IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

STATEMENT OF CAROL ANN KELLY

Date of document: 30 September 2015
Filed on behalf of: State of Victoria
Prepared by:
Victorian Government Solicitor's Office
Level 39
80 Collins Street
Melbourne VIC 3000

[redacted]

I, CAROL ANN KELLY, Executive Director, Wellbeing, Health and Engagement Division, Department of Education and Training, SAY AS FOLLOWS:

1. I am the Executive Director of the Wellbeing, Health and Engagement Division (**WHE Division**) within the Department of Education and Training (**Department**). The WHE Division is a division of the Early Childhood and School Education Group and I report to the Acting Assistant Deputy Secretary and Deputy Secretary responsible for that Group.

2. Responsibility for maternal and child health (**MCH**) matters sits within the Prevention and Health Promotion Branch of the WHE Division, which comprises the Nursing Services Unit and the Child Health and Wellbeing Reform Unit.

3. On 10 August 2015, Gillian Callister, Secretary of the Department, gave evidence at the public hearing for Module 16 (Changing the Culture – Workplaces and the Community). Ms Callister's statement, dated 4 August 2015, sets out:

   2.1 information about the role of the Department, at paragraphs 14 to 24; and

   2.2 information about the role of the WHE Division, at paragraphs 25 to 27.

4. I have held the position of Executive Director of the WHE Division for the past two years, although I took leave from this position for a six-month period between the last week of July 2014 until the first week of February 2015.

5. In the first 12 months of my time as Executive Director, the WHE Division was known as the Student Wellbeing Division and did not have responsibility for the

[redacted]

early years and MCH portfolios. The WHE Division was formed following a Departmental restructure which took effect from 1 July 2014.

6. Prior to my current role, I held a number of senior positions within the Department, including Acting General Manager of the Student Learning Division in the Office of Government School Education (an office within the Department) from 2009 to 2012.

7. For the past 15 years, I have worked in various policy and program development roles in relation to Victorian school education. My policy work has focused on the areas of teaching and learning, intercultural understanding and the internationalisation of education. My program development work has included the development of support programs to improve student health, wellbeing and engagement in learning and participation in school. Key areas of work in recent years have included disability, support for children with chronic and mental health needs, gender equity, anti bullying strategies and MCH services.

8. I hold a Master of Public Policy and Management from Monash University's Graduate School of Government.

SCOPE OF STATEMENT

9. I have received a notice from the Royal Commission into Family Violence pursuant to s 17(1)(d) of the *Inquiries Act 2014* (Vic.) requiring me to provide a written witness statement.

10. Ms Callister has given evidence about the Department's role in connection with MCH at paragraphs 28 to 90 of her statement. I adopt that evidence in this statement.

11. At least in part, I make this statement to provide further information about some of the issues raised in the evidence given by Bernadette Harrison, MCH Coordinator at the City of Greater Dandenong, at the public hearing for Module 18 (The Role of the Health System) on 12 August 2015. The Department acknowledges the experience, hard work and dedication of Ms Harrison, and her ongoing contribution to the MCH Service and the community.

[redacted]

12. In addition, I take this opportunity to inform the Royal Commission of the recently announced early childhood consultation process, which is being conducted as part of the Victorian Government's Education State reform agenda.

13. Accordingly, in this statement, I provide further information about the following three topics:

    13.1. funding arrangements for the MCH Service;

    13.2. right@home and Bridging the Gap, two current research initiatives referred to by Ms Harrison; and

    13.3. the Education State reforms and, in particular, the recently announced early childhood consultation process.

FUNDING OF MATERNAL AND CHILD HEALTH SERVICES

14. The broad principles applicable to the funding arrangements for the MCH Service are described at pages 3 to 4 of the Memorandum of Understanding (**MOU**) between the Department and the Municipal Association of Victoria (**MAV**) (July 2012 – June 2015) (see **Attachment GC-1** to Ms Callister's statement). The MOU has been extended for a further 12-month period to June 2016.

15. Funding for the MCH Service is calculated on a unit price for the hourly cost of the service. The unit price, negotiated by the Department and the MAV under the MOU typically every three to four years (and indexed annually), is currently $93.39.

16. I set out below further information about the funding of the MCH Service. The funding arrangements for the Universal MCH Service differ from the funding arrangements for the Enhanced MCH Service.

17. The Department is aware that some LGAs experience particular challenges in delivering the MCH Service. For example, where a LGA has a large culturally and linguistically diverse community and needs to regularly engage interpreters, consultations may take longer. To some extent, the flexible funding and weightings funding can be used to address these challenges. Nonetheless, consultation with the sector and the community, in particular through the Education State early childhood consultation process as described below, will provide an opportunity to explore new approaches to service funding, planning and delivery.

