**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

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STATEMENT OF GILLIAN ANNE CALLISTER

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I, GILLIAN ANNE CALLISTER, Secretary, Department of Education and Training, Victoria, SAY AS FOLLOWS:

1.   I am the Secretary of the Victorian Department of Education and Training (**Department**).

2.   I commenced my role as Secretary of the Department on 1 January 2015. Prior to that, I was the Secretary of the former Victorian Department of Human Services for five years, from August 2009 until December 2014.

3.   I have 24 years of experience working within the Health and Human Services sector. Over that time, I held a number of leadership roles relating to the Department of Human Services' child protection, family services and mental health and drugs portfolios. Between 1992 and 1996, I managed various aspects of the Department of Human Services' Protective Services Unit in the Southern Metropolitan Region. For that region, I also managed the Department of Human Services' family services portfolio between 1997 and 2001.

4.   In terms of director roles at the former Department of Human Services, I was:

   4.1   the Director of Portfolio Services from 2001 to 2002;

   4.2   the Director of Child Protection and Juvenile Justice from 2002 to 2004;

   4.3   the Executive Director of the Community Care Division from 2004 to 2007 (as well as the Executive Director of the Office for Children from March 2005); and

   4.4   the Executive Director of the Mental Health and Drugs Division from 2007 to 2009.

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5.   I commenced my career as a social worker in 1982 and worked for nine years in the community sector prior to joining the former Department of Human Services.

6.   I hold a Bachelor of Arts and a Bachelor of Social Work (with Honours). I am the President of the Institute of Public Administration Australia (Victoria) (**IPAA**) and, in October 2014, I was awarded the IPAA National Fellowship Award and a Monash University Fellowship.

7.   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 attend to give evidence at the Royal Commission and to provide a written witness statement.

SCOPE OF STATEMENT

8.   I make this statement in response to a request by the Royal Commission to give evidence regarding matters the subject of the public hearing for Module 16 (Changing the Culture – Workplaces and the Community). In particular, I understand that the Royal Commission would like evidence about:

   8.1   the scope and operation of the Victorian Maternal and Child Health Service (**MCH Service**), which is funded and administered in partnership by State and local government;

   8.2   the Department's role in developing and promoting early childhood and school programs designed to effect cultural change and, in particular, the program known as 'Building Respectful Relationships'; and

   8.3   the Department's role in supporting vulnerable children and young people, in particular those students affected by family violence who may be 'out of school' or who require assistance and support to remain 'in school' or to access early childhood education.

9.   I provide an overview of the structure and responsibilities of the Department, with particular emphasis on the role the Department plays in supporting educational strategies that enhance the health, safety and wellbeing of Victorian pre-school and school age children.

10. I also briefly discuss the role that vocational education and training and higher education can play in supporting victims of family violence towards employment, financial security and increased self-esteem.

11.   Services provided by the Department touch the lives of every Victorian from birth, through early childhood and school education and training to pregnancy and parenthood. The universality of many of the Department's programs and services, the expertise of our workforces, and the goal of the Department to promote learning, development, health and wellbeing places it in a unique position to drive cultural change through primary prevention initiatives, as well as to identify vulnerable families and children, and respond to family violence in the community.

12.   The Department is well placed to change underlying cultures of violence and inequality which underpin family violence. This can be achieved not only through supporting and empowering new parents, educating children and young people and building the capacity of our workforces, but also by supporting the implementation of whole-of-organisation approaches to challenging gender norms and attitudes that can lead to family violence.

13.   This statement sets out the Department's current programs, policies and services that play a role in reducing or responding to the prevalence and impact of family violence. The Department is proud of its strong record in looking after the safety and wellbeing of Victorian children, young people and their families. As part of a culture of continuous improvement, and based on the available evidence about best practice, the Department will continue to review and adapt its systems, programs and services, provide training and support to workforces and organisations, and empower children and families, as part of the comprehensive effort required by the government and the broader community to keep all Victorians safe from family violence.

DEPARTMENT OF EDUCATION AND TRAINING

Governance

14.   As Secretary, I am directly responsible for the management of the Department. I manage a $12 billion budget and lead over 65,000 staff in government schools and 2,500 corporate staff.

15.   The Department is organised into six central groups, each of which is based in the Department's Central Office. Each group reports to a Deputy Secretary. The groups are:

    15.1   Early Childhood and School Education Group;

    15.2   Higher Education and Skills Group;

15.3 Regional Services Group;

15.4 Strategy and Review Group;

15.5 Infrastructure and Finance Services Group; and

15.6 People and Executive Services Group.

16. The Department is managed by an Executive Board comprising the Secretary, the head of each of the Department's six groups, and the Chief Executive Officer of the Victorian Curriculum and Assessment Authority (**VCAA**). The Executive Board is the ultimate governance and decision-making body for the Department. It is accountable for:

16.1 strategic direction, policy and leadership of the Department;

16.2 management of the Department;

16.3 decision-making;

16.4 risk management;

16.5 monitoring and evaluation of the Department's activities;

16.6 compliance; and

16.7 stakeholder management.

Role of the Department

General

17. The Department is responsible for providing education, care and development services to children, young people and adults, both directly through government schools and indirectly through the regulation and funding of early childhood services, non-government schools and training programs. The primary goal of the Department is to promote learning and development throughout the lifespan, including by supporting their health and wellbeing. The Department provides resources and services aimed at developing the capacity of learners to lead full, happy and productive lives, to contribute positively to society, and to develop meaningful, respectful relationships with others. This includes a particular focus on vulnerable groups in society, and learners at risk of disengagement.

18. Many of the Department's services, including schools and the MCH Service, are provided on a universal basis, which provides an important opportunity to engage with every family and child in Victoria.

19. The Department partners with many government-funded organisations that provide education and care services, including local councils who provide the MCH Service and other early childhood services, non-government organisations, vocational education and training organisations and higher education institutions.

20. The Victorian government has committed to establish Victoria as the 'Education State'. A two-month consultation period commenced on 10 June 2015 to seek public input into this commitment. The Education State Consultation Papers propose a strong commitment to inclusion, equity and wellbeing throughout the lifespan of children and young people, to ensure that children thrive and can look forward to a bright future (see http://educationstate.education.vic.gov.au/education-state/documents/23298/download).

21. As part of the Education State commitment to equity, there is a recognition that more can be done to target resources to the areas of disadvantage that are known to make the biggest difference to learners' likelihood of success. The Education State Consultation Papers also propose a strong commitment to lifelong engagement in learning and to the wellbeing of learners of all ages, which includes a recognition that the developmental trajectory begins before birth.

22. Recognising that there are often links between family violence and child abuse, the Department is also committed to implementing the recommendations of 'Betrayal of Trust', the report of the Victorian Parliamentary 'Inquiry into the Handling of Child Abuse by Religious and Other Organisations'.

Health, development, wellbeing and safety of children and young people

23. Education, childhood development and care services have a critical role to play in promoting positive relationships for children and supporting children's health, development and wellbeing from the pre-natal stage through to adulthood. The recipients of these services include particular priority groups and children and families who are experiencing periodic or ongoing issues leading to vulnerability or disadvantage. It is well established that children and young people who have wellbeing or safety issues, including those caused by abuse or family violence, are more likely to struggle academically and socially, and to become disengaged from the education system and other support services.

24.   The Department takes a wholistic approach to supporting the health and wellbeing of infants, children, young people and families. It aims to enable and resource an inclusive maternal and child health, education and care system that promotes health, success and happiness, and identifies and responds to learning, safety and wellbeing issues as early as possible. Its policies, programs, resources, training and initiatives aim to support communities, staff, families, children and young people to create safe, high quality home, care, early learning and education environments, and to equip children and young people with the skills they need to respect themselves and others and to identify when and how to seek help and support.

Wellbeing, Health and Engagement Division

25.   The Wellbeing, Health and Engagement Division (**WHE Division**) is a Division of the Department's Early Childhood and School Education Group, and it leads the Department's efforts to improve and reform child and learner wellbeing, health, engagement and inclusion.

26.   The Prevention and Health Promotion Branch of the WHE Division comprises:

26.1   the Nursing Services Unit, responsible for system and service design and policy and program development of the MCH Service and School Nursing Programs; and

26.2   the Child Health and Wellbeing Reform Unit, responsible for developing reform, policy and interventions that promote positive development among children and young people.

27.   The Engagement, Inclusion and Support Branch is comprised of:

27.1   the Wellbeing and Engagement Unit, responsible for policy, resources and initiatives that seek to maximise attainment, achievement and development for children and young people;

27.2   the Intervention and Service Design Unit, responsible for designing service improvements and supports for vulnerable children and young people; and

27.3   the Inclusion and Support Unit, which has several areas of responsibility, including the development and project management of mandatory reporting, child safety and child protection related initiatives.

MATERNAL AND CHILD HEALTH SERVICE

Overview

28.　　In Victoria, the MCH Service is the first community-based service that most families access post-birth. The Department and the Municipal Association of Victoria (**MAV**) are equal partners in decision-making for the planning, funding and provision of the MCH Service. The MCH Service is delivered in all 79 Victorian local government areas to over 457,000 children and their families each year. The MCH Service supports families and their children in the areas of parenting, child health and development, maternal health and wellbeing, child safety, immunisation, breastfeeding, nutrition and family planning.

29.　　The comprehensive nature of the MCH Service has a legislative underpinning in the *Child Wellbeing and Safety Act 2005* (Vic), which requires hospitals (or midwives for at-home births) to notify the relevant local council of every new birth so that a locally-based maternal and child health nurse (**MCH Nurse**) can make contact with the family and provide the MCH Service.

30.　　There are three key components of the MCH Service:

30.1　　the Universal MCH Service;

30.2　　the Enhanced MCH Service; and

30.3　　the Maternal and Child Health Line (**MCH Line**).

I discuss each of these in further detail below.

Respective roles of the Department and local government

31.　　The respective roles of the local councils and the Department in planning, funding and administering the MCH Service are set out in a Memorandum of Understanding between the Department and the MAV (July 2012 – June 2015) (**Attachment GC-1**). The Memorandum of Understanding has recently been extended for a further 12-month period.

32.　　Broadly speaking, the Department has responsibility for policy, funding and State-wide oversight of the MCH Service, including:

32.1　　the development and publication of comprehensive, evidence-based guidelines for MCH Nurses;

32.2   with MAV and local councils, the provision of professional development and training resources and materials for MCH Nurses; and

32.3   the provision of regionally-based Performance and Planning Advisors to assist local councils in providing the MCH Service (with these staff members situated in the Department's regional offices).

I explain the Department's role in funding the MCH Service further below.

33.   The Department's *Maternal and Child Health Service Guidelines 2011* (**Attachment GC-2a**) provide an overview of policy context, State and local government partnership, MCH Service core content, funding arrangements, and training requirements for MCH Nurses. These guidelines are being updated in consultation with MAV and the sector. The revised version, due in 2016, is expected to include updated information about the Universal MCH Service and incorporate updated the Enhanced MCH Service guidance (which is currently in a separate document).

34.   The Department's *Maternal and Child Health Service: Practice Guidelines 2009* (MCH Guidelines) (**Attachment GC-2**) provide a practice framework for MCH Nurse consultations. They prescribe the evidence based activities nurses are to undertake at each consultation, and include information on resources and referral options.

35.   Individual local councils are, within each of their geographical areas of responsibility, responsible for delivering and monitoring the delivery of the MCH Service. MCH Nurses are directly employed by the local council (with the exception of a few local government areas with identified workforce shortages and viability challenges, where the MCH Service is contracted out to local health services with MCH trained nurses on staff) and they operate from local physical centres under the control of the council (**MCH Centres**).

36.   Local councils are also responsible for collecting service and client data through several information technology data systems, including MaCHS, Xpedite and Baby DNA (which will shortly be merged into a single data collection system called CDIS). Some of this service data, including a range of demographic and service delivery performance data, is then provided to the Department for the purposes of completing each MCH Annual Report.

