draft Blueprint] and is cognisant of cost of living pressures faced by our members.

However, we are concerned the Draft Blueprint gives inadequate regard to upholding the critical role of the Victorian MCH Service in optimising the health, wellbeing and development of Victoria's children from birth to preschool. On this point, the Honorable Philip Cummins, Emeritus Professor Dorothy Scott and Mr Bill Scales concluded in their Report to the Protecting Victoria's Vulnerable Children Inquiry [the Report] (Department of Premier and Cabinet, Victoria January 2012) that:

Victoria's antenatal and maternal and child health services are a cornerstone of its universal, early intervention and prevention program covering all children and are particularly important in the early care of vulnerable children. These services must be better resourced to meet the specific and demanding needs of Victoria's vulnerable children and their parents (Page xxxiv).

With this in mind, Section 1.1 of our submission argues it is imperative that the Draft Blueprint includes mechanisms and/or is structured to protect the MCH Service - and Victoria's community - from any unintended consequences that might arise from the introduction of a Rate Capping Variation Framework [the Framework]. The Framework should give also give due regard to research indicating the first three years of a child's life are a critical period in a child's physical, social and psychological development (Baldwin, 2001; Tomison and Poole, 2000). Further, that strategies aimed at the early years of a child's life – and which promote prevention or early intervention – have the most enduring outcomes and are most cost effective.

On this point, ANMF (Vic Branch) is concerned at reference within the Draft Blueprint regarding the need for "tradeoffs" and the failure of the Draft Blueprint to contemplate the far reaching and potentially lifelong detrimental consequences for Victoria's vulnerable children and families if the MCH Service was weakened or diminished. We highlight that the consequences of local government delaying works to improve a local park are significantly different to the consequences of delaying assessment of health, wellbeing and development – and the implementation of related interventions - for a child at risk of abuse.

We note that the Draft Blueprint has referenced the need for the Rate Capping Variation Framework to consider the service priorities of local government, however outline in Section 1.2 of our Submission that the Draft Blueprint has given inadequate regard to the identified priorities of the Victorian State Government - and the pivotal role performed by the MCH service in bringing these to fruition. ANMF (Vic Branch) therefore recommends the Essential Services Commission introduce mechanisms which ensure the MCH service is resourced adequately to perform its critical role in realising the priorities set by the Victorian State Government including: achieving the Education State; preventing and reducing the incidence of Family Violence; and, making timely assessment, intervention and referral to prevent vulnerability and support those in most need.

Section 1.3 of our Submission identifies that the services provided by the MCH Service, the workforce providing this Service and the funding arrangements applying to the MCH service are already detailed exhaustively in the comprehensive written MCH Service Framework set out by the Department of Education and Training (DET). These matters are further enshrined in the Memorandum of Understanding which exists between the Department of Education and Early

Childhood Development (as previously titled) and the Municipal Association of Victoria. With this in mind, ANMF (Vic Branch) contends there is already sufficient transparency, monitoring arrangements and detailed guidance applying to the MCH Service. Furthermore, we contend this comprehensive framework should continue to determine how the MCH Service is provided and it is therefore inappropriate and unnecessary to apply the Principles outlined in page 3 of the Draft Blueprint to decisions regarding the MCH Service.

In Section 2 of our Submission, we outline our concern that the Draft Blueprint has given inadequate regard to the critical role performed by local government in providing immunisation services which in turn, are crucial to protecting and improving public health. We also note there is no reference to the priority of the Victorian State Government to strengthen its “No Jab, No Play Policy” *to ensure more Victorian children are protected from serious and potentially life-threatening illnesses* (Hennessy 2015). We highlight that decisions around immunisation are dependent upon the written guidance provided by both the Victorian Department of Health and the Australian Government – and applicable legislation - and contend it is inappropriate to view immunisation services within the context of the principles outlined on page 3 of the Draft Blueprint.

