

PARLIAMENT OF VICTORIA

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Legal and Social Issues Committee



Inquiry into early childhood engagement of culturally and linguistically diverse communities

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Legislative Assembly Legal and Social Issues Committee

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About the Committee

Functions

The Legal and Social Issues Standing Committee is established under the Legislative Assembly Standing Orders Chapter 24—Committees.

The Committee's functions are to inquire into and report on any proposal, matter or thing connected with -

- The Department of Health and Human Services;
- The Department of Justice and Community Safety; and
- The Department of Premier and Cabinet and related agencies.

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This report is available on the Committee's website.

Contents

Preliminaries

Committee membership	ii
About the Committee	iii
Terms of reference	x
Chair’s foreword	xi
Executive summary	xiii
Findings and recommendations	xxi
Acronyms and terms	xxxv

1	Introduction: approach and context	1
1.1	Inquiry process	3
1.2	Overview of culturally diverse communities in Victoria	4
1.2.1	People from refugee backgrounds	5
1.2.2	People seeking asylum	8
1.2.3	Settlement support services	8
1.2.4	Children in Victoria	11
1.3	Early childhood policy context	13
1.4	Report’s guiding principles and structure	16

Part A: Key elements across services

2	Barriers to participation and data	19
2.1	Experiences of people from refugee backgrounds	20
2.2	Participation in early childhood services	24
2.3	Barriers to participation	26
2.3.1	Racism and attitudinal barriers	28
2.4	Data	31
2.4.1	Determining refugee background	33
2.4.2	Measuring participation	39
2.4.3	Settlement data	42
2.4.4	Enhanced linkages between MCH services and kindergarten enrolments	46
3	Integrated and place-based responses	49
3.1	Service planning and collaboration	51
3.2	Integrated and place-based service provision	56
3.2.1	Victoria	58

3.3	Service navigation roles	73
3.4	Outreach services	76
4	The early childhood workforce	83
4.1	The workforce	83
4.2	Professional development needs of the early childhood workforce	85
4.2.1	Cultural competence	85
4.2.2	Trauma-informed care	90
4.3	Bicultural and bilingual workers in early childhood	96
4.3.1	Role in engaging culturally diverse communities	97
4.3.2	Bicultural and bilingual worker initiatives in Victoria	102
4.3.3	Increasing the number of bicultural and bilingual workers	106
4.4	Workforce strategy	121
4.4.1	The potential for a Victorian workforce strategy	122
5	Language services	127
5.1	Multiculturalism in Victoria: policies, laws and a strength-based perspective	128
5.1.1	Victorian Early Years Learning and Development Framework	129
5.1.2	Department of Health and Human Services' Delivering for diversity—Cultural diversity plan	131
5.2	Learning English in a family friendly environment	132
5.3	Interpretation and translation language services	136
5.3.1	The importance of language services	136
5.3.2	Victorian and Commonwealth Government language services	139
5.4	Language services and early childhood services	147
5.4.1	Language services and health literacy	147
5.4.2	Use of interpreters in MCH and other health services	150
5.4.3	Use of interpreters in early childhood education settings	157
5.4.4	Provision of translated multilingual information in early childhood services	160
Part B: Childhood health services		
6	Maternal and Child Health services	167
6.1	Perinatal services in Victoria	169
6.1.1	Group Pregnancy Care	173
6.2	The Maternal and Child Health service	176
6.2.1	The Maternal and Child Health Program Standards 2009	178
6.2.2	Importance of a bicultural MCH workforce	181
6.3	Participation of culturally diverse families in MCH services	183
6.3.1	Positive engagement	185
6.3.2	Best practice toolkit	188

6.4	Structural barriers to engaging with families from refugee backgrounds	189
6.5	Extending MCH services for families from refugee backgrounds	193
6.6	Immunisations	195
6.7	Early Parenting Centres	196
7	Mental health and disability	199
7.1	Mental Health	199
7.1.1	Trauma	201
7.1.2	Parental mental health	203
7.1.3	Accessing mental health services	204
7.1.4	Attitudes towards mental health	207
7.1.5	Building mental health literacy	209
7.2	Disability	210
7.2.1	Cultural attitudes towards disability	213
7.2.2	Disrupted schooling	217
7.2.3	Disability support programs for early childhood education and care	219
7.2.4	Diagnosing disabilities and developmental delays	220
7.3	The National Disability Insurance Scheme	226
7.3.1	Eligibility for the NDIS	230
7.3.2	Early Childhood Early Intervention	232
7.3.3	NDIS Plans	234
7.3.4	Engaging culturally diverse communities in the NDIS	238
Part C: Childhood learning and development		
8	Awareness on the importance of early learning	241
8.1	The role of early childhood education in child development	242
8.1.1	The role of early childhood education and care in early intervention	246
8.1.2	Developmental vulnerability	249
8.2	Awareness among culturally diverse communities and families	253
8.2.1	A clear policy statement	257
8.2.2	Public awareness campaigns	258
8.2.3	Strengthening word-of-mouth strategies	260
8.3	Entry points into early learning	264
8.3.1	Maternal and child health services	264
8.3.2	Community hubs	267
8.3.3	Libraries	268
9	Playgroups	273
9.1	Types of playgroups	273
9.2	Evidence supporting playgroups	275

9.3	Playgroups in Victoria	277
9.3.1	Acknowledging the value of playgroups	282
9.4	Playgroups targeting culturally diverse communities	283
9.4.1	Funding	288
10	Early childhood education and care	291
10.1	The early childhood education and care system	291
10.2	Participation of culturally diverse children	294
10.3	Three-year-old kindergarten in Victoria	298
10.4	Targeted support for kindergarten participation	299
10.4.1	Continued barriers to participation	302
10.5	Enrolment processes	306
10.5.1	Kindergarten central enrolment	310
10.6	Promoting inclusion	312
10.6.1	Current initiatives	315
10.6.2	Improving inclusion	319
10.7	Issues involving the Commonwealth Government	322
10.7.1	Child Care Subsidy	322
10.7.2	National Partnership Agreement on Universal Access to Early Childhood Education	323
10.7.3	Kindergarten placement for children of refugee background	323
11	School education	325
11.1	Victorian school education	326
11.2	School readiness and community hubs	327
11.3	Transition to school	330
11.3.1	Inclusion	333
11.4	Early years of school	336
12	COVID-19 and early childhood engagement	339
12.1	COVID-19 restrictions	339
12.2	Impact on culturally diverse communities	340
12.3	Access to information and language services	343
12.3.1	Interpreters	345
12.4	Maternal and Child Health services	346
12.5	Playgroups and community hubs	347
12.6	Early childhood education and care	347
12.7	Remote learning	350

Appendices

1	Easy English guide	353
2	CALD child inquiry poster	377
3	About the inquiry	379

Terms of reference

Inquiry into early childhood engagement of CALD communities

On 28 May 2019, the Legislative Assembly agreed to the following motion:

That this House refers, an inquiry into early childhood engagement of culturally and linguistically diverse communities to the Legal and Social Issues Committee for consideration and report no later than 30 June 2020.*

* The reporting date for this inquiry was changed to 17 September 2020.

Chair's foreword

It is my pleasure to present the first report of the Legislative Assembly's Legal and Social Issues Committee (the Committee). Early childhood engagement of culturally diverse communities is a topic close to my heart, given my own cultural background, and my commitment to multiculturalism in Victoria.

I strongly believe that Victoria's strength lies in its diversity. Multiculturalism has benefited our State greatly, both culturally and economically. We welcome people from numerous countries every year, many of whom bring young families with them or expect to start a family soon after arriving in Victoria. These families, like all Victorian families, have the right to access and benefit from early education and health services to ensure their children get the best start in life. This is especially important for children of refugee background.

The Committee took a wide-ranging view in its investigations for this inquiry. We explored a diverse but related range of areas relevant to early childhood engagement within culturally diverse communities. We examined early learning and care opportunities, like kindergarten and playgroups, in addition to Maternal and Child Health, mental health and disability services. We heard about various integrated and place-based service models that provide families with appropriate support. We also explored the importance of expanding workforce diversity, not only to provide more welcoming spaces for culturally diverse families, but also to create meaningful employment opportunities for individuals from culturally diverse backgrounds.

The Victorian Government is clearly committed to supporting multicultural communities, including refugees and asylum seekers, as is evident in many of its policies and programs. The Committee heard, however, that more can be done to better connect with culturally diverse families. Families continue to experience barriers to accessing early childhood services, such as language and communication barriers, costs, limited awareness of services and their benefits, discrimination and fear of judgement, among others.

The purpose of this report and its accompanying recommendations is to address these barriers and ensure that services are inclusive in supporting families and their children. I strongly believe, as does the Committee, that families feeling like they belong in the community and in specific environments, such as kindergartens or schools, is critical to successful engagement. This is important for children's wellbeing and development, and can help parents and caregivers build social connections, reducing social isolation.

The Committee is grateful to everyone who generously shared their time, expertise and ideas during the inquiry through written submissions and at public hearings. The quality and breadth of the evidence allowed the Committee to explore so many important issues. In particular, the Committee wishes to thank the individuals who shared their

Chair's foreword

experiences of accessing early childhood services for themselves and their children. Their evidence was both insightful and valued by the Committee.

I would like to thank my fellow Committee Members, Christine Couzens MP, Michaela Settle MP, James Newbury MP, David Southwick MP, Meng Heang Tak MP and Emma Kealy MP for their commitment and contributions to this inquiry.

I also wish to thank the secretariat for its hard work throughout the inquiry, including Yuki Simmonds, Raylene D'Cruz, Rachel Macreadie, Richard Slade and Cat Smith.

A handwritten signature in black ink, appearing to read 'Natalie Suleyman', written in a cursive style.

Natalie Suleyman
Chair and Member for St Albans
September 2020

Executive summary

Chapter 1: Introduction

The introduction details the inquiry process, approach taken and context. It provides an overview of culturally diverse communities in Victoria, the early childhood policy context and the report's guiding principles.

Given the limited detail in the inquiry's terms of reference, the Committee's first priority was to establish the parameters of its investigations. The Committee agreed to define 'early childhood' as covering the period from birth to eight years, which is consistent with the United Nations Educational, Scientific and Cultural Organisation's definition. The Committee employed a broad understanding of the term 'engagement' and the various ways that children can be engaged in early childhood services. Finally, the Committee acknowledged that the lives and experiences of people from culturally diverse backgrounds are unique to each other, and that they have different needs and cannot be treated as a homogenous group. The Committee agreed to focus predominately on people from refugee backgrounds as they typically require a high level of support when they arrive in Australia, in addition to other newly arrived groups from non-main English-speaking countries.

The Committee used a variety of strategies to engage culturally diverse communities in the inquiry process, including an Easy English guide, translated brochures, an e-survey in plain English, videos in other languages, and consultation workshops with multicultural playgroups. The Committee received 39 submissions and held nine days of public hearings in Melbourne and regional Victoria.

Part A: Key elements across services

Chapter 2: Barriers to participation and data collection

The Committee heard that people from culturally diverse backgrounds are underrepresented in early childhood services, such as Maternal and Child Health (MCH) and kindergarten, and face numerous barriers to engaging with these services. These barriers include racism, limited awareness of services and their benefits, communication and language barriers, distrust of services, fear of being judged, and structural barriers. Further, people from refugee backgrounds often experience immense disadvantage, loss and trauma prior to their arrival in Australia, which can also impact their access to and participation in services. The Committee acknowledges the need to reduce the conscious and unconscious bias of service providers and the broader community to create environments where culturally diverse communities feel welcome and respected.

In the context of data, numerous inquiry participants identified gaps in data collection by early childhood and health services. This limits their capacity to accurately measure access of culturally diverse communities, including refugees, to services. The Committee heard that reliable data is essential to facilitate better planning, improve service delivery and measure outcomes, in addition to contribute to broader research objectives. The Committee makes several recommendations to improve data collection by early childhood and health services, including hospitals, MCH, Early Parenting Centres (EPC) and kindergartens. The Committee also recommends that Commonwealth funded settlement support services be required to notify local councils of the arrival of refugee families to facilitate engagement with local early years services.

Chapter 3: Integrated and place-based responses

The complexity of navigating service systems across various early childhood services is a key barrier to engaging with culturally diverse communities. There has been a move towards integrated and place-based service models to assist families navigate services and provide them with appropriate support to ensure they do not fall out of visibility. The Committee heard about many evidence-based programs that aim to provide holistic and family-centred care to families, such as Our Place and Community Hubs.

The Committee strongly supports integrated and place-based responses, especially in rural and regional Victoria. It is cautious, however, not to recommend a particular model, noting that they require intensive consultation, design and implementation at the local level. Rather, the Committee makes a broad recommendation that the Victorian Government prioritise and expand funding for these types of responses in early childhood service provision, and that these efforts should be community-driven to provide localised solutions.

The Committee also acknowledges the role of local service planning in delivering responsive early childhood services to meet the specific needs of culturally diverse communities in different areas. Outreach services are identified as necessary to target families in familiar environments in order to address social isolation, build trust and remove formal access barriers. Accordingly, the Committee recommends support for local councils to coordinate and fund service navigation positions, in addition to funding for effective outreach activities to encourage culturally diverse communities to access early childhood services.

Chapter 4: The early childhood workforce

A key area of reform discussed throughout the inquiry was ensuring the early childhood workforce is responsive to the needs of culturally diverse communities. The Committee heard there are many professional development opportunities to enhance the capacity of the workforce to form effective and trusting relationships with children and their families. In particular, cultural competency training is considered essential to reduce stigma, discrimination and judgement that is sometimes felt by families when accessing services. Such training can assist staff to develop 'consciousness' around the cultural and language barriers at play and their own role in shaping experiences for children and

their families. There is also a growing need for training in trauma-informed practices in early childhood, particularly to enhance services' understanding of the experiences of refugee children and their families. Early childhood settings are a key environment where trauma can be identified and responded to in a safe and effective way.

Many professionals working in early childhood services, such as MCH and early childhood education and care, have participated in cultural competency and trauma-informed care training. In recognition that a more systematic approach to training is required, the Committee recommends that staff in all state funded early childhood services be mandated to undergo training in these two key areas.

Another area of reform identified in the inquiry was the importance of building a strong bicultural and bilingual workforce within early childhood services to engage and form trusting relationships with culturally diverse communities. This is especially important in rural and regional areas of Victoria, with increasing settlement of refugees in these areas. A number of bilingual and bicultural roles already exist in Victoria, including with fKa Children's Services, VICSEG's Family Mentoring Program, the Brotherhood of St Laurence's Home Interaction Program for Parents and Youngsters (HIPPY), and Group Pregnancy Care. The Committee is also aware that some councils employ bilingual and bicultural staff in their MCH services. The Committee makes a number of recommendations to increase the number and use of bicultural and bilingual workers in early childhood services in recognition that they play a critical role in helping services to effectively engage with families.

Lastly, the Committee recommends the development of a workforce strategy to improve workforce diversity and the capacity of early childhood services to respond to the needs of culturally diverse children and families.

Chapter 5: Language services

Victoria welcomes people from various countries, including many refugees who arrive in Australia with varying levels of literacy and educational backgrounds. The Victorian Government plays an important role in assisting these people to overcome barriers, such as language and communication, which they may encounter when participating in public life. In a practical context, some of this support is provided through the delivery of language services, such as interpreting and translated materials. At a broader level, the Government champions a strength-based approach to diversity and multilingualism in many of its policies, programs and legislative frameworks.

A common theme among inquiry participants is that language is a significant barrier to people with limited English proficiency accessing and engaging with early childhood services. Language barriers can prevent families from being aware of the availability and benefits of services, as well as increased difficulties in navigating service systems and participating in services on a day-by-day basis. Despite increased efforts by the Victorian Government to enhance language services, the Committee received evidence that the availability of appropriate and effective interpreters is sometimes limited. This is particularly in rural and regional areas, which can lead to tensions regarding

confidentiality in small towns and the overreliance on family and friends to act as interpreters. It can also lead to an overreliance on male, or phone interpreters, which is not always appropriate for females attending MCH appointments. Regarding early education settings, the Committee heard that where educators anticipate the need for interpreters, this can alleviate language and interpersonal communication barriers, as well as help build relationships between services and families.

In the context of translated materials, the Victorian Government has improved the provision of multilingual information in areas such as MCH services and schools. However, inquiry participants still raised it as an area of concern. The Committee heard that multilingual information is often the starting point to engaging with culturally diverse families, and it is essential that information be translated into a wide range of languages, including those of new and emerging communities. Further, it is important not to assume literacy among the target audience, and that services should address language barriers through various means, including with visuals, in addition to translated materials.

The Committee makes recommendations to enhance language services, including increasing the use of interpreting services via video conferencing and developing specific guidelines to improve the consistent delivery of language services in early childhood services across Victoria. The Committee also recommends that the Victorian Government research ways to enhance health literacy among culturally diverse communities, which is inextricably linked with the use of language services in health settings. Health literacy facilitates clear and open communication between people and health professionals, and allows people to make informed decisions about their own or their child's health.

Part B: Childhood health services

Chapter 6: Maternal and Child Health services

The MCH service is a free, universal health service for all Victorian families and provides support for babies and children until they reach school age. MCH nurses provide advice and information, monitor growth and development, and screen for developmental concerns and early signs for autism through key age and stage visits. In addition, these services facilitate first time parenting groups, referral pathways to allied health professionals and EPCs, links to local community services, as well as education on immunisations.

According to the evidence, it is essential to engage women from culturally diverse communities in the early stages of their pregnancy. There is also a need for trauma-informed and continuity of care programs to support these women, particularly those from refugee backgrounds, from pregnancy through to introduction to MCH services.

The Committee heard of many innovative MCH services positively engaging with culturally diverse families and their children throughout Victoria. The Committee is also aware, however, that barriers remain for some cohorts to engaging with the service, including lack of transport, limited awareness of the service, cultural safety issues, fear of being judged, and distrust of government services.

To address barriers, the Committee recommends the development of a MCH best practice toolkit to promote enhanced service delivery and consistency across Victoria. To better support refugee families, the Committee recommends that they be identified as a priority access group for the Enhanced MCH service, that additional consultations be funded where needed, and initial appointments be undertaken in the home where families arrive in Victoria with a young child.

Chapter 7: Mental health and disability

Culturally diverse families face many barriers to accessing mental health and disability services. Evidence indicates that they are less likely to access these services. This is despite the increased likelihood of many children and families developing poorer health and mental health outcomes due to experiences of isolation, trauma, grief, socioeconomic disadvantage and settlement challenges. Access to and participation in services is also challenging due to language barriers, the stigma associated with these conditions and in seeking help, a general unfamiliarity of what services exist or difficulty navigating relevant service systems. In response, the Committee recommends the Victorian Government collaborate with community groups to develop culturally appropriate information to improve awareness of mental health issues among communities and how to access support.

Regarding disabilities, children of refugee backgrounds are exposed to multiple risk factors that can lead to a disability, developmental or language delays. While the National Disability and Insurance Scheme (NDIS) has had a positive impact for many people living with disabilities, for those from culturally diverse backgrounds, the NDIS is often difficult to understand and navigate. Many families also struggle to advocate for their children's needs. Further, some groups, such as asylum seekers, are not eligible for the NDIS and are left with few services available to assist them. There are also many regions in Victoria where NDIS services are limited or unavailable, creating further disadvantages.

Part C: Childhood learning and development

Chapter 8: Awareness of the importance of early learning

A common theme in the inquiry was the need to increase targeted education in culturally diverse communities about the benefits of engaging in early childhood education opportunities. The benefits include improved school readiness, decreased special education placements and grade repetitions, and increased high school completion. The research also shows the benefits are even greater for children from

disadvantaged backgrounds. High quality early childhood education plays an important role in early intervention and should be considered an investment that can achieve significant benefits at both individual and societal levels.

The Committee's recommendations therefore focus on improving awareness of these benefits among culturally diverse communities. This is through development of a clear and accessible policy statement on the benefits, a public awareness campaign, and other strategies to harness community leaders to share positive information about early childhood education. The Committee also believes that MCH services and public libraries are well placed to encourage participation in a range of early childhood education services, such as playgroups and kindergartens. It recommends that the Victorian Government work with these service providers to enhance their capacity as key referral points.

Chapter 9: Playgroups

Playgroups bring families and their preschool-aged children together to engage in play-based learning and social activities. Community playgroups are self-managed by the families who attend them, whereas supported playgroups are facilitated by a paid and trained early childhood educator. These playgroups target families who need additional assistance due to potential vulnerabilities. There are also multicultural and culturally specific playgroups, which are highly valuable for culturally diverse communities.

The Committee heard that playgroups can enhance child development outcomes, improve school readiness, encourage play-based learning, provide information and support for parents, and reduce social isolation. Playgroups can also act as a soft entry point to other services. The Committee recommends that the Victorian Government recognise the value of all forms of playgroups and allocate further funding to support playgroups that target culturally diverse communities, including trauma-informed playgroups for families from refugee backgrounds.

Chapter 10: Early childhood education and care

Building on the importance of early learning in Chapter 8, this chapter further details early childhood education and care services and their engagement with culturally diverse families. The Committee acknowledges the significant reform of the rollout of three-year-old kindergarten across Victoria and the positive impact this will have on childhood development for all children.

Various initiatives and targeted support encourage kindergarten participation, such as Kindergarten Fee Subsidy, Early Start Kindergarten, Access to Early Learning program and School Readiness Funding. However, the Committee heard that barriers to participation still exist for some cohorts, including refugees, low income families and temporary visa holders. In response, the Committee recommends immediately extending the eligibility criteria for Early Start Kindergarten to include children from refugee backgrounds, as well as implement strategies to improve participation of

families experiencing cost pressures involved with paying fees. The Committee also recommends adopting a state-wide approach to kindergarten enrolment with an easily accessible central enrolment process and a single enrolment form that can be translated into different languages.

Another consistent theme throughout the inquiry has been the need for services to provide inclusive and welcoming spaces for culturally diverse families. This is viewed as most relevant in early childhood education, where a sense of belonging for families is critical for successful engagement. Thus, the Committee recommends that the Victorian Government promote the use of cultural inclusion support packages under School Readiness Funding and it consider establishing requirements for the development of cultural inclusion strategies within early learning settings.

Chapter 11: School education

This chapter builds on earlier chapters about the importance of support during the early years, such as through playgroups, kindergartens and community hubs, to encourage school readiness and to ease the transition to school. Successful transition from early education and care settings to primary school is an important process that requires sustained efforts at policy, school and service levels.

The Committee also acknowledges the importance of cultural inclusion in schools to assist children from culturally diverse communities settle well into primary school. Initiatives that promote inclusion of culturally diverse families are essential to assist them feel welcome in the school environment and also encourage them to participate in their children's learning.

Chapter 12: COVID-19

As the first COVID-19 lockdown was taking place in Victoria, the Committee was drafting this report. The stay at home directions, remote learning and social distancing restrictions have posed many challenges for culturally diverse communities. The Committee agreed it was important to seek supplementary evidence from inquiry participants about the impact of COVID-19 on early childhood engagement.

This chapter provides an overview of the evidence received and highlights where there have been issues, such as fractured access to information and quality interpreting services, challenges with facilitating remote learning, and mental health and financial vulnerabilities. The chapter also highlights the strengths in the way many organisations and families have adapted to the challenges posed by COVID-19 to continue supporting young children.

Findings and recommendations

2 Barriers to participation and data

FINDING 1: Prior to their arrival in Australia, it is not uncommon for people of refugee background to experience immense disadvantage, loss and trauma. These experiences can place families at increased risk of poor health outcomes, particularly as they negotiate the challenges of settlement in a new country.

24

FINDING 2: Barriers to effective early childhood engagement with culturally diverse communities was a common theme in the inquiry. As addressed in key recommendations throughout the report, there is a clear need to improve the efforts of governments, services and the broader community to better engage and connect with these families.

28

FINDING 3: It is essential to reduce the conscious and unconscious bias of teachers, educators, children and the broader community to build social cohesion and create an environment where all culturally diverse communities feel welcome and respected. Without this, families from these communities will continue to experience barriers to accessing and engaging with early childhood services.

31

FINDING 4: The importance of reliable data cannot be underestimated in the areas of health and early childhood services and engagement with culturally diverse communities. Such data could facilitate better planning, improve service delivery and measure outcomes. It could also contribute to a greater understanding of the health and wellbeing of children from refugee backgrounds through longitudinal and other research studies.

33

RECOMMENDATION 1: That the Victorian Government update the Child Development Information System to make 'year of arrival' a mandatory field, in addition to 'main language at home', 'interpreter required' and 'birth country'.

35

RECOMMENDATION 2: That the Victorian Government require state funded health and early childhood services, including hospitals, Maternal and Child Health services and Early Parenting Centres, to collect the four standard information items of 'country of birth', 'language spoken at home', 'interpreter required' and 'year of arrival' in their administrative datasets. The Government should also pilot a further item regarding refugee status in an appropriate and supported setting to determine its applicability in datasets.

37

RECOMMENDATION 3: That the Victorian Government incorporate additional questions into the kindergarten enrolment form to assist in ascertaining the cultural background of families. Questions should also be asked of parents, including their country of birth and year of arrival. **39**

RECOMMENDATION 4: That the Victorian Government enhance the Child Development Information System to systematically measure the participation of families in the Maternal and Child Health service and their attendance at Key Age and Stage appointments. **41**

FINDING 5: It is important that Commonwealth funded settlement support services notify local councils of the arrival of refugee families to facilitate engagement and connection to local early childhood services. **44**

RECOMMENDATION 5: That the Victorian Government advocate to the Commonwealth Government that it require funded settlement support services to formally advise local councils of the arrival of refugee families in the area to facilitate linking with local services. **45**

RECOMMENDATION 6: That the Victorian Government raise for discussion at a national level, opportunities to improve the sharing of refugee settlement and health data across jurisdictions and all levels of government. **46**

FINDING 6: The continued implementation of the Central Enrolment System across Victoria and direct linkages with Maternal and Child Health services will assist to increase enrolment of children from refugee background into the Victorian Kindergarten Program. **47**

3 Integrated and place-based responses

FINDING 7: The Best Start program developed by the Department of Education and Training is a promising approach that promotes effective service planning and collaboration within local government areas and has proven to improve outcomes for children. **55**

RECOMMENDATION 7: That the Victorian Government, in conjunction with local councils, the Municipal Association of Victoria and service providers, work together in growth areas with high levels of cultural diversity to ensure that appropriate planning and collaboration strategies are in place to meet the demand for early childhood services. This should include:

- service planning to ensure there is appropriate supply to meet demands
- clear referral pathways so that all service providers are equipped to assist culturally diverse families and children to access the services they need
- communication strategies for improved collaboration and coordination between service providers.

56

RECOMMENDATION 8: That the Victorian Government continue to fund community hubs in Victoria, in recognition that they are a well-established and evidence-based model, to improve the engagement of culturally diverse communities in early childhood services.

62

FINDING 8: The Our Place model is an effective and evidence-based model that provides holistic and family-centred care to families experiencing disadvantage, including within culturally diverse communities.

66

RECOMMENDATION 9: That the Victorian Government prioritise and expand funding for place-based and integrated models in early childhood service provision to improve engagement and access for culturally diverse families and their young children. These efforts should be community-driven to provide localised solutions in areas of need and must involve culturally diverse communities and their representative bodies, local councils, relevant service providers and the Municipal Association of Victoria.