37.   I understand that the Royal Commission has requested information about what types of data are mandatorily collected by the Department. Mandatory data fields currently adopted in the collection and reporting of MCH Service statistics include, but are not limited to:

37.1   Gender/Sex;

37.2   Age/Date of birth;

37.3   Indigenous status;

37.4   Postcode/local government area; and

37.5   Presence of dependents (for example, presence of other children on presentation).

38.   The new CDIS data system will include the following additional data fields that do not currently form part of the data fields collected for reporting:

38.1   Lesbian, Gay, Bisexual, Transgender, Intersex (**LGBTI**);

38.2   Disability;

38.3   Mental health;

38.4   Culturally and Linguistically Diverse (**CALD**) status (country of birth, language at home, 'ethnicity').

39.   While disability, mental health and CALD status are not currently mandatory data fields, they will be mandatory data fields once the new single data collection system is established.

Universal MCH Service

40.   The Universal MCH Service delivers a free, universally accessible, State-wide service for all families with children from birth to school age. It supports families and their children by providing parenting advice, prevention and health promotion, child developmental assessment, early detection of problems and referral and social support. In 2014, there were approximately 77,500 birth notifications in Victoria of which nearly 72,500 families enrolled with the Universal MCH Service.

41.   The Universal MCH Service provides a platform for:

41.1   identifying children and families who require further assessment, intervention, referral and support; and

41.2   bringing families together and fostering social networks, such as supported playgroups.

42.   As outlined in the Department's Memorandum of Understanding with MAV (see **Attachment GC-1**), the Department provides half of the funds for the delivery of the Universal MCH Service and local councils provide the other half.

43.   The Service itself consists primarily of 10 Key Ages and Stages (**KAS**) consultations. The KAS consultations are a schedule of contacts between the MCH Nurse and the child and his or her family from birth to school entry age. They consist of an initial home visit, consultations at two, four and eight weeks, four, eight, 12 and 18 months, and at two and three and a half years of age.

44.   In 2013-2014, the initial home visit participation rate for registered births was slightly over 100% – this can be accounted for by the fact that some families received more than one visit and there were some families that arrived from interstate. As demonstrated by the 2013-2014 figures, participation rates tend to drop off for subsequent consultations, falling to about 86% at the eight-month consultation and about 65% at the three and a half years consultation. Initial participation rates for Aboriginal and Torres Strait Islander families are generally slightly lower than the total average, and drop more rapidly to about 64% at the eight-month consultation and about 49% at the three and a half years consultation (see the MCH Annual Report (2013-2014) at **Attachment GC-3**).

45.   The combined funded hours for delivery of all 10 KAS consultations is 6.75 hours. The allocation of hours per KAS consultation, and the components of the Service undertaken at each session, is detailed further in the MCH Guidelines (see **Attachment GC-2**).

46.   The Universal MCH Service also has a flexible funding component whereby other support services may be developed and provided by MCH Nurses in a local area to meet additional needs of families that are not addressed by the KAS consultations. Examples include the provision of first-time parent group programs, community-strengthening activities, additional targeted consultations where a specific family need is identified and telephone consultations where required.

Family violence

47.   The MCH Service recognises that, in cases where family violence may be an issue, some women will be reluctant to present themselves to a service described or categorised as a 'family violence service'. The MCH Service provides women with an opportunity to disclose and discuss family violence in a universal service context. Such women may first discuss or reveal family violence with a MCH Nurse. As a

result, the support that MCH Nurses are able to offer, and the referrals they make to other services, are essential to vulnerable women and children.

48.   In 2013-2014, 'domestic violence' was cited as the reason for 1,660 instances of counselling and 486 referrals (see the MCH Annual Report (2013-2014) at **Attachment GC-3**)

49.   As part of the initial home visit, the MCH Guidelines prescribe that an initial observational risk assessment be undertaken by the MCH Nurse to identify signs of potential family violence (see page 14, MCH Guidelines at **Attachment GC-2**). MCH Nurses use the *Common Risk Assessment Framework* (**CRAF**). The CRAF is a tool to promote a common approach to family violence risk assessment and management across Victoria, for use by both specialist family violence professionals and mainstream professionals. MCH Nurses will observe women, their children and the physical environment for signs of unsafe family life related to family violence. These signs include physical injury, emotional state, body language and the developmental stages of the baby. The MCH Nurse will observe the ability of the woman to move freely around the home and to access all rooms and house contents. Whether the mother is free to meet with the MCH Nurse on her own will also be noted.

50.   At the four-week KAS consultation, MCH Nurses are required by the MCH Guidelines to discuss family health and wellbeing with parents and to ask specific family violence related questions, where it is safe and appropriate to do so (having regard to matters such as whether the mother attends with her partner).   In particular, the MCH Guidelines state at page 29 (in respect of family violence):

> **OBSERVE**
>
> - *Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence.*
>
> - *These signs include physical injury, emotional state, body language and developmental stages in babies.*
>
> - *The ability of the mother to move freely around the home, to access all rooms and house contents.*
>
> - *Whether the mother is free to meet with nurses on their own.*
>
> *Nurses will use their knowledge of family violence risk assessment framework to assess safety. This framework relies on the women's own level of fear, the evidence based risk factors and the professional judgement of nurses.*

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ASK

Nurses will ask in a conversational style, about family safety. Suggested questions include:

Are you in any way worried about the safety of yourself or of your children?	*Yes/No*
Are you afraid of someone in your family?	*Yes/No*
Has anyone in your household ever pushed, hit, kicked, punched or otherwise hurt you?	*Yes/No*
Would you like help with this now?	*Yes/No*

51. The family violence assessment is undertaken at the four-week visit in particular because of evidence about an increased risk of family violence in pregnancy and immediately after birth. It is regarded as too risky to undertake the first assessment at the three-month visit, or a later visit, as the initial transition to parenthood is a particularly critical time.

52. Based on this discussion, the MCH Nurse may discuss with the parent, and develop if appropriate, a family violence safety plan. A family violence safety plan will be developed having regard to the particular circumstances of the parent and will explore and map out options and ideas to increase safety when family violence is happening. The family violence safety plan will take a form that is appropriate for the circumstances and will be a dynamic plan that changes when circumstances change. The MCH Nurse may also refer the parent to another service, such as a specialist family violence service.

53. It is important to note that, although these questions are set out in the MCH Guidelines at the stage of the four-week KAS consultation, they may again be asked at any other stage of the KAS consultations. The MCH Guidelines make clear that the questions may be asked at any KAS consultation. At all other KAS consultations and contacts with parents and children, MCH Nurses are expected to continue to monitor and assess potential family violence and, if necessary, support parents and refer them to specialist family violence services.

54. The identification of family violence, or potential family violence, by a MCH Nurse depends on disclosure by the affected parent or the observations of the MCH Nurse. This depends heavily on the individual capacity of the MCH Nurse and the strength of the relationship they are able to develop with the parent. In this regard, MCH

Nurses are highly qualified professionals, with a university degree in nursing and postgraduate qualifications in both midwifery and child, family and community nursing. They are registered health practitioners, and as such they have mandatory reporting obligations under the *Children, Youth and Families Act 2005* (Vic). In addition, in 2012, MCH Nurses across the State completed training about the CRAF, and each nurse was provided with a copy of the *Family Violence: Risk Assessment and Risk Management* manual.

55. KAS data reported in the MCH Annual Report indicates that, in 2013-2014, family violence assessments were only completed at 57.9% of four-week KAS consultations, with significant variability across local government areas. Notwithstanding the professional capacity and training of MCH Nurses, there are a number of factors that affect whether or not MCH Nurses can ask specific family violence related questions and whether family violence assessments are able to be undertaken. These factors include lack of confidence, training and professional support, having insufficient time to build rapport and trust with a mother prior to being required to ask these questions, and partners or older children being present at consultations. Rural MCH Nurses working in small communities report particular sensitivities around confidentiality and feeling safe to ask questions about potential family violence. Recent consultation with MCH Nurses has also revealed that family violence assessments may be reported in case notes, but not recorded in the data system, affecting data outcomes.

56. MCH Nurses can, and do, assess family violence at any visit. For example, a family violence assessment is reported to be conducted at 18% of home visits, at 21% of four-month visits, and at 20% of two-year visits.

57. An online training resource is currently being developed by the Department of Health and Human Services, which will provide another source of training for professionals and service providers required to respond to family violence. Using this resource, the Department is facilitating refresher training by all MCH Nurses in respect of family violence risk assessment and management. Online training for Practice Guide 1, which provides core knowledge on the integrated family violence system and how to identify and respond to a victim of family violence, is currently available for MCH Nurses to complete. The Department understands that the online training for Practice Guides 2 and 3 is expected to become available over the coming months.

58. One particular challenge for the Universal MCH Service is that participation by parents (usually, the mother) in KAS consultations is entirely voluntary. After the

initial home visit – which MCH Nurses are vigilant to ensure all families receive – there will be some families who choose to no longer participate in the MCH Service. Although local councils have comprehensive follow-up procedures in place to try to keep families involved, they cannot force families to continue to attend KAS consultations.

59.   Finally, in relation to the Universal MCH Service, I note that recent findings by the Improving Maternal and Child Health Care for Vulnerable Mothers study (MOVE study) undertaken by La Trobe University, which I describe further below, have indicated that it may be preferable for MCH Nurses to raise family violence related queries with mothers at the four-month KAS consultation, rather than the four-week consultation. The MOVE study identifies that families are more likely to disclose issues of violence occurring in the home after they have established a greater trust and confidence in the MCH Service and the particular MCH Nurse. These findings will be considered in terms of any reform to the practice model.

Enhanced MCH Service

60.   The intention of the Enhanced MCH Service is to respond more assertively to the needs of children and their families, where the families are identified as being at risk of poor outcomes (usually through the presence of multiple risk factors). Identification and assessment of the risk and appropriateness for referral to the Enhanced MCH Service is usually made by the MCH Nurse during the course of KAS consultations as part of the Universal MCH Service.

61.   The Enhanced MCH Service provides a more intensive level of support, including short-term case management in some circumstances. It seeks to prevent emerging problems through early identification, intervention and linkage with other support systems such as, for instance, maternity services, Child FIRST, family support, child protection, parenting and early intervention services. Women identified through the Universal MCH Service as being at particular risk of family violence may be referred to the Enhanced MCH Service, where they will be supported in the family home by a MCH Nurse and, in some cases, other practitioners such as nurses, social workers or drug and alcohol counsellors. In relation to the child, the Enhanced MCH Service seeks to address particular risks up until the age of 12 months, which is the most critical period of time for new families. At this time, a couple is transitioning to parenthood and can often struggle to cope with the new and added responsibilities of caring for a newborn child. The nature of the couple's relationship also changes at this time.

62. Families receiving the Enhanced MCH Service are eligible to receive, on average, an additional 15 hours of service per family in metropolitan regions, and 17 hours per family in rural regions (which includes an additional two hours for travel). Support may be provided in a variety of settings, such as at the family's home, the local council's MCH Centre or another location within the community.

63. The primary focus of the Enhanced MCH Service is on families with one or more of the following risk factors:

    63.1 drug and alcohol issues;

    63.2 mental health issues;

    63.3 family violence issues;

    63.4 families known to child protection authorities;

    63.5 homelessness;

    63.6 unsupported parent(s) under 24 years of age;

    63.7 low income, socially isolated or single parent families;

    63.8 significant parent-baby bonding and attachment issues;

    63.9 parent with an intellectual disability;

    63.10 children with a physical or intellectual disability; and

    63.11 infants at increased medical risk due to prematurity, low birth weight, drug dependency and failure to thrive.

64. The Department fully funds delivery of the Enhanced MCH Service and it is delivered by local councils or other locally-based community services. At present, the Department has specific guidelines for the Enhanced MCH Service, being the *Enhanced Maternal and Child Health Service Guidelines* (2003-2004) (**Attachment GC-4**). As discussed above, these guidelines are currently being updated and will be incorporated into a single set of guidelines for both the Universal and Enhanced components of the MCH Service.

65. The Enhanced MCH Service is funded by the Department to provide additional support to approximately 10% of children and families already receiving the Universal MCH Service. However, in 2013-2014, local councils reported that 16.1%

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of families (approximately 12,800 families) were in fact being supported by the Enhanced MCH Service. This means that some families receiving enhanced support are receiving less than the intended number of additional hours (that is, 15 hours per family).