[redacted]

Universal MCH Service

18. As discussed in Ms Callister's statement, at paragraphs 47-59, the Universal MCH Service provides an important opportunity for women to discuss and disclose family violence, as well as receive support and referrals to specialist services. The *Maternal and Child Health Service: Practice Guidelines 2009* (**MCH Guidelines**, see **Attachment GC-2** to Ms Callister's statement) require MCH Nurses to undertake an initial observation for signs of family violence at the first 'Key Ages and Stages' (**KAS**) home visit. It also requires that MCH Nurses ask specific family violence related questions at the four-week KAS home visit, if it is safe and appropriate to do so. In addition to the initial and four-week home visits, MCH Nurses can, and do, ask family violence specific questions and undertake an observational assessment at any other of the ten KAS consultations.

19. Funding for the Universal MCH Service is made up of the following components:

    19.1. the ten KAS consultations;

    19.2. flexible service capacity; and

    19.3. weightings for rurality and socio economic status.

20. Every Local Government Area (**LGA**) receives an amount for each of these funding components. The Department and the relevant local council contribute an equal share (that is, 50/50) for the Universal MCH Service.

21. Funding for the Universal MCH Service is based on the total number of children enrolled in the Service. For each LGA, this number is based on information provided by the LGA through an annual data collection process. Data is collected by service providers on 31 March each year and submitted to the Department. The data captures the number of children in each LGA in each of the different age groups.

22. Further information about the three components of Universal MCH Service funding is set out below.

[redacted]

KAS consultations

23. In relation to the KAS component, each child is funded for 6.75 hours in total at the unit price. The 6.75 hours of funding is calculated on the estimated time taken to complete each of the KAS consultations. The times allocated for each consultation are not mandated. The allocations are determined by considering the number and range of activities that MCH Nurses are to undertake as outlined in the MCH Guidelines. The time allocations for each consultation are as follows:

KAS consultation	**Time allocation**
Home visit	1 hour
2 weeks	30 mins
4 weeks	1 hour
8 weeks	30 mins
4 months	30 mins
8 months	45 mins
12 months	30 mins
18 months	45 mins
2 years	30 mins
3.5 years	45 mins

24. The amount of funding received by each LGA for the KAS component of the Universal MCH Service varies, as different municipalities have varying population levels. Some LGAs receive close to $1.5 million each year in funding to deliver the KAS consultations, while the LGAs with the lowest numbers of eligible children receive less than $100,000 in funding for the KAS component each year.

Flexible service capacity

25. The flexible service capacity funding (**flexible funding**) is allocated to LGAs for activities including but not limited to:

[redacted]

25.1. delivering first-time parent groups;

25.2. delivering the MCH Service in ways that best promote ease of access for families who underutilise the service;

25.3. providing additional consultations (including telephone consultations) to families requiring additional support; or

25.4. other group and community strengthening activities (such as outreach to neighbourhood houses, initiating playgroups, parenting and cultural groups, establishment of volunteer home visiting services).

26. For each LGA, the flexible funding is calculated using the unit price and applying it to the following hours of service: three hours of service for 40 per cent of the total number of 0-1 year olds in the LGA; and a further three hours of service for 40 per cent of the average number of children in the 0-6 year age group in the LGA (i.e. the average of the number of children in each of the year levels 0-1, 1 2, 2-3, 3-4 and 5-6).

27. As with the funding for the KAS consultations, the amount of flexible funding provided to each LGA varies as it is based on the numbers of enrolled children in each LGA. Some LGAs receive over $300,000, while LGAs with the lowest numbers of eligible children receive under $10,000.

Additional weightings

28. The weightings component of funding (**weightings funding**) reflects the increased cost of service delivery in rural settings and the additional resources required in areas of socio-economic disadvantage and high need.

29. The weightings funding is allocated according to the Commonwealth Government's Accessibility/Remoteness Index of Australia (**ARIA**) and the number of maximum Family Tax Benefit (**FTB**) Part A recipients with a child aged between 0 and 6 years old in each LGA.

30. Forty per cent of the total pool of weightings funding is allocated on the basis of the ARIA and 60 per cent is allocated on the basis of FTB Part A recipients.

[redacted]

31. Each LGA is assigned a proportion of each of these two available funding pools based on its ARIA score and the number of families receiving the FTB Part A in its municipality.

32. As with the other components of funding, weightings funding allocated to different LGAs vary. Higher socio-economic metropolitan regions receive substantially less funding than rural regions or regions with socio-economic disadvantage. LGAs receiving funding under this component may receive less than $10,000 or more than $100,000.