72

RECOMMENDATION 10: That the Victorian Government support local councils to coordinate and fund service navigation positions that can directly assist culturally diverse families to navigate the early childhood service system.

76

RECOMMENDATION 11: That the Victorian Government fund effective outreach activities by local councils and service providers to ensure culturally diverse communities can access a range of early childhood services, including playgroups, health services and literacy-based programs.

82

4 The early childhood workforce

FINDING 9: There is a need for cultural competency training for staff working in early childhood services to remove barriers for culturally diverse families, improve engagement and enhance communication. 90

FINDING 10: There is a need for training in trauma-informed care in mainstream services due to increasing numbers of communities of refugee and asylum seeker background settling in Victoria. 95

RECOMMENDATION 12: That, as part of service agreements with early childhood services such as kindergartens and Maternal and Child Health services, the Victorian Government mandate professional development and training activities in the areas of cultural competency and trauma-informed care for all staff. 96

RECOMMENDATION 13: That the Victorian Government advocate to the Commonwealth Government that cultural competency and trauma-informed care training be mandatory for all staff in their funded early childhood services. 96

FINDING 11: Bicultural and bilingual workers in early childhood services play a critical role in building trusting relationships with culturally diverse communities and families. 102

FINDING 12: There are opportunities to grow the bicultural and bilingual workforce in rural and regional areas of Victoria, with increasing settlement of culturally diverse communities in these areas. 110

RECOMMENDATION 14: That the Victorian Government establish a pool of qualified bicultural and bilingual workers that can be accessed by all early childhood services based on the needs of local communities. 112

RECOMMENDATION 15: That the Victorian Government make targeted investments to expand the bicultural and bilingual early childhood workforce. This should be a priority area for the growth of the early childhood education sector as part of the implementation of three-year-old kindergarten and the introduction of Free TAFE courses in early childhood education. 115

RECOMMENDATION 16: That the Victorian Government coordinate planning of workforce development activities within local government areas to increase the bicultural and bilingual workforce, particularly in rural and regional areas. This coordination should involve all relevant stakeholders including local councils, TAFES, regional offices of the Department of Education and Training and local settlement support services. 115

FINDING 13: Difficulties with attaining Australian qualifications and accessing ongoing support to enter and remain in the early childhood workforce are key barriers that can affect people from culturally diverse backgrounds. 118

RECOMMENDATION 17: That the Victorian Government provide targeted funding to assist people from culturally diverse backgrounds to engage in training and development activities, such as Free TAFE, in the early childhood sector. This should include scholarships, stipend funds and mentoring support. Key community organisations should be encouraged to provide mentoring support. 121

RECOMMENDATION 18: That the Victorian Government develop an early childhood workforce strategy that sets out essential strategies and actions for engagement with culturally diverse children, families and communities. At a minimum, this must include:

- strategies and actions to increase the number of bicultural and bilingual workers in early childhood services, including through the establishment of a pool of workers
- training and professional development activities in the areas of cultural competence and trauma-informed care
- strategies and actions that relate specifically to building capacity of the regional workforce in working with culturally diverse children, families and communities. 125

5 Language services

FINDING 14: Multiculturalism is the mainstream in Victoria. The Victorian Government should continue to champion a strengths-based approach to diversity and multilingualism. 132

FINDING 15: Family-centred English classes are an important way to support parents, particularly mothers, to learn English while their children are nearby. These initiatives increase participation rates in English classes, help build social networks and expose children to early learning opportunities. 135

FINDING 16: The provision of effective and accessible language services, such as interpreters and translations, assists people from culturally diverse communities to participate in daily life and engage with services. Language services also assist to promote social cohesion and integrate people into the broader community. 139

RECOMMENDATION 19: That the Victorian Government conduct research into effective ways to enhance health literacy among culturally diverse communities in health settings, including the role of language services and the use of bilingual and bicultural workers. 150

FINDING 17: Limited availability of interpreting services in rural and regional areas can lead to issues with confidentiality among known interpreters or an overreliance on male or phone interpreters, which is not always appropriate for females attending Maternal and Child Health appointments. 153

FINDING 18: The use of non-accredited interpreters, such as family and friends, in health settings is highly problematic as they have no specialist training in interpreting and cannot be expected to remain impartial, neutral or confidential. It is never appropriate for a minor to act as an interpreter. 156

RECOMMENDATION 20: That the Victorian Government, in consultation with the Municipal Association of Victoria, work with language service providers to enhance their capacity to deliver interpreting services via video conferencing when face-to-face interpreters are unavailable. 156

RECOMMENDATION 21: That the Victorian Government advocate to the Commonwealth Government that it provide funding for its child care services to access the National Translating and Interpreting Service to facilitate better communication and engagement between services and culturally diverse families. 159

FINDING 19: The provision of multilingual information is often the starting point to engaging with culturally diverse families. It is essential that information is translated into a wide range of languages, including those of new and emerging communities, and that translated materials are verified to ensure accuracy and appropriate messaging. 164

FINDING 20: When engaging with culturally diverse communities, it is important that early childhood services do not assume literacy among their target audience. Language and communication barriers should be addressed through various means, including with visuals and voice recordings, in addition to translated materials. 166

RECOMMENDATION 22: That the Victorian Government develop specific guidelines for the provision of language services in early childhood services and work to ensure that they be consistently adopted across all early childhood health, education and care services in Victoria.

166

6 Maternal and Child Health services

FINDING 21: There is a need for trauma-informed, continuity of care programs that support culturally diverse families, especially those from refugee and asylum seeker backgrounds, from pre-pregnancy to the birth and introduction to the Maternal and Child Health service.

176

RECOMMENDATION 23: That the Victorian Government review the evaluation findings from the Group Pregnancy Care study with a view to fund the broad implementation of the model in appropriate community settings for mothers from refugee backgrounds.

176

FINDING 22: Bicultural and bilingual staff working alongside Maternal and Child Health (MCH) nurses as paraprofessionals could benefit culturally diverse families through better engagement with the service, assist to build trusting relationships between families and MCH nurses, and support nurses to screen for language and developmental delays.

182

FINDING 23: A diverse and trauma-informed workforce is an asset to Maternal and Child Health services and supports the engagement of culturally diverse families, particularly those from refugee backgrounds, in these services.

185

FINDING 24: There are many innovative and successful examples of Maternal and Child Health services positively engaging with culturally diverse families and their children throughout Victoria.

187

RECOMMENDATION 24: That the Victorian Government, the Municipal Association of Victoria and community groups work together to develop a Maternal and Child Health Service Best Practice Toolkit for Cultural Inclusiveness. It should include strategies to engage and support culturally diverse families on matters relating to:

- translating materials in the main languages of surrounding communities
- alternative ways of communicating with families, such as text message reminders for appointments
- adopting uniform enrolment processes for MCH services and kindergartens
- flexible appointment arrangements, such as home visits
- outreach services
- new parent groups in community languages
- use of bilingual and bicultural workers.

189

RECOMMENDATION 25: That the Victorian Government and the Municipal Association of Victoria review the flexible funding component of its current funding model of Maternal and Child Health services to allow for extended consultations, additional appointments, and home visits for families from refugee backgrounds.

191

RECOMMENDATION 26: That the Victorian Government ensure that Maternal and Child Health services undertake initial appointments in the home where families from refugee backgrounds arrive in Victoria with a young child.

192

RECOMMENDATION 27: That the Victorian Government identify families from refugee backgrounds as a priority access group for the Enhanced Maternal and Child Health Service.

194

RECOMMENDATION 28: That the Victorian Government fund additional Maternal and Child Health service consultations, where needed and potentially beyond when children turn three, for families from refugee backgrounds.

195

FINDING 25: Families from refugee backgrounds should continue to be supported by the Victorian Government to catch up on immunisations, and particularly children, to ensure they can access early childhood education and care services.

196

RECOMMENDATION 29: That the Victorian Government ensure that Early Parenting Centres are culturally accessible and safe, and that all staff routinely participate in training to enhance their cultural competency and trauma-informed care practices.

198

7 Mental health and disability

FINDING 26: The mental health of parents is important in shaping the mental health of their children. It is important to apply a holistic, trauma-informed and family-centred approach when addressing mental health issues in culturally diverse communities. **204**

FINDING 27: Children and young people from culturally diverse communities are less likely to access mental health services, despite being at increased risk of experiencing mental health issues. **207**

RECOMMENDATION 30: That the Victorian Government identify children and young people of refugee and asylum seeker backgrounds as a priority group for access to child and youth mental health services. **207**

RECOMMENDATION 31: That the Victorian Government collaborate with community groups to develop culturally appropriate information to improve awareness of mental health issues among culturally diverse communities and how to access support. **210**

FINDING 28: Children from refugee backgrounds are exposed to multiple risk factors that can lead to disability or developmental delays, however, there is limited data that identifies their needs and access to services. **213**

RECOMMENDATION 32: That the Victorian Government work with culturally diverse communities and relevant stakeholders to develop culturally appropriate and accessible information to improve awareness of disabilities, language and developmental delays, and how to access support. **216**

FINDING 29: An early disability diagnosis is associated with improved developmental outcomes, yet there are many challenges in diagnosing disabilities and assessing language and developmental delays in culturally diverse children, particularly those from refugee backgrounds. Health professionals need to consider a range of cultural factors which can impact assessments, in addition to the limitations of cognitive tests. **222**

RECOMMENDATION 33: That the Victorian Government explore how it can build a culturally diverse speech therapy workforce to ensure speech and language assessments are conducted in a child's first language. **224**

RECOMMENDATION 34: That the Victorian Government advocate to the National Disability Insurance Agency to fund the Translation and Interpreting Service to provide translations of key assessment reports and material into parents' first languages. 226

FINDING 30: The National Disability Insurance Scheme has been lifechanging for many people living with disabilities. Nonetheless, for others, such as those from culturally diverse communities, the Scheme has been complex, and requires a sophisticated level of health literacy to navigate and the ability to advocate for one's needs. There is also limited services in certain regions. 230

FINDING 31: Some culturally diverse communities, such as asylum seekers, are not eligible for the National Disability Insurance Scheme (NDIS), and as the NDIS has superseded other Victorian Government funded services, these individuals are left with few services available to assist them and their children. 231

RECOMMENDATION 35: That the Victorian Government provide ongoing funding to allow children with a disability whose families are seeking asylum to access early intervention supports. 232

RECOMMENDATION 36: That the Victorian Government advocate to the National Disability Insurance Agency to require Early Childhood Early Intervention services to consider refugee status in triage to ensure children receive timely and appropriate access to support services. 234

FINDING 32: Many culturally diverse families experience difficulties fully participating in the National Disability Insurance Scheme (NDIS) planning process and struggle to understand and manage their NDIS plans. This is problematic in the consumer-driven environment of the NDIS as it can prevent families from receiving appropriate support. 235

RECOMMENDATION 37: That the Victorian Government advocate to the National Disability Insurance Agency and Early Childhood Early Intervention partners to ensure that Early Childhood Early Intervention access is based on function rather than named diagnosis in line with National Disability Insurance Scheme eligibility requirements. 236

FINDING 33: There are many regions in Victoria where the National Disability Insurance Scheme (NDIS) services are limited or not available. This creates further inequities and disadvantages for families living in those areas as they cannot activate their NDIS plans nor access support for their children. 237

RECOMMENDATION 38: That the Victorian Government advocate to the National Disability Insurance Agency that it implement its *Cultural and Linguistic Diversity Strategy 2018* and support culturally diverse families to navigate the National Disability Insurance Scheme. 239

FINDING 34: It is important that services employ a holistic, trauma-informed and family-centred approach when supporting culturally diverse children and their families with disability and developmental delays. 240

8 Awareness on the importance of early learning

FINDING 35: High quality early childhood education and care plays an important role in early intervention, and should be considered an investment which can help to achieve significant benefits at individual and societal levels. 249

FINDING 36: There is a need to increase targeted education on the benefits of engaging in early childhood education opportunities among culturally diverse communities. 257

RECOMMENDATION 39: That the Victorian Government issue a clear and simple policy statement aimed at improving parents' understanding of the benefits of early childhood education. The statement should address a range of important factors including brain development, the role of parents as first educators and the value of play-based learning. These messages should be easily accessible to culturally diverse parents, be translated into community languages and available in Easy English and other accessible formats. 258

RECOMMENDATION 40: That the Victorian Government work with communities to undertake a public awareness campaign, based on the policy statement recommended in Recommendation 39, to improve understanding among culturally diverse communities of the benefits of early childhood education. The campaign should communicate important messages regarding the role of parents, the importance of play-based learning and options for early childhood education and care. The campaign should cover all areas of Victoria, using effective mediums including information sessions, translated materials and community radio. 260

RECOMMENDATION 41: That the Victorian Government develop strategies to create positions and harness community leaders and contacts to play a role in sharing information around the positive impacts of early childhood education. These strategies and programs should be developed in consultation with all relevant stakeholders including culturally diverse communities, local councils and community organisations. This activity should be strongly linked to the public awareness campaign recommended in Recommendation 40.

264

FINDING 37: Maternal and Child Health services play an important role in promoting early childhood education opportunities such as playgroups and kindergarten to all families, and particularly for culturally diverse families.

267

FINDING 38: Public libraries hold significant value to Victorian communities and are well-suited to play a strong role in encouraging culturally diverse families to participate in a range of early childhood education opportunities.

271

RECOMMENDATION 42: That the Victorian Government continue to work with early childhood services providers such as Maternal and Child Health services, community hubs and libraries to ensure that they act as key referral points for culturally diverse families to learn about the benefits of early childhood education and the services that they can access. Such work should include:

- reviewing all current gaps in information to create improved linkages between early childhood services providers in local areas
- standardising the provision of information about early childhood education services to families.

271

9 Playgroups

FINDING 39: There are strong links between children’s attendance at playgroups and their improved development as they enter kindergarten and then move into school education. Playgroups play an essential role in assisting culturally diverse communities, including newly arrived families, to improve child development outcomes and can also act as a soft entry point to other services.

277

RECOMMENDATION 43: That the Victorian Government recognise the value of all forms of playgroups, including community playgroups and supported playgroups, in helping to engage culturally diverse communities in early opportunities for education and acting as a soft entry point to other services.

283

FINDING 40: Both multicultural and culturally specific playgroups are valuable for culturally diverse communities, depending on the needs involved. Playgroups that specifically target culturally diverse communities can provide additional support and bridge the gap to encourage and help families participate in mainstream services. **287**

RECOMMENDATION 44: That the Victorian Government allocate specific, ongoing and flexible funding to support playgroups that target culturally diverse communities. This should include specific support for trauma-informed playgroups that assist families from refugee backgrounds. **290**

10 Early childhood education and care

FINDING 41: The introduction of three-year-old kindergarten in Victoria is a significant investment which will have a positive impact on early childhood development for all children. Ensuring the participation of culturally diverse families will be essential. **299**

RECOMMENDATION 45: That the Victorian Government immediately extend eligibility criteria for Early Start Kindergarten to include children of refugee and asylum seeker backgrounds as an interim measure until the roll out of universal three-year-old kindergarten is completed. **303**

RECOMMENDATION 46: That the Victorian Government implement strategies to improve the participation of culturally diverse families in kindergarten where they may be experiencing cost pressures with paying fees. **305**

FINDING 42: There are barriers preventing some cohorts of culturally diverse communities temporarily residing in Victoria from participating in early childhood education opportunities such as kindergarten. Support should be provided at state and federal levels to address these barriers and to allow children to participate in these services. **306**

RECOMMENDATION 47: That the Victorian Government adopt a state-wide approach to kindergarten enrolment, with a single, easily accessible and central enrolment process across Victoria. This should include consideration of a single enrolment form, which can be translated into relevant community languages for each local government area, and tailored to suit local community needs where appropriate. **312**

FINDING 43: The Victorian Government’s Early Childhood Language Program promotes diversity and inclusion in kindergartens through the learning of languages. **319**

RECOMMENDATION 48: That the Victorian Government promote the use of cultural inclusion support packages under School Readiness Funding, as well as other packages, that are targeted towards building inclusion for culturally diverse families and their children in early childhood education and care services. **321**

RECOMMENDATION 49: That the Victorian Government consider establishing requirements for the development of cultural inclusion strategies (or other actions aimed at inclusion) within early learning settings such as kindergartens. **322**

11 School education

FINDING 44: Successful transition from early education and care settings to school is a key process that requires sustained efforts at policy, school and service levels. **333**

FINDING 45: Initiatives that promote cultural inclusion in school environments are important for ensuring culturally diverse families feel welcome and supported to participate in their children’s learning and school life. **336**

Acronyms and terms

ACA Vic	Australian Childcare Alliance Victoria
ACFE	Adult Community and Further Education Board
AEDC	Australian Early Development Census
AEL	Access to Early Learning
AIHW	Australian Institute of Health and Welfare
AMEP	Adult Migrant English Program
AUSIT	Australian Institute of Interpreters and Translators
BCHS	Bendigo Community Health Services
BCYF	Barwon Child, Youth and Family Services
BSL	Brotherhood of St Laurence
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Services
CCCH	Centre for Community Child Health
CFEFCW	Centre for Excellence in Child and Family Welfare
CGD	City of Greater Dandenong
CHA	Community Hubs Australia
CMY	Centre for Multicultural Youth
COAG	Council of Australian Governments
COVID-19	Coronavirus Disease of 2019
CYMHS	Child and Youth Mental Health Services
DET	Department of Education and Training
DHHS	Department of Health and Human Services
DPC	Department of Premier and Cabinet
DSS	Department of Social Services
EAL	English as an Additional Language
ECAP	Early Childhood Access and Participation
ECCE	Early Childhood Care and Education
ECCV	Ethnic Communities' Council of Victoria
ECD	Early Childhood Development
ECEC	Early Childhood Education and Care
ECEI	Early Childhood Early Intervention
ECLP	Early Childhood Language Program
ECSC	Ethnic Community Services Co-operative
ECT	Early Childhood Teacher

Acronyms

EDI	Early Development Instrument
ELAA	Early Learning Association Australia
ELC	English Language Centres
ELS	English Language Schools
EMCH	Enhanced Maternal Child Health
EPC	Early Parenting Centres
ESAV	Ethnic Schools Association of Victoria
ESK	Early Start Kindergarten
EYLF	Early Years Learning Framework
FASSTT	Forum of Australian Services for Survivors of Trauma and Torture
FCDC	Family and Community Development Committee
FECCA	Federation of Ethnic Communities' Council of Australia
FH	Foundation House
fkaCS	fka Children's Services
GP	General Practitioner
GRLC	Geelong Regional Library Corporation
HIPPY	Home Interaction Program for Parents and Youngsters
HSP	Humanitarian Settlement Program
ILC	Information, Linkages and Capacity
ISP	Inclusion Support Program
KAS	Key Age and Stage
KIS	Kindergarten Inclusion Support
KPI	Key Performance Indicator
LAC	Local Area Coordinator
LBOTE	Language Background Other Than English
LCMS	Loddon Campaspe Multicultural Services
LGA	Local Government Area
LSAC	Longitudinal Study of Australian Children
MAV	Municipal Association of Victoria
MCELP	Mother and Child English Language Program
MCH	Maternal Child Health
MCHN	Maternal Child Health Nurse
MCRI	Murdoch Children's Research Institute
MEA	Multicultural Education Aides
MERTIL	My Early Relational Trauma Informed Learning
MESC	Main-English-Speaking Countries
NAATI	National Accreditation Authority for Translators and Interpreters

NAPLAN	National Assessment Program – Literacy and Numeracy
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NEDA	National Ethnic Disability Alliance
NESB	Non-English-Speaking Background
NMESC	Non-Main English-Speaking Countries
NQF	National Quality Framework
OECD	Organisation for Economic Co-operation and Development
PASST	Programme of Assistance for Survivors of Torture and Trauma
PLV	Public Libraries Victoria
PSD	Program for Students with Disabilities
PSFO	Preschool Field Officers
RAP	Refugee Action Plan
RCH	Royal Children's Hospital
RCOA	Refugee Council of Australia
RESP	Refugee Education Support Program
RIDBC	Royal Institute for Deaf and Blind Children
RMIT	Royal Melbourne Institute of Technology
SCOA	Settlement Council of Australia
SEIFA	Socio-Economic Indexes for Areas
SELC	Shepparton English Language Centre
SES	Socio-Economic Status
SFOE	Student Family Occupation Education
SIS	Specialised and Intensive Services
SLV	State Library Victoria
SRF	School Readiness Funding
SRSS	Status Resolution Support Services
TAFE	Technical and Further Education
TIS	Translating and Interpreting Service
ToR	Terms of Reference
UMCH	Universal Maternal Child Health
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
VAGO	Victorian Auditor-General's Office
VCAL	Victorian Certificate of Applied Learning
VCOSS	Victorian Council of Social Service
VEYLDF	Victorian Early Years Learning and Development Framework

Acronyms

VICSEG	Victorian Cooperative on Children's Services for Ethnic Groups
VITS	Victorian Interpreting and Translating Services
VMC	Victorian Multicultural Commission
VRHN	Victorian Refugee Health Network

On 28 May 2019, the Legal and Social Issues Committee (the Committee) received a reference from the Legislative Assembly to inquire into early childhood engagement of culturally and linguistically diverse (CALD) communities.

Given the limited detail in the terms of reference, the Committee's priority when it started the inquiry was to establish the parameters of its investigations. This was to provide more context to the inquiry and offer meaning to stakeholders interested in providing evidence. The first concept considered was 'early childhood' to determine the age period covered and consequently the types of services that children might engage in. Based on the United Nations Educational, Scientific and Cultural Organisation's (UNESCO) definition, the Committee agreed that early childhood refers to the period from birth to eight years.¹ This is consistent with the Victorian Government's approved learning framework, the *Victorian Early Years Learning and Development Framework* (VEYLDF), which also covers the period from birth to eight years.²

Building on this first concept, the Committee employed a broad understanding of 'engagement' and the various ways that young children can be engaged in early year services. These services could relate to health, learning, child care, playgroups, family centres, sport and recreation activities, and local libraries. The Committee also included incidental types of engagement, such as relationships with neighbours or others in the community, as these can be important contributors to children and their families feeling connected to their local community.

The third concept that the Committee considered was what CALD means in the context of this inquiry. Victoria is a strong multicultural state that prides itself on embracing and celebrating diversity. Close to half of all Victorians were born overseas, or had at least one parent born overseas. The Committee understands that the lives and experiences of people from culturally diverse backgrounds are unique to one another, including their languages, traditions and cultures, and it is essential that they not be treated as a homogenous group. This is important given the different settlement experiences of many individuals and families born overseas, and particularly the vulnerabilities of people from refugee and asylum seeker backgrounds. According to Uniting Vic.Tas, distinctions can be made about people when they arrive in Australia based on their visa pathways, when and how they arrive, the level of family and community support available to them upon arrival, and their trauma histories. It outlined the following distinctions in its submission:

- Australian citizens or migrants on permanent visas who settle in Australia and have had children in Australia

1 United Nations Educational, Scientific and Cultural Organization, *Early childhood care and education* 2019, <<https://en.unesco.org/themes/early-childhood-care-and-education>> accessed 19 February 2020.

2 Department of Education and Training, *Learning frameworks birth to eight years*, 2019, <<https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veylf.aspx>> accessed 19 February 2020.

- migrants on Skilled Working Visas and their families (e.g. on Partner Visas)
- people arriving through family reunification programs
- overseas students on temporary visas
- refugee families and refugee minors on permanent humanitarian visas
- refugee women and their children on permanent Women at Risk Visas
- refugees on Temporary Protection Visas and Safe Haven Enterprise Visas
- parents and children seeking asylum on a range of bridging visas, lapsed visas or no visa
- children born in Australia to parents who are seeking asylum, but currently have no legal status as Australian citizens.³

The Committee agreed to focus predominantly on people from refugee backgrounds as they typically require a high level of support when they arrive in Australia and sometimes for years following depending on their circumstances. The Committee adopted the definition of ‘refugee backgrounds’ referred to in the Victorian Refugee Health Network’s (VRHN) submission:

People from refugee backgrounds—this term is used to refer to people who arrived in Australia with, or who have subsequently been granted, permanent or temporary humanitarian visas; people seeking asylum; and people with refugee experience who arrive on another visa type.⁴

The Committee also focused on other groups who are newly arrived in Victoria, such as skilled migrants from non-main English-speaking countries (NMESC). Throughout the report, specific groups are referred to where appropriate. The umbrella term of ‘culturally diverse communities’ is used when discussing the groups more broadly.

Bringing together the three concepts of early childhood, engagement and culturally diverse communities, the Committee established the inquiry’s scope and priorities for its investigations. The interconnectedness of these concepts is reflected in the universal recognition that engagement in early childhood services and learning is essential to children’s future positive development, and especially for children who have experienced disadvantage. According to UNESCO:

Early childhood care and education (ECCE) is more than preparation for primary school. It aims at the holistic development of a child’s social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing. ECCE has the possibility to nurture caring, capable and responsible future citizens.

In this way ECCE is one of the best investments a country can make to promote human resource development, gender equality and social cohesion, and to reduce the costs

³ Uniting Vic.Tas, *Submission 32*, received 21 October 2019, pp. 7–8.

⁴ Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, p. 1.

for later remedial programmes. For disadvantaged children, ECCE plays an important role in compensating for the disadvantages in the family and combating educational inequalities.⁵

1.1 Inquiry process

In commencing this inquiry, the Committee made a commitment to encourage participation and seek the views of people from culturally diverse communities. This would enhance the evidence received and the overall relevance of the Committee's findings and recommendations to the Victorian Government. Drawing on previous experience from other parliamentary inquiries, the Committee understood that this is not a straightforward process. Engaging with people from diverse communities in parliamentary processes can be challenging due to various reasons, although these predominantly relate to language and communication barriers. There is also limited awareness and understanding, and potentially suspicion of Australian political processes within some communities. This, combined with the formal nature of inquiry processes, may not leave people trusting, rightly or wrongly, that parliament is a welcoming space.

Based on these challenges, the Committee attempted to use various strategies to enhance awareness of the work of committees among culturally diverse communities and to improve accessibility of inquiry processes to increase their participation. The following strategies were employed to promote the inquiry and advertise the call for submissions:

- Development of an Easy English guide written in plain English with infographics to explain the role of the Committee, the inquiry's scope and how to make a submission (see Appendix 1).
- A poster that promoted the inquiry and how to make a submission (see Appendix 2). This was translated into 13 languages, including Arabic, Chin, Chinese (traditional and simplified), Dari, Dinka, Karen, Khmer, Punjabi, Persian, Somali, Spanish and Vietnamese. The poster also advised that assistance to write submissions could be provided upon request.
- An e-survey written in plain English.
- Creation of videos to promote the inquiry and how to make a submission in the languages of Dari, Chin, Karen and Somali. This was in recognition that in some communities, there is limited literacy in both English and in their first language.
- Consultation workshops with two multicultural playgroups to develop a group submission on their behalf with the assistance of interpreters and note takers.