Further, we caution that manifestation of the unintended consequences identified within the Draft Blueprint on the immunisation services provided by local government would have far reaching detrimental influence on the public health of the Victorian Community. A reduction in immunisations services is contrary to the identified priorities of the Victorian and Commonwealth Governments and is inconsistent with the priorities outlined in the *Child, Wellbeing and Safety Act 2005* (Vic).

The Rate Capping Variation Framework must therefore be structured to prevent any reduction in immunisation services and demonstrate recognition that immunisation is a critical public health measure and not a service that local government should reasonably be asked to “trade off”.

Recommendation

ANMF (Vic Branch) Recommendation 1

ANMF (Vic Branch) recommends that the MCH Service and immunisation services provided by local government are not subject to rate capping within any Rate Capping Variation Framework

Section 1 - Draft Blueprint Recommendations 1 to 3

Section 1.1

The Maternal and Child Health Service – the cornerstone of Victoria’s universal, early intervention and prevention program covering all children

ANMF (Vic Branch) contends the Draft Blueprint gives inadequate regard to protecting the critical role of the Victorian MCH Service to optimise the health, wellbeing and development of Victoria’s children from birth to preschool. On this point, the Honorable Philip Cummins, Emeritus Professor Dorothy Scott and Mr Bill Scales concluded in their Report to the Protecting Victoria’s Vulnerable Children Inquiry [the Report] (Department of Premier and Cabinet, Victoria January 2012) that:

Victoria’s antenatal and maternal and child health services are a cornerstone of its universal, early intervention and prevention program covering all children and are particularly important in the early care of vulnerable children. These services must be better resourced to meet the specific and demanding needs of Victoria’s vulnerable children and their parents (Page xxxiv).

With this in mind, it is imperative that the Draft Blueprint includes mechanisms and/or is structured to protect the MCH Service - and Victoria’s community - from any unintended consequences that might arise from the introduction of a Rate Capping Variation Framework [the Framework].

We are concerned the Draft Blueprint fails to contemplate the far reaching and potentially lifelong detrimental consequences for Victoria’s vulnerable children and families if the MCH Service was weakened or diminished. We highlight that the consequences of local government delaying works to improve a local park are significantly different to the consequences of delaying assessment of health, wellbeing and development – and the implementation of related interventions - for a child at risk of abuse.

Furthermore, ANMF (Vic Branch) is concerned at reference within the Draft Blueprint regarding the need for “tradeoffs”. We argue that the health, wellbeing and development of Victoria’s children and families must not be part of any “trade off” (when local government is considering which services it can afford to provide) and is not a safe or appropriate place to experiment with the adequacy of the Framework to prevent the incidence of unintended consequences referenced in the Draft Blueprint. The consequences for Victorian children and families are too dire.

We therefore submit it is imperative to ensure funding to the MCH Service is adequate and unaffected by any Rate Capping Variation Framework so the MCH Service can continue to be the cornerstone of Victoria’s universal preventative and early intervention platform. ANMF (Vic Branch) has highlighted key considerations below to help illustrate this imperative.

Whilst presiding over the Victorian Protecting Victoria’s Vulnerable Children Inquiry Emeritus Professor, Dorothy Scott observed that:

The Victorian Maternal and Child Health Service is the envy of the rest of the country and well beyond the shores of this country, as some of us have long known... (Spark and Cannon, 2011, page 7).

ANMF (Vic Branch) agrees with this assessment and contends maternal and child health (MCH) nurses within the Maternal and Child Health (MCH) Service play a pivotal role in optimising the health, wellbeing and development of children from birth to school age.

They are able to do so because of their broad scope of practice which equips MCH nurses to provide care for babies, young children and mothers as early as 24 hours after birth (and in the antenatal period if required) through puerperium and into early childhood. Crucially, this comprehensive educational platform delivers significant inherent strengths to the MCH Service framework resulting in:

- Increased continuity of care
- Decreased fragmentation of care
- Improved opportunity to develop trusting client /practitioner relationships
- Increased focus on preventative care
- Increased capacity to provide timely care and make early interventions

MCH nurses perform comprehensive physical and developmental assessment of infants and young children to make early identification and early interventions around any issues impacting upon health, wellbeing and development. In doing so, they are also integral to preventing and making early identification and intervention around child abuse and neglect and the presence of family violence.