Enhanced MCH Service

33. As noted in Ms Callister's statement at paragraphs 60–65, the Enhanced MCH Service aims to provide a more assertive response to the needs of families who are at risk of experiencing poor outcomes due to one or more risk factors. One of the risk factors that can result in referral from the Universal MCH Service to the Enhanced MCH Service is where a woman is identified as being at an increased risk of family violence.

34. The Enhanced MCH Service provides a more intensive level of support for vulnerable families, including additional consultations by MCH Nurses and, where appropriate, other workers such as social workers or drug and alcohol counsellors. In some circumstances the support includes short term case management. Enhanced MCH may be provided in a variety of settings, such as the family's home, the MCH centre or another location within the community.

35. The Enhanced MCH Service is provided to eligible families in addition to the services offered through the Universal MCH Service. It is funded to provide this additional support to approximately ten per cent of children aged 0-1 receiving the Universal MCH Service. The Department fully funds the Enhanced MCH Service.

36. Families receiving the Enhanced MCH Service are eligible for an average of 15 hours of service per family in metropolitan regions and an average of 17 hours in rural regions (in addition to the hours of service provided by the Universal MCH Service).

37. Funding for the Enhanced MCH Service is allocated according to the ARIA and the FTB Part A received by eligible families. Twenty per cent of the total funding pool

[redacted]

is allocated according to the ARIA and 80 per cent is allocated according to FTB Part A recipients.

38. Each LGA is assigned a proportion of each of these two available funding pools based on its ARIA score and the number of families receiving the FTB Part A in its municipality. Based on the proportion of the funding they are allocated, each LGA has a target for the number of families it should seek to serve in the Enhanced MCH Service.

39. As with the funding for the Universal MCH Service, funding for the Enhanced MCH Service varies across LGAs. LGAs may receive funding of up to $600,000 for more than 400 families. LGAs with less need for the Enhanced MCH Service might receive tens of thousands in funding to deliver the Enhanced MCH Service to 40 50 families.

Growing Communities, Thriving Children

40. The *Growing Communities, Thriving Children* initiative provides additional funding for children's initiatives in nine LGAs at the rural–metropolitan interface that have unique challenges with rapidly growing populations and/or a mix of urban and rural communities. These LGAs are: Melton, Whittlesea, Mornington Peninsula, Wyndham, Hume, Nillumbik, Yarra Ranges, Casey and Cardinia.

41. Under this initiative, the Department provides in excess of $2 million of funding in total to these LGAs per year, with each LGA receiving varying amounts based on the number of families eligible for the Enhanced MCH Service in those municipalities.

CURRENT RESEARCH INITIATIVES

42. The Department is committed to maintaining a high quality, evidence-based MCH Service, and to better meeting the needs of families and children experiencing vulnerability. To this end, the Department recognises the importance of research and of trialing and evaluating new and innovative approaches to enhance MCH service delivery.

43. The Department also recognises the value of engaging with families in the antenatal period, which provides an opportunity for continuity of care from the antenatal period through birth to infancy. A number of MCH services may currently

[redacted]

use the flexible funding and Enhanced MCH funding to engage with families in the antenatal period.

44. The Education State early childhood consultation process will provide an opportunity to explore possible reform of MCH service delivery, including models for the MCH Service to engage with families earlier and to provide more intensive support to vulnerable families, including those affected by family violence.

45. Ms Harrison refers to two current trials which begin engaging with families at the antenatal stage: right@home (see, in particular, paragraphs 30 to 37 of Ms Harrison's statement) and Bridging the Gap (see paragraphs 38 to 40 of Ms Harrison's statement). Although neither of these initiatives has a specific family violence focus, each of them is focused on better supporting vulnerable families, including those who have experienced family violence. More information about these trials is set out below.

right@home

46. right@home is an Australian randomised controlled trial designed to promote family wellbeing and child development. The trial seeks to determine whether a sustained, nurse home visiting program (of at least 25 home visits, each of approximately one hour in duration) offered to Australian mothers from the antenatal period to when the child is two years old, improves parenting, the home environment and outcomes for children. The service provided in the right@home trial is different to what is currently offered by the Enhanced MCH Service, which provides approximately 15 to 17 hours of additional service.

47. The trial is a research collaboration between Australian Research Alliance for Children and Youth, the Centre for Community Child Health, and the Centre for Health Equity Training Research and Evaluation (see https://www.aracy.org.au/projects/righthome). The Department, along with other government and non-government entities, has made a significant financial contribution to the right@home trial in recognition of the need for evidence based strategies to support vulnerable families.