These resources were promoted extensively among stakeholders and through their networks. The resources were also promoted through Parliament of Victoria's social media, in addition to a stakeholder mail out and advertising the inquiry in

⁵ United Nations Educational, *Early childhood care and education*

The Age newspaper. The submission period commenced on 31 July 2019 and closed on 11 October 2019, although the Committee continued to welcome submissions until February 2020. This was to allow sufficient time to promote the inquiry and to encourage meaningful participation among individuals from culturally diverse backgrounds.

Overall, the Committee received 39 submissions from a broad range of groups, including CALD peak bodies, government departments and agencies, local councils, community health and social service organisations, early childhood education peak groups, child care centres, research and industry expert groups. Seven submissions were received from individual community members. A list of participants that made submissions is provided in Appendix 3.

The Committee held nine days of public hearings between October and December 2019. Public hearings were held in Melbourne, Bendigo, Shepparton, Geelong, Ballarat, Sunshine and Dandenong. Throughout the duration of the public hearings, the Committee was fortunate to receive evidence from a number of people from refugee backgrounds who shared their experience of settling in Victoria and accessing services for themselves and their children. Some of this evidence was provided with the support of interpreters. The Committee also conducted site visits at the Wilmot Primary School Community Hub in Shepparton, the Community Hub in Corio, and the Sunshine Kindergarten. A list of public hearing participants is provided in Appendix 3.

The Committee is grateful to all of the individuals and organisations that generously shared their time, experiences, expertise and ideas during the inquiry.

It is also important to acknowledge that despite efforts to enhance participation among individuals from culturally diverse backgrounds, they only accounted for a small proportion of overall participants in the inquiry. This process provided some valuable lessons, including that creating awareness about parliament and the work of committees among certain groups in the community is an ongoing process and beyond the scope of one inquiry.

1.2 Overview of culturally diverse communities in Victoria

Victoria is one of the most multicultural societies in the world and represents the economic, social and cultural benefits that come from successive waves of migration. Its population growth is one of the highest in the country, with increases largely driven by migration trends. Victoria's population grew from 5.35 million in 2011 to 5.93 million in 2016, representing an increase of 10.7% compared to Australian growth of 8.8%.

According to the 2016 Census results, the overall composition of Victoria's population comprises:

- 28.4% (1,680,271) born overseas in over 200 countries
- 49.1% (2,910,631) born overseas or in Australia with at least one parent born overseas

- 26% (1,538,839) speak 260 languages other than English at home
- 59% (3,493,950) follow more than 130 faiths.⁶

Of the 28.4% of the population born overseas in 2016, 22% were from NMESC and 6.3% were from main English-speaking countries (MESCS). Overall, the proportion of overseas-born people in Victoria who come from NMESC was 77.7%, which is the highest for all Australian states and territories.⁷ Regarding citizenship, 58.3% of those born overseas living in Victoria were Australian citizens, 40% were non-citizens and 1.7% did not state their citizenship.⁸

1.2.1 People from refugee backgrounds

The United Nations High Commissioner for Refugees (UNHCR) defines a refugee as:

... someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.⁹

Under the Refugee and Humanitarian Program, the Commonwealth Government sets the number of visas that may be granted each year. A person can be granted a protection visa offshore or in Australia. Since 2009–10, approximately 14,000 refugee-type visas have been granted each year in Australia. The number of places recently increased under the Refugee and Humanitarian Program to 18,750 in 2018–2019. There was also an additional once-off allocation of 12,000 places for Syrian and Iraqi refugees who were settled in Australia between 2015 and 2017.¹⁰

Victoria typically receives 33% of the national refugee intake, which in the last decade equated to over 51,000 people. According to the Victorian Foundation for Survivors of Torture Inc. (Foundation House), 4,338 people settled in Victoria in 2018–2019.¹¹ Further, a data bulletin by the VRHN issued in November 2019 outlined the number of people arriving on a Humanitarian visa according to country of birth in 2018–2019. This is detailed in Table 1.1.

⁶ Department of Premier and Cabinet, *Victorian Government Report in Multicultural Affairs 2017–18*, Victorian Government, Melbourne, 2019, p. 7.

⁷ Victorian Government, *Discover Victoria's diverse population*, 2020, <<https://www.vic.gov.au/discover-victorias-diverse-population>> accessed 2 March 2020.

⁸ Department of Premier and Cabinet, *Victoria's diverse population: 2016 Census*, brochure, Victorian Government, Melbourne, 2017, p. 2.

⁹ United Nations High Commissioner for Refugees, *What is a refugee?* (n.d.), <<https://www.unhcr.org/en-au/what-is-a-refugee.html>> accessed 19 February 2020.

¹⁰ Department of Health and Human Services, *Refugee and asylum seeker settlement in Victoria – Frequently asked questions for key services and sector partners – August 2016*, Victorian Government, Melbourne, 2016, p. 2.

¹¹ Foundation House, *Submission 33*, received 21 October 2019, p. 3.

Table 1.1 Country of birth for people arriving in Victoria on Humanitarian visas, 2018–2019

Country of birth	Humanitarian visas
Iraq	1,321
Myanmar	742
Syrian Arab Republic	534
Afghanistan	353
Democratic Republic of the Congo	301
Thailand	257
Eritrea	99
Iran	96
Ethiopia	88
Malaysia	70

Source: Victorian Refugee Health Network, *Statewide meeting (November 2019)*, 2019, <http://refugeehealthnetwork.org.au/wp-content/uploads/Presentation_2019_November_Victorian-Refugee-Health-Network-statewide-meeting-data-and-policy-updates.pdf> accessed 27 August 2020.

According to the VRHN, a further 1,878 people have arrived through the Refugee and Humanitarian Program in Victoria since July 2019. The main countries of birth are detailed in Table 1.2.

Table 1.2 Country of birth for people arriving in Victoria on Humanitarian visas since July 2019

Country of birth	Visa numbers				Total
	200	201	202	204	
Iraq	319	0	323	24	666
Myanmar	19	0	207	<5	<231
Afghanistan	28	n.p	118	22	>168
Ethiopia	42	0	58	8	118
Syrian Arab Republic	53	0	32	15	100
Iran	19	0	52	25	96
Thailand	25	0	52	<5	<82
Eritrea	19	0	52	<5	<76
Democratic Republic of Congo	46	0	8	6	60
India	0	0	56	0	56

Source: Victorian Refugee Health Network, *Statewide meeting (November 2019)*, 2019, <http://refugeehealthnetwork.org.au/wp-content/uploads/Presentation_2019_November_Victorian-Refugee-Health-Network-statewide-meeting-data-and-policy-updates.pdf> accessed 27 August 2020.

In terms of where they settled in Victoria, the top Local Government Areas (LGAs) were Hume (449 people), Brimbank (167 people), Casey (>158 people), Wyndham (<149 people), and Greater Dandenong (112 people).¹²

Another VRHN bulletin details the number of people who arrived through the Refugee and Humanitarian Program or who were subsequently granted a permanent protection visa and settled in Victoria in the past 10 years. This is reflected in Table 1.3 according to the top 15 countries of birth for this cohort.

Table 1.3 People who arrived in Australia in the past 10 years living in Victoria, Country of birth: Top 15

Country of birth	Total
Iraq	10,477
Afghanistan	7,911
Myanmar	7,122
Syrian Arab Republic	4,236
Iran	3,678
Thailand	2,186
Pakistan	2,121
Ethiopia	1,249
Sri Lanka	1,069
Malaysia	822
Sudan	770
Democratic Republic of the Congo	758
Eritrea	664
Egypt	557
Somalia	533

Source: Victorian Refugee Health Network, *Statistics for Victorian health programs: Planning service provision for people from refugee backgrounds, including people seeking asylum*, Victorian Refugee Health Network, 2019.

The top five LGAs where people have settled in the past 10 years include Hume (10,594 people), Greater Dandenong (5,809), Casey (5,620), Wyndham (4,011) and Brimbank (3,562). The regional areas in the top 15 of LGAs are Greater Geelong (1,841 people), Greater Shepparton (1,059) and Greater Bendigo (931).¹³

¹² Victorian Refugee Health Network, *Statewide meeting (November 2019)*, 2019, <http://refugeehealthnetwork.org.au/wp-content/uploads/Presentation_2019_November_Victorian-Refugee-Health-Network-statewide-meeting-data-and-policy-updates.pdf> accessed 27 August 2020.

¹³ Victorian Refugee Health Network, *Statewide meeting (August 2019)*, 2019, <http://refugeehealthnetwork.org.au/wp-content/uploads/VRHN_PowerPoint_2019_August_statewide-meeting_PDF.pdf> accessed 4 March 2020.

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Approximately 15% of people from refugee backgrounds have settled in rural and regional areas, much of which is by choice as many move to these areas through secondary migration. It is predicted that these numbers will increase significantly in coming years due to Commonwealth Government plans to provide incentives for people who hold Safe Haven Enterprise Visas to move to regional LGAs.¹⁴

1.2.2 People seeking asylum

A person seeking asylum is defined as someone who has left their country of origin and is awaiting a decision on their protection claim to be recognised as a refugee in another country.¹⁵ It is not possible to provide a verified number of asylum seekers across Australia or Victoria from publicly available statistics. However, in 2016 the Victorian Government estimated that Victoria took in approximately 38% of the national total of asylum seekers (11,000 people at that time).¹⁶ More recently, based on available data from visa application processes, the VRHN estimated that there was at least 14,401 asylum seekers in Victoria.¹⁷

People who arrived by boat prior to 2014 are often referred to as a 'legacy caseload' as this group of people seeking asylum are not entitled to permanent residency in Australia. As of 30 June 2019, 6,634 people seeking asylum who arrived by boat were living in Victoria on a bridging visa.¹⁸ There were also a number of people living in Victoria who were waiting for decisions on their applications for temporary protection and safe haven enterprise visas, which are the only visas that people who arrive by boat can apply for. As of July 2019, 5,257 people had been granted such temporary protection visas and 4,373 people were awaiting an outcome on their applications.¹⁹

1.2.3 Settlement support services

While not a core focus of the inquiry, it is important to consider the support services that are available to people from refugee backgrounds when they arrive and settle in Australia. The services that provide settlement support are often the first point of contact for people and can be responsible for connecting them and their families to other local services, such as the Maternal and Child Health (MCH) service or playgroups.

Settlement support services are funded by the Commonwealth Government, with the type and level of support depending on a person's visa. People with a refugee or humanitarian visa, or who have been granted a Permanent Protection Visa, receive

¹⁴ Foundation House, *Submission 33*, p. 4.

¹⁵ Melbourne Children's Campus, *Submission 24*, received 11 October 2019, p. 8.

¹⁶ Department of Health and Human Services, *Refugee and asylum seeker settlement in Victoria*, p. 2.

¹⁷ Victorian Refugee Health Network, *Statistics for Victorian health programs: Planning service provision for people from refugee backgrounds, including people seeking asylum*, Victorian Refugee Health Network, 2019, p. 3.

¹⁸ Victorian Refugee Health Network, *Statewide meeting (August 2019)*.

¹⁹ *Ibid.*

a Medicare Card, some financial assistance, free interpreting and referrals to local employment and community-service providers. They are also eligible for various other supports to assist them become self-reliant and active members of the community, as detailed below.

A key service offered to newly arrived migrants and humanitarian entrants is the Adult Migrant English Program (AMEP). Under the AMEP, people can receive 510 hours of English language tuition, with the option of an additional 490 hours tuition if needed.²⁰ Another service is the Programme of Assistance for Survivors of Torture and Trauma (PASTT), which is managed by the Commonwealth Department of Health. This is specialised support to permanently resettled humanitarian entrants and those on temporary substantive visas living in the community who are experiencing psychological or psychosocial difficulties associated with surviving torture and trauma before coming to Australia.²¹ A specialist torture and trauma service exists in each Australian jurisdiction, with the eight key agencies forming the national Forum of Australian Services for Survivors of Torture and Trauma (FASSTT). The Victorian service is provided by Foundation House.²²

Other settlement services provided to people who are refugees are delivered through the Humanitarian Settlement Program (HSP).²³ The lead HSP agency in Victoria is the Adult Multicultural Education Services (AMES), although multiple agencies are involved in providing settlement support. Services are delivered on a needs-based case management approach in the areas of employment, physical and mental health and well-being, education and training, community participation and networking, housing, family functioning and social support, managing money, justice and language services.²⁴ People are exited from the HSP once they have achieved the settlement outcomes identified in their case management plan. This occurs within six to 18 months of their arrival in Australia.

Extended support can be provided to people identified as having complex needs through Specialised and Intensive Services (SIS).²⁵ This service offers clients short-term support of up to six months to help them access appropriate mainstream services and

20 Department of Home Affairs, *Adult migrant English program (AMEP)*, 2019, <<https://immi.homeaffairs.gov.au/settling-in-australia/amep/about-the-program/background>> accessed 3 March 2020.

21 Department of Health, *Programme of assistance for survivors of torture or trauma*, 2017, <<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-torture>> accessed 3 March 2020.

22 The Forum of Australian Services for Survivors of Torture and Trauma, *Never turning away: Australia's world leading Program of Assistance to Survivors of Torture and Trauma (PASTT)*, The Forum of Australian Services for Survivors of Torture and Trauma, Queensland, 2018, p. 2.

23 When a person is granted one of the following visas to resettle in Australia (Refugee: subclass 200, 201, 203 and 204 visa), they are referred by the Department of Social Services to an Humanitarian Settlement Program (HSP) service provider to access support upon their arrival in Australia. Department of Social Services, *Humanitarian settlement program*, 2019, <<https://immi.homeaffairs.gov.au/settlement-services-subsite/files/hsp-factsheet.pdf>> accessed 3 March 2020.

24 Ibid.

25 Subject to the approval of the Department of Social Services, people holding one of the following visas may be eligible to receive SIS under the HSP: Refugee (subclass 200, 201, 203 and 204) visa; Global Special Humanitarian (subclass 202) visa; Protection (subclass 866) visa; and Temporary Protection (subclass 785), Temporary Humanitarian Stay (subclass 449), Temporary Humanitarian Concern (subclass 786) and Safe Haven Enterprise (subclass 790) visas. Ibid.

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develop the necessary skills to manage their needs independently. People are eligible to receive this support for up to five years after their arrival or up to five years after the grant of their eligible onshore visa.²⁶

For people seeking asylum, they can receive support from the Commonwealth Government through the Status Resolution Support Services (SRSS). This includes temporary accommodation, income support and case management, as well as assistance with connecting to essential community services.²⁷ The SRSS payment is around 89% of the Newstart payment or \$39 per day.²⁸ There are reportedly around 12,500 people currently receiving SRSS, although the Commonwealth Government is in the process of withdrawing support from up to 7,000 people. This is on the basis that working rights have been reinstated to people with bridging visas. As people are entitled to work, they are expected to support themselves prior to being granted a substantive visa or departing Australia. The Committee notes the challenges in securing work for many in this position due to language barriers, not having local work experience or discrimination. This has resulted in an already disadvantaged group becoming even more vulnerable. According to the Asylum Seeker Resource Centre, because of these cuts, demands on housing, health, employment and food have surged, as well as increasing evidence of homelessness.²⁹

In Victoria, people from refugee backgrounds, including those seeking asylum, are eligible for most health and community services funded by the Victorian Government, as eligibility for these services is not typically determined by visa or residency status. In particular, people seeking asylum have special access arrangements for Victorian public hospital services, ambulance services in emergency situations, community health and Home and Community Care program services, dental services and catch up immunisations.³⁰ In September 2019, the Government committed \$3 million in funding to cover health and support services for 6,000 asylum seekers across the State.³¹ This is important given the experiences of many who remain uncertain about the status of their protection applications. According to the VRHN, this uncertainty is a social determinant of health for many families:

People who arrived by boat seeking asylum have now been in Australia more than six years. More than 4000 asylum seekers in Victoria are still waiting for an initial decision on their protection application, and there are more than 5000 people who hold temporary protection visas. There is also a cohort of individuals who have had negative

²⁶ Ibid.

²⁷ Settlement Services International, *Humanitarian Services FAQ (n.d.): What is the status resolution support service*, <<https://www.ssi.org.au/faqs/humanitarian-services-faqs/127-what-is-the-status-resolution-support-service>> accessed 20 February 2020.

²⁸ Asylum Seeker Resource Centre, *How do people seeking asylum fare in the budget?*, 2019, <<https://www.asrc.org.au/2019/04/18/srss-cut/>> accessed 20 February 2020.

²⁹ Ibid.

³⁰ Better Health Channel State of Victoria, *Recent arrivals, asylum seekers and family support services*, 2019, <<https://www.betterhealth.vic.gov.au/health/ServicesAndSupport/recent-arrivals-asylum-seekers-and-family-support?viewAsPdf=true>> accessed 20 February 2020.

³¹ Josh Taylor, 'Victoria gives \$3M to cover payments to 6,000 asylum seekers on bridging visas', *The Guardian*, 8 September 2019, <<https://www.theguardian.com/australia-news/2019/sep/08/victoria-gives-3m-to-cover-payments-to-6000-asylum-seekers-on-bridging-visas>> accessed 21 February 2020.

decisions and are awaiting judicial review. Many of these people experienced prolonged detention, with large cohorts held for 18 months across 2013–14, and a smaller number of children and families that experienced more than 3 years detention, including time on Nauru. Ongoing uncertainty, detention experience, intermittent/restricted work rights, separation from family, poverty, housing insecurity and marginalization combine to have profound negative impacts on health and wellbeing.³²

1.2.4 Children in Victoria

The 2017 *State of Victoria's Children Report* prepared by the Department of Education and Training (DET) noted that the estimated resident population of children aged 0 to 9 years in Victoria in June 2017 was 803,128 people (see Table 1.4). This age group made up 52% of the group aged 0 to 19 years old (a total population of 1,540,239).

Table 1.4 Estimated resident population, by age group, Victoria, June 2017

Age group	Males	Females	Persons
0–4 years	209,341	197,941	407,282
5–9 years	203,599	192,247	395,846
0–9 years	412,940	390,188	803,128

Source: Department of Education and Training, *The state of Victoria's children: Data pack*, Victorian Government, Melbourne, 2017, p. 3.

The 2016 Census also provided some information about children aged 0 to 11 years who were born overseas (Table 1.5). The top countries of birth for people living in Metropolitan Melbourne were India, New Zealand, England, China and Sri Lanka.

³² Victorian Refugee Health Network, *Submission 31*, p. 13.

Table 1.5 Metropolitan Melbourne: Top 15 countries of birth by age, 2016 Census

Country of birth	0–11 years old
India	9,794
New Zealand	7,079
England	5,276
China	4,943
Sri Lanka	2,416
Malaysia	2,232
Pakistan	2,191
Philippines	2,035
Vietnam	1,405
South Africa	949
Hong Kong	844
Greece	488
Italy	362
Scotland	361
Germany	316

Source: Department of Premier and Cabinet, *Population Diversity in Victoria: 2016 Census: Local Government Areas*, Victorian Government, Melbourne, 2018, p. 57.

The 2016 Census also provided information about the number of people aged birth to 11 years who spoke languages other than English and had low English proficiency. There were 52,141 young people with low English proficiency, which was 26.1% of the total number of LBOTE speakers in this age category.

In regard to children from refugee backgrounds, Associate Professor Georgie Paxton OAM from the VRHN advised the Committee:

Putting numbers together, more than 51 000 people of refugee background have arrived in Victoria over the last decade, with 40 to 50 per cent aged under 18 years on arrival, so this is a very young population compared to the demography in Victoria. We had an additional intake over 2016–17 of 12 000 refugees from Syria and Iraq, and again around 40 per cent of this cohort settled in Victoria, predominantly in the LGA of Hume. At the moment there are at least 10 000 people seeking asylum in Victoria, including at least 1300 children aged under 18 years. It is worth noting that these communities also have children born in Victoria and born in Australia, and these are often large families.³³

Similarly, in its submission the VRHN identified that in 2018–19, 13% of people arriving under the Refugee and Humanitarian program were in the birth to five age category and 27% were in the birth to 11 age category. It also advised that there are ‘significant

³³ Associate Professor Georgie Paxton, Victorian Refugee Health Network, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 7.

numbers of the newly arrived community of reproductive age who might be expected to start families in Victoria'. Further, as of 30 June 2019, of the 6,634 people on a bridging visa in Victoria, 945 were aged between birth to 11 years.³⁴ In regard to current figures, the Committee understands that since July 2019, of the 1,878 people who arrived in Victoria on a Humanitarian visa, 215 were aged between birth to five years, and a further 262 were aged between six to 11 years.³⁵ This accounts for almost a quarter of all arrivals.

1.3 Early childhood policy context

In Australia, all three levels of government are involved in the funding and provision of the early childhood education and care (ECEC) sector. The ECEC sector provides services to children based on their ages and needs and is broadly categorised as child care services and preschool (or kindergarten services). The sector also provides other services such as MCH, playgroups and family support services.

Child care services have a long history in Australia, contributing to increased levels of women in the workforce since the 1980s. Along with substantial increases in federal funding, the sector has experienced a growth in for-profit providers and outside school hours care, a stronger focus on the quality of care, and ongoing cost pressures.

In terms of preschool, also referred to as kindergarten, the *National Partnership Agreement on Universal Access to Early Childhood Education* is an agreement between Australian and state and territory governments to provide funding for every child to access a preschool program for 600 hours (15 hours a week) in the year before school (when they are four years old). The original Agreement ran from 2009 to 2012, but since that time the Agreement has been extended on a yearly basis. Similarly, from a health perspective, the *National Framework for Universal Child and Family Services*, details the core services, such as maternal health and the MCH service, that all Australian children (from birth to eight years) and families should receive at no financial cost to themselves, regardless of where they live, and how and where they access their health care. This was developed through a partnership between the Commonwealth, state and territory governments and the non-government sector.³⁶

In Victoria, DET plays the lead role in overseeing ECEC services. The Department of Health and Human Services (DHHS) is responsible for health, human services, and sport and recreational programs for children and their families. This includes the universal and Enhanced MCH service. Local councils also play a key role in various ways, including by jointly funding MCH services with DHHS, delivering services for children and families within geographical areas, operating central enrolment for kindergarten, and supporting local community playgroups. In her evidence to the Committee, Sarah Nesbitt, Director

³⁴ Victorian Refugee Health Network, *Submission 31*, p. 3.

³⁵ Victorian Refugee Health Network, *Statewide meeting (November 2019)*.

³⁶ Australian Health Ministers' Advisory Council, *The National Framework for Universal Child and Family Health Services*, Department of Health and Ageing, Canberra, 2011, pp. 1, 4.

of Maternal, Child and Family Health Branch at DHHS, spoke about the important links between the two departments and the Municipal Association of Victoria (MAV) in providing early childhood services throughout Victoria:

Maintaining strong connections with our Department of Education and Training colleagues, including their three and four-year-old kindergarten and the delivery of the school readiness funding program, is of critical importance to ensure joined-up, seamless service delivery that works for all Victorians, including those from diverse backgrounds. Equally important is our partnership with local government and the Municipal Association of Victoria, which delivers many of our early childhood services and is well placed to identify and respond flexibly to local needs affecting diverse communities in each municipality.³⁷

The joint DET/DHHS submission referred to the Victorian Government's investment of \$15.9 billion across the education portfolios to 'make Victoria the Education State, improving outcomes for children, young people and adult learners across the State... regardless of their start in life'.³⁸ The goals of the Education State are to ensure that early childhood development, school education and vocational training systems are:

- accessible to all Victorians, enabling new arrivals and their children to find a place
- inclusive of diversity and difference, so that family background, language, religion or financial circumstances do not dictate children's futures
- equitable in impact, with professionals who translate high expectations into effective practice adapted to individual needs.³⁹

Under national laws, ECEC educational programs must be underpinned by an approved learning framework. In Victoria, this is the VEYLDF. It supports the learning and development of children aged birth to eight years old by identifying five outcomes of identity, community, wellbeing, learning and communication. In terms of identity, the Framework promotes children having a strong sense of their own identity, cultural awareness and also recognises multilingualism as an asset.⁴⁰ It also comprises a number of practice principles, one of which relates specifically to equity and diversity.

Further, in 2017 the Victorian Government released the *Early Childhood Reform Plan*, which included a number of sector reforms to contribute to a higher quality, more equitable and inclusive early childhood system. Some of these reforms included:

- \$81.1 million for more help for parents to handle the challenges of parenting and more time with skilled professionals like Maternal and Child Health nurses
- \$108.4 million to help kindergartens deliver high-quality and inclusive programs that make the most of every minute that our children are playing and learning

³⁷ Ms Sarah Nesbitt, Director, Maternal, Child and Family Health Branch, Department of Health and Human Services, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 28.

³⁸ Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 3.

³⁹ Ibid.

⁴⁰ Department of Education and Training, *Victorian Early Years Learning and Development Framework*, Victorian Government, Melbourne, 2016, p. 12.

- \$7.2 million to support children with a disability and their families during the transition to the National Disability Insurance Scheme
- \$5.4 million for more help for Koorie families to provide a strong foundation for their children's learning and development.⁴¹

Lastly, in 2017, DET, DHHS and the MAV signed a 10-year Compact on Supporting Children and Families in the Early Years. The first of its kind, the *Early Years Compact*:

- clarifies state and local government roles and responsibilities in the early years from the antenatal period until school entry
- focuses on improved outcomes through enhanced evidence sharing and collaboration
- supports timely identification of vulnerable children, effective inclusion of families in universal services and referrals to other services
- aims to build community awareness on the importance of the early years.⁴²

According to DET, the *Early Years Compact* will support children and families through strengthening the collaborative relationship between the three partners in planning, development and provision of early years services.⁴³

Given the multicultural component to this inquiry, it is also important to acknowledge how the Victorian Government has integrated its broader multicultural policies and support for multicultural communities into the early childhood policy context. The Government's multicultural statement, *Victorian. And proud of it*, was launched in February 2017. It affirms the Government's aim to enable every Victorian to participate fully in society, remain connected to their culture and ensure that everyone has equal rights, protections and opportunities.⁴⁴ In the context of ECEC services and schools, the statement identifies that these should 'build acceptance of diversity, and understanding of other cultures and beliefs'.⁴⁵ It also includes a commitment of the Victorian Government to fund bilingual workers in supported playgroups and kindergartens, out-of-school-hours language programs and programs for newly arrived migrants to learn English at school.⁴⁶

⁴¹ Department of Education and Training, *Early childhood reform*, 2018, <<https://www.education.vic.gov.au/about/educationstate/Pages/earlychildhood.aspx>> accessed 21 February 2020.

⁴² Department of Education and Training, Department of Health and Human Services and Municipal Association of Victoria, *Supporting Children and Families in the Early Years: A Compact between DET, DHHS and Local Government (represented by MAV) 2017-2027*, 2017, p. 4.

⁴³ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 39.

⁴⁴ Department of Premier and Cabinet, *Victorian Government Report in Multicultural Affairs 2017-18*, p. 7.

⁴⁵ Victorian Government, *Victoria's multicultural policy statement: Victorian. And proud of it.*, 2017, p. 32.

⁴⁶ Ibid.

1.4 Report's guiding principles and structure

Throughout the inquiry, the Committee heard about the ongoing challenges experienced by people from refugee and migrant backgrounds when they settle in Victoria and try to navigate new and unfamiliar systems. There is incredible strength and resilience that comes from these experiences and the Committee believes this deserves greater acknowledgement.