Maternal and Child Health Line

66. The MCH Line is a 24-hour telephone advice service, which provides support, counselling and referrals to families with children from birth to school age. It is available to all Victorian parents. The MCH Line is instrumental in linking families to the Universal MCH Service and to other community, health and support services. Families may also be referred to the Enhanced MCH Service by the MCH Line.

67. The MCH Line is funded by Government and is managed by the Department's North Eastern Victoria Region.

68. The MCH Line handled 94,407 calls in the 2014-15 financial year. Calls pertaining to family violence are recorded under multiple categories, with the highest risk being 'Personal Crisis/Special Needs', which may capture callers presenting as anxious or distressed or with housing or financial problems, substance abuse or relationship concerns.

69. The MCH Line recorded 1,758 calls within the Personal Crisis/Special Needs category in the 2014-15 financial year. Of these 1,758 calls, 52 callers specifically disclosed family violence to the MCH Line Nurse. Of these 52 family violence disclosures, 60% occurred between 8.00am and 6.00pm.

70. When a MCH Nurse receives a disclosure of family violence, or suspects that a caller is a victim of family violence, the MCH Nurse will support the caller in alignment with the MCH Line's Family Violence Guidelines. Typically, the MCH Nurse will either recommend that the caller contacts an appropriate support service or will facilitate a more formal referral to an appropriate service.

Recent developments for the MCH Service

State-wide conference

71. The Department and the MAV hold a biannual State-wide Maternal and Child Health Conference (**MCH Conference**). The purpose of the MCH Conference is to provide professional development and contemporary policy and practice advice, as well as to report relevant research findings, to the entire MCH Nurse workforce. The most recent MCH Conference was held on 22 May 2015 and was titled 'Preventing Family

Violence'. The Keynote Speaker was Ms Rosie Batty, 2015 Australian of the Year and founder of the Luke Batty Foundation.

72. The Honourable Jenny Mikakos MP, Minister for Families and Children, also spoke at the Conference. She provided an update on a number of initiatives currently being developed and implemented in the MCH Service, including the establishment of a MCH Expert Reference Group and $950,000 for a MCH Innovation Fund. The MCH Innovation Fund and MCH Expert Reference Group will support Victoria's MCH Service to continue to meet the evolving needs of children and families.

73. The MCH Innovation Fund has two funding streams – Local Innovation and Service Improvement and Collaborative Practice. Together, these will provide financial support to innovative MCH initiatives that focus on improving outcomes for vulnerable children and families and broader delivery innovation.

74. Innovative and responsive practice occurs at a local level throughout the MCH Service. To date, however, there has been limited capacity for these initiatives to impact on service delivery at a systemic level. The MCH Innovation Fund will capitalise on the practices that the MCH Service providers employ to drive improved service delivery. The fund will foster the development and adoption of practices to enhance efficient and effective MCH Service delivery, in particular to vulnerable Victorian families.

75. Individual MCH Service providers will identify initiatives to receive funding, and projects will be described in a new Victorian MCH Good Practice Guide to ensure that innovative ideas with proven results are shared across the sector. The development of a MCH Good Practice Guide will facilitate information sharing about innovative and promising practices across the state.

76. The MCH Expert Reference Group will provide input and advice to the government on the strengths of the MCH Service, the challenges faced by the MCH Service and the opportunities for improvement of the Service. This will include provision of advice about the design and implementation of proposed MCH reforms and service improvement initiatives. The MCH Expert Reference Group will also play a role in providing advice to the Minister for Families and Children on the progress of reform implementation, and ensuring that reforms are focused on areas with the potential for greatest impact on Victoria becoming the Education State.

77. At the next MCH Conference, to be held on 16 October 2015, the Department and the MAV intend to include several training sessions on identifying and responding to

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family violence, to be delivered by professionals with specific expertise in this area. This is partly in response to requests for additional training from MCH Nurses.

Principal MCH Nurse

78.   Another recent development is the announcement by the Minister for Families and Children of the placement of a Principal MCH Nurse in the Department to practice leadership and provide support for the MCH Service. The Principal MCH Nurse is expected to provide high-level, strategic and expert clinical practice advice to inform MCH State-wide policy and program development. The Principal MCH Nurse will liaise with the MAV, key stakeholders and experts and work with the Principal Medical Officer in relation to shared areas of clinical practice (for example, in the implementation of new Victorian safe infant sleeping guidelines to be released in late 2015).

79.   The position of Principal MCH Nurse in the Department will operate for an initial two-year period and will be evaluated over this time.

MOVE study

80.   The MOVE study was a trial of a new family violence screening method aimed at increasing women's safety. The study, involving a survey of over 10,000 Melbourne women, was undertaken by Professor Angela Taft at the Judith Lumley Centre for Mother, Infant and Family Health at La Trobe University.

81.   Under current MCH family violence screening methods, women are asked face-to-face about their domestic situation, typically when the baby is only four weeks old. The MOVE study adopted a different method, which involved providing women with a printed set of questions about their health and home situation, to be filled out by the women themselves and in their own time. In the study, MCH Nurses identified that this less intrusive method made them more comfortable in starting a conversation, because women had 'given permission' for them to raise the topic of family violence. Once a woman provided her written response, the MOVE study involved a follow up visit by the MCH Nurse, which (the study revealed) often proved to be a turning point in the woman speaking out about violence and steps to address it.

82.   The Department has met with Professor Taft on several occasions throughout the trial period of the MOVE study and, more recently, just prior to the publication of her research. The Department recognises the importance of this research and is

actively considering how the key findings from the MOVE study should be incorporated into MCH practice.

Assessing Children and Young People Experiencing Family Violence Practice Guide

83. In 2014, broad consultation with MCH Nurses and the wider MCH sector identified a number of priority areas for additional targeted professional development. These areas included:

    83.1 developing relationships and partnerships with families;

    83.2 enhancing confidence and skills in identifying, assessing and responding to family violence;

    83.3 engaging with culturally diverse, Aboriginal and refugee families;

    83.4 engaging with vulnerable children and families; and

    83.5 identifying children at risk of abuse and neglect.

84. The need to improve engagement with and participation by at-risk families in the MCH Service, including improving responses to family violence, had earlier been highlighted by the reports, *Early Childhood Development Services: Access and Quality* (Victorian Auditor-General, 2011) and *Report of the Protecting Victoria's Vulnerable Children Inquiry* (Honourable P Cummins, D Scott and B Scales, 2013).

85. In 2012, the former Department of Human Services, in partnership with the Australian Childhood Foundation, developed, for specialist family violence practitioners, the *Assessing Children and Young People Experiencing Family Violence Practice Guide* (**Attachment GC-5**). The Practice Guide made recommendations about resourcing, systems, policies and procedures to help family violence practitioners enhance their organisation's practice. Not being its key audience, the Practice Guide had only limited application and relevance to maternal and child health practitioners.

86. In June 2014, the Department established a project to adapt the Practice Guide specifically for use by MCH Nurses. A project advisory group has been established to provide oversight and direction for this project. The members of the group are two senior MCH Nurses, representatives from the Family Violence and Sexual Assault, and Early Pathways, Units in the Department of Health and Human Services, and representatives from the Department and the MAV.

87.   Through this project, the Department is exploring options for professional development for nurses to identify and assess children experiencing family violence. The revised Practice Guide for MCH Nurses is expected to be completed in early 2016.

MCH Annual Report (2013-2014)

88.   I understand that the Commission has a query in relation to data described in the MCH Annual Report (2013-2014) (see **Attachment GC-3**). The Annual Report provides information and data on the reasons why parents may be counselled or referred to counselling by a MCH Nurse (see pages 11-14). In particular, the Annual Report sets out several categories of reasons for counselling, including a category entitled 'domestic violence', and provides data on the number of instances in which counselling (or a referral to counselling) has been given for each category. In 2013-2014, there were 1,656 instances of counselling in connection with domestic violence.

89.   I understand the Commission seeks an explanation of what is meant in the Annual Report when it states that 'a parent may have more than one instance of counselling during a consultation'. This is a reference to the fact that, during a KAS consultation, a MCH Nurse may be required to counsel a client on a number of different issues (for example, illness or growth concerns in respect of the baby, as well as the emotional or physical health of the mother). In respect of each category of counselling, the data provided in the Annual Report is the total number of instances where counselling on that particular topic has been provided, whether the counselling was provided at one or more consultations. For example, where counselling and referral is provided to a mother about drug dependency and about family violence, this will be recorded as two consultations, notwithstanding that these arose from a single attendance with a MCH Nurse. In addition, I note that the data is not limited to the four-week KAS consultation, but may include counselling that occurs at any KAS consultation including before or after the four-week consultation.

Future directions

90.   The Department recognises that there is a substantial body of evidence demonstrating that optimising the ability to parent in a positive and responsive way is a powerful boost to a child's development, and that the absence of such a relationship is a serious threat to a child's development and wellbeing. The

Department continually reviews its guidelines having regard to emerging evidence, with a view to improving parental capacity to manage the behaviour of their children, which in turn can reduce the risk of child physical abuse.

CULTURAL CHANGE – EARLY CHILDHOOD EDUCATION AND CARE SERVICES

91. Building upon the work of the MCH Service, the Department supports and regulates early childhood services for children from birth to age eight. These early childhood services include long day care, family day care, occasional care, playgroups, early childhood intervention professionals, school nurses, outside school hours care and kindergarten.

92. Most Victorian early childhood education and care services are required to operate under the National Quality Framework, which aims to ensure safe, child-friendly environments where children's educational and developmental outcomes are improved. The operation of these services is regulated by the Department's Quality Assessment and Regulation Division (**QARD**) under the *Education and Care Services National Law Act 2010* (Vic.). Some of the objectives of this legislation include:

  92.1 ensuring the safety, health and wellbeing of children attending education and care services; and

  92.2 improving the educational and developmental outcomes of children attending education and care services.

93. The guiding principles of the National Quality Framework are that:

  93.1 the rights and best interests of the child are paramount;

  93.2 children are successful, competent and capable learners;

  93.3 the principles of equity, inclusion and diversity underlie the National Law;

  93.4 Australia's Aboriginal and Torres Strait islander cultures are valued;

  93.5 the role of parents and families is respected and supported; and

  93.6 best practice is expected in the provision of education and care services.

94. The Department also regulates children's services licensed under the *Children's Services Act 1996* (Vic.). These services include limited hours and short-term

licensed services, budget-based services not funded for Child Care Benefit, occasional care, early childhood intervention, mobile services, and some school holiday care programs.

95. All education services provided in early childhood education settings must implement a suitable curriculum, which is informed by an approved learning framework, being the *Early Years Learning Framework for Australia* (**Attachment GC-6**) or the *Victorian Early Years Learning and Development Framework* (**VEYLDF**) (**Attachment GC-7**). Professional learning modules have been developed by the Department and are available to assist early childhood professionals to use the VEYLDF in daily practice. The modules set out how early childhood professionals should implement the VEYLDF to engage with children to extend their learning. This includes practices that welcome and actively engage families in planning for children's learning and development, and which acknowledge the transitions that children experience and support children and families through them.

Respectful relationships and responsive engagement

96. The VEYLDF identifies eight 'Practice Principles for Learning and Development'. The Practice Principles are based on international evidence about the best ways to support children's learning.

97. Practice Principle 5 is entitled 'Respectful relationships and responsive engagement'. It is informed by the United Nations' *Convention on the Rights of the Child*, which recognises children's right to have their cultural identity, language and values respected (Article 29), and the *Early Childhood Australia Code of Ethics* (2006), which describes various professional responsibilities based on the Convention.

98. Practice Principle 5 has an emphasis on forming secure attachments through warm and respectful relationships with familiar adults. Warm and respectful relationships are considered fundamental to children's learning and development, as these relationships protect, regulate and buffer children, and provide children with a secure base that helps them to feel safe and confident to try new things and to learn. There is a clear link between positive relationships between early childhood professionals and children, and positive outcomes for children in both pre-school and primary school contexts.

99.   In practice, this Practice Principle is implemented by early childhood professionals through the way they interact with children, and by giving conscious consideration to whether their manner of communicating with a child is consistent with the principles of respectful relationships and responsive engagement.

Registration and mandatory reporting requirements for early childhood teachers

100.   From September 2015, early childhood teachers will be registered with the Victorian Institute of Teaching and must comply with mandatory reporting requirements for child abuse and neglect (including in the context of family violence). I provide more information about child protection protocols and training, below.