48. The right@home trial is being conducted in five sites in Victoria and Tasmania. The Victorian component of right@home was launched on 30 April 2013. The trial started in Tasmania at the end of May 2013.

[redacted]

49. There are approximately 770 families participating in the trial (including those in the control group being provided usual care). Families were recruited antenatally to identify those who might benefit most from the extra support offered by right@home. In recruitment, the risk factors considered included physical and mental health, and social circumstances. In Victoria, approximately 300 families in Dandenong, Ballarat, Frankston and Whittlesea are receiving right@home, which, for each family, involves regular home nursing visits from the same local MCH Nurse from pregnancy until the child is two years old.

50. Final results of the trial, including analysis, economic evaluation and public reporting, are expected in late 2016 or early 2017. The Department expects there to be valuable evidence from the right@home trial which the Department can use to inform any future reforms and improvements to MCH service provision.

Bridging the Gap

51. *Bridging the Gap: Partnerships for change in refugee child and family health* brings together health service clinicians and managers, policy makers and researchers to achieve sustainable improvements in the quality of maternal and child health care for families of refugee background.

52. Bridging the Gap is a four year (2014-2017) research study designed to build organisational and systems capacity to identify and address modifiable risk factors leading to poor maternal and child health outcomes in refugee populations.

53. Murdoch Children's Research Institute is leading the Bridging the Gap partnership which is operating in four maternity hospitals and two MCH services in Wyndham and Greater Geelong LGAs.

54. In these two LGAs, it is expected that Bridging the Gap will lead to:

    54.1. improved linkages and referral systems between health, settlement and social service providers;

    54.2. alternative ways of providing clinical care and health education that engages bicultural workers and interpreters; and

[redacted]

54.3. greater continuity of care for families of refugee background including more seamless, integrated care across maternity and early childhood health services.

55. The Department provided financial support for Bridging the Gap in 2014 15 and expects to use the Bridging the Gap research findings to inform any future reforms and improvements to MCH service provision.

Other research initiatives and future directions

56. As outlined in Ms Callister's statement at paragraphs 80-82, the Department also recognises the importance of the 'MOVE study' that was undertaken by the Judith Lumley Centre, La Trobe University. The MOVE Study was a cluster randomised-controlled trial into MCH Nurse screening and care for mothers experiencing family violence. The study aimed to increase women's safety through the provision of nurse mentors; strengthened relationships with family violence services; nurse safety; a self completion MCH screening checklist at the three or four month consultations; and family violence clinical pathway guidelines.

57. A recently published paper on the findings of the study concluded that the checklist completed by mothers significantly increased the screening of family violence compared with the current model and that MCH Nurses had a strong preference for family violence screening at three or four months compared to the four week visit.

58. The Department is also working to better equip MCH Nurses with the skills to identify the signs of children affected by family violence. The Department recently commissioned the Australian Children's Foundation (**ACF**) to adapt the *Assessing children and young people experiencing family violence: a practice guide for family violence practitioners* for use in the MCH Service, as outlined in Ms Callister's statement at paragraphs 83 87. The work of this project includes:

58.1. surveying MCH Nurses to understand workforce needs;

58.2. redeveloping the Practice Guide to ensure it is fit for purpose within the current MCH practice framework;

58.3. piloting the revised guide in selected MCH services; and

58.4. undertaking an initial family violence training needs analysis.

[redacted]

59. Initial work by the ACF has identified diversity in MCH Nurse practice, skills and confidence with regard to family violence. It is apparent that greater professional development and supports are needed to assist MCH Nurses to identify and assess the risk of family violence for both adults and children.

EDUCATION STATE REFORMS AND EARLY CHILDHOOD CONSULTATION PROCESS

60. As part of its election commitment to Victoria as the Education State, the Victorian Government has commenced a consultation process, open to all Victorians, to provide input and ideas aimed at improving the education system in Victoria (see http://educationstate.education.vic.gov.au/). Part of this consultation relates to the early childhood system.

61. On 26 August 2015, the Honorable Jenny Mikakos MP, Minister for Families and Children, launched *The Education State – Early Childhood Consultation Paper* (**Consultation Paper**) (**Attachment CK-1**). The launch of the Consultation Paper commenced a two-month period of consultation across Victoria. The Victorian Government is seeking input from the Victorian community to help determine what an outstanding early childhood system would look like in Victoria.

62. MCH is one of the key issues being explored through the consultation process. As stated at page 18 of the Consultation Paper:

> In Victoria, expectant parents have access to antenatal services prior to their child's birth. Parents are also entitled to ten visits with a highly qualified MCH nurse from the time their child is born until when they are three and a half. These visits support positive parenting and the physical and mental health of families. They play an important role in identifying family violence and at-risk children, and in referring these families to specialist services. In addition to the universal service, there is also an enhanced MCH service for vulnerable families. There is also a 24-hour MCH helpline available to all families.