Based on the evidence received, the Committee identified several clear principles to inform the development of its recommendations and findings on how early childhood services can better engage with culturally diverse families and their children. These principles should also guide the Victorian Government's support for and implementation of the Committee's recommendations to improve service delivery. The principles are:

Rights and best interests of the child are paramount—this is in accordance with Articles 29(c) and 30 of the UN Convention of the Rights of the Child, which state:

Children's education should be directed to:

[t]he development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own.⁴⁷

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.⁴⁸

Early intervention—participation and engagement in perinatal and early childhood services can have a profoundly positive impact on children's social and emotional development, cognition, and anti-social behaviour. This is particularly evident for children from refugee backgrounds, who are at greater risk of developmental vulnerabilities. At the family level, early intervention is essential to creating positive settlement experiences for people.

Inclusion and diversity—in acknowledging that multiculturalism is the mainstream in Victoria, diversity must be considered a mainstream issue in the planning, funding and delivery of services. Services and programs should be culturally responsive, respectful and safe to ensure that all children are afforded the same access, rights and opportunities.

⁴⁷ United Nations Children's Fund, Conventions on the Rights of the Child, Res 44/25, Article 29 (c) (adopted 20 November 1989)

⁴⁸ United Nations Children's Fund, Conventions on the Rights of the Child, Res 44/25, Article 30 (adopted 20 November 1989)

Family-centred practice—whole-of-family approaches recognise that successful engagement with children also requires supporting their parents and acknowledging their background and experiences.

Community driven—work with and listen to communities about the services and programs that they need and want. Partnering with community organisations in the design of services and programs is essential to understanding strengths and addressing barriers.

As discussed earlier, the Committee employed a broad understanding of the inquiry's terms of reference. This led to an extensive exploration of the various ways that children can be engaged in early childhood services from birth to the early years of primary school. The Committee also examined various issues that affect all of these services, such as data collection, service planning, workforce capacity and communication. The Committee addressed these issues in Part A of the report, before considering specific matters in health services in Part B, followed by education services in Part C. Many of the issues discussed in Part A are also raised in later sections, with extensive cross-referencing throughout the report.

The report is divided into twelve chapters:

- Chapter 1 introduces the key concepts and scope of the inquiry and outlines the inquiry process.

Part A: Key elements across services

- Chapter 2 outlines barriers of culturally diverse families and their children to participating and engaging with early childhood services. It also explores ongoing issues with the collection and sharing of relevant data.
- Chapter 3 discusses the need for improved service planning and collaboration across the State, in addition to the benefits of integrated and localised services in responding to the needs of families and children.
- Chapter 4 explores the early childhood workforce, including how it can be improved to better engage with families from culturally diverse communities and how the Victorian Government can improve workforce diversity overall.
- Chapter 5 focuses on improving communication between families and early childhood services through enhanced and targeted language support.

Part B: Childhood health services

- Chapter 6 discusses the MCH program and its role in acting as a key point of contact and information provision for families with young children when they are settling in Victoria.
- Chapter 7 explores experiences of disability among families and children from culturally diverse backgrounds, including issues with assessments, diagnosis and accessibility to the National Disability Insurance Scheme. The chapter also considers the particular mental health needs of families from refugee backgrounds.

Part C: Childhood learning and development

- Chapter 8 focuses on the awareness among families from culturally diverse backgrounds on child development and the importance of early learning, and outlines ways to improve this awareness.
- Chapter 9 explores the important role of playgroups in delivering early childhood education and supporting families to transition into other educational opportunities.
- Chapter 10 details the ECEC system and the positive impact that services, such as kindergarten, can have on children's life trajectories. The chapter discusses the various ways to increase participation and engagement of children from culturally diverse backgrounds.
- Chapter 11 discusses the early years of school, including the importance of school readiness and transitioning from ECEC services to school for both children and their families.
- Chapter 12 briefly explores the impact of the Coronavirus Pandemic (COVID-19) on early childhood engagement.

Part A: Key elements across services

2 Barriers to participation and data

Participation and engagement in perinatal and early childhood services can have a profoundly positive impact on children's social and emotional development, cognition, and anti-social behaviour. There is overwhelming evidence to support this. Of note is the *Strong Foundations: Getting it Right in the First 1000 Days* project, an Australian initiative established in 2017 to raise awareness among policymakers and the early childhood sector about the importance of the first 1000 days – the period from conception to the end of a child's second year.⁴⁹ An evidence paper prepared for the project acknowledges the biological, global, social, ecological and individual factors involved in ensuring the best start to life and the responsibility of government to support this:

Research is starting to uncover the mechanisms by which experiences during the early years affect outcomes. We know that experiences and environments can embed biological changes in children's bodily systems. We are starting to understand how the human being's capacity to adapt to its immediate environment by making changes to bodily systems can increase the risk of negative outcomes if the adaptations are not conducive to long-term health and wellbeing. And we are starting to appreciate how risks can escalate over time; with early adverse experiences and outcomes increasing the risk for later adverse experiences and outcomes.

With so many variables affecting children's health and wellbeing outcomes, it is realistic to assume that improving outcomes for all children, but particularly those experiencing the most challenges, will require long-term vision and commitment. Change is not impossible, however, and there is sufficient evidence to guide action.⁵⁰

This inquiry's focus clearly goes beyond the first 1000 days of a child's life, although the Committee draws heavily from the project's emphasis on early intervention and the idea that efforts to improve children's health and development must occur at an individual, community and societal level.⁵¹ This was a reoccurring theme throughout the inquiry.

While early childhood engagement focuses predominantly on children, it became clear to the Committee early on in the inquiry that this type of engagement is also important for families from culturally diverse communities. Participation in child-related

⁴⁹ Centre for Community Child Health (Murdoch Children's Research Institute), *The First Thousand Days: An evidence paper*, report prepared by Tim Moore, Noushin Arefadib, Alana Deery and Sue West, The Royal Children's Hospital Melbourne, Parkville, 2017, p. 4.

⁵⁰ Ibid., p. 1.

⁵¹ Ibid., p. 2.

community, education and health services provide soft entry points into the broader community and are understood ‘as important means and markers of integration’.⁵² According to the Victorian Council of Social Service (VCOSS), families’ participation and engagement in early childhood services can assist to build social connections.⁵³ The Committee is also aware that it can reduce feelings of isolation. For these reasons, in addition to the developmental benefits for children, it is essential that services engage holistically with families.

The Committee is aware, however, that some families from culturally diverse communities are less likely to attend certain services. This is particularly among families from refugee backgrounds. While the data about attendance and participation rates is limited, the anecdotal evidence indicates that there are numerous barriers to engagement. The purpose of this chapter is to discuss the barriers as identified by various inquiry participants. It also considers how governments at all levels can improve their data collection to systematically explore attendance and participation rates to inform the development of appropriate interventions to address barriers to access.

2.1 Experiences of people from refugee backgrounds

As highlighted in Chapter 1, a key focus group in this inquiry is people of refugee backgrounds. Many inquiry participants discussed the experiences of refugees and asylum seekers, and also the need for greater understanding of their vulnerabilities and the challenges they face.

There is broad recognition that upon arrival in Australia, people from refugee backgrounds may be in poor physical and mental health, hence the need for intensive support systems and other assistance. This is not only for new arrivals, as some refugees need ongoing support for many years following their arrival in Australia. In her evidence to the Committee, Lisa McKenzie, Executive Officer of the Greater Shepparton Lighthouse Project, reiterated that not everyone arrives at a point of readiness and there needs to be acceptance of the various pathways that people arrive at. Lisa McKenzie also made the point, which the Committee strongly agrees with, that what might be perceived as a vulnerability in the community can actually be a person’s greatest asset:

When we think about the resilience and the resourcefulness of the refugee community, for example, and we think about their capacity over often decades to navigate their way to our community and survive unimaginable, sort of, experiences, we identify that community as having enormous capacity and resilience and resource. So while we do talk about vulnerability and we do talk about disadvantage, we also need to be careful not to categorise people, and to understand their intrinsic value but also their value in their incredible resourcefulness and resilience.⁵⁴

⁵² Foundation House, *Submission 33*, received 21 October 2019, p. 5.

⁵³ Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 5.

⁵⁴ Ms Lisa McKenzie, Executive Officer, Greater Shepparton Lighthouse Project, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 18.

There are countless examples of this resourcefulness and resilience. One is reflected in the report *Regional Futures: Economic and social impact of the Karen resettlement in Bendigo* by Deloitte Access Economics and AMES Australia, which highlighted the positive social and economic contributions made on the regional economy by Karen refugees.⁵⁵ The report identified:

The wider social impacts of the resettlement of the Karen in Nhill provide the story behind the numbers. In short the Karen resettlement in Nhill has helped to:

- redress population decline for the township
- revitalise local services and attract increased government funding
- increase social capital across both communities.⁵⁶

The Committee supports taking a strength-based approach and not categorising people as overly vulnerable, while also acknowledging the unique experiences that people from refugee backgrounds have prior to their arrival in Australia. It is also important for the broader community to be aware of and acknowledge these experiences.

In its submission, Bendigo Community Health Services (BCHS) referred to the experiences of refugees who use its services, many of whom are from the Karen and Hazara Afghan communities. It noted that many have not had the privilege of education, nor been afforded basic human rights, having lived in compounds and camps for up to 30 years:

They...have sometimes lived in patriarchal society without choices, have experienced and/or witnessed torture and trauma, and been stateless in their country of origin. Many of those that have settled in the past 12 years in Bendigo have only known civil war for most of their lives...The average length of displacement according to the Oxford University is 20 years with the average length of stay in a refugee camp is 17 years.⁵⁷

It is unsurprising that the trauma from these experiences place families at increased risk of poor health outcomes, particularly as they negotiate the challenges of settlement in a new country. The Victorian Government's *Refugee and asylum seeker health services: Guidelines for the community health program* recognises that refugee and asylum seekers face disadvantages after arrival that can also impact their health. These include barriers to employment and education, limited family and community connections, settlement stresses, housing and financial insecurity, social isolation, limited English, racism and social stigma. Additional factors for asylum seekers include uncertainty about the future, limited basic resources such as housing and income, mental health issues associated with detention, varying access to Medicare, and a lack of options for reuniting with family.⁵⁸

⁵⁵ Deloitte Access Economics and AMES Australia, *Regional futures: Economic and social impact of the Karen resettlement in Bendigo*, report for AMES Australia, Melbourne, 2018.

⁵⁶ Ibid., p. 4.

⁵⁷ Bendigo Community Health Services, *Submission 28*, received 15 October 2019, p. 2.

⁵⁸ Department of Health and Human Services, *Refugee and asylum seeker health services: Guidelines for the community health program*, Victorian Government, Melbourne, 2019, pp. 10-1.

The long-term psychological and social impacts of these experiences on people's mental health, in addition to the negative impacts on family functioning and on children's mental health, were widely acknowledged by inquiry participants. Dr Elisha Riggs of the Intergenerational Health Research Group at the Murdoch Children's Research Institute (MCRI) told the Committee:

Mental and physical health issues can persist for many years post-settlement and are influenced by stress and socio-economic factors. For example, the loss of family members through death, detention or separation is common.⁵⁹

Dr Elisha Riggs also highlighted that these impacts can be experienced intergenerationally, negatively impacting children.⁶⁰

In her evidence to the Committee, Zeinab Hosseini, Family Services Practitioner with the Brotherhood of St Laurence (BSL) shared her story of when she left Iran as a political refugee. Zeinab Hosseini arrived in Australia in 1989 after travelling through Turkey and Yugoslavia, and living in a refugee camp in Greece:

When I came here, even to find a place to live I had to do it by myself. I was two months pregnant and I lost my baby, because I did not know where to go, what to do. I lived in a hostel and they said, 'Six months you are here; you have to go'. When you do not know—it is a new country, new language, new people, new culture. Everything is new. How can you go and access the police and ask for so many different things? I left Iran and I have never been back. I lost my brother, my dad, my uncle, my aunties—everyone—and I am here and I have so many good people around me.⁶¹

Zeinab Hosseini also explained that at the time of arriving in Australia, she was not engaged in any services to assist her young daughter, such as kindergarten, Maternal and Child Health (MCH) services and immunisations. This was due to Zeinab not having any experience with these services in Iran nor the English proficiency to learn about them.⁶²

In its submission, BCHS also referred to the challenges of parenting in a western world for many people of refugee background:

It is a daunting journey when refugee families are exposed to Australian community expectations re parenting and the various parenting and support services they have access to. There is often no concept of health prevention and screening, disability, mental health, or early childhood interventions such as immunizations and monitoring childhood milestones (maternal child health service visits). The Australian approach to public and protective health is also new to our refugee communities. The public and protective health messages that are second nature to us is a foreign paradigm to this cohort. For example, road rules, child restraints in vehicles, and compulsory school

⁵⁹ Dr Elisha Riggs, Intergenerational Health Research Group, Murdoch Children's Research Institute, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 9.

⁶⁰ *Ibid.*

⁶¹ Ms Zeinab Hosseini, Family Services Practitioner, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 23.

⁶² *Ibid.*, p. 20.

attendance. The service sector also reports a rise in family violence which is partially attributable to the stressors of post-settlement such as changes in family dynamics with regard to Australian expectations of rights of individuals, the changing role of women in the family construct, mutual obligations of receiving Commonwealth benefits, looking for employment, and ensuring immunizations are up to date. The complexities of a western existence are compounded by language barriers, literacy levels, limited formal education, and a cultural shift of living in a country where engagement in these structures are compulsory.⁶³

In her evidence, Kris Pavlidis, the former Chair of the Ethnic Communities Council of Victoria, identified the issues associated with settling in a new country that refugee families face:

When they are arriving here, particularly for the new and emerging communities but even some that have been here for a little longer and are still struggling to navigate the system, I think we need to be looking at the role we all have at different levels of government and community in assisting them to settle and how we best support them or better support people—families and individuals—to settle effectively. So when they are struggling with all the basic things— like shelter, the accommodation stuff, the income source, getting the kids to school, getting employment very importantly— sometimes the preschool stuff takes a backburner role or gets distracted because they are struggling with this very basic stuff that they have got to contend with.⁶⁴

In considering the health and wellbeing of children from refugee backgrounds, the Melbourne Children's Campus (MCC) explained in its submission that parents are more likely to rate their children's health as poor. Children are also more likely to be assessed as vulnerable to development and behavioural issues, especially among children with low English proficiency.⁶⁵ As noted in the Victorian *Refugee Status Report*, many children and young people from refugee backgrounds face numerous challenges on arrival, such as 'negotiating a future in an unfamiliar language and environment while also seeking to establish their individuality and identity as part of growing up'.⁶⁶ Other common experiences of refugee and migrant children as identified by the MCC includes that they:

- are more likely to live in poverty than other children and families in Victoria
- experience significant stress associated with housing insecurity, unemployment, low English proficiency, poor literacy in community language, and being in Australia without extended family
- use fewer services, including paediatric, dental, mental health and emergency room services.⁶⁷

⁶³ Bendigo Community Health Services, *Submission 28*, p. 2.

⁶⁴ Ms Kris Pavlidis, Chair, Ethnic Communities Council of Victoria, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 31.

⁶⁵ Melbourne Children's Campus, *Submission 24*, received 11 October 2019, p. 13.

⁶⁶ Department of Education and Training, *Refugee status report: A report on how refugee children and young people in Victoria are faring*, Victorian Government, Melbourne, 2011, p. 1.

⁶⁷ Melbourne Children's Campus, *Submission 24*, p. 11.

FINDING 1: Prior to their arrival in Australia, it is not uncommon for people of refugee background to experience immense disadvantage, loss and trauma. These experiences can place families at increased risk of poor health outcomes, particularly as they negotiate the challenges of settlement in a new country.

2.2 Participation in early childhood services

The involvement of families and their children from culturally diverse communities in early childhood services is not routinely monitored, although different datasets provide some insight into attendance and participation levels. It is clear from these datasets and the evidence presented to the inquiry that there continues to be an underrepresentation of children from these communities in certain early years services. Janet Elefsiniotis, Manager of Programs for Children and Young People at the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) New Futures told the Committee:

You would be aware that there is still an under-representation of children from migrant and refugee and asylum seeker backgrounds—an under-representation of those children in our maternal and child health services, our playgroups, our kindergartens—and that those children very much need a lot of sometimes additional support, particularly the newly arrived children who have come from war-torn countries or have been born here but are born of parents who are traumatised because of the migration experience.⁶⁸

The 2017 report by the Victorian Auditor-General's Office (VAGO), *Effectively Planning for Population Growth*, identified the impact of Victoria's sustained rapid population growth on service delivery in growth areas and the need to better plan for key services, such as birthing, MCH, and kindergarten, to improve the health and wellbeing of babies and young children.⁶⁹ VAGO indicated there was a lack of comprehensive data regarding participation in MCH and kindergarten services among children from families with a language background other than English, although the available data indicated lower participation rates.^{70 71}

Drawing on data from the School Entrant Health Questionnaire (SEHQ), VAGO reported that children from a non-English speaking background (NESB) and Aboriginal and Torres Strait Islander children, both identified as among the most vulnerable groups of children, had the lowest kindergarten attendance rates in Victoria between 2012 and 2016.⁷²

⁶⁸ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 1.

⁶⁹ Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, parliamentary paper, no. 256, Melbourne, August 2017, p. vii.

⁷⁰ *Ibid.*, p. 38.

⁷¹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 17.

⁷² Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, p. 43.

In regard to participation rates, data is drawn from the Kindergarten Census Collection, the central system for monitoring participation of children. In August each year, the kindergarten census data collection is completed in the Kindergarten Information Management System (KIM), where services are required to provide attendance details for each child enrolled during the National Kindergarten Census Week.⁷³ The Department of Education and Training (DET) uses this data to calculate participation rates, that is the 'number of children enrolled compared to the estimated number of four-year-olds – expressed as a percentage, for each LGA and statewide'.⁷⁴ According to Census data, there has been a steady increase in the number of NESB children reported to be in kindergarten, which DET attributes to a growing awareness of NSEB children and their needs.⁷⁵ In her evidence to the Committee, Kim Little, the Deputy Secretary of Early Childhood Engagement at DET also spoke of the increase in kindergarten enrolments among children from culturally diverse backgrounds:

In terms of CALD participation, the enrolment data that is set out in our submission indicates there has been a strong increase in the number of children in four-year-old kindergarten who speak another main language at home other than English. That number has almost doubled over the last five years, from 9437 in 2013 to 18 195 in 2018. It is a really, really significant increase.⁷⁶

Kim Little also advised that while overall the data is positive, more local 'fine-grained' information indicates that children from some culturally diverse communities are less likely to attend kindergarten.⁷⁷ Similarly, DET/DHHS cautioned in their submission that this data should be balanced with qualitative information from various source.⁷⁸ This is discussed further in Chapter 8.

The DET/DHHS submission also reiterated that the data does not measure actual participation because attendance reporting in kindergarten programs is not required by individual services, except during the single reference week in August each year.⁷⁹

In the context of MCH services, VAGO relied again on DET'S SEHQ to show a lower-than-average participation rate among families with a language background other than English. The report also noted that overall participation of these families had improved, with it remaining steady between 2012 to 2014 and rising in 2015 but then declining in 2016.⁸⁰

⁷³ Department of Education and Training, *Kindergarten Information Management system (KIM)*, 2020, <<https://www.education.vic.gov.au/childhood/providers/funding/Pages/kinderim.aspx>> accessed 4 August 2020.

⁷⁴ Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, p. 42.

⁷⁵ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 17.

⁷⁶ Ms Kim Little, Deputy Secretary, Early Childhood Education, Department of Education and Training, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 21.

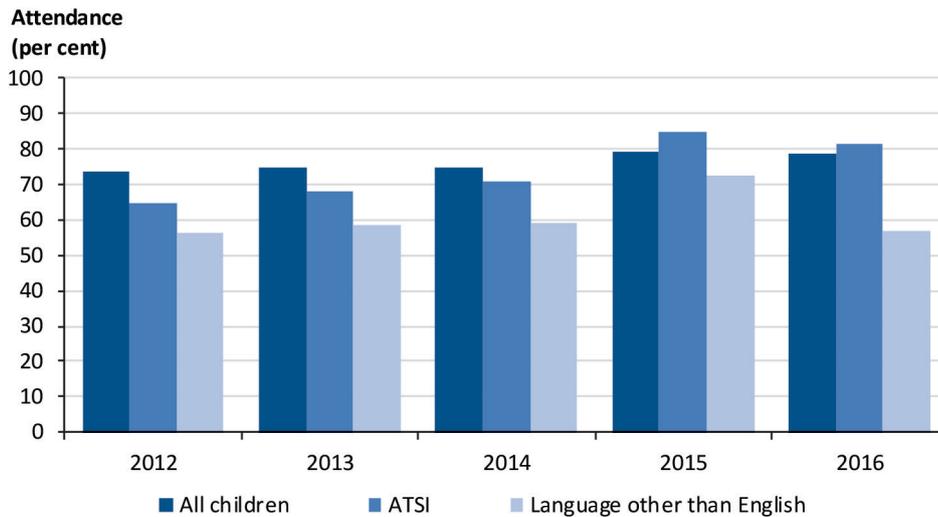
⁷⁷ Ibid.

⁷⁸ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 17.

⁷⁹ Ibid., p. 16.

⁸⁰ Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, p. 38.

Figure 2.1 Reported attendance at an MCH centre for the 3.5-year-old check, by population group, 2012–2016



Source: Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, parliamentary paper, no. 256, Melbourne, August 2017, p. 37.

Similar to kindergartens, there is no publicly available data on participation rates of families from refugee backgrounds in MCH services. The need to improve data collection in these two areas is addressed in Section 2.4.

2.3 Barriers to participation

Barriers to effective early childhood engagement with culturally diverse communities was a common theme throughout the inquiry. When the Committee considered these barriers combined with people's pre-migration experiences, its understanding of the challenges for families when first settling in Victoria was considerably broadened. These considerations also reaffirmed the need to improve the efforts of governments, services and the broader community to better engage and connect with these families.

In 2014, VAGO identified in its report, *Access to Services for Refugees, Migrants and Asylum Seekers*, a number of systemic barriers experienced by culturally diverse communities to accessing services:

Many recent newcomers to Victoria have significant and complex needs. In addition to language difficulties and the need for substantial interpreter support, refugees and asylum seekers are more likely to have physical and mental health conditions arising from their experiences in their country of origin and during their journey to Australia. They may face significant barriers to accessing services, including isolation, transport barriers, financial barriers, lack of familiarity with service systems and lack of social networks that could help them understand their rights to services or the practicalities of arranging the help they need.⁸¹

⁸¹ Victorian Auditor-General's Office, *Access to Services for Refugees, Migrants and Asylum Seekers*, parliamentary paper, no. 324, Victorian Government, Melbourne, May 2014, p. ix.

Further, the Productivity Commission's 2014 *Inquiry Report on Childcare and Early Childhood Learning* found that reasons for an underrepresentation of children from culturally diverse backgrounds in preschool related to families wanting to keep young children close by, a lack of awareness of preschool, and cultural differences around daily routines and food.⁸²

In response to lower attendance rates within MCH and kindergarten services, DET conducted research to determine the contributing factors and barriers to access. Research conducted in 2016 demonstrated that lower participation in MCH services largely related to:

- an initial lack of awareness of the MCH Service, the benefits of ongoing attendance at all KAS consultations, and options for additional consultations or home visits if required
- language and health literacy barriers limited families' confidence in making appointments, calling MCH Line, and engaging with MCH nurses about any concerns they may have about their child
- experiences of trauma for families who arrive in Australia as refugees and asylum seekers, and potential mistrust of government services
- access to female interpreters in rural and regional areas was not sufficient.⁸³

Further, the CALD Participation Project conducted by DET in 2018 explored lower kindergarten participation rates among Somali, Vietnamese and Chinese communities. The research indicated that key concerns of families related to costs of services, proximity to services and the cultural capacity of services. In the joint DET/DHHS submission, DET also advised that initial findings of more recent research indicated there are few commonalities between the three cultural groups, although some overarching themes exist. This includes a lack of awareness and understanding of services and their enrolment processes; connection to culturally appropriate services; and language, cost and family-logistic considerations.⁸⁴

Many of the issues identified in these research projects, such as costs, lack of awareness of services and language and communication barriers, were also commonly identified by inquiry participants. Numerous other barriers were also raised and are discussed throughout the report in the context of specific services, such as service navigation, MCH, mental health and disability, and early childhood education and care. The most commonly identified barrier of language is discussed at length in Chapter 5.

The Committee also heard from some inquiry participants that residency status can act as a barrier to accessing services without incurring significant costs. In its submission, VCOSS referred to the example of international students who rely on private health insurance and are unable to claim pregnancy-related healthcare within their first

⁸² Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 15.

⁸³ *Ibid.*, p. 7.

⁸⁴ *Ibid.*, p. 24.

12 months of arrival.⁸⁵ Similarly, Joanne Geurts, the Chief Executive Officer of the Eureka Community Kindergarten Association, advised the Committee of the challenges experienced by international students who come to study at Federation University in Ballarat:

Those students often come with families and with children, and they would like to have their children come into a kindergarten program because they are of kindergarten age. There are some real challenges with that in that they are not eligible for the subsidies and therefore the cost is very prohibitive.⁸⁶

FINDING 2: Barriers to effective early childhood engagement with culturally diverse communities was a common theme in the inquiry. As addressed in key recommendations throughout the report, there is a clear need to improve the efforts of governments, services and the broader community to better engage and connect with these families.

2.3.1 Racism and attitudinal barriers

At a broader societal level, the Committee heard that racism and discrimination are underlying barriers to engaging culturally diverse communities in services. In her evidence, Shiree Pilkinton, the Ballarat Team Leader at the Centre for Multicultural Youth (CMY), outlined barriers to engagement of families in the school environment, such as language barriers, families being low income, lack of transport, no internet access at home or parents being unable to assist with homework. Shiree Pilkinton advised, however, that in the 13 years that she has been working in this area, the number one issue has been racism.⁸⁷ This was also supported by Lamourette Folly, a Youth Facilitator with the CMY, who advised that language is a problem but so is racism:

You can try to do everything as well as you can, and then you step your foot on the street and someone walks past you and says, ‘Oh, you’re black. Why don’t you go home?’—like there is no way you belong. As soon as you hear that, your heart just drops. Everything that you have ever worked for—it is almost like it has just been put on the ground and diminished, like you are no longer important; you do not feel important at that moment.⁸⁸

Similarly, Nyagak Yang, a Youth Adviser with the CMY referred to her mother’s experience of racism:

... with racism and language, I feel like racism would go above language because even my mum, she never learned English, but someone could say something racist to her and she would understand it. It does not matter what language they are speaking; you can

⁸⁵ Victorian Council of Social Service, *Submission 23*, pp. 12–3.

⁸⁶ Ms Joanne Geurts, Chief Executive Officer, Eureka Community Kindergarten Association, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 1.

⁸⁷ Ms Shiree Pilkinton, Ballarat Team Leader, Centre for Multicultural Youth, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 34.