Supporting Participation in Early Childhood Education

101.   The Government provides funding to promote the participation of all children in high quality kindergarten programs delivered by a qualified early childhood teacher. In 2014-2015, the Victorian Government allocated $208.57 million for kindergarten programs. The Commonwealth Government provided $85.83 million under the National Partnership on Universal Access to Early Childhood Education as a contribution to the cost of delivering 15 hours of kindergarten in Victoria.

102.   The Government also provides additional funding to support the participation of vulnerable and disadvantaged children who may otherwise miss out on kindergarten, including the Kindergarten Fee Subsidy for all Aboriginal children and families with health care cards or humanitarian visas to receive free or low cost kindergarten in the year before school. Early Start Kindergarten provides funding for three year old Aboriginal and Torres Strait Islander children and children known to Child Protection to gain earlier access to kindergarten.

Parenting programs

103.   The Department is currently undertaking a review of its parenting programs to ensure that these programs are supported by current evidence and are clearly focussed on improving parents' capacity and engagement. The improvement of the capacity and engagement of parents in turn improves children's social, emotional and cognitive development.

104.   There are approximately 400 Supported Playgroups currently operating throughout Victoria, funded in 35 local government areas. In 2014, approximately 5,300 families participated in Supported Playgroups. A facilitator encourages participation in the

playgroups by disadvantaged families on a weekly basis to improve parents' capacity to interact with the children in a manner that promotes the development of self-regulation and improves learning outcomes. The Department's 'Guide: Practice principles for planning supported playgroups (2011)' (**Attachment GC-8**) is an engagement, planning and communications resource for services.

105. The Department is also undertaking significant reform to Supported Playgroups. As part of this reform, the Department is implementing a requirement that all Supported Playgroup facilitators hold minimum qualifications and undertake training in 'smalltalk'. smalltalk is an evidence based program that supports parents to improve the quality of their everyday interactions with their children to promote good emotional wellbeing and improve their learning outcomes. For example, smalltalk encourages parental interactions to be warm and gentle with a view to protecting children from inappropriate disapproval, teasing or punishment.

106. In the 2013-2014 financial year, 2,154 families participated in smalltalk in 257 groups.

CULTURAL CHANGE – SCHOOL PROGRAMS AND RESOURCES

Introduction

107. The Department provides a range of evidence-based materials and resources to support schools to enhance the education, health and wellbeing outcomes of children and young people, particularly those who are in vulnerable circumstances. Most of these resources are available for schools on the Department's website (see http://www.education.vic.gov.au/school/teachers/health/Pages/default.aspx).

108. A number of the Department's teaching and learning resources that may be relevant to the Royal Commission's considerations are developed by the WHE Division for use by schools to support the delivery of the Health and Physical Education (**HPE**) curriculum (**HPE Curriculum**) of the Australian Curriculum in Victoria (known as **AusVELS**). Before describing some of these resources in more detail, it is useful to provide a brief explanation of the current curriculum requirements in Victorian schools.

School curriculum requirements

109. Victoria's F-10 curriculum (where, 'F' refers to 'Foundation' level, otherwise known in Victoria as 'Prep') sets out the learning expectations for all Victorian students from

Prep to Year 10, with students completing either the VCE or VCAL in Years 11 and 12. The VCAA is responsible for developing curriculum, assessments and courses for Victorian students. The VCAA's statutory responsibilities and functions are set out in Part 2.5 of the *Education and Training Reform Act 2006* (Vic) (**ETR Act**).

110. There is an important distinction between the 'curriculum' (*what* schools must teach) and a school's 'teaching and learning program' (*how* schools teach the curriculum). The VCAA provides a useful explanation of the distinction, and the history of the development of curriculum requirements in Victoria, in its publication, *F-10 curriculum planning and reporting guidelines* (**Attachment GC-9**). At page 5, it provides:

> *The school curriculum is a statement of the purpose of schooling. It defines what it is that all students have the opportunity to learn as a result of their schooling, set out as a series of learning progressions. Enabling students' progress along this learning continuum is the fundamental role of teachers and schools.*
>
> *..*
>
> *The curriculum is the common set of knowledge and skills that are required by all students for life-long learning, social development and active and informed citizenship.*
>
> *As such, the curriculum is a part or subset of the school's teaching and learning program which is the school-based plan for delivering, expanding and extending this common set of knowledge and skills in ways that best utilise local resources, expertise and contexts. Schools have considerable flexibility in the design of their teaching and learning program. This enables schools to develop particular specialisations and areas of expertise and innovation while ensuring the curriculum is delivered.*

111. As explained in the VCAA's guidelines (see pages 9-10 at **Attachment GC-9**), Victoria has been committed for some time to individual school decision making in the development of teaching and learning programs. Victoria has a history of encouraging *school-based* teaching and learning program development, rather than centralising and mandating how particular subjects are to be taught. This allows schools to develop innovative programs that are appropriate to the particular local and organisational context.

Australian Curriculum and Victorian AusVELS

112. The national curriculum framework (known as the Australian Curriculum) is overseen by the Australian Curriculum Assessment and Reporting Authority (**ACARA**). Under the national arrangements, each State and Territory is responsible for implementing the Australian Curriculum in their own school system.

113.   The Australian Curriculum is designed by reference to:

    113.1   eight 'learning areas' or 'domains' – English, Mathematics, Science, Health and Physical Education, Languages, Humanities and Social Sciences, the Arts and Technology;

    113.2   seven 'general capabilities' – critical and creative thinking, personal and social capability, intercultural understanding, ethical understanding, literacy, numeracy and information and communication technology; and

    113.3   three 'cross-curriculum priorities' – Aboriginal and Torres Strait Islander histories and cultures, Asia and Australia's engagement with Asia, and sustainability.

114.   In line with its school-based curriculum approach, Victoria has created the AusVELS. The AusVELS incorporates the Australian Curriculum in a way that maintains the priorities and approaches to teaching and learning that have shaped the Victorian education system, namely equal emphasis on each of (a) the traditional disciplines (for example, mathematics, English, sciences, history), (b) physical, personal and social development and growth, and (c) interdisciplinary learning (see the VCAA's guidelines at pages 11-15 (**Attachment GC-9**)).

115.   In Victoria, while curriculum content (that is, the core skills and knowledge and the benchmarks for their assessment) is determined by the learning areas and the general capabilities, how the curriculum is taught (including which particular resources are used) is a decision for individual schools and their community.

116.   AusVELS is overseen by the VCAA and is prescribed for all Victorian government and Catholic schools. Independent schools may utilise the AusVELS, or any other curriculum frameworks approved by the ACARA.

AusVELS Health and Physical Education Curriculum

117.   The Victorian curriculum provides a universal platform for enabling young Victorians to learn about what constitutes safe environments, safe behaviours, protective behaviours and respectful relationships.

118.   The current AusVELS HPE Curriculum provides the broad content requirements for health and physical education learning in Victorian government and Catholic schools, and is available for use by independent schools. The HPE Curriculum endeavours to teach students from Prep to Year 10 to understand and respect their

bodies and the bodies of others, to increase their personal safety and wellbeing, and to seek help where necessary. Through this curriculum, students develop an understanding of the right to be safe and explore the concepts of challenge, risk and safety. They identify the harms associated with particular situations and behaviours and how to take action to minimise these harms.

119.   The HPE Curriculum sets clear learning standards that form the basis of schools' teaching and learning programs, but does not prescribe the amount of teaching time schools should allocate (other than a certain amount of physical education each week).

Ongoing development of the Victorian curriculum

120.   Work on developing and enhancing the Victorian curriculum is ongoing, with a focus on ensuring that it continues to meet students' education and development needs and community expectations, and that it aligns with the proposed new Australian curriculum which has been under development for some time.

121.   While the current HPE Curriculum includes general references to safety and protective behaviours, consideration is being given to including themes such as being healthy, safe and active, communicating and interacting for health and wellbeing and contributing to healthy and active communities, with specific references to safety in the home and respectful relationships. Such an approach would strengthen teaching and learning opportunities, for example in the development of personal identity (including gender and sexual identity), help seeking strategies (including protective behaviours), resilience and social skills necessary for respectful relationships, as well as challenging violence, prejudice, homophobia, discrimination and harassment. Educating children and young people about these issues is central to addressing key attitudes and behaviours that underlie family violence and driving cultural change.

122.   Schools' delivery of any such content is well supported by the Department's existing resources, such as *Building Respectful Relationships: Stepping Out Against Gender-Based Violence*, which was developed with CASA House (Centre Against Sexual Assault) and Deakin University. I set out below more detail about these resources.

123.   The Department recognises the importance of supporting schools and teachers to deliver this aspect of the curriculum to all students in a sensitive and safe manner. The Department also acknowledges the need for professional learning to support

teachers to appropriately respond to disclosures made by students of their own abuse or family violence that is happening in the home. Consideration is being given to providing a professional development program for school leaders and staff, including support in relation to the development of a whole-of-school approach to teaching respectful relationships. I provide more detail about the whole-of-school approach to respectful relationships, below.

Relationships, resilience and wellbeing education - the Department's school teaching and learning programs and resources

124. The Department's primary focus is on student learning, health and wellbeing. Keeping children and young people safe from violence and promoting respectful and healthy relationships is therefore part of the overall wellbeing agenda, through the development of skills of empowerment, resilience and help-seeking, and the promotion of positive values of respect and equity.

125. In terms of family violence and culture change, the key resources of relevance developed by the Department to assist schools to determine how to deliver the curriculum are:

> 125.1 the Building Respectful Relationships Education resource – *Building Respectful Relationships: Stepping Out Against Gender-Based Violence* (**Attachment GC-10**);

> 125.2 the Building Resilience model – *Building Resilience: A model to support children and young people* (see the Department's website at http://www.education.vic.gov.au/about/department/Pages/resilienceframew ork.aspx); and

> 125.3 the 'Catching On' sexuality education resources – *Catching on Early (Prep - Year 6)* and *Catching on Later (Years 7 - 10)* (**Attachments GC-11** and **GC-12**).

Building Respectful Relationships

126. In 2009, the Department commissioned VicHealth to carry out a research project known as the *Violence Prevention, Intervention and Respectful Relationships Education in Victorian Secondary Schools Project*. The Project sought to identify existing prevention, intervention and respectful relationship programs running in Victorian government secondary schools, and to explore best practice models to inform future program planning and development. The VicHealth report did not

make specific recommendations for policies or programs, but sought to enhance the evidence base for respectful relationships education in Victorian schools generally. In doing so, its findings supported the view that students should be educated specifically about violence in the context of intimate relationships and it identified that schools can be high-risk locations for gender-based violence because of the presence of peer influence and, sometimes, a climate and culture of acceptance of gender-based violence.

127.   An important conclusion of VicHealth's report was that, although there were some very good examples of violence prevention and healthy relationships programs operating in Victoria as at 2009, most of these programs did not involve a whole-of-school focus, had short durations and lacked a process for substantive evaluation. A copy of VicHealth's report *Respectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools (November 2009)* is attached at **Attachment GC-13**.

128.   In response to the VicHealth report, in 2010 the Department engaged CASA House and leading experts at Deakin University to develop and trial a range of teaching and learning materials consistent with the best practice models identified by VicHealth.   The result was the publication in June 2014 of the Department's resource *Building Respectful Relationships: Stepping Out Against Gender-Based Violence* (**Building Respectful Relationships Resource**) (see **Attachment GC-10**).   The Building Respectful Relationships Resource takes into account the key findings by VicHealth concerning effective violence-prevention strategies in schools, and contains teaching resources for use in the classroom, as well as a framework for developing a whole-of-school approach to respectful relationships.   A whole-of-school approach focuses not only on direct teaching to students, but also on a school's culture and attitude to gender, the strength of leadership and commitment by staff, the identification of community partnerships, and the provision of a support structure for staff and students.

129.   In this way, the Building Respectful Relationships Resource is one part of a larger strategy to assist schools to meet state and federal initiatives to prevent violence against women.   The development of a whole-of-school ethos and culture that models respectful practices and is consistent in dealing with incidents of gender-based violence is widely considered to be as important a teaching tool as the formal curriculum.   This 'informal curriculum' of actions, messages given and sanctions imposed is a powerful framework that extends the formal curriculum.