The assessments performed by maternal and child nurses are detailed in the *Maternal and Child Health Service: Practice Guidelines 2009* (Department of Education and Early Childhood Development, 2009) and focus on matters as fundamental as hearing and vision and as complex as the presence of family violence.

There is a plethora of research indicating the first three years of a child's life are a critical period in a child's physical, social and psychological development, and that these early years set the foundation for health outcomes and behaviours into adulthood (Baldwin, 2001; Tomison and Poole, 2000). This period therefore represents an enormous opportunity for health and support services to make their most significant difference, and conversely is a period when babies and young children are most vulnerable.

Additionally research has indicated that for every dollar invested in the early care of young children, a further \$17 can be saved in later years as a result (Blakester, 2006). Therefore strategies aimed at the early years of a child's life - and which promote prevention and early intervention - have the most enduring outcomes and are the most cost effective.

In all of the circumstances, it is therefore imperative that the Rate Capping Variation be structured to protect the MCH Service from any unintended consequences, including a reduction in the crucial service it provides to Victoria children and families.

Section 1.2

The MCH Service - an integral partner in achieving the priorities set by the Victorian State Government

ANMF (Vic Branch) urges the Essential Services Commission to give due regard to the pivotal role performed by the MCH Service in achieving the priorities set by the Victorian State Government. Our submission has already highlighted the observations of the Honorable Philip Cummins, Emeritus Professor Dorothy Scott and Mr Bill Scales in their Report to the Protecting Victoria's Vulnerable Children Inquiry [the Report] (Department of Premier and Cabinet, Victoria, 2012) that the MCH Service plays a crucial role in protecting Victoria's vulnerable children.

Additionally, we contend that the Maternal and Child Health Service plays a critical role in providing every Victorian child a strong platform for future learning and is therefore pivotal to achieving the Education State as aspired to within the *Education State Consultation Paper 2015* (Department of Education and Training 2015) and the recently launched *Education State Early Childhood Consultation Paper* (Department of Education and Training, 2015). MCH nurses play help shape this essential foundation through promoting the optimal health, wellbeing and development of children during their most formative years.

The MCH Service also performs an important role in preventing and making early identification and intervention in respect of Family Violence. The assessments which form part of this are outlined in the *Maternal and Child Health Service: Practice Guidelines 2009* (Department of Education and Early Childhood Development, 2009).

Whilst the Draft Blueprint has referenced the need for any Rate Capping Variation Framework to consider the service priorities of local government, ANMF (Vic Branch) is concerned inadequate regard has been given to the priorities set by the Victorian State Government and the pivotal role performed by the MCH service in achieving these.

ANMF (Vic Branch) therefore recommends the Essential Services Commission introduce mechanisms which ensure the MCH service is resourced adequately to ensure it can perform its critical role in achieving priorities set by the Victorian State Government including: realising the Education State; preventing and reducing the presence of Family Violence; and, making timely assessment, intervention and referral to prevent vulnerability and support those in most need.

Section 1.3

The Department of Education and Training MCH Service Framework

The services provided by the MCH Service, the workforce that provides this service and the funding arrangements applying to the MCH service are detailed exhaustively in the comprehensive written MCH Service Framework set out by the Department of Education and Training (DET). These matters are also enshrined within the Memorandum of Understanding which exists between the Department of Education and Early Childhood Development and the Municipal Association of Victoria. ANMF (Vic Branch) contends that this MCH Service Framework provides sufficient transparency and detailed guidance, together with mechanisms to monitor the MCH Service.

Elements of the comprehensive MCH Service Framework are outlined below and rightly, determine how the MCH Service is provided. ANMF (Vic Branch) contends it is therefore inappropriate and unnecessary to apply the Principles outlined in page 3 of the Draft Blueprint to decisions around MCH Service.