⁸⁸ Ms Lamourette Folly, Youth Facilitator, Centre for Multicultural Youth, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 35.

feel that energy when someone is judging you for your race. So I would count racism as one of the biggest issues.⁸⁹

Further, David Tenant, the Chief Executive Officer of FamilyCare, advised in his evidence of a key issue that creates the most challenges for culturally diverse families:

... if I had to pick the one issue that creates the most challenge at the moment, it is a conversation at a broad public level, but particularly a national political level, that says difference is something to be fearful of and to avoid and to not be naturally trusting of. This community is the pin-up for how you can make a new arrival feel comfortable, both for the people who are arriving and for the people who already live here. We have done that largely without tension, and yet if you listen to most of the rhetoric and conversation about particularly our newer refugee arrivals, these are people that we should be deeply distrustful of and scared that they will create a community that is less safe. It is not like that. We need desperately to stop having the conversation in that way, because it does impact the way that people engage with us. They feel like somehow we are judging them, and that is not our intention and we do not want to be represented in that way.⁹⁰

The reluctance of people from culturally diverse communities to actively engage in services cannot be underestimated when you consider the broader challenges faced by these people, particularly those from refugee backgrounds, combined with incidents of racism. The Committee heard from various inquiry participants that a common concern for people is that they may be stereotyped or judged.⁹¹ BSL stated in its submission that families fear that cultural norms or their parenting styles will be judged by services providers. Further, some families fear that authorities will remove children from their care, which can 'create reluctance to engage with early years services and the perception that the risk of contact with services outweighs the benefits'.⁹²

In its submission, fka Children's Services placed a strong emphasis on the need to reduce the conscious and unconscious biases of teachers, educators, children and the community to achieve social cohesion. It highlighted that racism and discrimination are evident in every social setting, not just where incidents occur, and that schools and care settings are not neutral spaces.⁹³ fka Children's Services also advised that in its work to assist early childhood education and care settings to develop culturally inclusive programs, it encounters significant and numerous attitudinal barriers. These are represented in the below diagram.

⁸⁹ Ms Nyagak Yang, Youth Adviser, Centre for Multicultural Youth, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 35.

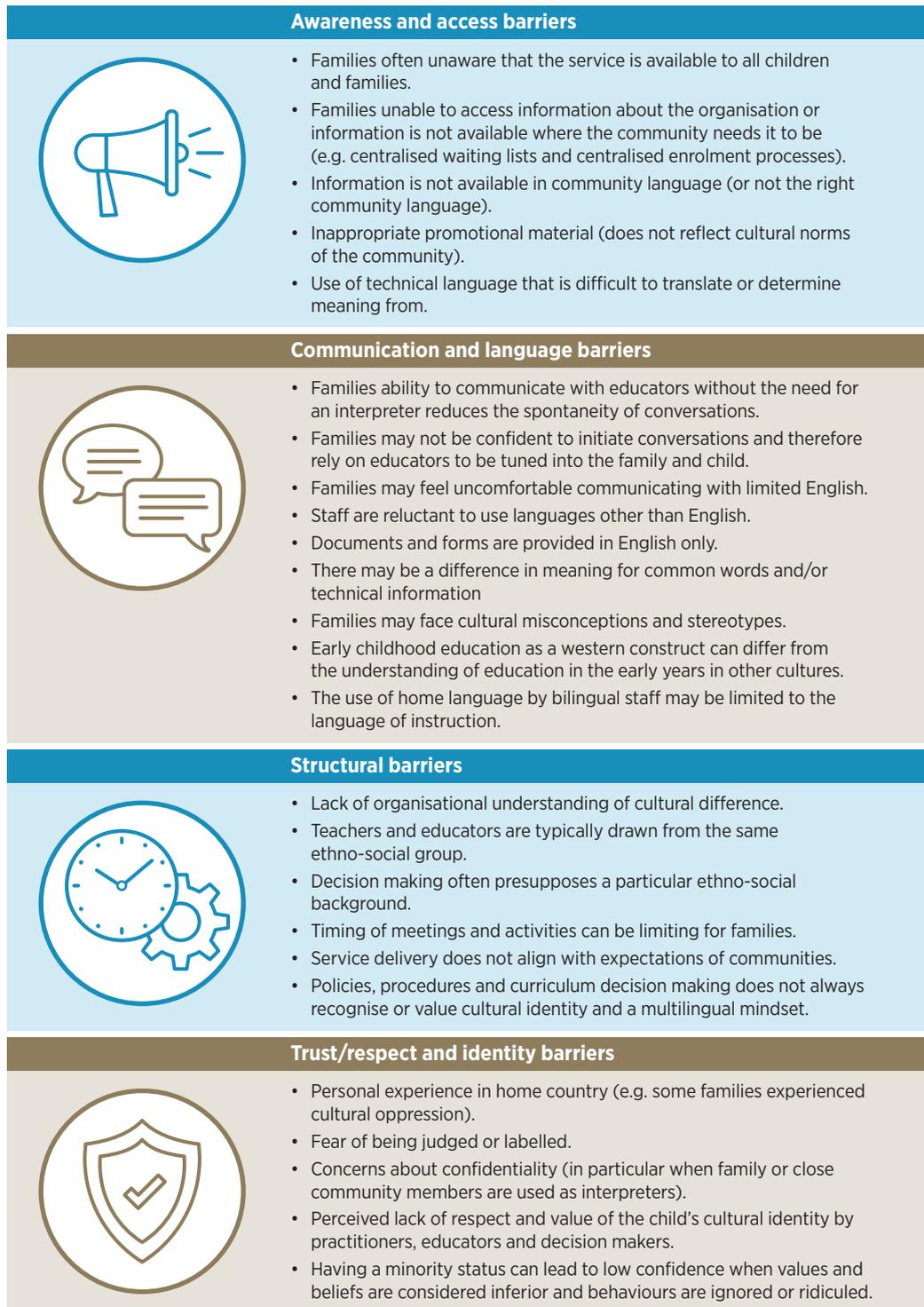
⁹⁰ Mr David Tennant, Chief Executive Officer, FamilyCare, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 29.

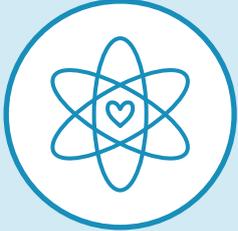
⁹¹ Victorian Multicultural Commission, *Submission 37*, received 19 December 2019, p. 5.; Ms Abrar Dham, Public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, pp. 22–3.; Name Withheld, *Submission 8*, received 27 September 2019, p. 2.; Mrs Nicole Toy, *Submission 5*, received 19 September 2019, p. 5.; Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, p. 11.

⁹² Brotherhood of St Laurence, *Submission 36*, p. 11.

⁹³ fka Children's Services Inc., *Submission 16*, received 9 October 2019, p. 5.

Figure 2.2 Barriers to CALD childhood engagement



	<p>Active/inactive prejudice or discrimination</p> <ul style="list-style-type: none"> • Negative community experiences such as systemic bias and/or racism can lead to social isolation, which in turn can create a cycle of mistrust. • Practitioners reliance on specific information about a particular ethnic group can lead to unintentional stereotyping.
	<p>Barriers for service providers, practitioners and educators</p> <ul style="list-style-type: none"> • Lack of awareness or confidence to address the needs of newly arrived and multilingual families. • Inability to communicate with families and children as they do not share a language. • Practice that is not culturally sensitive, respectful or appropriate. • Lack of adequate resources including time. • Unconscious bias or fear of difference.

Source: fka Children's Services Inc., *Submission 16*, received 9 October 2019, pp. 5–7.

Taking into account the attitudinal barriers, it is easy to understand why families choose not to engage in the first place or why they feel unwelcome or unrespected when participating in services. This is disappointing given that some culturally diverse communities are at a higher risk of social isolation. As reported by BSL in its submission, some families, including those of refugee background, lack the confidence to ask for support.⁹⁴ It was noted earlier the benefits that participation in child-related community, education and health services can bring to families in terms of integration and building social connections. These benefits will be lost if attitudinal barriers continue to exist in early childhood services.

FINDING 3: It is essential to reduce the conscious and unconscious bias of teachers, educators, children and the broader community to build social cohesion and create an environment where all culturally diverse communities feel welcome and respected. Without this, families from these communities will continue to experience barriers to accessing and engaging with early childhood services.

2.4 Data

The importance of reliable data cannot be underestimated in the area of early childhood services and engagement with culturally diverse communities, as it facilitates better planning, improves service delivery and measures outcomes. As noted by the Victorian Multicultural Commission (VMC) in its submission:

Data is paramount to developing outcomes-based policy and delivering tailored services that are inclusive, accessible and meet the needs of service users. To establish the

⁹⁴ Brotherhood of St Laurence, *Submission 36*, p. 10.

client base in the first instance, and to better inform the needs of diverse communities, requires the use of disaggregated data.⁹⁵

The VMC also stated that disaggregated data assists to identify barriers to accessing services, which can then inform the development of informed intervention strategies.⁹⁶ As discussed earlier, however, there are numerous limitations in the data collected to measure participation of culturally diverse families in services, such as MCH services and kindergarten.

Issues with the systematic collection and analysis of such data have been ongoing, as raised by VAGO in its 2014 report *Access to services for migrants, refugees and asylum seekers*. VAGO concluded that Victorian departments do not always know if their services are being effectively accessed by migrants, refugees and asylum seekers due to poor data collection and analysis of service delivery. In 2017, VAGO again raised this issue in its report *Effectively planning for population growth*, in regard to access of culturally diverse families and their children to kindergarten and MCH services, stating that ‘government lacks a sound understanding at the state and local levels of who is accessing kindergarten services and whether eligible children are missing out’. In the context of MCH services, VAGO advised:

A robust understanding of the drivers of demand and reasons for lower and non-participation is necessary to inform assessments of MCH service performance. Without comprehensive data, DET and local governments currently have limited knowledge of whether the government’s policy objectives for universal MCH services in areas of rapid population growth are being achieved.⁹⁷

In the current inquiry, BSL advised in its submission of issues arising from limited access to new settler data, which also impacts the capacity of agencies to plan and design services:

In the absence of such data, mainstream services are unable to assess whether they are meeting the needs of Victoria’s increasingly diverse population or effectively planning to meet future needs. In addition, a lack of accurate new settler data from the Commonwealth—such as ethnicity or pre-migration information—has made it difficult for states and service providers to address the needs of newly arrived migrants, refugees and asylum seekers. The cessation of outcome studies such as the Longitudinal Survey of Immigrants to Australia (LSIA) has made matters worse. Until we know the full picture of children’s participation in existing services, designing and implementing effective services for children of CALD backgrounds will remain challenging.⁹⁸

More broadly, MCC raised in its submission the fact that refugee populations are underrepresented in all mainstream birth cohorts in Australia, such as the Longitudinal Study of Australian Children. There are also no longitudinal studies that focus on children born to refugee background parents after settlement. According to MCC, the

⁹⁵ Victorian Multicultural Commission, *Submission 37*, p. 10.

⁹⁶ Ibid.

⁹⁷ Victorian Auditor-General’s Office, *Effectively Planning for Population Growth*, p. 38.

⁹⁸ Brotherhood of St Laurence, *Submission 36*, p. 34.

availability of such data would allow examination of ‘early childhood development in refugee families, the social or familial factors that support positive child outcomes or what factors promote engagement with services’.⁹⁹

FINDING 4: The importance of reliable data cannot be underestimated in the areas of health and early childhood services and engagement with culturally diverse communities. Such data could facilitate better planning, improve service delivery and measure outcomes. It could also contribute to a greater understanding of the health and wellbeing of children from refugee backgrounds through longitudinal and other research studies.

2.4.1 Determining refugee background

A key issue raised by inquiry participants is that gaps in data collection make it difficult to determine the refugee status of families and children from culturally diverse communities who are engaging in early childhood services.¹⁰⁰

Data collected by service providers and departments does not typically capture this information, which makes it difficult to determine if services are being accessed by certain cohorts. This is common within many administrative datasets, as recognised in the Victorian *Refugee Status Report*, when it was examining the health of refugee children and young people:

In general, refugee status or visa type was not documented in the datasets used to compile this report. The communicable diseases, mental health, justice system, student wellbeing, family services and perinatal databases recorded country of birth only. Population level surveys on the health of Victorian children did not provide information on refugee children and young people. Many of the agencies providing direct services to children and young people of a refugee background did not record refugee status in a manner that allowed data collection and analysis. This presented enormous challenges in mapping services.¹⁰¹

MCH and other health datasets

The Melbourne Children’s Campus advised in its submission that there are numerous challenges for hospitals, MCH and other health services to collect information from service users about their refugee status, which ‘limits the capacity of services to plan, implement and evaluate programs designed to improve outcomes for children of refugee background’.¹⁰² This is becoming increasingly more important with emerging evidence that people of refugee backgrounds experience poorer health outcomes and as identified throughout this inquiry, face many barriers to accessing services.

⁹⁹ Melbourne Children’s Campus, *Submission 24*, p. 19.

¹⁰⁰ Ibid.; Dr Elisha Riggs, *Transcript of evidence*, p. 8.; Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, p. 17.

¹⁰¹ Department of Education and Training, *Refugee status report: Background information, methodology and data sources*, Victorian Government, Melbourne, 2011, p. 17.

¹⁰² Melbourne Children’s Campus, *Submission 24*, p. 19.

In her evidence, Dr Elisha Riggs from the MCRI identified the need to accurately and routinely determine the refugee background of women in Victorian hospital datasets to better understand their experiences of pregnancy complications and poorer birth outcomes, and to determine how services can better respond. Dr Riggs pointed out the challenges in collecting this information for administrative purposes due to there not being a single 'refugee' visa in Australia.¹⁰³ This issue, among others, was also identified in the research paper, *Improving the ascertainment of refugee-background people in health datasets and health services*:

A significant number of people who come to Australia have been formally recognised as refugees. Others who may have encountered similar experiences (i.e. fear of persecution related to race, religion etc.) may be admitted to Australia on visas that do not specifically indicate such histories, for example through the family migration stream. They may also arrive without a valid visa and request recognition as a refugee (these people are seeking asylum), a process that can take years to complete.

As such, it is not possible to use visa type to identify people whose backgrounds and experiences are similar to people who have been formally recognised as refugees.¹⁰⁴

Dr Elisha Riggs also advised the Committee that people may choose not to identify as a refugee once issued with a protection visa, and that there are sensitivities in collecting this information as some people are fearful of how this information may be used.¹⁰⁵ The Committee understands that most datasets include the question 'country of birth', which provides some context to people's cultural background although that question alone does not determine if they are an asylum seeker or refugee. As discussed in the *Refugee Status Report*, asking 'year of arrival' along with 'country of birth' is a useful proxy for asking about someone's refugee status:

It is not necessarily a straightforward (or polite) question to ask 'Are you a refugee?'

Country of birth and arrival date are demographic details that are easy to collect and are likely to be consistent responses over time. These questions are straightforward and can be asked early in an interview, in any sector. They are not perfect surrogates for refugee status, but if both pieces of information are recorded, they can be used as a proxy. They capture a refugee-like group when utilised with an understanding of humanitarian crises and global events. Collection of these details allows comparison between country of origin groups and comparison between new arrivals and those settled for a longer time. If these details were collected consistently as a baseline, data analysis would be vastly improved.¹⁰⁶

In the context of MCH services, the Child Development Information System (CDIS), is the state-wide database, which comprises a number of fields that allows MCH services to collect standard information from mothers. As shown in Table 2.1, it is currently

¹⁰³ Dr Elisha Riggs, *Transcript of evidence*, p. 8.

¹⁰⁴ Jane Yelland, et al., 'Improving the ascertainment of refugee-background people in health datasets and health services', *Australian Health Review*, vol. 42, no. 2, 2017, p. 131.

¹⁰⁵ Dr Elisha Riggs, *Transcript of evidence*, p. 8.

¹⁰⁶ Department of Education and Training, *Refugee status report*, p. 17.

mandatory for MCH services to record mothers' or primary care givers' 'country of birth' for all client histories on the CDIS. According to the Municipal Association of Victoria (MAV), proposed changes to the CDIS will likely require services to record 'main language at home', and 'interpreter required'.¹⁰⁷ The Committee commends DHHS and MAV for these improvements to the CDIS, as the collection of this information will help to provide a more accurate representation of who is attending MCH services. The Committee is also of the view that recording 'year of arrival' should be mandatory to further assist MCH services and DHHS to identify children born to parents of refugee background. The Committee understands that many MCH nurses already ask the refugee status of mothers to inform their service delivery, however, requiring all services to record 'year of arrival' will enhance the systematic collection of this information.

Table 2.1 Information fields in the Child Development Information System

CDIS Fields able to be collected for clients in the system	Currently	Changes proposed to be implemented soon
Main language at home	Not Mandatory	Mandatory
Level of English	Not Mandatory	Not Mandatory
Interpreter required	Not Mandatory	Mandatory—Primary Care Giver
Birth country	Mandatory	Mandatory
Arrival Year	Not Mandatory	Not Mandatory
Ethnicity	Not Mandatory	Not Mandatory
Other languages	Not Mandatory	Not Mandatory
Family customs	Not Mandatory	Not Mandatory

Source: Ms Helen Lees and Ms Kim Rowland, Municipal Association of Victoria, correspondence, 11 August 2020.

RECOMMENDATION 1: That the Victorian Government update the Child Development Information System to make 'year of arrival' a mandatory field, in addition to 'main language at home', 'interpreter required' and 'birth country'.

In a project involving maternity hospitals and MCH services in Melbourne's south-eastern and western suburbs, a team of researchers trialled the use of the four data items in routinely collected administrative datasets ('country of birth', 'language spoken', 'interpreter required' and 'year of arrival') to assist in identifying women of refugee background.¹⁰⁸ As detailed in Table 2.2, a number of questions based on the four data items were also devised by a group of refugee and health service experts to further assist clinicians identify whether their client is likely to be of refugee background.

¹⁰⁷ Ms Helen Lees and Ms Kim Rowland, Municipal Association of Victoria, correspondence, 11 August 2020.

¹⁰⁸ Jane Yelland, et al., 'Improving the ascertainment of refugee-background people in health datasets and health services', p. 132.

Table 2.2 Questions to identify women of refugee background

Administrative data items	Questions to ask in consultations
What is your country of birth?	I have looked after many people from [country] who have had a difficult time. I'm wondering if you arrived in Australia as a refugee or as an asylum seeker?
In what year did you arrive in Australia?	I have looked after many people from [country] who came to Australia as a refugee. I am wondering if this is your situation?
What language/s do you speak?	Where were your (other) children born?
Do you require an interpreter?	Our service likes to make sure that clients have the support they need: I'd like to ask you: <ul style="list-style-type: none"> • Where have you arrived from? • What has your journey been? • Do you have other family members here? • Did you or your partner/other family members arrive in Australia as a refugee or seeking asylum?

Source: Jane Yelland, et al., 'Improving the ascertainment of refugee-background people in health datasets and health services', p. 132.

Results from their initial testing indicated that the questions were deemed acceptable by service administrators, care providers and women, with one MCH nurse stating that asking the questions were straightforward and not considered offensive by families.¹⁰⁹ The services were able to identify whether women, and therefore their children, were likely to be of refugee background, when used in consultation with migration settlement reports.¹¹⁰

Dr Elisha Riggs and Professor Stephanie Brown, both from the MCRI and who were involved in the research, reiterated these findings in their evidence to the Committee. In particular, they recommended that 'year of arrival' be adopted as standard in all administrative datasets, to support the existing three standard questions of 'country of birth', 'language spoken' and 'interpreter required'. Professor Brown advised that making this improvement in administrative datasets is urgent for any careful planning.¹¹¹ As concluded in their research paper, and which the Committee agrees, it is essential for more targeted and effective service delivery:

People who are forced to leave their countries of origin because of persecution and violence are at risk of poor health outcomes because of those experiences, what they encountered in places of transitory residence and commonly the stresses of settling in a new country. Improved identification of refugee background is essential for health professionals to respond effectively to the particular needs of this population and an essential building block for reducing disparities in health outcomes.¹¹²

¹⁰⁹ Ibid.

¹¹⁰ Prof Stephanie Brown, Intergenerational Health Research Group, Murdoch Children's Research Institute, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 11.

¹¹¹ Ibid., p. 12.

¹¹² Jane Yelland, et al., 'Improving the ascertainment of refugee-background people in health datasets and health services', p. 132.

Similarly, the Victorian Refugee Health Network (VRHN) recommended in its submission that all health datasets administered by DHHS collect the four data items as identified, and consider a further item 'refugee/asylum seeker on arrival in Australia' with pilot testing across settings.¹¹³ Associate Professor Georgie Paxton OAM from the VRHN further discussed this proposal in her evidence to the Committee:

For many years we have been advocating for a better understanding of refugee-background Victorians within our administrative datasets. There is a strong case clinically and in terms of implementing policy to examine country of birth, year of arrival, need for interpreter and preferred language. On top of that there is also a case for including an additional item number as to whether people arrived in Victoria as a refugee or seeking asylum. We had anticipated that data linkage, so linking one administrative dataset to another might help us examine some of those features, but to date that has not been a realistic viable option. It will be in years to come, but at the moment we are not able to examine those parameters.¹¹⁴

The Committee agrees with this proposal as it will guide service planning, improve accountability and enhance the capacity of health services to meet the needs from people from refugee backgrounds. This is especially important given the growing body of evidence regarding the first 1000 days of a child's life and the sensitivity of children's brain development to external influences in utero.¹¹⁵ It is also important that the health professionals responsible for collecting this information receive the appropriate training to ensure they understand the value of this information and how it can be used for planning, monitoring and research. Complimentary training is also required to ensure privacy considerations in data collection continue to be prioritised in these settings.

RECOMMENDATION 2: That the Victorian Government require state funded health and early childhood services, including hospitals, Maternal and Child Health services and Early Parenting Centres, to collect the four standard information items of 'country of birth', 'language spoken at home', 'interpreter required' and 'year of arrival' in their administrative datasets. The Government should also pilot a further item regarding refugee status in an appropriate and supported setting to determine its applicability in datasets.

Kindergarten

The Committee believes there is strong merit in DET collecting more information on the cultural background of children attending kindergarten in Victoria. At present, when families enrol their children into kindergarten, they are asked information about the child's country of birth, languages spoken at home and whether an interpreter is required. These are useful identifiers, however, they do not offer any insight into a

¹¹³ Victorian Refugee Health Network, *Submission 31*, p. 17.

¹¹⁴ Associate Professor Georgie Paxton, Victorian Refugee Health Network, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 9.

¹¹⁵ Jane Yelland, et al., 'Bridging the Gap: using an interrupted time series design to evaluate systems reform addressing refugee maternal and child health inequalities', *Implementation Science*, vol. 10, no. 62, 2015, p. 2.

family's pre-migration experience or whether they are of refugee background. BSL identified this issue in its submission:

Currently DET collects information about a child's country of birth and languages spoken at home, but not their ethnicity. Services cannot infer ethnicity from these, as many countries are home to numerous ethnicities and languages (for instance, Iraq is the birthplace of Assyrian or Chaldean people who may nominate Arabic as their language rather than Assyrian). Failing to collect this information means that service providers cannot plan programs or recruit bicultural staff to serve ethnic groups that are more at risk of missing out.¹¹⁶

In her evidence to the Committee, Hutch Hussein, Senior Manager of the Diversity Unit at BSL, reiterated that it is important from an access and equity perspective to know who kindergartens are and are not seeing. Hutch Hussein proposed that collecting this information on kindergarten enrolment forms would allow strategic comparisons to be made with the Commonwealth Department of Home Affairs' settlement data, which is based on ethnicity. This would provide insight into 'who has arrived over the past five years and then see whether they are reflected in the kindergarten enrolments'.¹¹⁷ Such information would allow the Victorian Government to be more strategic and focused in its engagement work.¹¹⁸

The Committee agrees that kindergarten enrolment forms should include more questions to ascertain the cultural background of children and their families. Asking parents their country of birth and year of arrival could provide kindergarten staff with information about the specific needs of children, including whether trauma-informed care might be appropriate. As noted by Dr Greg Gow, Program Leader of Education and Early Years at the Victorian Foundation for Survivors of Torture Inc. (Foundation House), children born in Australia whose parents are of refugee background may also experience the intergenerational impact, especially when parents are dealing with their own recovery.¹¹⁹

Further, it was raised with the Committee that despite the evidence and policies supporting the critical importance of early childhood services, there is not a clear understanding about whether eligible children are missing out.¹²⁰ For example, the Victorian Government funds access to kindergarten for children of asylum seekers, however, the Government cannot measure their actual participation in the service. Kathy Cooney, the Communities of Practice Team Leader, Education and Early Years at Foundation House, raised this in her evidence to the Committee:

But one of our biggest problems is that we cannot find out data around how many children are attending. Anecdotally, whenever I meet a prep teacher in my work I say,

¹¹⁶ Brotherhood of St Laurence, *Submission 36*, p. 34.

¹¹⁷ Ms Hutch Hussein, Senior Manager, Diversity Unit, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 22.

¹¹⁸ Ibid.

¹¹⁹ Dr Greg Gow, Program Leader, Education and Early Years, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 2.

¹²⁰ Ms Kathy Cooney, Communities of Practice Team Leader, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 5.

‘How many of the children do you think went to kindergarten?’. I get answers that about 50 per cent of refugee background children have been to kindergarten, which means that with the long-term benefits of kinder it is a terrible thing that children are missing out. We do know of some areas that have got interventions to ensure that all children have been to kinder before they come to prep, but again, you have got to put resources into it. In our work with Best Start we do not have the data to say that a small number of refugee background children are not attending all of the early years services. We do not have the data, so then we cannot say that we have done this intervention or that intervention and we have increased the attendance or the participation.¹²¹

The Committee proposes that DET examine what additional questions should be added to enrolment forms for use by all Victorian kindergartens, including consideration of the above section on the ‘year of arrival’ question. Further work is required to determine whether information collected from enrolment forms can be collated and compared to other administrative datasets, such as those administered by the Department of Home Affairs. The Committee understands that this information will not measure participation, although it could offer further insight into whether children from refugee backgrounds are accessing the Victorian Kindergarten Program.

RECOMMENDATION 3: That the Victorian Government incorporate additional questions into the kindergarten enrolment form to assist in ascertaining the cultural background of families. Questions should also be asked of parents, including their country of birth and year of arrival.

2.4.2 Measuring participation

There were numerous calls from inquiry participants to improve the systematic collection of information on the participation of children from culturally diverse backgrounds in early childhood services, particularly MCH and kindergarten.¹²² Without knowledge of participation rates, it is difficult to determine whether the needs of certain communities are being met. It also becomes challenging to enhance service delivery specifically for these children.

Maternal and Child Health

As noted earlier, the CDIS is the state-wide MCH database, which all local councils use. MAV, with a funding contribution from DET, commenced development of the CDIS in 2014 with the aim to:

- facilitate the sharing of information when families move
- enhance engagement opportunities, including sending reminder text messages for upcoming appointments

¹²¹ Ibid.

¹²² Brotherhood of St Laurence, *Submission 36*, p. 34.; City of Greater Dandenong, *Submission 18*, received 11 October 2019, p. 2.; Melbourne Children’s Campus, *Submission 24*, p. 23.; Victorian Refugee Health Network, *Submission 31*, p. 17.