Building Respectful Relationships Resource

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130.   In terms of the teaching resource, the Building Respectful Relationships Resource is a set of sequential teaching activities to educate secondary school students about gender, power, violence and respectful relationships. Although the Resource is structured and detailed, it is also designed to be flexible and to give schools the ability to integrate the teaching activities into their own teaching and learning program. For example, schools may choose to integrate the activities into their existing developmental health and sexuality education programs or to introduce the activities in less curriculum-specific areas such as pastoral care, personal development or life skills programs. Another example might be the inclusion of the activities into an English curriculum or as part of a media or drama unit.

131.   In broad terms, the teaching materials are currently divided into two units each containing eight sessions (each of which are approximately one hour in duration). Unit 1 (Gender, Respect and Relationships) is designed for Year 8 students and encourages them to explore common understandings of the concepts of gender, relationships and respect, and to examine assumptions made about masculinities, femininities and sexualities. Unit 2 (The Power Connection) is designed for Year 9 students and focuses on the nature of gender-based violence and the power, social and institutional contexts in which it occurs. It also assists students to understand the nature of consent and respect.

132.   The Department is considering the release of a new Building Respectful Relationships Resource unit ('Sexualisation, Pornography and Gender'), to build upon Units 1 and 2. The proposed 'Sexualisation, Pornography and Gender' unit is designed to be delivered to Year 10 students and recognises that, with the pace of technological change and increasing access to the internet, by Years 8 and 9 many students will have been exposed to sexualised images, including sexually explicit and pornographic materials. The unit is designed to counteract unrealistic, sexist and violent images with a view to equipping young people to understand how they can develop a positive sexuality that incorporates respect and the negotiation of free and full consent.

133.   The Building Respectful Relationships Resource is relatively new, having been in existence for only 12 months. In terms of evaluation, the Resource is currently being tested by a joint project between the Office of Women's Affairs (in the Department of Premier and Cabinet), the Department and 'OurWATCh'. The project is known as the Respectful Relationships Education in Schools Project (**RREiS Project**) and incorporates the use of the Building Respectful Relationships

Resource as part of a whole-of-school approach. I provide more information about the whole-of-school approach, below.

Building Resilience: A model to support children and young people

134.   The Building Resilience model was developed from research commissioned by the Department and undertaken by the Youth Research Centre at the University of Melbourne's Graduate School of Education in 2014. The research consisted of a comprehensive literature review undertaken to provide an evidence base for the development of social and emotional learning programs to 'build resilience' in students. A copy of the literature review *Building resilience in children and young people* is attached at **Attachment GC-14**.

135.   The aim of the Building Resilience model is to help students develop their personal and social capabilities including self-awareness, self-management, social awareness and social management. The model defines 'resilience' as the ability to cope and thrive in the face of negative events, challenges or adversity. It seeks to promote key attributes of resilience such as social competence, a sense of agency or responsibility, optimism, attachment to family, to school and to learning, problem-solving skills, effective coping style and positive self-regard.

136.   Based on the literature review, the Department, together with the Youth Research Centre, has developed the Building Resilience Social and Emotional Learning Materials. The materials are designed for use with students across all year levels of schooling from Foundation to Year 12. They are available on the Department's website at https://fuse.education.vic.gov.au/pages/View.aspx?pin=5DZ88S.

137.   The Social and Emotional Learning Materials focus on pro-social behaviours, supporting the development of key skills such as decision-making, help-seeking, and positive relationships in children and young people.

138.   To assist in the implementation of the Building Resilience model in schools, the Victorian government established the Building Resilience in School Communities Grants Program in June 2015. Grants totalling $409,500 are to be provided to 117 Victorian government primary and secondary schools to gather data measuring the resilience, optimism, confidence and social and emotional skills of their student population, and with the aim of the schools implementing school-wide improvements based on the Building Resilience model. This program has just commenced, and support will be provided to schools to help measure the effectiveness of their strategies and interventions in a year's time.

'Catching on' sexuality education resources

139.   Sexuality education is a prescribed component of the AusVELS curriculum. The *Catching on Early* and *Catching on Later* resources were developed by the Department in 2011 based on the most up-to-date research into sexuality education and child sexual development. They are designed to help schools teach the sexuality education components of AusVELS Foundation to Level 10.

140.   Sexuality education is taught with a broad understanding of the concept of sexuality, with topics including love, abstinence, safer sex, respect for others and oneself, diversity, personal rights and responsibilities, relationships and friendships, effective communication, decision-making and risky behaviours.

141.   The Catching On resources focus on building the skills in students to create positive relationships, and they contain specific reference to gender identity, stereotyping and gender-based violence. For example, the 'Sex, sexuality and gender' set of learning materials in *Catching on Later* (see page 194, **Attachment GC-12**) includes guidance and activities dealing with sexual harassment, gender stereotypes and discrimination, barriers to positive relationships, and skills and strategies to prevent and resolve conflict.

Bully Stoppers

142.   The 'Bully Stoppers' initiative was developed by the Department and seeks to support students, parents, teachers and principals working together to reduce the incidence of bullying in all Victorian schools and promote positive behaviour with peers. Bully Stoppers aims to bring about cultural change in schools to encourage respect for diversity and to provide skills for resolving conflict. It also includes specific material on cyberbullying. The Bully Stoppers online toolkit can be accessed on the Department's website at:

http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx

Managing Challenging Behaviours

143.   The 'Managing Challenging Behaviours' learning course for teachers was developed in partnership with the University of Melbourne to equip teachers with the skills to deal with challenging student behaviour in the classroom. The course is comprised of face-to-face workshops that are conducted periodically throughout the year and an online learning course and materials. The course provides teachers with:

143.1 a theoretical understanding of the causes and triggers of complex and challenging behaviours;

143.2 research-validated classroom and whole-school strategies that focus on preventative practices; and

143.3 skills and knowledge to maintain safe, orderly and inclusive environments for meaningful learning.

144. The course is a further method of enhancing the ability of teachers to achieve cultural change in their classrooms and to promote respectful interactions with others. The Department's website contains detailed information on these training resources for schools and teachers: http://www.education.vic.gov.au/about/programs/health/Pages/managebehaviours.aspx

145. Presently, 300 teachers are working through the online course and an additional 130 teachers have been trained as champions to lead their school communities/networks through the blended learning version of the course. Additional champions will be trained over the course of 2015.

146. A number of other programs aimed at promoting positive and safe behaviours and environments are made available to schools by the Department. For example:

146.1 The School-Wide Positive Behaviour Support Program is an evidence-based framework for preventing and responding to challenging student behaviour, which aims to create a positive school climate, a culture of student competence and an open, responsive management system for all school community members. It includes analysis of data in professional learning teams, implementation of evidence based practices and organisational systems for establishing safe, purposeful and inclusive school and classroom learning environments, while providing individual behaviour and learning supports needed to achieve academic and social success for all students. In 2014-2015, about 70 primary, secondary and specialist schools were supported to implement the Program.

146.2 The Healthy Together Achievement Program is an initiative to support schools to create healthier environments for learning. It can assist schools to integrate health and wellbeing activities into strategic and annual plans to improve student engagement and wellbeing outcomes. The program provides an evidence-based framework and resources to support schools

to take a whole-of-school approach to promoting health and improving student engagement and wellbeing. This includes supporting the health and wellbeing of students, staff and families through learning, policies, creating a healthy physical and social environment, and developing community links and partnerships.

Whole-of-school approach to respectful relationships education

147. VicHealth's research indicates that the single most important criterion for effective violence prevention and respectful relationships education in schools is the adoption of a whole-of-school approach, which focuses on the school as a workplace that promotes gender equality and respect, as well as the delivery of teaching resources to students.

148. The RREiS Project commenced in June 2014 and is being delivered by OurWATCh in partnership with government. It involves OurWATCh working with 19 schools across three regions to implement a whole-of-school approach to respectful relationships, utilising the Building Respectful Relationships Resource.

149. Through the RREiS Project, the Building Respectful Relationships Resource is being delivered to approximately 4,000 Year 8 and 9 students. Through the whole-of-school approach, the RREiS Project is reaching an estimated 15,000 students and 1,700 school staff.

150. OurWATCh is working intensively with 12 'supported schools' and with seven 'introductory schools' to implement a whole-of-school approach, which includes:

150.1 professional development for teachers to support the delivery of the Building Respectful Relationships Resource to Year 8 and 9 students;

150.2 professional development, tools and resources for school staff including principals to assist them to implement a whole-of-school approach to gender equality and respect; and

150.3 development of partnerships with local community organisations.

151. Project Implementation Leaders in the Department's regional offices provide direct support to the schools involved. A key component of the RREiS Project is that OurWATCh is also undertaking comprehensive evaluation and research about the effectiveness of the approach.

152.   In addition to evaluating its effectiveness, the aim of the RREiS Project is for OurWATCh to develop a suite of materials to be used by schools, community organisations, local governments and the Department's own regional offices as part of a whole-of-school approach to assist in building school cultures that support equality and respect.

153.   The RREiS Project is partially complete and is currently at the stage where schools are implementing initiatives they have identified to support a positive school culture of equality and respect. The work in the 19 schools is expected to be completed by December 2015. The Project will conclude with an evaluation report and a final resource kit to be provided in early 2016.

154.   OurWATCh has also commenced collecting and analysing initial data provided by the participating schools, although data is relatively limited at this stage with the Project only starting in term one this year. Initial findings from baseline data, as reported by OurWATCh include:

154.1   A majority of school staff (over 75%, including teaching and non-teaching staff) participating in the RREiS Project have agreed that their school's involvement in the RREiS Project was either 'important' or 'very important'.

154.2   Over 80% of staff were not aware of any formal policies, documents or procedures that contribute to respectful relationships or gender equity between men and women.

154.3   Student surveys have indicated that a concerning number of students – one in three – have attitudes that support or excuse violence against women.

155.   OurWATCh will be collecting further data after the conclusion of term four this year. That data will be analysed and reported on to the Department in early 2016. The aims of the final evaluation are:

155.1   to ascertain the efficacy, implementation and impact of the project in respect of its whole-of-school aims, focusing particularly on school leadership and commitment, school culture and environment, support for staff and students, community partnerships, teaching and learning and professional learning strategy; and

155.2   to explore the mechanisms for wider roll out of the RREiS Project into secondary schools and the value of the supported model of

implementation. The evaluation report will include discussion of the following questions:

(a) The value of a supported whole-of-school model for delivering the Building Respectful Relationships Resource.

(b) Demonstrating the processes and key enablers for implementing a whole-of-school approach to respectful relationships education for future transferability.

156. Focus groups will be conducted with stakeholders within participating schools and external to the school (including Departmental staff) to understand the processes and key enablers for implementing a whole-of-school approach to respectful relationships education. Based on this feedback, OurWATCh will make specific recommendations to the Department regarding the architecture, resources and support required to embed the model into other schools.

157. The Department will consider the findings and evaluation in OurWATCh's final report, with a view to determining future directions and possibilities for encouraging and supporting schools to deliver the Building Respectful Relationships Resource.

SUPPORTING VULNERABLE CHILDREN AND YOUNG PEOPLE

158. The Department funds or operates a wide range of services focussed on the education, health, safety and wellbeing of children and young people. These services may deal with many issues in children's lives, including family violence, and the Department is continuing to develop its knowledge and understanding in this area so as to refine and remodel the services to best effect.

Identifying children and young people affected by family violence

159. The Department recognises that children and young people may be affected by family violence in a variety of complex ways. Identifying vulnerable children and young people presents a significant challenge. They can display a range of indicators that may not be directly or obviously associated with family violence – such as poor attendance or achievement, disengagement, withdrawal, challenging behaviours, homelessness, mental health issues and substance abuse. The Department provides policies, guidelines, resources, training and funding for specialist staff to help schools support students experiencing such difficulties.