63. The Consultation Paper also states at page 18 that:

> We recognise that parents and caregivers need more accessible support in Victoria, and that the great services we already have in place offer a solid base to build on. It is important that these support services are available to parents and caregivers if they are needed, and that they continue until they are no longer needed.

[redacted]
CK

> These services also need to connect parents to more formal family support services where necessary, incorporating people's roles as parents and carers into any adult support services they might be receiving.

64. At pages 20 to 21, the Consultation Paper states that:

> One in five Victorian children is developmentally vulnerable when they start school, putting them at increased risk of poor outcomes for health, wellbeing and learning. There is also the much more immediate and acute vulnerability of being at risk of significant harm, including abuse and neglect.
>
> While children from all backgrounds can be vulnerable, and families can move in and out of vulnerability as their circumstances change, some children are more at risk than others. This includes children who are Aboriginal and Torres Strait Islander, those with a disability or developmental delay, those from a culturally and linguistically diverse background, those who have recently arrived in Australia, and those experiencing family violence, mental health, and drug and alcohol issues.
>
> ...
>
> Currently, those who are most vulnerable and/or disadvantaged are those least likely to participate in our universal early childhood services. This means those who most need the support our universal services offer are those least likely to receive it. Our early childhood workforce also needs to feel supported and equipped to provide for the complex needs of these children and families.
>
> The challenge for Victoria is that the current system of supports for vulnerable and disadvantaged children is complex and split across multiple programs and services. Eligibility for additional support is often based on age, rather than need. It is important that key services are available to vulnerable and disadvantaged families where they are required and for as long as they are required. We need to identify where services are failing to connect with each other, or don't provide the right service at the right time, and why that is happening.

65. Victorians have been invited to participate in the following consultation sessions being held across the State in September and October 2015:

[redacted]

65.1. 7 September 2015: Geelong;

65.2. 8 September 2015: Frankston;

65.3. 10 September 2015: Bendigo;

65.4. 18 September 2015: Broadmeadows;

65.5. 6 October 2015: Latrobe Valley; and

65.6. 7 October 2015: Benalla.

66. Smaller forums, hosted by the Department's regional offices, are also being held across the State. Additionally, Victorians can make written submissions and are invited to host their own conversations within their communities or organisations, to share ideas and experiences. To assist with these conversations, the Department has developed the Early Childhood Conversation Guide (**Attachment CK-2**) and the Early Childhood Conversation Workbook (**Attachment CK-3**). Outcomes of conversations must be sent by email to the Department by 9 October 2015.

67. The Department has also set up an online conversation forum on the Education State website (see http://educationstate.education.vic.gov.au/early-years). Participants can converse online about the following topics:

67.1. "What have been your experiences with early childhood services and support in Victoria?"; and

67.2. "What are your ideas for an outstanding early childhood system?"

68. Community feedback on how to strengthen and build an excellent early childhood system that meets the needs of all Victorian families will be gathered through the consultation and will inform policy development for future Education State reforms.

69. In conjunction with the Education State reforms, the Department has established a MCH Expert Reference Group (**Reference Group**) to provide expert advice in connection with improvements to the MCH Service.

70. The Reference Group is co-chaired by the Department's Acting Assistant Deputy Secretary, Early Childhood and School Education Group and the Chief Executive

[redacted]
CK

Officer, MAV. Membership of the Reference Group comprises MCH coordinators and MCH Nurses from metropolitan and rural LGAs, as well as representatives from peak professional and industrial organisations, early parenting centres, universities, and the Victorian Aboriginal Community Controlled Health Organisation.

71. The Reference Group will provide input and advice to Government on the strengths, challenges and opportunities to improve the MCH Service, including advice on the design and implementation of proposed MCH reforms and service improvement initiatives.

72. The first meeting of the Reference Group was held on 28 August 2015. The second meeting of the Reference Group, scheduled for 5 October 2015, will include a facilitated discussion as part of the early childhood consultation process.

73. The deliberations of the Reference Group, the broader Education State early childhood community consultations, and the evidence gathered through research initiatives, including right@home and Bridging the Gap, will inform future reform thinking to ensure Victoria's MCH Service can best support vulnerable and disadvantaged children and families, including those experiencing family violence.

Signed by)
Carol Ann Kelly) 
at Melbourne)
this 30th day of September 2015)

Before me [redacted]

An Australian legal practitioner within the meaning of the Legal Profession Uniform Law (Victoria)