- improve the link to other early childhood data systems through secure transfer of data and referrals
- improve statewide performance monitoring and data analysis.¹²³

The Committee understands that client data can be transferred across councils, which allows MCH staff to access a child's information at any MCH service across Victoria.¹²⁴ This is particularly helpful when a family moves to a new local government area (LGA) and a handover can occur between the old and new MCH services. This is a marked improvement on the previous situation where there were multiple databases and no ability to share information across different services.¹²⁵

While the CDIS has created numerous data efficiencies for MCH services, the Committee heard that it is still lacking in some areas. Both MCC and the VRHN indicated in their submissions that there is no publicly available data on the participation of children from culturally diverse backgrounds, including those from refugee backgrounds, in the MCH service.¹²⁶ In her evidence, Associate Professor Georgie Paxton OAM from the VRHN recommended that this information be collected:

The final one is actually to examine participation in maternal and child health, because data within the maternal and child health system has been difficult to examine for refugee background communities for many, many years. There were previous audits completed of maternal and child health participation which noted that there are challenges with the data we collect for CALD communities.¹²⁷

In its submission, the City of Greater Dandenong advised that the CDIS does not have the capacity to provide reports that identify participation status separated into cultural background. The Council contacted the CDIS Help Desk to discuss if this information was available at the administrator's end, but was advised that reports that 'identifying specific CALD data were limited to country of birth only'.¹²⁸

The Committee also understands that while the CDIS routinely collects information about a family's participation in the service, this is a separate data extract to reports on individual families, which details their background information. These two data extracts are not systematically linked. While they can be linked, it can only be completed at the administrator's end and it is a costly process.¹²⁹ Cathie Arndt, the Maternal Child Health Coordinator at the City of Greater Dandenong, advised the Committee that while the CDIS is beneficial because it is state-wide, it is difficult to ascertain whether families are attending appointments:

¹²³ Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, p. 35.

¹²⁴ Municipal Association of Victoria, *Child development information system (n.d)*, <<http://www.mav.asn.au/what-we-do/sector-development/cdis#on-cdis>> accessed 3 August 2020.

¹²⁵ Ms Cathie Arndt, Maternal Child Health Coordinator, City of Greater Dandenong, Public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 2.

¹²⁶ Melbourne Children's Campus, *Submission 24*, p. 13.; Victorian Refugee Health Network, *Submission 31*, p. 3.

¹²⁷ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 9.

¹²⁸ City of Greater Dandenong, *Submission 18*, p. 2.

¹²⁹ Ms Helen Lees and Ms Kim Rowland, correspondence.

The difficulty is the ability to draw out information into a report on the nationality. We can actually narrow it down to the numbers, but there is no way of aligning those numbers with the identifier currently in CDIS, so we actually cannot identify. We might actually be able to say that we have got 700 Dari-speaking families, but we cannot then ascertain whether those families are actually in attendance because there is no way of linking that data.¹³⁰

Routinely collecting this information and analysing it across the State would assist in tracking the participation of families in MCH services and particularly at each Key Age and Stage (KAS) appointment. Providing further insight into the participation of culturally diverse families would also capture their level of engagement in the service and allow for closer examination into the drivers of demand and reasons for lower participation. This data would also contribute to a better understanding of whether the objective of universal accessibility to the program is being achieved by DHHS.¹³¹

RECOMMENDATION 4: That the Victorian Government enhance the Child Development Information System to systematically measure the participation of families in the Maternal and Child Health service and their attendance at Key Age and Stage appointments.

Kindergarten

The inability of DET data to measure the actual participation of culturally diverse children in the Victorian Kindergarten Program was identified as problematic by numerous inquiry participants.¹³² In reference to the KIM and Census data, the joint DET/DHHS submission advised that while the data identifies children from a NESB, it is not feasible to calculate a kindergarten participation rate for them as there is no suitable NESB population denominator for four-year-olds.¹³³

In her evidence to the Committee, Kim Little from DET advised that even if that information was available, it would need to be disaggregated ‘because a general CALD average participation rate of course can conceal as much as it reveals’.¹³⁴ As discussed earlier, Kim Little also explained the value of qualitative data, which the Department has invested in to explore particular challenges that face local communities regarding participation.¹³⁵

The joint DET/DHHS submission also made the point that while it measures participation of four-year-old children in kindergarten through the Census, less is known about how often they attend kindergarten throughout the year. This is due to kindergartens not being required to submit their attendance reports to DET for funding

¹³⁰ Ms Cathie Arndt, *Transcript of evidence*, p. 2.

¹³¹ Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, p. 38.

¹³² Brotherhood of St Laurence, *Submission 36*, p. 34.; Ms Kathy Cooney, *Transcript of evidence*, p. 5.; VICSEG New Futures, *Submission 7*, received 27 September 2019, p. 3.

¹³³ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 17.

¹³⁴ Ms Kim Little, *Transcript of evidence*, p. 21.

¹³⁵ Ibid.

purposes. The DET/DHHS submission noted that there is growing recognition of the need to collect this data to better understand and respond to attendance patterns. However, it is deemed an administrative burden for kindergarten services, in addition to there being privacy concerns.¹³⁶

The Committee was advised that a key component of the CALD participation project, as discussed in Section 2.3, has been to capitalise on available data and determine opportunities to collect additional data that will support participation and attendance.¹³⁷ During its public hearings, the Committee heard that Brimbank City Council has been involved in this project. John MacDonagh, the Manager of Community Care at the Council, told the Committee:

We are currently actually doing a project in partnership with DET around tracking attendance. We have just finished a pilot of that project with six local kindergartens run by local early years management services, and we have discovered that there is a high rate of non-attendance but also a number of people not getting the full allocation—who run late to these. There are number of reasons—it could be weather, it could be transport, it could be the timing of the kindergarten sessions themselves. So the program we are doing now, which has been funded by DET, is going to drill down a bit further and look maybe at some of the cultural issues, some of the social and economic issues and some of the locational issues that might be causing people not to get to kindergarten—and who are not attending kindergarten.¹³⁸

John MacDonagh also advised of the value of having this data, which would allow the Council to make informed decisions about why participation rates are lower among some culturally diverse families at the local level and implement interventions to address these issues.¹³⁹

The Committee commends DET for its work in this area, and believes that improving the collection of enrolment data and continuing work to further measure attendance rates are useful starting points. The Committee encourages the Department to continue this work at the local level, with the intention to broaden and deepen its understanding of effective and ongoing engagement of culturally diverse families, including those from refugee backgrounds, in the Victorian Kindergarten Program.

2.4.3 Settlement data

Another ongoing issue identified by inquiry participants is that data collected by the Commonwealth Government on the arrival of people from refugee backgrounds and their settlement locations is not routinely shared with the Victorian Government and local councils. According to the 2014 VAGO report, departments and service providers

¹³⁶ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 16.

¹³⁷ *Ibid.*

¹³⁸ Mr John MacDonagh, Manager, Community Care, Brimbank City Council, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 3.

¹³⁹ *Ibid.*, p. 4.

commented in the audit on the challenges this presents, including that it makes it 'difficult for local government areas to adequately plan and prepare for new arrivals',¹⁴⁰ and to proactively invest in early intervention and upfront services:

The lack of current, readily available and accessible data limits the extent to which resources can be invested in early intervention and upfront services. In practical terms, this means that local governments and service providers are more likely to react to arrivals in their area, rather than being able to plan ahead effectively and coordinate and integrate services for individuals settling in the area.¹⁴¹

VAGO also highlighted that there was growing pressure on local councils with the highest proportion and largest number of 'overseas-born residents' and 'Language other than English speakers', including those with low English proficiency. Further, local councils with small settlements of refugee and asylum seeker new arrivals were also reported as being unprepared and finding it difficult to respond to their needs.¹⁴²

The Committee received limited evidence about how the Commonwealth Government shares new settler data with state and territory governments. However, some inquiry participants raised the possibility of Commonwealth funded settlement support agencies advising local councils of the arrival of families in LGAs.¹⁴³ Receiving this information would then allow councils to link families with appropriate services, such as MCH services.

A number of inquiry participants identified the challenges with linking families with young children into MCH services upon their arrival in Victoria.¹⁴⁴ This issue was also acknowledged by DET/DHHS in their submission.¹⁴⁵ MCC referred to a study in its submission that explored the engagement of 87 refugee families from Karen, Iraqi, Assyrian Chaldean, Lebanese, South Sudanese and Bhutanese backgrounds with MCH services. Mothers who gave birth to their children in Victoria reported good initial engagement with the service through the hospital birth notification system, which automatically connected them to a MCH nurse in the LGA that they resided in. However, mothers who gave birth to their children overseas and arrived in Australia with young infants and children reported not being told about the service on arrival and did not understand what it offered.¹⁴⁶ MCC recommended that linkages between settlement services and other ethnic agencies be made 'to streamline engagement of newly arrived families into early childhood services including the MCH service and playgroups'.¹⁴⁷

¹⁴⁰ Victorian Auditor-General's Office, *Access to Services for Refugees, Migrants and Asylum Seekers*, p. 25.

¹⁴¹ *Ibid.*, p. 26.

¹⁴² *Ibid.*, p. 27.

¹⁴³ Brotherhood of St Laurence, *Submission 36*, p. 23.; Melbourne Children's Campus, *Submission 24*, p. 12.;

¹⁴⁴ Mrs Nicole Toy, *Submission 5*, p. 1.; Ethnic Communities' Council of Victoria, *Submission 15*, received 9 October 2019, p. 2., Melbourne Children's Campus, *Submission 24*, p. 12.

¹⁴⁵ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 11.

¹⁴⁶ Melbourne Children's Campus, *Submission 24*, p. 12.

¹⁴⁷ *Ibid.*, p. 5.

Similarly, BSL recommended in its submission that Commonwealth funded settlement services be required to notify the relevant LGA of a family's presence to help connect them to early years services.¹⁴⁸ Stephanie Johnson, the Refugee Child Outreach Coordinator at the BSL expanded on this proposal in her evidence to the Committee:

It is seeking Federal Government agreement to require providers of status resolution support services—so that is for families seeking asylum—and settlement service for humanitarian entrants to advise local councils of new families in their catchment area. What that would do is provide that federal intensive period of settlement support, and if they are able to link to their workers who are actively working on the ground in those six months and make sure they are referred to local council, that would then hopefully enter them into the linked database that we are proposing.¹⁴⁹

The Committee understands that some councils already have strong relationships with settlement services. Cathie Arndt from the City of Greater Dandenong advised the Committee that the Council works closely with local migrant support services who advise when a new family arrives. The family is then referred to Council services and linked in with playgroups.¹⁵⁰ The Committee is highly supportive of this approach and of the recommendations proposed by BSL and MCC.

FINDING 5: It is important that Commonwealth funded settlement support services notify local councils of the arrival of refugee families to facilitate engagement and connection to local early childhood services.

Improved systematic linking between settlement support services and local councils was also identified as necessary due to the high mobility of families in the early settlement period and the challenge in determining the numbers of people from refugee backgrounds who relocate to Victoria from other states and territories or people who move to new locations within Victoria. VAGO also raised this issue in its 2014 report:

While the Department of Immigration and Border Protection has access to the systems that could provide the most accurate and comprehensive data about secondary migration of asylum seekers, and the Department of Social Services has access to information about refugees, this information is not currently provided by the Commonwealth to states and territories.¹⁵¹

In her evidence, Associate Professor Georgie Paxton from the VRHN described the mobility of people during this period as living in 'transitional housing for a period and often move LGA within weeks, and then some will move regionally or rurally within months or within the years after settlement'.¹⁵² As an example, Lisa McKenzie, the

¹⁴⁸ Brotherhood of St Laurence, *Submission 36*, p. 23.

¹⁴⁹ Ms Stephanie Johnson, Refugee Child Outreach Coordinator, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 24.

¹⁵⁰ Ms Cathie Arndt, *Transcript of evidence*, p. 3.

¹⁵¹ Victorian Auditor-General's Office, *Access to Services for Refugees, Migrants and Asylum Seekers*, p. 25.

¹⁵² Associate Professor Georgie Paxton, *Transcript of evidence*, p. 9.

Executive Officer of the Greater Shepparton Lighthouse Project, explained to the Committee that Shepparton is a site of secondary settlement for many families of refugee background:

We are due to have 320 new arrivals in this financial year. They are sort of designated arrivals for Shepparton, but what we find is we have many more. It is a site of second settlement. People might come in to Frankston or Dandenong or western Sydney, but they hear about the work here in abattoirs or in the fruit industry or just that we are an accepting community where there are perhaps some relations or perhaps people from their own community, from their original locality.¹⁵³

Lisa McKenzie also advised that families in these circumstances are often not linked to local services, as the support they received initially is attached to their first location.¹⁵⁴ David Turner from Familycare in Shepparton also spoke to the Committee about the challenges experienced by families when they move to Shepparton as secondary migrants:

... I would draw particular attention to is the insufficiency of benefits and supports provided to refugee arrivals, especially those who come to Shepparton as secondary rather than primary migrants, and those can sometimes result in acute material disadvantage. Added to histories of trauma, it can produce an extra layer of struggle for those families and challenge for them to access the local service system. We believe there are links between these structural drivers of disadvantage and Shepparton's comparatively poor AEDC data, and the results are unsurprisingly worse for culturally and linguistically diverse families.¹⁵⁵

Drawing on the recommendations proposed by MCC and BSL, the Committee believes there is strong merit in requiring settlement support services to work more with local councils and advise them of the arrival of new families from refugee backgrounds. This will allow families who arrive in Australia with infants and young children to be linked in with MCH and other early childhood services. It will also seek to keep people in visibility with services when they move between LGAs or into Victoria from another state after their initial settlement period.

RECOMMENDATION 5: That the Victorian Government advocate to the Commonwealth Government that it require funded settlement support services to formally advise local councils of the arrival of refugee families in the area to facilitate linking with local services.

Improved data sharing across jurisdictions

The Committee believes that opportunities to improve the sharing of data on people from refugee backgrounds across jurisdictions is worthy of exploration. There are clearly opportunities to improve data sharing at a multi-agency level between state/territory

¹⁵³ Ms Lisa McKenzie, *Transcript of evidence*, p. 14.

¹⁵⁴ Ibid.

¹⁵⁵ Mr David Tennant, *Transcript of evidence*, p. 25.

governments, the Commonwealth Government and local councils. This could enhance the way data on the health status of refugees is collected across the country, and also improve the systematic sharing of settlement data across all levels of government. While the Council of Australian Governments (COAG) would have been the appropriate forum for governments to explore these opportunities, it was recently disbanded by the Commonwealth Government. A review into the former COAG Councils and Ministerial Forums is currently underway with a view to rationalise and reset their work.¹⁵⁶ Once finalised, the Victorian Government should raise this matter with the appropriate group for discussion.

RECOMMENDATION 6: That the Victorian Government raise for discussion at a national level, opportunities to improve the sharing of refugee settlement and health data across jurisdictions and all levels of government.

2.4.4 Enhanced linkages between MCH services and kindergarten enrolments

Building on the above recommendation, another way ensure families do not fall out of visibility is to create better linkages between existing administrative databases. A number of inquiry participants raised this with the Committee, including the Centre for Excellence in Child and Family Welfare (CECFW) who recommended in its submission that datasets be linked to provide accurate and ongoing monitoring of migration patterns to inform state and local government planning.¹⁵⁷ Deb Tsorbris, the Chief Executive Officer of the CECFW, expanded on this recommendation in her evidence to the Committee:

Our members have asked for more systematic and integrated use of datasets across early years services, such as maternal and child health, kindergarten and child and family services, to enable accurate and ongoing monitoring of migration patterns for planning purposes. Local and state governments need to work together to share and collect data to inform this planning and strategic approaches to service delivery.¹⁵⁸

Similarly, the MAV recommended in its submission that:

... the Victorian Government invests in a systems approach to ensuring all children are enrolled and able to access kindergarten through linking the MCH Child Development Information System with a state-wide Victorian Government funded kindergarten central enrolment system.¹⁵⁹

¹⁵⁶ Department of the Prime Minister and Cabinet, *Effective Commonwealth state relations*, (n.d.), <<https://www.pmc.gov.au/domestic-policy/effective-commonwealth-state-relations>> accessed 27 August 2020.

¹⁵⁷ Centre for Excellence in Child and Family Welfare, *Submission 26*, received 11 October 2019, p. 6.

¹⁵⁸ Ms Deb Tsorbaris, Chief Executive Officer, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 35.

¹⁵⁹ Municipal Association of Victoria, *Submission 30*, received 17 October 2019, p. 9.

As explained above, all MCH services in local councils use the centralised data system, CDIS. Whereas there is still a push for local councils to use a central enrolment system, the purpose of which is to provide a single point for families to apply for multiple kindergartens within an LGA.¹⁶⁰

Central enrolment is discussed in detail in Chapter 10, although it is useful to note the Central Enrolment Project here, which is a partnership between DET and MAV. One of its key objectives is to implement central enrolments in all councils and to establish direct linkages with MCH services to facilitate early identification of vulnerable children and to assist with their enrolment in a kindergarten program.¹⁶¹ Currently, 47 out of 79 councils have a central enrolment system.¹⁶² In 2018, 52 councils received grants to establish new or strengthen existing schemes, and in 2019, an additional 46 councils were awarded a grant.¹⁶³ Wendy Allan, the Early Years Policy Adviser at MAV, advised in her evidence the various strategies and innovations that have come through this central enrolment work:

So if you have a child in the maternal and child health system who does not show up in the kindergarten system, then you go looking for them, fundamentally, as opposed to at the moment, as you said, there are a whole range of access and equity issues that we are continually trying to improve and trying to address. Certainly central enrolment is a significant lever. It has improved substantially both in terms of its sophistication and the work that councils actually do to support their families to enrol through a whole range of partnership and referral processes, and increasingly through a number of projects, if you like.¹⁶⁴

Some inquiry participants also advocated for a state-wide approach to kindergarten enrolment, which is discussed in Chapter 10.

The Committee is aware that another objective of the Central Enrolment project is the collection of accurate, consistent and timely kindergarten demand data (current and future) across all participating LGAs and used by the councils and DET to monitor and manage capacity and utilisation of services.¹⁶⁵ The Committee is highly supportive of this use of data, especially given the issues identified above in measuring participation rates among certain cohorts in the community. The Committee expects that this data will provide further insight into whether kindergartens are meeting the needs of culturally diverse children residing in their areas.

FINDING 6: The continued implementation of the Central Enrolment System across Victoria and direct linkages with Maternal and Child Health services will assist to increase enrolment of children from refugee background into the Victorian Kindergarten Program.

¹⁶⁰ Department of Education and Training, *Kindergarten Central Enrolment project*, 2020, <<https://www.education.vic.gov.au/about/educationstate/Pages/central-enrolment.aspx>> accessed 4 August 2020.

¹⁶¹ Ibid.

¹⁶² Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 37.

¹⁶³ Department of Education and Training, *Kindergarten Central Enrolment project*.

¹⁶⁴ Ms Wendy Allan, Early Years Policy Advisor, Municipal Association of Victoria, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 17.

¹⁶⁵ Department of Education and Training, *Kindergarten Central Enrolment project*.

3

Integrated and place-based responses

A key barrier identified for engaging culturally diverse communities is the complexity of the service system across various areas of early childhood services. This complexity, combined with limited awareness of service availability, makes it difficult for families to engage. This is recognised in the Victorian Government's *Early Childhood Reform Plan*:

The early childhood system in Victoria is complex, with no single funder or provider responsible for service availability and quality, or for children's outcomes.

Our system relies on partnerships between three levels of government and many service providers. There is considerable goodwill, but there are still challenges. Services can be fragmented and difficult to navigate; information on families and children, and how best to help them, is not always shared; and local problems can go without local solutions.¹⁶⁶

In its 2014 report on *Access to Services for Migrants, Refugees and Asylum Seekers*, the Victorian Auditor-General's Office (VAGO) noted that newcomers to Victoria may face a 'lack of familiarity with service systems and lack of social networks that could help them understand their rights to services or the practicalities of arranging the help they need'.¹⁶⁷ These issues were regularly raised with the Committee during the inquiry. For example, the Brotherhood of St Laurence (BSL) stated in its submission:

- The early years system is complex, with a disconnection between early years education and care, maternal and child health and family services. The interplay of federal, state and local government programs adds to this complexity.
- Families of CALD [culturally and linguistically diverse] backgrounds who have not heard of these services in their country of origin may be unsure of why the services are important, what the eligibility criteria are and where to go to access the services.¹⁶⁸

Commenting on the unique challenges faced by people from refugee backgrounds and a lack of settlement support, Associate Professor Georgie Paxton OAM of the Victorian Refugee Health Network (VRHN) stated:

When people first arrive under our offshore refugee program they have settlement support for a period of around six months, which can be extended where there are complex medical or other issues. The early period of settlement is one of competing demands. People have moved countries, moved languages, moved contexts, moved cultures. Within that framework they have to find a house, they have to be supported

¹⁶⁶ Department of Education and Training, *Early Childhood Reform Plan*, Victorian Government, Melbourne, 2017, p. 25.

¹⁶⁷ Victorian Auditor-General's Office, *Access to Services for Refugees, Migrants and Asylum Seekers*, parliamentary paper, no. 324, Victorian Government, Melbourne, May 2014, p. ix.

¹⁶⁸ Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, p. 9.

to engage with Centrelink and the bank and the local community, to enrol children in school and/or kindergarten and to engage in English language classes for adults. At the same time they are trying to make sense of the immediate local environment, so it is this time of enormous change. On top of that we are linking people with the health system, and that is both primary care but often across the health system also linking with specialist care. All of those individual areas require navigation of service systems, and together it is indeed overwhelming. Case management supports people in those initial stages. However, on the ground that is less direct than it was years ago and there are genuine challenges in terms of all of those domains. If we add in situations where there are concerns about immediate health issues or disability or development, it is a whole range of additional service systems, including the NDIS. Together this is actually extraordinarily complex.¹⁶⁹

These difficulties were also highlighted to the Committee in the regional context. Lisa McKenzie, Executive Officer of the Greater Shepparton Lighthouse Project, explained that the siloing of services adds to the complexity:

Typically what has happened over the years in the past is that services set up along our main road here in Shepparton, and then the community has to identify—self-identify often—their need and then go to those individual services, and understand what those services are and how those services can be utilised and then access those services themselves.¹⁷⁰

There are also limitations on the amount of support that staff can provide, as discussed by Andie West, Manager of Community Wellbeing with the City of Greater Bendigo:

They have only so much capacity to be able to support CALD families through our service system, and there is an acknowledgement that the service system is complex, especially when we are talking social supports, health and education. Navigating that for an Australian-born family can sometimes be really, really tricky.¹⁷¹

David Tennant, Chief Executive Officer of FamilyCare in Shepparton considered that differences between Commonwealth and Victorian Government approaches also make navigation problematic:

The Victorian system feels to me to be focused on support and encouragement and trying to recognise and meet people's needs. It does not always get it right. It does not always have the right resource at the right place at the right time, but that is the principle that underpins it. At the moment the Commonwealth system seems to be mostly focused on rules, compliance monitoring and penalty if you do not follow the rules. Those two systems are by and large incompatible, and yet we pretend that they work well together. They do not.¹⁷²

¹⁶⁹ Associate Professor Georgie Paxton, Victorian Refugee Health Network, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 8.

¹⁷⁰ Ms Lisa McKenzie, Executive Officer, Greater Shepparton Lighthouse Project, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 17.

¹⁷¹ Ms Andie West, Manager, Community Wellbeing, City of Greater Bendigo, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 2.

¹⁷² Mr David Tennant, Chief Executive Officer, FamilyCare, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 27.

In this context, there has been a move towards models that emphasise integration and joined-up service provision that place the needs of families and children at the centre, rather than traditional service models which are accessed disjointedly. The Committee is highly supportive of these models of service provision, in addition to solutions developed at a local level through place-based responses. As discussed throughout this chapter, these types of services contribute to the provision of holistic practices that aim to wrap support around families in need and ensure that they do not fall out of visibility.

3.1 Service planning and collaboration

Given rising population rates in Victoria, in 2017 VAGO undertook a performance audit into *Effectively Planning for Population Growth*, which included a focus on strategic service planning for birthing, maternal and child health (MCH) and kindergarten services. VAGO noted that net overseas migration had driven rapid population growth and that services must meet the needs of a wide range of cultural groups. It outlined that between 2011 and 2031, the population of younger age groups (0–4 years and 5–9 years old) in growth areas is expected to increase by 86%, and by 25% in the remainder of metropolitan Melbourne. According to VAGO, this increase ‘has a direct effect on the demand for services in the growth areas, and a compounding effect on access and capacity issues for services in the surrounding areas’.¹⁷³ In terms of strategic service planning, it found that changes are required as ‘areas experiencing continuing population growth are unlikely to have full access to MCH and funded kindergarten services when and where needed’.¹⁷⁴

Regarding MCH services, VAGO found there is no sound understanding of the demand and supply for MCH nurses at the local level. MCH nurses were found to face large workloads in some locations, whereas they were underutilised in other areas.¹⁷⁵ In terms of kindergarten, having a diverse range of public and private service providers was reported to create challenges for councils and the Department of Education and Training (DET) in understanding and responding to changes in demand.¹⁷⁶ While acknowledging that the Victorian Government’s *Early Childhood Reform Plan* and the Early Years Compact are positive steps, VAGO considered that ‘[t]here is a need for a more integrated and strategically planned system’ to deliver appropriate services.¹⁷⁷ Along with a number of data improvement recommendations, it recommended that DET take a more active role in estimating demand and supply of services, including for kindergarten infrastructure.¹⁷⁸

¹⁷³ Victorian Auditor-General’s Office, *Effectively Planning for Population Growth*, parliamentary paper, no. 256, Melbourne, August 2017, p. 5.

¹⁷⁴ *Ibid.*, p. 23.

¹⁷⁵ *Ibid.*, p. 39.

¹⁷⁶ *Ibid.*, p. 45.

¹⁷⁷ *Ibid.*, p. 47.

¹⁷⁸ *Ibid.*, p. xiii.

Building on these concerns, inquiry participants highlighted the importance of coordination and collaboration across the Victorian Government, local councils, service providers and communities to address local needs. Uniting Vic.Tas noted in its submission that there is huge unmet demand for kindergarten spaces and that strategies are required to address this, particularly in areas with a high density of culturally diverse children.¹⁷⁹ Expanding further, Darren Youngs, Executive Officer of Early Learning with Uniting Vic.Tas stated:

I think that one of the really significant challenges at the moment for the early learning system is that there is a mismatch between where children most need services and where the services are available. In terms of the way that early years is funded, it is actually quite difficult in some instances to make a financially viable service operating in an area that is going to have a lower fee structure. So the more accessible the service can be to families, often the less viable it is to run, so all organisations are having to make decisions about how best to support, for example, the most vulnerable families that Uniting is committed to support whilst also having services that are financially viable. As a result, there ends up being pockets of areas where there are quite a lot of demand but not necessarily the capacity.¹⁸⁰

The Centre for Excellence in Child and Family Welfare (CECFW) recommended a whole-of-government planning process for growth suburbs 'to make sure culturally appropriate and coordinated services are ready for newly arrived migrant families and that these services are community-led and designed'.¹⁸¹ Deb Tsorbaris, Chief Executive Officer of CECFW, further discussed the impact for culturally diverse families and children:

... any approach to improving engagement needs to be integrated across government, and these things are not easy but over time do become easier—not piecemeal and particularly in our growth corridors. The importance of seamless, holistic approaches cannot be underestimated in helping all families navigate very complex service systems. Families and children cannot be divided up into little pieces, and often they need more than one thing when they are coming into our services.¹⁸²

As well as service planning, coordination to ensure that services work together is also a crucial component. Berry Street highlighted the importance of clear referral pathways, considering that a state-wide policy framework is required to link CALD children and young people to the services they need, particularly between mainstream and CALD-specific services.¹⁸³ Similarly, the Committee received a submission from the Southern Metropolitan Partnership, an advisory group established by the Victorian Government for the Southern Melbourne Area comprising the City of Greater

¹⁷⁹ Uniting Vic.Tas, *Submission 32*, received 21 October 2019, p. 19.