160.   There is a strong body of evidence that social, psychological and cognitive harm is cumulative, that is, harm that begins prenatally may be compounded by ongoing exposure to family violence through infancy and early childhood and into adolescence and adulthood. Accordingly, by the time that learners arrive at secondary school, they may have fallen far behind and require intensive support. Interventions must therefore begin early, and take a wholistic, long-term approach. This body of evidence is discussed in the March 2007 '*Cumulative Harm: a Conceptual Overview*' report by the then Department of Human Services, available at http://www.dhs.vic.gov.au/ data/assets/pdf file/0012/589665/cumulative-harm-conceptual-overview-part1.pdf

161.   There is also evidence that protective factors such as a supporting or mentoring relationship with a teacher can make a significant difference to a vulnerable child or young person, including those who may be experiencing or affected by family violence.

School Entrant Health Questionnaire

162.   An example of a tool used by primary school nursing services to identify possible exposure to family violence is the School Entrant Health Questionnaire (**SEHQ**) (**Attachment GC-15**). The SEHQ is a parent report instrument that records parents' concerns and observations about their child's health and wellbeing as they begin primary school. The SEHQ includes questions on family issues and specifically asks questions regarding alcohol- or drug-related problems in the family, abuse of a parent, abuse of a child, and issues relating to children or parents witnessing violence. Where issues are identified, the nurse will facilitate links with school support services or refer the family to existing local family support agencies or general practitioner, paediatric or mental health services as appropriate.

Protecting the safety of children and young people – reporting requirements

163.   *Protecting the safety of children and young people* is a joint protocol between the Department, the Department of Health and Human Services, Child Protection, licensed children's services and Victorian schools, including Catholic and independent schools as well as government schools. A copy of the joint protocol is available at http://www.dhs.vic.gov.au/ data/assets/pdf file/0018/527211/Protocol-DEECD-updated-2013.pdf. The resource replaces the previous *Protocol between Child Protection and Children's Services 2004*.

164.   The protocol is a resource to promote and support the safety and wellbeing of all

children in Victorian licensed children's services and schools. It defines the respective roles and responsibilities of the parties to the joint protocol and how these entities work together to protect children and young people from abuse and neglect.

165. Key information contained within the joint protocol includes:

165.1 reporting requirements pursuant to the *Children, Youth and Families Act 2005* (Vic.) including responsibilities of mandated and non-mandated persons;

165.2 obligations and responsibilities of staff in children's services and schools and of departmental authorised officers regarding children at risk of abuse or neglect; and

165.3 accessing appropriate support services for children at risk of abuse or neglect and their families.

Child protection reporting requirements – training for staff

166. The Department provides resources and guidelines for staff that outline their responsibilities in responding to incidents or risks of harm to children and young people, including child abuse and family violence. Under the *Children, Youth and Families Act 2005* (Vic.), certain professionals are mandatory reporters (including doctors, nurses and teachers, and from September this year, early childhood teachers), and have an obligation to report to the Department of Health and Human Services Child Protection Unit if they have a reasonable belief that a child may have suffered, or is reasonably likely to suffer, significant harm arising from physical injury or sexual abuse and their parents are unwilling or unable to protect them.

167. The Act also allows for other types of child protection reports, such as cases of neglect and emotional and psychological harm, to be made by any staff member including those who are not mandatory reporters. As part of the government's response to the Betrayal of Trust report, new criminal offences have been introduced which impact on the reporting requirements of staff, including the offence of 'Failure to Disclose' which requires all adults to report to Victoria Police sexual offences committed against children under the age of 16 years. All school staff also have duty of care obligations, and Department policy requires staff to take action to respond to and prevent harm to students.

168. The Department has recently updated its online training tool for teachers and school staff in relation to reporting obligations, including mandatory reporting, under the Act. The training module provides an understanding of the responsibilities for protecting the safety and wellbeing of children, including how to identify child abuse, family violence and neglect and how to make a report to the Department of Health and Human Services, Victoria Police and relevant school and Departmental authorities. All teachers and principals registered by the Victorian Institute of Teaching, as well as chaplains in government schools, must undertake this module every year. The module is made available through a separate portal for non-government schools. A copy of the revised training module – *Protecting Children - Mandatory Reporting and Other Obligations* – is attached at **Attachment GC-16**. An adapted version of this module will be developed for early childhood teachers, who will be required to be registered with the Victorian Institute of Teaching from 30 September 2015, and will therefore also become 'mandatory reporters'.

169. In addition, the Department has developed a child protection reporting policy as part of the Department's School Policy and Advisory Guide. The policy is published on the Department's website at:

    http://www.education.vic.gov.au/school/principals/spag/safety/pages/childprotection.aspx.

Monitoring student attendance

170. It is well established that children and young people affected by family violence may have difficulties with school attendance. Through monitoring attendance and absence patterns, and reviewing absence excuses, schools are able to identify vulnerable students at risk of poor attendance or becoming disengaged, and can provide appropriate wellbeing and engagement and educational support.

171. Parents have a legal obligation to ensure their child attends school and to provide an explanation for their child's absences from school. The ETR Act makes education compulsory for all children between six and 17 years of age, by requiring their attendance at a school or registration for home schooling (see Part 2.1 of the ETR Act). Parents must ensure their child attends a school or receives the required instruction by home schooling, unless they have a reasonable excuse (ss 2.1.1 and 2.1.2). Reasonable excuses include illness, accident, an unforeseen event or an unavoidable cause (s 2.1.3).

172. Parents also have an obligation to notify their child's school of the reasons for an absence, and school principals must keep written records of the reasons (if any) that are given (s 2.1.4). Principals must be able to determine from their records if the excuse given by a parent is reasonable in terms of the parent meeting their legal obligations. The records also assist the school to determine the appropriate steps to follow up a student and ensure that their education and wellbeing is supported.

173. The Department publishes School Attendance Guidelines on its website at http://www.education.vic.gov.au/school/principals/participation/Pages/attendance.as px. The Guidelines assist schools (including both government and non-government schools) and parents to understand their obligations under the ETR Act. They also provide strategies to promote high attendance and procedures for schools to record, excuse, monitor and follow up on student non-attendance.

174. Government schools must use the CASES21 or eCASES21 Departmental software, or third party software that is compatible with CASES21, to record student attendance. CASES21 is the software component of the 'Computerised Administrative System Environment for Schools' and is the computer system provided by the Department to government schools to support student administration, financial management and reporting.

175. The Department collects information on student attendance through extraction of data from CASES21 and publishes attendance rates in its annual report. For the purposes of monitoring and evaluating the effectiveness of the enforcement system, the Department also collects information about the use of School Attendance Notices and School Enrolment Notices (which are statutory notices issued under the ETR Act to parents where non-enrolment or non-attendances (more than five in a year) require explanation). The Department does not currently collect information specifically about student absences due to family violence.

176. The Department has the following statistics about the number of student absences in Victorian Government schools in the period 2011 to 2014:

Mean number of student absence days for each (full time equivalent) student, by year level

Victorian government schools only

	2011	2012	2013	2014
Prep	14.9	15.1	15.1	14.4
Year 1	14.5	14.6	14.6	14.3

Year 2	14.2	14.1	14.3	13.8
Year 3	13.8	13.9	13.8	13.7
Year 4	14.1	14.0	14.1	13.7
Year 5	14.2	14.5	14.2	14.1
Year 6	14.4	14.6	14.7	14.6
Year 7	16.2	15.7	15.6	16.4
Year 8	20.2	19.6	19.2	19.9
Year 9	22.4	21.2	21.5	21.8
Year 10	20.3	19.0	19.7	19.9
Year 11	15.9	15.5	16.1	17.3
Year 12	12.8	13.3	14.5	15.1

177.   It is the intention that, through regular monitoring of attendance and absence patterns, and reviewing the excuses given for absences, schools will identify students at risk of poor attendance or becoming disengaged. In this regard, the School Attendance Guidelines provide detailed guidance and information about:

177.1   how to identify early warning signs and how to assess relevant factors that may impact on attendance (see the 'Factors that Impact Assessment' section); and

177.2   strategies to assist in managing individual students with attendance concerns (see the 'Strategies to Improve a Student's Attendance' section).

178.   In particular, the 'Strategies to Improve a Student's Attendance' section provides that:

178.1   Schools should consider follow up and improvement strategies when a student has been absent more than five days in a term for any reason (indicating attendance falling below 90%), even for parent approved health-related absences. They should also follow up and implement improvement strategies where:

(a)   the absence is having a significant impact on a student's educational attainment, achievement and development;

(b)   a student has been truanting (absent without parental consent);

(c)   a parent reports that a student refuses to attend school;

(d)   there has been no explanation for the student's absence; or

(e)   a parent repeatedly fails to provide a reasonable excuse for their child's absence.

178.2   This follow-up assists as an early intervention approach to identify any underlying issues affecting attendance (which may differ from the explanation originally reported by the parent) and to identify support the school can offer to assist the student's ability to attend school.

178.3   A range of strategies to improve attendance at school may be appropriate, depending on a student's individual circumstances. These strategies may include setting up support groups to assist the student to re-engage and re-start school, establishing a return to school plan or attendance improvement plan, establishing an individual student education plan or a framework for learning to occur out of the school setting, or referral to appropriate school or community professionals.

178.4   Prolonged absence from school, patterns of absence from school, or the level of parental support for a child's attendance at school may raise concerns about cumulative harm to a child, or concerns that the child and their family need the assistance of family services. In addressing and following up school attendance issues, schools may need to consider whether they should report a concern to Child Protection or make a referral to the Child FIRST intake service for referral to family services. The Guidelines provide further information and guidance about the circumstances in which referral to Child Protection or Child FIRST is appropriate.

179.   The Department also provides a Student Mapping Tool for use by all Victorian government schools, to assist in the early identification of students at risk. The Student Mapping Tool is a pre-programmed Microsoft Excel spreadsheet, which utilises data from the CASES21 student database. It provides a school with a presentation of its own attendance data and highlights factors that have been shown to increase the risk of student disengagement. It can be used to plan strategies for the school as a whole and to monitor individual students. The Department provides information for schools about the Student Mapping Tool, including a series of videos that explain the Tool, how schools are using it, and what impact and benefits it is having. The information is maintained on the Department's website at: http://www.education.vic.gov.au/school/teachers/support/pages/smt.aspx

Addressing educational needs of students affected by family violence

180.   The Department employs, funds, supports and sets policy and guidelines for a range of wellbeing staff and allied health professionals in government schools.   These network and school-based allied health and support staff work in a range of ways to assist children and young people who have additional needs, or are disadvantaged or vulnerable, including those who have been affected by family violence, to achieve their educational and developmental potential.   These staff and services include:

180.1   *Student Support Services*

Student Support Services staff assist children and young people faced with learning barriers to achieve their educational and developmental potential. They provide strategies and specialised support at individual, group, school and network levels. Student Support Services staff comprise a broad range of professionals including psychologists, guidance officers, speech pathologists, social workers and visiting teachers.   Student Support Services staff work as part of an integrated health and wellbeing team within networks of schools, focusing on providing group-based and individual support, workforce capacity building and the provision of specialised services.   The Student Support Services budget is approximately $51 million per annum, with approximately 300 Student Support Service Officers funded directly by schools.

180.2   *Primary School Nursing Program*

The Primary School Nursing Program is a free service offered by the Department to all children attending primary schools and English Language Centre schools in Victoria.   The Department currently funds 97 Primary School Nurses and 7.5 Nurse Managers. Primary school nurses visit schools throughout the year to provide children with the opportunity to have their health checked, to provide information and advice about healthy behaviours and to link children and families to community-based health and wellbeing services. The Primary School Nursing Program is designed to identify children with potential health-related learning difficulties and to respond to parent and carer concerns and observations about their child's health and wellbeing.   Parents or carers complete the SEHQ, which is distributed during the first year of school.

180.3   *Secondary School Nursing Program*

The Secondary School Nursing Program aims to reduce risk to young people and promote better health in the wider community. About two thirds of government secondary schools take part in the Secondary School Nursing Program, with the program targeted to Victoria's most disadvantaged schools. The Department currently funds 142 Secondary School Nurses and 7.5 Nurse Managers. A full time nurse is typically allocated two schools to support. Secondary school nurses work as a member of the student welfare team to improve the health and wellbeing of students, and organise health promotion and health education activities in the school. The Secondary School Nursing Program's objectives include playing a key role in improving health and reducing risk taking behaviour among young people, including drug and alcohol abuse, eating disorders, obesity, depression and suicide.