The *Memorandum of Understanding Between the Department of Education and Early Childhood Development and the Municipal Association of Victoria, In relation to Maternal and Child Health Services July 2012 to June 2015* [the MOU] details the respective responsibilities of the Department of Education and Training and the Municipal Association of Victoria (MAV). It outlines matters including but not limited to:

- The provision of Services within the context of the *Child, Wellbeing and Safety Act 2005* (Vic) [the Act]. Relevantly, in Section 5 the Act states that:
 - (1) *The development and provision of services for children and families should be based upon the fundamental principles that—...*
 - (c) *those who develop and provide services, as well as parents, should give the highest priority to the promotion and protection of a child's safety, health, development, education and wellbeing* (page5).

Further, the Act provides that:

The Minister must promote the co-ordination of Government programs that affect child wellbeing and safety (page 9).

- The universality of the MCH Service, the need for no user charges for the Universal and Enhanced MCH services and the principles of funding (including the unit cost for one hour of service) which apply to the MCH Service.

The Department of Education and Training provides extensive and detailed written guidance regarding the MCH Service including in respect of the Key Ages and Stages Framework, the workforce which forms part of the MCH Service and the funding arrangements which apply. For example:

- The *Maternal and Child Health Service: Practice Guidelines 2009* (Department of Education and Early Childhood Development, 2009) detail the Key Ages and Stages Framework which is the central component of the Universal MCH Service
- The *Department of Education and Training and Early Childhood Development and Municipal Association of Victoria, Maternal and Child Health Service: Maternal and Child Health Service Program Standards* (Department of Education and Early Childhood Development 2009) provide detailed guidance regarding the MCH Service and the workforce required to provide the Service
- The *Department of Education and Early Childhood Development, Maternal and Child Health Service Guidelines* (State of Victoria, 2011) outline the service delivery and monitoring requirements of the MCH Service

Curiously, we also note that the Draft Blueprint has proposed to exclude garbage rates and charges from rate capping on the grounds that these are *cost effective and market tested* (Page 8, Essential Services Commission, 2015). With this as benchmark, ANMF (Vic Branch) contends the

comprehensive MCH Service Framework gives ample Justification for the MCH Service be to similarly excluded from rate capping.

Section 2 - Immunisation Services – a critical public health measure

ANMF (Vic Branch) argues the Draft Blueprint has given inadequate regard to the critical role performed by local government in providing immunisation services and in protecting and improving public health. It also omits reference regarding the priority of the Victorian State Government to strengthen its “No Jab, No Play Policy” *to ensure more children are protected from serious and potentially life threatening* (Hennessy 2015) - and the role of local government to implement this priority. We highlight our concern that immunisations services may be the unwilling target of any unintended consequences arising from the introduction of a Rate Capping Variation Framework and argue the Framework must be structured to prevent this.

In support of this, we advise that Local Government provides approximately 45% of Immunisation encounters for children aged two months to four years and performs an important role in promoting the importance of Immunisation within the Community.

Relevantly, the *Guidelines for Immunisation practice in local governments*, (Department of Health, 2006) state:

Local Government in Victoria has historically played an important role in delivering Immunisation services to the Victorian Community (page 6).

Additionally, the Victorian Immunisation Strategy aims to:

- *Achieve the lowest possible incidence of vaccine preventable disease by attaining and maintaining the highest possible levels of effective Immunisation Coverage across the whole population*
- *Achieve and maintain the greatest improvements in effective Immunisation coverage among those groups at highest risk of vaccine preventable disease (page 6, Department of Health 2006).*

It is also important to note that the *Public, Health and Wellbeing Act, 2008* (Vic) governs immunisation services within Victoria. Further, as identified within the *Guidelines for Immunisation practice in local governments* (Department of Health, 2006),

Immunisation services are a function of local government according to the Public Health and Wellbeing Act, 2008 (PHWA)Part 3, Division 3, s 24 ...and

The function of every council under this Act is to seek to protect, improve and promote public health and wellbeing within the municipality (page 12).