¹⁸⁰ Mr Darren Youngs, Executive Officer, Early Learning, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 27.

¹⁸¹ Centre for Excellence in Child and Family Welfare, *Submission 26*, received 11 October 2019, p. 6.

¹⁸² Ms Deb Tsorbaris, Chief Executive Officer, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 35.

¹⁸³ Berry Street, *Submission 22*, received 11 October 2019, pp. 4–5.

Dandenong, City of Casey and Cardinia Shire. These are identified as growth areas with increasingly large numbers of newly arrived migrant families. The submission provided a report prepared in partnership with DET: *Engagement of recently arrived/hard-to-reach groups with early years services in Southern Melbourne Area*. It noted that an effective strategy for integration is to ‘build robust referral pathways that are embedded in the internal and external processes of LGAs [local government areas] to provide wrap around support for children and families’.¹⁸⁴

Donna Matthews, Area Manager of Early Learning, North West with Uniting Vic.Tas identified schools as an important referral source:

So it is about the school being able to reference back to MCH and being able to reference back to supported playgroups or to the local kindergartens and those types of things, and it is about making connections with leaders and elders in communities—and knowing where the Vietnamese mothers group is and our asylum seeker program mothers group and linking into those so that you have that individualised connection, you build that relationship and you can take a family from the cradle to kinder, even though it is not necessarily in that program.¹⁸⁵

Uniting Vic.Tas also considered that there needs to be improved avenues for service collaboration, partnership and communication:

When services communicate effectively with each other, families are able to follow the Maternal and Child Health process and access the services they require. Some other services we identify as essential for partnership approaches include settlement services, community support workers, child and family services, local services (e.g. libraries, councils, community health centres), early intervention services and allied health services. We view timely referral into early intervention services and allied health (e.g. speech pathologists, occupational therapists) as particularly critical for CALD families early in settlement...¹⁸⁶

Dr Greg Gow, Program Leader for Education and Early Years at The Victorian Foundation for Survivors of Torture Inc. (Foundation House), told the Committee of the role of such collaboration in a regional context, particularly where specialist skills are required to engage refugee communities:

Obviously in a regional-rural area you cannot really open up a distinct specialist service, so we basically build the capacity of a mainstream service. The way that we do that is we have a rural-regional coordinator that visits services and works with them. Also, particularly in regard to schools, we work with schools in regional-rural areas as well.¹⁸⁷

¹⁸⁴ Southern Metropolitan Partnership, *Submission 38*, received 2 January 2020, p. 12.

¹⁸⁵ Ms Donna Matthews, Area Manager, Early learning North West, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 24.

¹⁸⁶ Uniting Vic.Tas, *Submission 32*, p. 18.

¹⁸⁷ Dr Greg Gow, Program Leader, Education and Early Years, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 4.

Glenys Brereton, Nominated Supervisor/Teacher with Shine Bright EYM in Bendigo, referred particularly to the benefit of co-located services:

We have community health and early intervention programs situated beside us, and we also share the building with MCH nurses as well. So our families that wish to choose those services can actually use a lot of the services, and we found that certainly helped with families who need support with language. It is not retelling their story every time; someone will support them across to preschool, and that has made a big difference with them just feeling like they are part of the community, because I think that is the other thing that we have tried really hard to create.¹⁸⁸

To aid strategic development of service planning and collaboration across the sector, the Committee is aware of some existing efforts being undertaken at state and local levels (see Box 3.1). In Brimbank, a Compact has been formed between DET, the Department of Health and Human Services (DHHS) and local government to strengthen relationships and collaboration for planning, developing and providing early years services in the Brimbank-Melton region. John MacDonagh, Manager of Community Care of Brimbank City Council, discussed the importance of it as a form of integration across the sector:

I think because there is a shared interest across all the different levels of government, obviously, and the different departments, it has been very beneficial to bring all those departments into the room so issues around protective services, issues around early years and MCH can all be addressed in a coordinated way and we can build better partnerships. I think the conversations have not happened as a group before, and I think that is where the strength of it is. Locally we have also resourced it with an officer that supports the work of the compact working group particularly, so that projects can be followed up on and progressed in a quicker fashion than they would typically be in that partnership model.¹⁸⁹

¹⁸⁸ Ms Glenys Brereton, Nominated Supervisor/Teacher, Shine Bright EYM, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 35.

¹⁸⁹ Mr John MacDonagh, Manager, Community Care, Brimbank City Council, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 6.

BOX 3.1: Best Start

Best Start is an initiative by DET to improve coordination across service providers in local areas, focusing on children experiencing vulnerability and all Aboriginal children and their families in the early years. Operating across 30 sites in Victoria (including six that focus on Aboriginal communities), it is described as a localised and targeted way to identify those experiencing vulnerability and address issues at a neighbourhood or regional level through community and service provider collaboration. The Best Start approach 'is based on formal partnerships of local agencies and service providers that plan, deliver and monitor evidence-based strategies to improve outcomes for children'.

The 2016 *Best Start Policy and Guidelines* describe the importance of partnerships to drive reforms at a local level. Essential partner groups work with the DET regional representatives and other government partners to create Best Start outcomes. These groups can include families and other community representatives, other government departments (such as DHHS), local government, Aboriginal community partners, early years education services, early childhood intervention services, MCH services, health services, schools, family services and local community organisations. The groups take responsibility for the interests of all children, work in a culturally inclusive manner with Aboriginal communities, define and agree on barriers and needs within the local community, develop strategies and actions to achieve Best Start outcomes, and monitor and report on progress regularly.

In its submission, DET noted the effectiveness of the Best Start approach in achieving tangible improvements in the early years space:

This localised, targeted way of finding solutions to problems faced by families is extremely effective. Efforts are focused on boosting children's participation in the programs such as kindergarten and maternal and child health (MCH) services. The program also puts in place prevention strategies, such as providing referral pathways when targeted supports are required.

Best Start was also considered a best practice example of service referral and partnership by Uniting Vic.Tas.

Sources: Department of Education and Training, *Best Start, policy and guidelines*, State of Victoria, Melbourne, 2016, pp. 3, 5, 11-12; Uniting Vic.Tas, *Submission 32*, received 21 October 2019, p. 18.

FINDING 7: The Best Start program developed by the Department of Education and Training is a promising approach that promotes effective service planning and collaboration within local government areas and has proven to improve outcomes for children.

The Committee supports all efforts by governments, communities and service providers to engage in activities that improve service planning and collaboration, particularly in areas where there are significant numbers of newly arrived migrants, refugees and asylum seekers. This work is incredibly important for ensuring that families access the services that they need, while ensuring a seamless and holistically delivered system. This issue is closely connected to recommendations in Chapter 2 for improvements in data collection across services, data regarding secondary migration and better information sharing from the Commonwealth regarding arrivals into Victoria. Further to this, the Committee considers that initiatives to improve collaboration will ensure that services have all the information needed to support culturally diverse families and children through the myriad of processes involved. This is an important aspect of helping families and communities to navigate the early childhood service system, especially those who are experiencing settlement challenges.

To this end, the Committee considers that the Victorian Government and local governments play a key role in planning services in areas with higher proportions of culturally diverse communities. This planning should ensure services work closely together and that appropriate initiatives exist to engage those culturally diverse families and communities who may be harder to reach. This requires a strong degree of coordination at a state level to filter down and inform local area service planning and partnerships.

RECOMMENDATION 7: That the Victorian Government, in conjunction with local councils, the Municipal Association of Victoria and service providers, work together in growth areas with high levels of cultural diversity to ensure that appropriate planning and collaboration strategies are in place to meet the demand for early childhood services. This should include:

- service planning to ensure there is appropriate supply to meet demands
- clear referral pathways so that all service providers are equipped to assist culturally diverse families and children to access the services they need
- communication strategies for improved collaboration and coordination between service providers.

3.2 Integrated and place-based service provision

There is growing recognition of the value of integrated service provision in early childhood services both nationally and internationally. According to the national *Early Years Workforce Strategy 2012–2016*, governments in countries such as the United Kingdom, Canada and the United States are considering more integrated early childhood services to be more accessible and responsive to children and their families:

Integration encompasses interdisciplinary ways of working, including collaboration and coordination, networking and referral. It can involve co-location of services and there

can be different levels of integration between different service types and in different locations.¹⁹⁰

The World Health Organization and others also recognised the need for planning and coordination at all levels to build strong integration in the early years space:

Different sectors need to coordinate – and, where appropriate, integrate – their policies, services and information. To oversee these efforts, coordinating mechanisms are essential at national, provincial, municipal and community level. Planning at each level should be informed by an assessment of the local situation. This should provide, amongst others, information on families and children at risk, local beliefs and practices that can be harnessed, the opportunities for strengthening services, and the community resources that can be mobilized.¹⁹¹

There is also a strong drive for integration to occur within the context of local solutions developed for local problems. This was discussed in a 2011 policy brief on *Place-based approaches to supporting children and families* by the Centre for Community Child Health:

Governments also seek to integrate services so as to improve access and thereby improve outcomes. However, while integrating services is important, it is also important to build more supportive communities. This will ensure that parents of young children have stronger social support and the interface between communities and services is improved so that service systems can be more responsive to community needs. Both integrating services and building more supportive communities are best done through a place-based approach.¹⁹²

A further 2019 paper outlined that integrated services are ‘an essential step’ for ensuring families can access early years services and engage in positive social networks.¹⁹³ Such place-based initiatives can create a wide range of sustained partnerships between governments, non-government agencies, community-based support programs, local businesses and service clubs, community members and families themselves. Coordination between ‘early childhood and family support services can also be a highly effective way of supporting families in communities experiencing high levels of disadvantage’.¹⁹⁴

Recognition of the value of integration and place-based initiatives, particularly in disadvantaged communities, is leading to increased investment ‘in integrated service hubs for children and families, most of which include early education alongside a

¹⁹⁰ Standing Council on School Education and Early Childhood, *Early years workforce strategy: The early childhood education and care workforce strategy for Australia 2012–2016*, Melbourne, 2012, p. 13.

¹⁹¹ World Health Organization, United Nations Children’s Fund and World Bank Group, *Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential*, Geneva, 2018, p. 28.

¹⁹² Centre for Community Child Health, *Place-based approaches to supporting children and families*, Policy Brief, no. 23/2011, The Royal Children’s Hospital, Melbourne, December 2011, p. 1.

¹⁹³ Dr T. G. Moore, *Early childhood, family support and health care services: An evidence review*, report for Centre for Community Child Health and the City of Port Phillip, Melbourne, 2019, p. 8.

¹⁹⁴ Ibid.

range of other services, as well as place-based approaches to funding, governance and commissioning'.¹⁹⁵ Such initiatives were commonly highlighted by inquiry participants and became a strong area of interest for the Committee.

3.2.1 Victoria

In Victoria, integration is a focus of reform across all child and family services. The Victorian Government's 2016 *Roadmap for reform: Strong families, safe children* contained an action item to support children, young people and families in need through integrated wrap-around supports and targeted early interventions:

Universal services must be better resourced to meet the specific needs of vulnerable children and their parents. That means creating more flexible and integrated services – from maternity and maternal and child health services to more intensive, targeted models that combine interventions for children and parents.¹⁹⁶

In the early childhood context, the Victorian Government's *Early Childhood Reform Plan* discussed delivering early childhood facilities co-located at government and non-government schools. It also discussed working with local government to explore the creation of integrated children's centres 'which bring together a range of education, care, health and support services'.¹⁹⁷

The *Early Years Compact 2017–2027* between DET, DHHS and local government represented by the Municipal Association of Victoria (MAV) noted that each of the 79 local councils in Victoria adopts 'a place-based approach to planning, funding and infrastructure investment, as well as the coordination and delivery of services for children and families'.¹⁹⁸ It further outlined the use of a systems and place-based approach to deliver services to local communities, with a particular focus on vulnerable children and families, as well as stronger place-based governance and planning as a strategic action.¹⁹⁹

Throughout the inquiry, the Committee heard about a range of integrated, place-based service models operating across Victoria. Inquiry participants emphasised the importance of these approaches in assisting culturally diverse families and children to navigate the early childhood system and be provided with appropriate support. Outlined below is a snapshot of the key models that the Committee learned about, as well as inquiry participant comments regarding how they directly improve engagement with culturally diverse communities, even in situations where these communities are not directly a target cohort for the service or program.

¹⁹⁵ The Mitchell Institute, *Quality early education for all: Fostering creative, entrepreneurial, resilient and capable learners*, report prepared by Megan O'Connell, Stacey Fox, Bronwyn Hinz, Hannah Cole, Melbourne, 2016, p. 38.

¹⁹⁶ Department of Health and Human Services, *Roadmap for reform: strong families, safe children*, Victorian Government, Melbourne, 2016, p. 24.

¹⁹⁷ Department of Education and Training, *Early Childhood Reform Plan*, p. 16.

¹⁹⁸ Department of Education and Training, Department of Health and Human Services and Municipal Association of Victoria, *Supporting Children and Families in the Early Years: A Compact between DET, DHHS and Local Government (represented by MAV) 2017–2027*, 2017, p. 5.

¹⁹⁹ *Ibid.*, pp. 5–6.

Community hubs

Community hubs are based in primary schools and community centres in New South Wales, Victoria, South Australia and Queensland. They are located in areas with high cultural diversity or low socioeconomic status. They aim to create local spaces for migrant and refugee women and their families to learn English and new skills, find employment and access other programs and services. There are 68 hubs across Australia, however, the Commonwealth Government recently allocated funds to create 32 new Hubs to bring the total number to 100.²⁰⁰

Community Hubs Australia (CHA) delivers the program on behalf of funders (a combination of state, federal and philanthropic funding from organisations, particularly the Scanlon Foundation). There are 32 community hubs in Victoria, with 26 in Greater Melbourne, three in Geelong and three in Shepparton.²⁰¹ During the inquiry, CHA informed the Committee of the expansion to 10 new sites to the cities of Casey and Wyndham.²⁰²

Programs and services offered at each hub varies depending on the needs of the local community. Engagement activities can include social groups, volunteering opportunities and group excursions. Early childhood programs include mother and child language programs, father-child and grandparent-child activities, playgroups and paid and volunteer child minding. English and vocational pathway programs include formal and informal English tuition and vocational partnerships with local TAFEs and registered training organisations.²⁰³

CHA stated in its submission that choosing to co-locate hubs in primary schools means they are more accessible and safe for families.²⁰⁴ Further, CHA discussed the important role of hubs in bridging the gap between migrants and the wider community, including to 'connect women with schools, with each other, and with organisations that can provide health, education and settlement support'.²⁰⁵ It considered the operating cost of each hub at approximately \$75,000 a year as 'a relatively small investment for a significant social impact'.²⁰⁶

Evaluations have found many positive impacts for children from participation in community hubs including improved literacy and spoken English skills, improved comfort and positivity towards school, the provision of appropriate referrals to additional support and services where needed, and improved behaviour among children.²⁰⁷

²⁰⁰ Department of Home Affairs, *Bringing Australians Together*, 2019, <<https://www.homeaffairs.gov.au/mca/Pages/bringing-australians-together.aspx>> accessed 4 February 2019.

²⁰¹ Community Hubs Australia, *National Community Hubs Program: 2018 Year in Review*, 2018, p. 11.

²⁰² Ms Hiranthi Perera, Program Manager, Community Hubs Australia, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 34.

²⁰³ Community Hubs Australia, *National Community Hubs Program*, p. 2.

²⁰⁴ Community Hubs Australia, *Submission 13*, received 8 October 2019, p. 5.

²⁰⁵ *Ibid.*, p. 3.

²⁰⁶ *Ibid.*

²⁰⁷ *Ibid.*, p. 5.

Regarding service integration, CHA's *National Community Hubs Program 2018 Year in Review* provided some insight into the increased connections and referrals made in the broader community through the hubs:

- hubs filled a major service gap, with two-thirds of parents with a child under five years old not taking their child to any other early learning service outside of the hub
- 1,746 referrals were made to external years services such as kindergarten and MCH services
- 12,748 referrals were made for additional services and support, such as family support, MCH services, kindergarten and community health services
- hubs partnered with 523 external organisations and services.²⁰⁸

In its submission, CHA further noted that 100% of principals and staff surveyed in 2015 'agreed that their awareness of, and connections to, early years and other community services has increased as a result of the Community Hubs program'.²⁰⁹ It also considered that isolated culturally diverse families would miss out on essential services without hubs being in place.²¹⁰

Hiranthi Perera, Program Manager with CHA told the Committee about the benefits of having multiple, coordinated hubs in each area to improve access to services:

... we always do have a number of hubs that are located across one local government area. It really enables a smooth transition of referrals across these hub sites as well. Recently at a hub leader meeting in Hume we had all 15 hubs represented, and one hub mentioned that they were providing a specific playgroup with additional support and information for families with children with autism. Through the connection of the hub leaders and that local knowledge there it meant that other families from the other 14 sites could also refer their families there as well.²¹¹

She further discussed linkages with specialist services in hubs, which was improving the wellbeing of participants across various domains including learning, development and child health:

Commonly, as part of the early years program, specialist services are often invited to attend and provide information, assessment and referrals to local services which may not have otherwise been even known about for these culturally diverse families who are new to Australia. For some these assessments have literally been life-changing. Again at the hub leader meeting I just went to only a fortnight ago I think at Dandenong one of the hub leaders mentioned that there was a dental health check-up at one of the preschool programs. From this 90 per cent of children assessed experienced tooth decay, which for some was so severe that it was impacting their speech and their

208 Community Hubs Australia, *National Community Hubs Program*, p. 3.

209 Community Hubs Australia, *Submission 13*, p. 7.

210 Ibid.

211 Ms Hiranthi Perera, *Transcript of evidence*, p. 34.

ability to connect and communicate, not to mention, I am sure, the pain that they were suffering, which I am sure lead to other complex behaviours. So annual dental health checks have now become a regular feature in our community hubs.

...

Having the opportunity to seek free maternal health, dental health assessments, immunisations and ongoing support and counselling under the one roof and the safety of a place-based community hub is absolutely vital.²¹²

The role of community hubs was supported by many inquiry participants. In terms of flexibility, CECFW advised that ‘place-based Community Hubs offer access to multiple programs and ‘trust building’, culturally safe, holistic support for migrant families, with the child and family together’.²¹³ These solutions are particularly important for children and families that have experienced trauma and adversity. Lisa Morey, Support Coordinator for the Greater Shepparton Lighthouse Project, explained how the St Georges Road community hub, located on the same site as the Shepparton English Language Centre (SELC), allows them to work immediately with newly arrived families:

SELC currently have about 60 primary school children and 40 secondary school children. As soon as they arrive in Shepparton they go and they are enrolled in SELC and the parents are automatically led to the hub. That is why we are getting hub members coming within two days of arriving. Then they are going straight to the playgroups. The hub leaders are linking them in to the kindergartens, making sure they are enrolled. We have got the connection straightaway to the school, so they are heavily involved in the enrolment process and the transition process. Also, we have got maternal and child health services visiting once a term, and that is shown to have increased the attendances of our CALD community. They have certainly got a focus on the CALD community at the moment in Shepparton and increased attendances and therefore hopefully health outcomes as well. Really it is a soft referral process. Once they are comfortable and they feel like it is a safe environment, we are able to softly refer them on to settlement services—maternal and child health, Primary Care Connect.²¹⁴

In Geelong, Kathryn Howe, Executive Manager Practice for Development and Family Connections in The Bethany Group, explained how their involvement in the Geelong community hub has improved collaboration and navigation between services:

We actually look at working together, about how we can collaborate and provide a welcoming and safe place for people to come. In that, we see that this is about us then being able to bring in services that they need—so that concept of progressive universalism, which I have stumbled over. It might be about being able to support the NDIA [National Disability Insurance Agency] to become engaged with these families, to make it a safe place for them to do it and to help the families to navigate the system.

²¹² Ibid., pp. 34–5.

²¹³ Centre for Excellence in Child and Family Welfare, *Submission 26*, p. 2.

²¹⁴ Ms Lisa Morey, Support Coordinator, Greater Shepparton Lighthouse Project, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, pp. 16–7.

Of course families find our systems confusing, so therefore our job is about having to navigate and assist in that and often to be able to bring people into something like the playgroup and to provide some additional individual support from that.

...

There is a lot of focus on trying to navigate the system—like the kindergarten-to-school transitions—and our assistance in being able to do that.²¹⁵

The Victorian Government provided \$825,000 over 2017–18 and 2018–19 to support existing hubs in Brimbank and Dandenong, and to establish two new clusters of regional community hubs in Shepparton and Geelong.²¹⁶ Hiranthi Perera of CHA advised, however, that this funding ends in 2019, and that continued funding is required as well as expanding the number of community hubs in areas of need (identified as Greater Bendigo, Whittlesea, Melton, Moreland, Maroondah and Mildura).²¹⁷

The Committee was fortunate to visit community hubs at the Wilmot Road Primary School in Shepparton and the Northern Bay College Community Hub in Geelong. The Committee found these spaces to be welcoming and nurturing for culturally diverse families, particularly those from refugee backgrounds, and was pleased to see how service providers worked together to promote and support the hubs in the local community. Visiting the hubs also allowed the Committee to better understand the value of placing community hubs in schools, where families could feel safe and be provided with a seamless transition into school life for their young children. The Committee met with principals of both primary schools, both of whom were highly complimentary of the community hub model. This was consistent with the evidence received from Daniel Riley, Principal of Dandenong Primary School, who told the Committee that the hub located in his school was ‘a welcoming place where migrant families with young children come to connect, share and learn’.²¹⁸

The Committee is very supportive of the community hub model and the role of existing hubs in supporting culturally diverse families, through direct service provision and referrals, in addition to building social connections. The Committee strongly believes that the Victorian Government should continue to fund CHA to facilitate the establishment of additional hubs in areas of need.

RECOMMENDATION 8: That the Victorian Government continue to fund community hubs in Victoria, in recognition that they are a well-established and evidence-based model, to improve the engagement of culturally diverse communities in early childhood services.

²¹⁵ Ms Kathryn Howe, Executive Manager, The Bethany Group, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, pp. 18–9.

²¹⁶ Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 35.

²¹⁷ Ms Hiranthi Perera, *Transcript of evidence*, pp. 33, 38.

²¹⁸ Mr Daniel Riley, Principal, Dandenong Primary School, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 35.

Doveton College and the Our Place model

Doveton is situated in the south-eastern suburbs of Melbourne and is one of the most disadvantaged metropolitan regions in Australia. It has a high culturally diverse and transient population, and a school system with several issues including poor infrastructure, low attendance and retention rates, lack of parental involvement and inclusion, and poor linkages between schools and other support services for families and young children. In 2012, nearly 47% of children were starting school with a significant developmental vulnerability, with over two thirds of students below national minimum standards in literacy and numeracy.²¹⁹

In 2012, Doveton College was established as a partnership of the Victorian Government and the Colman Foundation to provide holistic support to children and their families from birth to Year 9 under the Our Place model. Our Place is a joined-up model of service delivery on the school site combining early learning, starting prenatally; intentional teach at primary school; wrap-around health and wellbeing support including MCH, allied health, GPs, paediatricians and immunisations; adult activities including volunteering, education and training and job support; and out of school hours activities for children and families.²²⁰

The aim of Doveton College was ‘bringing together on site many of the resources and services young children need to develop well, that students need to succeed at school, and that families need to thrive’ through the provision of wrap around services at the school:

Doveton was a combination of both the structural realignment of education delivery as well as the lining up of wrap around services in a way that hadn’t been done before. Early learning, health and wellbeing services for children and families, and adult engagement, education and employment services are all integrated through a single entrance into the school and a co-designed service model that put people at the centre – “school as the hub of the community”.²²¹

Between 2013 and 2018, Doveton College experienced the following changes:

- improved school readiness: children attending the Doveton Early Learning Centre had significantly higher performance on Prep entry testing, and there was a nearly one-third reduction in the number of children identified as developmentally vulnerable since 2012 from 55% to 37%.
- improved student attendance: an overall reduction of 24% in absent days.
- increased social activity: more than 60% of children undertook at least one activity (for example, art, music or technology) outside regular school hours.

²¹⁹ Fiona McKenzie, *What it means to walk alongside: Exploring the Our Place partnership*, Our Place, Doveton, 2019, p. 6.

²²⁰ *Ibid.*, pp. 6, 8–9.

²²¹ *Ibid.*, p. 6.

- increased parental engagement: more than 100 parents volunteered each week, and since 2016 there has been a 20% increase in the number of parents reading to their children.
- improved parental skills: adult attendees completed more than 150 courses since 2013, and almost 100 parents that completed study or accessed job support transitioned into employment (many for the first time).²²²

Doveton College is commonly identified as a best practice example of an integrated approach to engaging families who experience high levels of disadvantage:

Doveton College (<http://www.dovetoncollege.vic.edu.au>) is a Victorian example of how to successfully engage disadvantaged families with a comprehensive range of early childhood, family support and health care services. The Doveton College model is a place-based, family-centred, integrated community service delivery model that offers a range of embedded early childhood and family support services along with a number of other services located at the College ...²²³

Following the success of the Doveton College Our Place approach, in November 2017 the Victorian Government and the Colman Foundation signed an agreement to extend it to 10 school sites across Victoria.²²⁴

A number of inquiry participants were supportive of this model. Considering Doveton College as a best practice example, Uniting Vic.Tas stated in its submission that the key factor of success was ‘the relationships the school builds with families, their focus on meeting community aspirations, and the sense of belonging families’ experience’.²²⁵ Samantha Kolasa, Board Member of the Early Learning Association of Australia (ELAA), explained the particular value of Doveton College for culturally diverse communities in the area:

Doveton College is a school with many newly arrived immigrants who have suffered significant trauma. Many are uneducated and many do not speak English. The college established a beautiful and safe space for these families. Not only does the school offer children an education from prep through to year 12, but it also offers child care and kindergarten. There are English classes for the parents. There are social groups. They have visiting allied health professionals who see the children requiring intervention. They have on-site interpreters. Families that come from CALD backgrounds have their needs met in one safe space.

Whilst we cannot roll out this model across the entire country due to the significant cost, much can be learned from Doveton College and how they have helped to engage these important Australians.²²⁶

²²² Ibid., p. 7.

²²³ Moore, *Early childhood, family support and health care services*, p. 13.

²²⁴ McKenzie, *What it means to walk alongside*, p. 5.

²²⁵ Uniting Vic.Tas, *Submission 32*, p. 18.

²²⁶ Ms Samantha Kolasa, Board Member, Early Learning Association Australia, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 14.