180.4   *Primary Welfare Officers*

The Primary Welfare Officer Initiative is designed to enhance the capacity of schools to develop positive school cultures and to support students who are at risk of disengagement and not achieving their educational potential. Eligible schools are provided with funding to employ a Primary Welfare Officer, which may be an existing staff member or a new staff member. Primary Welfare Officers promote a whole-of-school approach to health and wellbeing within the school community and work in collaboration with students and parents, school staff including principals, teachers, aides, specialist staff, nurses and student support services officers and with broader community agencies. The Victorian Government's current priorities for the PWO Initiative are to tackle bullying and to support students with behavioural, mental health and welfare issues.

180.5   *Student Welfare Coordinators*

Student Welfare Coordinators are responsible for helping students handle issues such as truancy, bullying, drug use and depression. Student Welfare Coordinators work with other welfare professionals and agencies to address student needs. Funds have been made available to all government secondary colleges to employ Student Welfare Coordinators.

180.6 *Koorie Education Coordinators and Koorie Engagement Support Officers*

Each Departmental regional office has Koorie Education Coordinators and Koorie Engagement Support Officers who can provide advice about, and assistance with, supporting Aboriginal and Torres Strait Islander students at school and can facilitate links to local and regional resources to support students, parents and schools.

Engagement and re-engagement of students at school

181. Every government school must have a Student Engagement Policy which provides the basis for developing and maintaining a safe, supportive and inclusive school environment. As part of this requirement, Student Engagement Policies articulate the expectations and aspirations of the school community in relation to student engagement, including strategies to address bullying, school attendance and behaviour. In accordance with minimum standards for school registration prescribed under the ETR Act (see, for example, Schedule 2 to the *Education and Training Reform Regulations 2007* (Vic.)), the Department requires that the Student Engagement Policy developed by any school include, among other things:

181.1 details in relation to monitoring the daily attendance of each student enrolled at the school; and

181.2 policies and procedures that ensure that the care, safety and welfare of students is in accordance with any applicable State and Commonwealth law.

182. Having regard to the varied needs and vulnerabilities of students, the Student Engagement Policy will typically incorporate a range of universal (school-wide), targeted (population-specific) and individual (student-specific) strategies needed to positively engage students in learning and engage them in the school community. Importantly, the Student Engagement Policy will set out processes for identifying vulnerable students and those at risk of disengagement from school, including students affected by family violence.

183. It is expected that schools will establish a Student Support Group for a student who displays behaviour or attendance issues. The aim of the Student Support Group is to develop an understanding of the student and the drivers behind their behaviour or attendance issues and to:

183.1 collate information that will inform decision-making

183.2   identify the student's learning, social, emotional, behavioural and environmental requirements;

183.3   develop and ensure support for an Individual Learning Plan; and

183.4   support referrals to community agencies for specialist intervention.

184.   Student Support Group meetings will be attended by the student (as appropriate), parents or carers or any adults with whom the student regularly resides (as appropriate), the school principal (or a delegate), the student's main classroom teacher, home-room teacher or year level coordinator, and professionals who have been supporting the student or their family. These professionals may include the student welfare coordinator, psychologist, youth worker, or a Department of Health and Human Services case manager.

185.   In cases where a student has become disengaged, or is at significant risk of becoming disengaged from mainstream school, the Department provides a framework for schools to implement a re-engagement program for the student. Re-engagement programs operate outside mainstream school settings and provide tailored education and support for children and young people to achieve positive education and wellbeing outcomes.

186.   Re-engagement programs are flexibly delivered and may involve:

186.1   the student remaining enrolled in their government school while attending the program;

186.2   the student being enrolled at a number of different schools;

186.3   delivery by a government school or by a registered education provider contracted by a school (a non-government school or registered training organisation); or

186.4   providing a longer-term alternative learning pathway, depending on the age and stage of learning of a child or young person.

187.   The Department is exploring options to support and improve the engagement of all children and young people and to effectively respond to disengagement and disconnection from school, education and training, in particular for children and young people who are in out of home care or other residential settings.

SAFEMinds

188. I understand that the Royal Commission seeks information from the Department about work it has been undertaking with the National Youth Mental Health Foundation (known as 'headspace') to create a professional online learning and resource tool for schools and families. The tool is called Schools and Families Enhancing Minds (**SAFEMinds**) and is intended to assist teachers and families to identify emerging mental health issues and behaviours in students, such as anxiety, depression and self-harm. It is also designed to equip teachers and parents with the capacity to support and implement early intervention strategies for children and young people, as well as creating awareness of when a referral to a relevant support service is appropriate.

189. The specific project outcomes agreed between the Department and headspace are to:

   189.1 increase school capacity to actively intervene with mental health problems, particularly mild mood disorders and self-harm;

   189.2 increase the engagement of parents with schools to promote mental health and early intervention; and

   189.3 develop clear and effective referral pathways between schools and community youth and mental health services.

190. The initial delivery of SAFEMinds training was provided by headspace during the second half of 2014. The training is called *SAFEMinds: In Practice* and consists of a series of face-to-face workshops targeted at local decision-makers with responsibility for student wellbeing in schools. In 2014, during the first phase of training, *SAFEMinds: In Practice* training was attended by 1,440 school staff holding roles in student wellbeing and leadership from 472 schools, student support services, school nurses and allied health professionals. The second phase of training is to take place in the second half of 2015 and will utilise a 'Train the Trainer' model being developed by headspace, in order to broaden the scope of knowledge and skills amongst the teaching profession. The second phase of training will also involve training for cross-functional regional teams, that is, teams made up of education and mental health services – headspace centre staff, mental health promotion officers, and Department staff.

191.   The SAFEMinds online learning tool is available for the Royal Commission to access at: http://deecd.tech-savvy.com.au/enrol/index.php?id=6 (using the password 'SAFEMinds-Guest').

192.   The identification of family violence (or the risk of it) was not a specific focus in developing SAFEMinds. The focus was instead on enhancing professional learning about anxiety, depression and self-harm behaviours in children and young people more generally.   However, in developing the training for SAFEMinds, headspace has also created the Victorian System of Care Referral Matrix.   The Matrix is an online tool which is accessible on the Department's website at:
http://www.education.vic.gov.au/school/principals/health/Pages/referral.aspx.

193.   The Matrix is designed to guide schools on how to access support for a variety of concerns relating to students' mental health. Relevantly, one of the concerns listed is 'Family violence or abuse', which guides schools, depending on the level of concern held, to services such as Child FIRST, general practitioners and emergency services.   The Matrix aims to help schools better target appropriate referrals to support services, including family violence support services.

Out of Home Care Education Commitment and Early Childhood Agreement

194.   The Out of Home Care Education Commitment is a partnering agreement between the Department, the Department of Health and Human Services, the Catholic Education Commission of Victoria and Independent Schools Victoria, and provides guidelines for Victorian schools and case managers from Child Protection and community service organisations. As at 27 March 2015, there were 3,875 children registered in out of home care, who were also enrolled at school.

195.   The partnering agreement outlines strategies to support the educational issues and social needs of children and young people in out-of-home care during the years they attend school. A copy of the Out of Home Care Education Commitment Partnering Agreement is attached at **Attachment GC-17**.

196.   Similarly, the Early Childhood Agreement for Children in Out of Home Care Education is a partnering agreement between the Department, the Department of Health and Human Services, the MAV and the Early Learning Association. It outlines the strategies in place for children at the early childhood education level who are in out-of-home-care. A copy of the Early Childhood Agreement for Children in Out of Home Care Education Partnering Agreement is attached at **Attachment GC-18**.

197.   There is broad support for the aims and responsibilities encapsulated in the Out of Home Care Education Commitment and the Early Childhood Agreement for Children in Out of Home Care.   However a number of challenges have emerged in the implementation of these programs, particularly in relation to achieving effective accountability and governance mechanisms.   The governance structure is accordingly under review with a view to clarifying the focus of the programs, to potentially incorporate both programs as a single program and to improve the engagement of all partners.

Access to Early Learning Program

198.   Access to Early Learning is an early intervention model that is designed to support sustained participation of vulnerable children and their families in quality universal education and care, to strengthen home learning environments, and to build capacity in the local service system.   Families with three year old children presenting with multiple risk factors may be referred from Child Protection, Child FIRST or the Enhanced MCH Service.   In 2014, family violence was identified as an issue affecting 76% of families accessing the program.

199.   The program model incorporates a number elements built around children's enrolment in a quality childhood education setting, including:

199.1   engaging outreach workers to identify eligible children and families;

199.2   facilitating enrolment and introduction to appropriate education and care services;

199.3   undertaking administrative arrangements and monitoring attendance;

199.4   deepening learning in the home; and

199.5   taking flexible approaches to reducing barriers to a child's sustained engagement in their learning through addressing specific needs and supporting linkage to additional services.

200.   There are currently 113 children in the Access to Early Learning program, in seven municipalities across Victoria.

201.   The Access to Early Learning program is being evaluated, with the evaluation report due in 2017.   Findings and recommendations arising from the evaluation will be considered by the Department to inform future development of the model.

Outreach Teacher Partnership Program

202.   The Outreach Teacher Partnership Program is an outreach teaching and re-engagement pilot program for children and young people accompanying their mother in emergency and crisis housing. The program was initially approved by the Youth Partnerships Project Board in August 2012 with the first outreach teacher engaged on 8 October 2012 (first week of term four). It is important that the names of the school and the refuge where the children are living are kept confidential for safety reasons.

203.   The Outreach Teacher Partnership Program, which is funded by the Department, provides individualised, short-term learning support to children and young people aged 5-18 years in conjunction with the broader educative, housing and advocacy supports offered to families by Safe Futures Foundation. The program aims to minimise interruptions to student learning during a critical time of transition for families by also managing student transfer and re-enrolment. The program utilises a model of individualised outreach teaching and re-engagement within a broader, family-centred service response to family violence.

204.   The ultimate goal of the Outreach Teacher Partnership Program is to return children and young people to their current school or support their enrolment in a new school. The program aims to:

33.1.   maintain a re-engagement classroom in the emergency refuge;

33.2.   undertake a learning assessment and develop individual learning plans for each school age child and young person accessing the learning program;

33.3.   deliver a learning program in the re-engagement classroom five days per week (three hours per day); and

33.4.   support a seamless transition back into the school setting.

Volunteers also assist the program with provision of activities and support.

Support for Aboriginal children and young people

205.   Family violence impacts significantly and disproportionately on Aboriginal children and young people, with negative effects on education, psychological and physical health, homelessness, poverty and wellbeing. The response to family violence in Aboriginal communities requires complex and culturally sensitive prevention strategies.

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206. The health of mothers and babies in pregnancy and in early childhood can have a significant and far-reaching effect on children's survival, development and wellbeing well into adult years.

207. The report of the *Protecting Victoria's Vulnerable Children Inquiry* revealed that, in 2012, nearly 60 children and young people per week were removed from their parents by the State and placed in care of another person because there were sound reasons to believe they were at risk of significant harm. The Inquiry also found that Aboriginal children and young people are significantly over-represented in Victoria's system for protecting children.

208. The Inquiry asserted that well designed and resourced early intervention programs are an effective method of improving outcomes for vulnerable children and young people, including reducing the risk of child abuse and neglect. The report also claimed that there is an absence of wholistic service planning and coordinated provision that meets the diverse needs of a child or young person across early childhood, schools, health, community-based family services and specialist adult services.

Maternal and Child Health service at Victorian Aboriginal Health Service

209. The Victorian Aboriginal Health Service (**VAHS**) has ongoing funding to provide targeted Maternal and Child Health services for children (birth to school age) and families from Aboriginal communities.

210. The VAHS Maternal and Child Health Service received $229,286 in Department funding in 2015-2016.

211. The Department is working with the Victorian Aboriginal Community Controlled Health Organisation (**VACCHO**) to improve Aboriginal family participation in MCH services.

Aboriginal Best Start

212. Aboriginal Best Start is a program undertaken in local communities with the aim of improving health, development, learning and wellbeing of children from conception to eight years of age. The Best Start approach is to strengthen the local capacity of parents, families and communities and early years services to better provide for the needs of all young children and their families. There are 30 Best Start sites across Victoria, six of which are Aboriginal Best Start sites: Delkaia (Horsham), Djillay Lidji

(Baw Baw and Latrobe), East Gippsland, Mingo Waloom (Geelong), Njernda (Echuca) and Tartu-ngnanyin Bqoop (Dandenong).