Additionally, the provision of immunisation is prescribed by the *Australian Immunisation Handbook 10th Edition* (updated June 2015) [the Handbook] (Australian Government Department of Health). The purpose of the Handbook is to provide:

clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice. These recommendations are developed by the Australian Technical Advisory Group on Immunisation (ATAGI) and were considered for approval by the National Health

*and Medical Research Council (NHMRC) (under section 14A of the NHMRC Act 1992) (<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part1~handbook10-1-1>)
last accessed 25/8/15)*

Decisions regarding immunisation are therefore dependent upon the written guidance provided by both the Victorian Department of Health and the Australian Government. With this in mind, we contend it is inappropriate to view immunisation services within the context of the principles outlined on page 3 of the Draft Blueprint. Further, we caution that manifestation of the unintended consequences identified within the Draft Blueprint on the immunisation services provided by local government would have detrimental influence on the public health of the Victorian Community. A reduction in immunisation is contrary to the identified priorities of the Victorian and Commonwealth Governments and those enshrined within the *Public Health and Wellbeing Act, 2008* (Vic).

Given that expanding and strengthening Immunisation services is an identified priority of the Victorian State Government and immunisation requirements are prescribed by Victorian State and Commonwealth Government legislation and written guidance, it is also inappropriate to apply the Rate Cap Variation Assessment criteria outlined in pages 20 to 21 of the Draft Blueprint.

Furthermore, the society wide health imperative and *value for money* (page 21, Essential Services Commission, 2015) of supporting immunisations is well evidenced and must not be the focus of any service “tradeoffs” - or be contingent upon the success or otherwise of Rate Variation Applications.

The Essential Services Commission must give regard to the priorities of the Victorian State Government and ensure the Rate Capping Variation Framework is structured and/or includes mechanisms to protect immunisation services from any unintended consequences.

ANMF (Vic Branch) Recommendation 1

ANMF (Vic Branch) recommends that the MCH Service and immunisation services provided by local government are not subject to rate capping within any Rate Capping Variation Framework

Section 3 - Draft Blueprint Recommendations 4 to 10

Whilst ANMF (Vic Branch) considers MCH and immunisation services should be excluded from the rate capping, we have nonetheless provided brief comment regarding Draft Blueprint Draft Recommendations 4 to 11.

Draft Blueprint Recommendation 4

ANMF (Vic Branch) welcomes inclusion of the Wage Price Index in calculating any annual rate capping.

Draft Blueprint Recommendation 5

ANMF (Vic Branch) has no comment in respect of this Draft Recommendation.

Draft Blueprint Recommendation 6

ANMF (Vic Branch) supports this Draft Recommendation.

Draft Blueprint Recommendation 7

As already detailed within this submission, ANMF (Vic Branch) maintains it is inappropriate and serves little utility to apply the matters addressed in this Draft Recommendation to the MCH Service or immunisation services provided by Local Government.

We also note this recommendation fails to identify the priorities of the Victorian State Government (or the Commonwealth Government) in respect of the services provided by local government or relevant legislation or written guidance.

The rate Capping Variation Framework must include measures to exclude MCH and immunisation Services from rate capping.

Draft Blueprint Recommendation 8

ANMF (Vic Branch) is supportive of the transitional arrangements outlined in Draft Recommendation 8 and highlight it is critical that local government has reasonable opportunity to plan for service provision and to consult with their local communities.

Draft Blueprint Recommendation 9

As already outlined, ANMF (Vic Branch) is strongly opposed to decisions regarding the MCH Service and immunisation services provided by local government being subject to the success or otherwise of Rate Capping Variation Applications – or the deliberations of the Essential Services Commission. Similarly, such decisions should not be part of any “trade off” of services and must instead be informed by the existing comprehensive written framework that provides guidance, transparency and monitoring mechanisms within the MCH Service and relevant State and Commonwealth legislation .

Draft Blueprint Recommendation 10

ANMF (Vic Branch) has no comment in respect of this Draft Recommendation.