213.   The Department provides approximately $107,000 in funding to each Aboriginal Best Start site per annum.

In Home Support and Home Based Learning program

214.   The In Home Support and Home Based Learning program provides support to families to strengthen parenting capacity and to facilitate a successful transition of Aboriginal children to kindergarten and school. This support is provided in a way that is respectful of cultural identity and promotes Aboriginal children and family wellbeing. The programs are funded by the Department and delivered by VACCHO.

215.   The In Home Support component of the program is provided to families of children aged from birth to three years at six sites (Bairnsdale, Geelong, Melbourne, Mildura, Shepparton and Swan Hill), and the Home Based Learning component is provided to families of children aged three to five years at three sites (Mildura, Swan Hill and Bairnsdale). The program is targeted to vulnerable families in need of intensive support and was provided to 290 families in the 2013-2014 financial year. The program works with MCH Nurses, community health organisations and education providers to ensure that families are connected to appropriate services.

216.   The In Home Support and Home Based Learning program received $2.73 million in funding in 2014-2015.

Free kindergarten for three and four year old Aboriginal children

217.   Early Start kindergarten aims to establish strong links with early childhood education and care by supporting attendance in three year old kindergarten programs and promoting a smooth transition to four year old kindergarten, thereby building the foundations for lifelong learning.

218.   Operating as a targeted program, there were 462 Aboriginal children enrolled in three year old kindergarten in 2014, at kindergartens across the state.

219.   The annual budget for the program is $1.4 million.

Early Years Koorie Literacy and Numeracy Program

220.   The Early Years Koorie Literacy and Numeracy Program was introduced in 2014 to support improved outcomes for Koorie students in Years P-3.
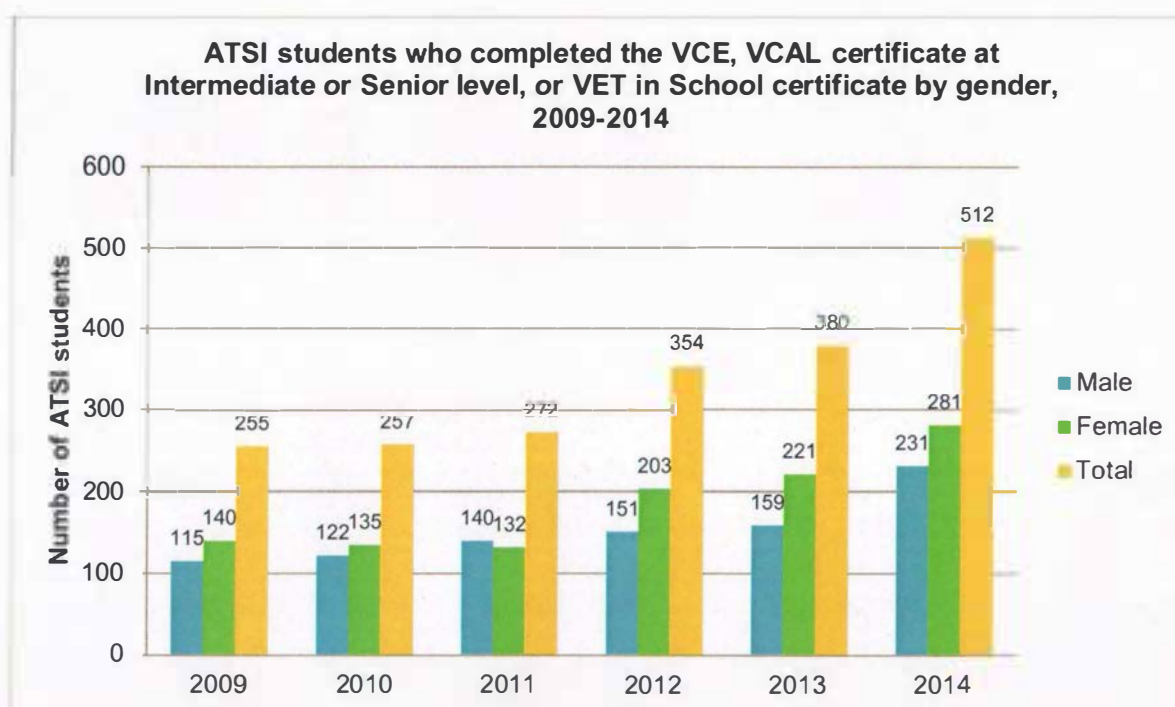
221.   Early Years Koorie Literacy and Numeracy Program funding supplements existing whole school provision to assist eligible schools to implement effective, culturally informed early interventions for Prep–3 Koorie students needing assistance in literacy and/or numeracy.

222.   Funding under the program ($2 million annually) has been provided for 1,400 identified students, however schools have indicated that the actual number of students supported by the program totals 1,872.

Supporting access to education

223.   In supporting Aboriginal young people to access their education, all schools are expected to:

223.1   work in partnership with the Koorie community to develop an understanding of Koorie culture and the interpersonal relationship with the Koorie community;

223.2   support the development of high expectations and individualised learning for Koorie students;

223.3   create an environment that respects, recognises and celebrates cultural identity through practice and curriculum; and

223.4   implement initiatives and programs that meet student needs in partnership with the Koorie community.

224.   The Department is represented on the Government's Indigenous Family Violence Partnership Forum and provides regular progress reports on a range of learning and development programs as part of the 10 Year Plan. The Department contributed $25,000 to the interim evaluation of the Indigenous Family Violence Strategy, and is a member of the Mid-term evaluation Working Group.

225.   Access to education is extremely important for those experiencing family violence. The Department's Koorie education and other regionally based workforces coordinate with other agencies to support children and students who are victims of violence to stay engaged in their learning and receive appropriate educational assistance.

226.   The Koorie Inclusive School Wide Positive Behaviour Support is a pilot project that is intended to provide a framework for building positive relationships, positive behaviour intervention and meaningful Koorie cultural inclusion in schools.

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227. Wannik Education Scholarships provide financial support to encourage high potential Aboriginal students to complete Years 11 and 12. Scholarships of $2,500 are provided to Aboriginal students with high potential and strong community links.

228. In addition to steps being taken to support Aboriginal students to effectively participate in their education, there are a number of programs that are designed to support the ongoing engagement of Aboriginal students with their schools, including:

228.1 Wannik Dance Academies – an educational program based around dance for Years 7-10 female Koorie students;

228.2 Clontarf – a football program for Koorie boys; and

228.3 Education Justice Initiative – a program reconnecting Aboriginal children appearing before the Melbourne Children's Court with a meaningful education pathway. The program employs an educational liaison officer, who sits in the children's court and negotiates a school or tertiary education pathway for a young offender with a view to enabling young Aboriginals to step out of the cycle of reoffending.

229. In 2014, 512 Aboriginal and Torres Strait Islander students completed the Victorian Certificate of Education (VCE) or an equivalent (of whom 274 completed the VCE). As set out in the following table, the number of Aboriginal and Torres Strait Islander students who have completed the VCE or an equivalent has grown significantly over recent years.

ATSI students who completed the VCE, VCAL certificate at Intermediate or Senior level, or VET in School certificate by gender, 2009-2014

Year	Male	Female	Total
2009	115	140	255
2010	122	135	257
2011	140	132	272
2012	151	203	354
2013	159	221	380
2014	231	281	512

Future directions

230.   The Department welcomes the opportunity to review and strengthen its role in supporting responses to family violence affecting Aboriginal people.

231.   In March 2015, the Premier wrote to the Deputy Premier to request that he work with the Minister for Aboriginal Affairs to 'develop a strategy to ensure that Aboriginal Victorians meet established educational benchmarks'.

232.   The Department has commenced the development of the Strategy through an Aboriginal Education Strategy Steering Committee. The Committee has been put in place to ensure that the development of the Strategy receives input from all key partners in Aboriginal education, and has representatives from the Victorian Aboriginal Education Association, VACCHO, the Victorian Aboriginal Child Care Agency, and the Office of Aboriginal Affairs Victoria.

233.   It is expected that a final Aboriginal Education Strategy will be released by the Deputy Premier by the end of 2015.

VOCATIONAL AND HIGHER EDUCATION

234.   Vocational education and training (**VET**) and higher education can provide a path towards employment, financial security and increased self-esteem for victims of family violence, whether they are young people who have left school early or otherwise experienced poor outcomes, or women who are rebuilding their lives during or following a violent relationship.

235.   There is a range of choice available when considering education and training options beyond school. Making a choice between options requires access to information including likely employment outcomes. Schools provide career advice and support to assist in that choice. Adults are mainly supported through online material with specific support provided by individual education and training providers and targeted initiatives to retrenched workers. There is an opportunity to strengthen the supports provided to young people and adults making education and training choices once they have left school to maximise the likelihood of achieving employment and financial security.

236.   The Department recognises that students attending vocational training and higher education settings may be experiencing family violence. The *Higher Education Standards Framework (Threshold Standards) 2011*, the Vocational Education and Training (VET) Quality Framework, and the VRQA Guidelines for VET Providers

require that education providers determine the support needs of students and provide access to services to meet their needs. These services may include counselling services or referrals to services such as health, welfare, accommodation and career services, provided by appropriately qualified personnel. At present, audits focus principally on training provider resources and course materials, and risk monitoring comprises consideration primarily of potential financial danger to students. There is an opportunity to enhance supports for vulnerable students, including those who may be experiencing family violence, such as in situ services as well as strengthened connections to specialist services.

CONCLUSION

237.   The Department has responsibility for a wide range of services provided across three overlapping life stages – early childhood development, school education, vocational education and higher education. The Department is therefore well placed to contribute to Victoria's response to family violence in terms of primary prevention, early intervention and support of vulnerable children and families.

238.   There is increased risk and incidence of family violence when new mums and dads are transitioning to parenthood, or parents are dealing with the arrival of another child into an already busy family. MCH Services and Nurses play a critical role in supporting families at this vulnerable stage of life. MCH Nurses are often the one consistent source of advice and support for new parents. They have an opportunity to build rapport and observe safety in the home, to ask direct questions about family violence and to work with vulnerable families by preparing safety plans or referring to specialist services.

239.   Early childhood and school teachers, and other professionals working with children and young people in early childhood and education services are also well placed to identify and support vulnerable families and children, including those who may be experiencing family violence.

240.   The Department will continue to explore ways to build capacity of early childhood and education professionals to detect and respond to family violence, and to support vulnerable parents, children and young people who may be at risk.

241.   Education plays a critical and foundational role in shaping attitudes and culture on many issues, including gender equity, power dynamics, resilience and respectful relationships. By giving children and young people opportunities to explore and reflect on these central concepts and to develop social and emotional skills with

teacher support and guidance, they can be empowered to take a positive approach to relationships and help reduce family violence. As part of the current Victorian curriculum, students explore the concept of respectful relationships, as well as how to increase their personal safety and wellbeing and seek help where necessary. As part of ongoing work on the Victorian curriculum, consideration is being given to including specific references to safety in the home and respectful relationships. The Department provides resources to assist teachers to deliver these aspects of the curriculum such as the *Building Respectful Relationships* resources, the *Building Resilience* model and the *Catching On* programs. This opportunity for cultural change and primary prevention goes beyond delivery of the curriculum to the way the whole school functions and models these behaviours.

242.   The Department welcomes the opportunity provided by the Royal Commission to examine how it responds to the challenges and complex issues posed by family violence, and how it can strengthen and enhance its approaches to prevention, assessment, intervention and support. In particular, the Department intends to explore ways to better resource and build the capacity of universal services to prevent family violence by promoting cultural change, and to detect and respond to early risk signs in order to maintain safety and minimise the effect of violence on children, young people and families.
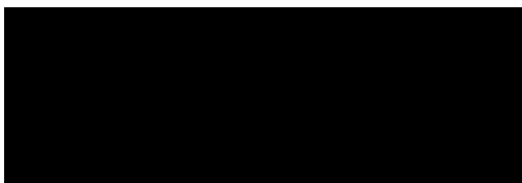
Signed by **GILLIAN ANNE CALLISTER**   )

at Melbourne   )

this 4th day of August 2015   )

Before me

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