Conclusion

The MCH Service and immunisations services provided by local government serve a crucial function in optimising the health, wellbeing and development of Victoria's children and families and protecting the public health of all Victorians. They are also critical to bringing the priorities of the Victorian State Government to fruition.

These services are not a safe or appropriate setting to trial the effectiveness of the Rate Capping Variation Framework to prevent the incidence of unintended consequences, including reduced service delivery.

The consequences for Victoria's children and families are too dire.

Accordingly, ANMF (Vic Branch) contends the MCH Service and immunisation services provided by local government should not be subject to rate capping within the Rate Capping Variation Framework.

Bibliography

Australian Government Department of Health *Australian Immunisation Handbook 10th Edition* (updated June 2015)

Baldwin, A. (2001) *Nurses must take a Stand Against Violence*, Kai Tiaki Nursing New Zealand

Blakester, A. (2006) *Practical Child Abuse and Neglect Prevention a Community Responsibility and Professional Partnership*, NCPC Newsletter Vol. 14 No. 2: 2 – 10

Child, Wellbeing and Safety Act (No15) 2005 (Vic). Retrieved from AustLii on 27 August 2015
http://www5.austlii.edu.au/au/legis/vic/consol_act/cwasa2005218/

Cummins, P., Scott, D. and Scales, B. (2012) *Report of the Protecting Victoria's Vulnerable Children Inquiry* Department of Premier and Cabinet, Victoria, 2012

Department of Education and Early Childhood Development (2009) Maternal and Child Health Service: Practice Guidelines 2009
<http://www.education.vic.gov.au/Documents/childhood/professionals/support/mchpracguidel.pdf>
last accessed 13 August 2015

Department of Education and Early Childhood Development (2003) *Enhanced Maternal and Child Health Service Guidelines, 2003 – 2004*
<http://www.education.vic.gov.au/Documents/childhood/professionals/health/mchenhancedguidelines.pdf>
last accessed 13 August 2015

Department of Education and Early Childhood Development and Municipal Association of Victoria (2012) *Memorandum of Understanding Between the Department of Education and Early Childhood Development and the Municipal Association of Victoria, In relation to Maternal and Child Health Services July 2012 to June 2015*

Department of Education and Early Childhood Development, (2009) *Maternal and Child Health Service: Practice Guidelines 2009*

Department of Education and Early Childhood Development, (2009) *The Department of Education and Training and Early Childhood Development and Municipal Association of Victoria, Maternal and Child Health Service: Maternal and Child Health Service Program Standards*

Department of Education and Training. (2015) *The Education Consultation Paper*

Department of Education and Training. (2015) *Early Childhood Consultation Paper*

Department of Health (2006) *Guidelines for Immunisation practice in local governments*

Parry, Y., Maio-Taddeo, C., Arnold, L. and Nayda, R. (2009) Professionals Protecting Children, *Child Protection and Nursing and Midwifery Education in Australia*, Australian Centre for Child Protection, University of South Australia

Spark and Cannon, (2011) Transcript of Proceedings, *Protecting Victoria's Vulnerable Children Inquiry*, Broadmeadows 7 July 2011

State of Victoria, 2011 *The Department of Education and Early Childhood Development, Maternal and Child Health Service Guidelines*

The Essential Services Commission (2015), *The Essential Services Commission, A Blueprint for Change Local Government Rates Capping and Variation Framework Review July 2015*

Tomison, A. and Poole, L. (2000) Preventing Child Abuse and Neglect: Findings from an Australian Audit of Prevention Programs. *Melbourne, Australia: Australian Institute of Family Studies*

Hennessy, J (Minister for Health, Victoria) 2015, *Enhanced 'No jab, no play' to protect more children*, media release, Premier of Victoria, 16 August 2015, <<http://www.premier.vic.gov.au/enhanced-no-jab-no-play-to-protect-more-children>>

Public Health and Wellbeing Act 2008 (Vic) s 24. Retrieved from AustLii on 27 August 2015
http://www.austlii.edu.au/cqi-bin/download.cgi/au/legis/vic/consol_act/phawa2008222