The Committee also spoke with representatives of Our Place. Margaret Rutherford, Manager of Implementation Support, noted that while the intervention is not designed specifically for culturally diverse communities, the focus on disadvantage means that it does capture communities depending on the location:

Some of the high CALD-population schools are Carlton, where it is 98 per cent; in Northern Bay it is 36.5 per cent; Robinvale, 34 per cent; Doveton, 64 per cent and Bridgewood, 31 per cent. And the schools were not chosen on the basis of any culturally and linguistically diverse stats. They were chosen on the relative advantage or disadvantage. It is not surprising, because it tends to be the trend, that in a lot of the areas of high disadvantage you also have a lot of CALD population. If you were to unpack some of what we are talking about, you would want to unpack: is this around poverty or is this around diversity?²²⁷

She also discussed the importance of the Our Place model in changing the way the service system works to benefit communities and families:

Our premise is that often it is not a problem that there are not enough resources in the system, it is just that they are not being well used, not being used to the best benefit of families, and particularly not getting to the people that need it most. We do try to change that. We look to get better support from the system so people can fully participate in all of the opportunities in their community, and we also say that where the system is creating a barrier for the families, we will do what we can to fix that system. If we cannot change the system, we will want to be building people's capacity to work in it. But our first thing would be looking for that flexibility to be able to look at things from a family's perspective, if you like.²²⁸

Margaret Rutherford also discussed how this model reduces stigma, isolation and ensures that families are connected into the services they need through 'warm referrals':

So it is a single entry point, so that when someone goes in no-one knows who is coming in there. There is no stigma. It is not because you are going to see the family counselling; it is not because you are going to see the paediatrician; you are just going into this space. It needs to be welcoming and friendly—and that is something that we do not just say; we actually spend a lot of time making sure that it is. It is the visual environment; it is the people environment. All of the partners that are involved in the delivery of the services are trained, and we have multiple conversations around why this is really important and what that means and what that looks like.

...

We also talk about warm referral to other services. So again, a family might come in to see the maternal and child health nurse. She realises the family is not connected to anything else. The maternal and child health nurse may take this parent on to meet the playgroup leader or say, 'Let's have a look at the playgroup room' or 'Let's have a look at the early learning service', so that it is actually a walk-through, not an 'Oh, you could

²²⁷ Ms Margaret Rutherford, Implementation Support, Our Place, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 16.

²²⁸ *Ibid.*, p. 12.

join a playgroup. Go and have a look on the website'. Because you have got them all in the same location, that is something that you are capable of doing. It is also a way of thinking.²²⁹

The Committee supports the Our Place model and was pleased to learn that the Victorian Government is prioritising its expansion to other locations throughout the State.

FINDING 8: The Our Place model is an effective and evidence-based model that provides holistic and family-centred care to families experiencing disadvantage, including within culturally diverse communities.

Initiatives by local councils

The Committee heard of approaches at the local council level to implement place-based and integrated approaches based on community needs. In its submission, MAV highlighted two relevant initiatives. In the town of Nhill in Hindmarsh, there is a large Karen refugee community from Burma, Myanmar and Thailand. The Hindmarsh Shire Council implemented joined-up services to help support these families and their children:

Hindmarsh has looked to joining up their services through connecting health and well-being services with early years services and the local broader community. The Refugee nurse works with the Supported Playgroup facilitator (who has created a multicultural playgroup), the playgroup operates out of the Early Years Centre where families can also meet under the supervision of an early childhood teacher. By operating out of the Early Years centre children and families are exposed to early childhood education of 3 and 4 yr. old kindergarten, long day care and MCH. The local community have been engaged by supporting new arrived families with donations (which are left in a space outside the Playgroup room) so families can have access to clothes, shoes, baby equipment etc anonymously and without stigma.²³⁰

Another example is in Towong, a relatively unpopulated rural area, where services are co-located at the Tallangatta Neighbourhood House:

The Tallangatta Early Years Learning Centre is also located in the same building and the flow on for families has been beneficial. CALD families have subsequently enrolled their children in the service, the service has developed a more culturally diverse learning program and there is a focus on respectful relationships. The co-location of these activities has made the outcomes even greater than any single CALD focussed program operating alone, especially in a rural setting. The capacity building for community through a culturally diverse lens is a great service model for a small rurally isolated community.²³¹

²²⁹ Ibid., p. 13.

²³⁰ Municipal Association of Victoria, *Submission 30*, received 17 October 2019, p. 6.

²³¹ Ibid., p. 8.

The Committee was also informed of an encouraging initiative called Parent Place run by the City of Ballarat. Situated on the main street in Ballarat, it is designed as a safe and inclusive place for parents and children to gather and be provided with information on a range of services for families including childcare, kindergarten, playgroups, family day care, immunisation, and MCH services. There are also several services delivered at the site including MCH, parenting education and play activities.²³² As Joanne Geurts, Chief Executive Officer of the Eureka Community Kindergarten Association, discussed, Parent Place also acts as a key referral point for new families within Ballarat:

Parent Place with the City of Ballarat is a really key place as well for the distribution of information. It sits in the main street of Ballarat, so maternal and child health are referring people to go to Parent Place but Parent Place are referring them through to our services. I think we are lucky because we are in small communities, particularly in the little country towns that we service like Creswick, Clunes, Daylesford. New families that are coming in are generally picked up quite quickly, that they are new in town and people just in the neighbourhood generally...²³³

Jenny Fink, Executive Manager of Learning and Community Hubs with the City of Ballarat, told the Committee that Parent Place is a place-based solution to engage hard-to-reach communities, including those from culturally diverse backgrounds:

The 13 per cent are the people in the community that will not come into an institution like a library. They will not walk into the art gallery. They will probably barely go beyond their boundaries within their neighbourhood. The 13 per cent are often the most disadvantaged people in the community. That will be single parents, it will be men over 65 or it will be people in the Aboriginal and Torres Strait Islander community. There is a whole group of people it will be—certainly families that are either migrants or refugees or have experienced difficulties in their lives because of their intercultural background, whether those are barriers to employment, education or anything like that. They are our 13 per cent, and we really try to focus on the 13 per cent. Even though we run universal services, the 13 per cent are really always there and always included. They are the people predominantly from the intercultural community that will walk into a place like Parent Place because it is small, it is welcoming and it is a very intimate kind of space, and in that space they know that they can easily watch their children play while talking to someone that can help. It can be sitting in an easy chair talking to a maternal and child health nurse: 'I don't know how to enrol my child in kinder because I can't speak that language'. So someone will be there helping them, or, 'I'm having problems with breastfeeding'. There will always be professionals within that space. It is a space that is really, really important to keep in any community, because of the background especially of the intercultural community and especially if you are a migrant refugee asylum seeker and you have come out of a very serious situation in the country that you had been in previously and that situation has been exacerbated by a government or people in

²³² City of Ballarat, *Parent Place*, (n.d.), <<https://www.ballarat.vic.gov.au/city/facilities-and-venues/parent-place>> accessed 4 February 2020.

²³³ Ms Joanne Geurts, Chief Executive Officer, Eureka Community Kindergarten Association, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 2.

authority—an authority figure. So Parent Place is that wonderful place that exists for everyone and actually can provide very quick personalised service to families.²³⁴

Integrated health services

The Committee understands that some health services also adopt an integrated approach in the delivery of their services and programs. Bendigo Community Health Services (BCHS) is a not for profit organisation that provides more than 50 health and wellbeing services mostly at no cost to the Bendigo community. It also manages a range of refugee settlement services and chairs the local Settlement Network. It outlined in its submission that situating settlement services within a community health space has been essential to its success in engaging the refugee community:

The fact that settlement services are located within a large community health service promotes community confidence to navigate across the services we offer. The refugee community report that they like coming to BCHS for other services as they don't want to feel like a refugee forever and this environment supports them to navigate mainstream services and integrate into our city. They make up a large percent of service users in our medical and allied health services including those specialising in early years i.e. paediatrics, speech pathology, occupational therapy, physiotherapy etc.²³⁵

Further expanding on this, Martine Street, Manager of Settlement Services, explained:

We actually work with the brand-new-arrival ladies who get off the plane at Tullamarine and are brought up the Calder Highway to Sue and her team. We can work with people for up to a five-year period. They exit from Sue's program into another program. It is a beautiful, seamless transition. We are situated in a large mainstream service. Our clients might not be coming to see us; they may be coming to see a plethora of other health professionals or social services. We are unique in that settlement services are located in a community health setting.²³⁶

In a similar way, Ballarat Community Health also offers families access to a wide range of health, settlement and other services. In terms of this holistic approach, Jessica Trijsburg, Manager of Intercultural Engagement and Support, informed the Committee:

Our settlement workers and refugee health nurse have significant experience in supporting refugee and humanitarian entrants and their children to engage in early childhood services such as maternal and child health, playgroups, childcare and kindergarten, schools and specialist programs such as disability, family violence and mental health services, as well as recreational activities such as sporting clubs. The team have also worked with these services to improve their responsiveness to the needs of our refugee and immigrant community...²³⁷

²³⁴ Ms Jenny Fink, Executive Manager, Learning and Community Hubs, City of Ballarat, public hearing, Ballarat East 21 November 2019, *Transcript of evidence*, p. 10.

²³⁵ Bendigo Community Health Services, *Submission 28*, received 15 October 2019, p. 4.

²³⁶ Ms Martine Street, Manager, Settlement Services, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 12.

²³⁷ Ms Jessica Trijsburg, Manager, Intercultural Engagement and Support, Ballarat Community Health, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 15.

In another example, the Group Pregnancy Care model was discussed as a place-based and integrated approach to help women from refugee backgrounds overcome isolation and learn about pregnancy and other issues in an inclusive and supportive environment. As discussed by Dr Elisha Riggs of the Intergenerational Health Research Group with the Murdoch Children's Research Institute, the model 'involves collaboration between public maternity hospitals, maternal and children health services and a refugee settlement service' and is a model of integrated care.²³⁸ This initiative is discussed further in Chapter 6.

Expanding place-based and integrated models in early childhood

Given the role of place-based and integrated responses in engaging early with culturally diverse families and children, many participants were supportive of establishing effective models across all relevant areas of Victoria where they do not currently exist.²³⁹ Considering that place-based models create accessible, high-quality and aligned service provision, BSL recommended extending such models to provide holistic support to children and their families. It also outlined that place-based hubs offer a single-entry point to a range of supports, can be community-driven with the right governance and design, result in better quality programs, create safe spaces for families and combat social isolation.²⁴⁰ In its submission, the Victorian Council of Social Service (VCOSS) advised that place-based hubs are particularly vital in rural and regional areas:

Developing and enhancing engagement and partnerships with diverse communities should be key aspects of all community hubs. Co-design and place-based responses are particularly important in rural and regional areas, where communities are place-based in nature.²⁴¹

The Early Learning Association of Australia suggested that integrated services contribute to a sense of belonging and community, and that '[m]inimising the transition at different life stages helps to ensure vulnerable families stay engaged and connected'.²⁴² Janet Elefsiniotis, Manager of Programs for Children and Young People at the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG), told the Committee that hub models have economic benefits as well as supporting families in school:

It means that you can deliver them quite economically because you do not have the overhead of having to hire something. And it is a great place for parents; if they can come to a playgroup in a school and they have older children in the school, it makes it

²³⁸ Dr Elisha Riggs, Intergenerational Health Research Group, Murdoch Children's Research Institute, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, pp. 9–10.

²³⁹ Dr Greg Gow, *Transcript of evidence*, pp. 5–6; AMES Australia, *Submission 10*, received 7 October 2019, pp. 6–7; Centre for Excellence in Child and Family Welfare, *Submission 26*, p. 3; City of Greater Dandenong, *Submission 18*, received 11 October 2019, pp. 6–7; Victorian Multicultural Commission, *Submission 37*, received 19 December 2019, p. 12; Early Learning Association of Australia, *Submission 27*, received 11 October 2019, p. 4; Uniting Vic.Tas, *Submission 32*, pp. 17–8.

²⁴⁰ Brotherhood of St Laurence, *Submission 36*, pp. 32–3.

²⁴¹ Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 20.

²⁴² Early Learning Association of Australia, *Submission 27*, p. 4.

far more accessible. Certainly we would like to see much more investment from the State Government in the whole community hub-school hub movement because we believe that a lot of those resources are totally under-utilised.²⁴³

Recommending the development of hubs across Victoria, Judi Gray, Early Years Practice Lead of CECFW, also spoke of the costs savings and flexibility that is built into integrated services that ensures existing programs are used more effectively:

So part of what the hub does, as you would be aware, is use the government funding that is already there for much better, more flexible, responsive use. The parent-child English is a really good example of that. The 500 hours of Federal Government funding does not get taken up fully because we need a model where children are also part of the approach. What is a major concern for me is why have we not seen that young children under five could be in an English-enriching environment themselves, because their brains are probably working a whole lot more actively than their parents. So immediately you get an approach which is the same as the supported playgroups, where you are working with the child and the family together. You get lots of English practice, and the kids go off to school having been exposed to English, but not having been sent down to a childcare centre a suburb away and having lots of very difficult separation issues that can potentially be harmful.

The community hub model is designed around saying to the community, 'How would you like access to government resources in a way where everyone is welcome, everyone is included, there is no criteria and you prioritise what you would like to do at this hub?'.²⁴⁴

The Committee is also aware, however, that such models take intensive time and effort to develop to ensure appropriate coordination and genuine integration, but when done well are beneficial to families. This was discussed by Danny Schwarz, Chief Executive Officer of Playgroup Victoria:

The concept of a hub is good. The challenge with hubs—and there are some great ones around—is that once they get quite big they become complicated just within themselves, in terms of who it is that actually manages and runs the hub and who makes the decisions in terms of how things are integrated. We think that concept for those that need that more intensive support works well, and there are some great examples around the place...We can see the model is great, but there are some struggles with the fact that there are a whole range of services that are coming in that are not quite coordinated. So it is not to say that cannot happen, but it definitely makes a big difference to the families because they do not have to go around to find things.²⁴⁵

²⁴³ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 3.

²⁴⁴ Ms Judi Gray, Early Years Practice Lead, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 37.

²⁴⁵ Mr Danny Schwarz, Chief Executive Officer, Playgroup Victoria, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 31.

In discussions with inquiry participants about the complexities of navigating the system, the Committee proposed the idea of one-stop hubs in communities. This could provide culturally diverse families with all information and referrals they need across a range of areas including kindergarten, MCH, health and other services. Participants generally agreed that such a model could be useful in some locations. For example, Rhona Pedretti, Manager Family Services at the City of Greater Geelong, stated:

I think that would be absolutely fantastic because then you are getting all the information and you are not being sent from pillar to post and it is not overwhelming and it is not going through the whole thing again and you are very clear and you have got a safe place to go where you know, 'Look, I have Christine I can go to, I know she will help me'. It could be a whole range of things, but I do not have to go to 20 different people to actually get the info.²⁴⁶

Also in Geelong, Zorica Dasic of Family and Community Services at Barwon Child, Youth and Family (BCYF), stated:

A one-stop shop for new arrivals really, for all parents with young children eligible and entitled to the early childhood services. So that would be helpful. Also because of the mentality and psychology they feel a bit lost here. But they could feel way more comfortable if they know there is a place created actually for them, to support them and to help them. That would be a solution.

...

Particularly I think it would affect in a good way the transition if that service could support them throughout the transitioning process from one stage to another, so it is not just for their immediate needs upon their arrival.²⁴⁷

Similarly, Max Broadley, Executive Director of Client Services at BCYF, stated:

One of the things that we should expect of this cohort is there are probably multiple and complex needs in any given family, and therefore we would expect them to have those needs met: to go to this provider over this side of town, this provider, this provider, this provider, the doctor. There are a lot of needs. All of the evidence tells us that that is it the least effective way to move someone to wellbeing, and the best, most effective, is to meet them earlier and cluster the services around them. That is destined to work better.²⁴⁸

In Ballarat, inquiry participants noted that Parent Place is a similar model to a one-stop hub for information and has been successful in engaging early with newly arrived families.²⁴⁹

²⁴⁶ Ms Rhona Pedretti, Manager, Family Services, City of Greater Geelong, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 5.

²⁴⁷ Ms Zorica Dasic, Family and Community Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 13.

²⁴⁸ Mr Max Broadley, Executive Director Client Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 14.

²⁴⁹ Ms Jenny Fink, *Transcript of evidence*, p. 13; Ms Joanne Geurts, *Transcript of evidence*, p. 6.

The Committee acknowledges and agrees with the overwhelming support for integrated and place-based models to support culturally diverse families and their children in the early years. It is pleased that a range of community-driven responses are already operating in some areas of Victoria through community hubs, the Our Place model and other initiatives that integrate access to various services for families. These initiatives range from complete integration, to the co-location of services, to high levels of service coordination. Given the success of these models, the Committee agrees that others should be developed in priority areas. This is particularly important in rural and regional Victoria, given the context of increased secondary settlement patterns and the need to consolidate available supports. As noted earlier, Victorian Government funding for the community hub model ended in 2019. The Committee considers that such funding should continue, given its success in specifically improving the engagement of culturally diverse families across a range of early childhood areas.

The Committee is cautious not to recommend a particular model of integrated service, noting the diversity of approaches that are currently used in various local communities. Instead, it considers that the emphasis on a place-based approach requires intensive consultation, design and implementation at the local level. Consultation with communities in the planning and development stages is also essential to ensure the establishment of effective and responsive services that are appropriate to the communities in question. As all local councils take a place-based approach under the *Early Years Compact 2017–2027*, MAV and local councils are well-positioned to assist communities and service providers to develop localised solutions based on needs, infrastructure and feasibility. To this end, Victorian Government support is required to facilitate the process in LGAs to ensure culturally diverse communities with high levels of vulnerability can readily access the services they require. It has also been recognised in Australia that integration of early years services requires action through government policy, governance, leadership, organisational culture and ethos, and frontline professional practice and team work.²⁵⁰

RECOMMENDATION 9: That the Victorian Government prioritise and expand funding for place-based and integrated models in early childhood service provision to improve engagement and access for culturally diverse families and their young children. These efforts should be community-driven to provide localised solutions in areas of need and must involve culturally diverse communities and their representative bodies, local councils, relevant service providers and the Municipal Association of Victoria.

²⁵⁰ Charles Sturt University, *Integrated early years provision in Australia: A research project for the Professional Support Coordinators Alliance (PSCA) (n.d.)*, report prepared by Dr Frances Press, Professor Jennifer Sumsion, Dr Sandie Wong, PSC Alliance, p. c.

3.3 Service navigation roles

In Chapter 4, the importance of a bicultural and bilingual workforce is discussed as a key strategy to ensure that early childhood services establish trusting relationships with culturally diverse families and communities. In a related way, the Committee understands that there is scope to establish funded service navigation positions within the service system to directly assist families experiencing access issues.

Forming part of a collaborative and coordinated system, VCOSS described a funded service navigator role as a soft entry point that could support families at the specific time they need it:

A funded service navigator role also acts as a soft entry point, meaning that when CALD families try to engage in a service, they are supported at the time they are ready and do not fall through the cracks. VCOSS members report that services being responsive and available at the time a family makes contact to build a connection is vital in engagement. If there is a delay in responding or returning a phone call, the family's phone number may have been disconnected, may have changed, or their needs may have changed and an opportunity to connect is lost.²⁵¹

Emma King, Chief Executive Officer of VCOSS, elaborated that these roles could be the conduit for people feeling welcome and included across a range of services within integrated settings:

... one of the challenges is in a lot of those either co-located services or community hubs, there is often not that person who can help you join the dots. You might go in for one thing, but you can look at the opportunities. And it is one of the areas where Doveton is gold, the fact they have got maternal and child health services onsite, they have got playgroups on site, they have got cooking classes. It is everything to have you walk in and feel welcome, but to actually then to say 'How can we help you? We've got all these other services here' is about actually making that sense of belonging and connectedness. But the people that might help that are not always funded in every single service, so there are opportunities I think that are lost in that.²⁵²

Similarly, the BSL considered that volunteer and peer-to-peer support roles can help families navigate the early childhood service system, assist parents with practical tasks, decrease social isolation, offer a pathway to employment, and increase the effectiveness of programs. It recommended incentivising the use of mentors and volunteers in state-funded programs to support families in the early childhood service system.²⁵³

²⁵¹ Victorian Council of Social Service, *Submission 23*, p. 21.

²⁵² Ms Emma King, Chief Executive Officer, Victorian Council of Social Service, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 25.

²⁵³ Brotherhood of St Laurence, *Submission 36*, pp. 30-1.

Similar views were expressed by other inquiry participants who noted the importance of personal contact with culturally diverse families, particularly those from refugee backgrounds. Rhona Pedretti of the City of Geelong, stated in this regard:

I know our centre managers will sit with families with low literacy and so forth just to actually help them get through the system and navigate it, so perhaps it is about actually having that support there. I think someone who is a bilingual support worker, unless they have a really good understanding of early childhood, the systems, they are actually not really going to be that helpful. While they can translate information, if they do not understand it or their interpretation of what they are reading, it is almost like we need that next level of, yes, bilingual, but with an early years maybe qualification or even education so they are very, very clear about how to do that and perhaps present it.²⁵⁴

The importance of having a specific worker to assist families was also discussed by Leanne Roberts, Head of Public Policy and Media at Berry Street, within the context of the child and family services system:

Child First, having been established in order to be able to help navigate the system for all families, but particularly as we have been getting a much more diverse population, I would certainly be saying one of the key things we can do is actually start to ease the pressure on the front door—ensuring that it is actually funded appropriately and to be able to help navigate and support people to navigate through the system. One component of that would be ensuring that families who do require additional support have a key worker to actually help them navigate that system.²⁵⁵

The Committee heard of some positions that currently perform service navigation within services, particularly in local councils. In Bendigo, Andie West from the City of Greater Bendigo, advised the Committee that the Off to an Early Start program is funded federally and acts as a service navigator for families:

The Off to an Early Start program is a program where the workers sit alongside family support workers and enhanced maternal and child health workers. Their key role is to break down barriers for families generally, but it works particularly well with CALD families. They can help them navigate the transport system. They can come to appointments. They can be that person that post an appointment can check in and check on understanding around things—that follow-up and that support—and be the person who can answer the questions, do follow-up if they do not have the answers to the questions; those sorts of things. That program also is aimed to break down the barriers in accessing supported playgroups and early childhood centres and early learning facilities as well. So, yes, that program is around building capacity of all families, but it works particularly well with CALD families as well.²⁵⁶

²⁵⁴ Ms Rhona Pedretti, *Transcript of evidence*, p. 5.

²⁵⁵ Ms Leanne Roberts, Head of Public Policy and Media, Berry Street, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 29.

²⁵⁶ Ms Andie West, *Transcript of evidence*, p. 3.

Melissa Rockes, Project Manager for Communities for Children Bendigo, which funds Off to an Early Start in Bendigo, discussed the importance of walking alongside the family in the referrals process:

If a referral needed to be made to another service, that could not be done with the traditional, 'Here's the card, off you go', but instead had to be, 'I'll come along with you; I'll introduce you'. Doing that in a very warm way was a way of establishing and supporting that family to move through and navigate the service system.²⁵⁷

Similarly, John MacDonagh from the Brimbank City Council, discussed a service navigation role created to assist people to access Council services:

It is not a hub as such; it is a team, and the team basically is supporting access to council services. We do have within that team a service-navigation role, so that person can address people on the waitlist—some of the issues around access for some families, particularly people from cultural communities—and help them to access other services. That is something we will be looking at. We have got a commitment in council to build that service-navigation component across all life stages but particularly in early years. So it is an add-on service to make sure that people do not miss out, and that if they have got other issues that need to be addressed through other appropriate referrals we can support them to do that. That obviously brings all the other services into the connecting point.²⁵⁸

The Southern Metropolitan Partnership submission also discussed this issue. Focusing on Afghani, Burmese and Tamil communities, the report it provided recommended the recruitment of one or more Early Years Community Engagement Officers for a fixed term period, employed by the nominated lead LGA. The key function of these Officers would be to work directly with communities to build relationships and link them to early years services and programs, as well as other state and local government funded health, wellbeing and education services to:

- undertake community consultation and engagement initiatives to develop relationships with parents and families to identify their needs
- build relationships with key early years community groups, health services and agencies to connect with these families
- develop partnerships with early years services, including MCH, playgroups, kindergartens and English language class providers
- build capacity of these communities to engage and promote participation in early years programs and services
- build capacity of service providers to increase engagement with these communities through strategies aligned with specific cultural needs

²⁵⁷ Ms Melissa Rockes, Project Manager, Communities for Children Bendigo, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 30.

²⁵⁸ Mr John MacDonagh, *Transcript of evidence*, p. 4.

- build capacity of early years LGA and agency staff in awareness of services that are available to these communities
- work collaboratively with DET, Best Start and Foundation House to increase access and participation.²⁵⁹

Some of the expected benefits include improved engagement rates in early years services, child developmental gains, and better understanding within families and communities about navigating services. A key challenge is the amount of time needed to build such relationships before there is improved engagement. However, the report also outlined that this work could ‘inform future state and local government policy, service provision design and engagement strategies to improve participation in early years services, particularly for vulnerable communities’.²⁶⁰

The Committee is encouraged to see the creation of funded roles within services to help culturally diverse families and communities access and navigate the complex early childhood service system. It is particularly interested in the role of local councils in coordinating access to such workers depending on particular needs within specific areas. The Committee considers that concerted efforts should be made to ensure that service navigation roles are available in priority areas where there are high numbers of recently settled populations that include vulnerable communities such as refugees and asylum seekers. This will ensure that culturally diverse families do not fall out of visibility and are directly assisted with various processes, including enrolment processes and referral systems. In conjunction with Chapter 4 regarding the importance of a bilingual and bicultural workforce, such roles should be staffed by people from targeted communities.

RECOMMENDATION 10: That the Victorian Government support local councils to coordinate and fund service navigation positions that can directly assist culturally diverse families to navigate the early childhood service system.

3.4 Outreach services

A final component of place-based and integrated approaches discussed during the inquiry was the use of outreach services within the early childhood sector. Given high levels of social isolation and limited capacity to navigate the service system among some culturally diverse communities, it was suggested that services should meet people where they are, rather than expecting traditional engagement within a service’s fixed location. Outreach services was also identified as a valuable option that assists to retain vulnerable families in services.²⁶¹ A 2009 report prepared for the Commonwealth

²⁵⁹ Southern Metropolitan Partnership, *Submission 38*, pp. 27–8.

²⁶⁰ *Ibid.*, p. 30.

²⁶¹ Centre for Community Child Health, *Place-based approaches to supporting children and families*, p. 2.

Department of Families, Housing, Community Services and Indigenous Affairs highlighted outreach as an ‘integral component’ of building trusting relationships:

As one participant described, outreach was necessary and involved building up networks and trust over time:

‘... [G]oing to them, to their community rather than expecting them to integrate. It’s not culturally realistic to have a room of white women and expect an Aboriginal woman to walk in and feel comfortable. We need to go to them. But it’s taken time for us to establish networks and trust with their leadership.’

Participant 1

Specific effort on the part of services in terms of outreach and relationship building was therefore perceived as necessary for reach and engagement.²⁶²

This view was supported by participants during the inquiry. In its submission, VCOSS outlined the importance of outreach in safe spaces for culturally diverse communities experiencing vulnerability, including refugees and newly arrived families with traumatic backgrounds and high levels of mistrust:

These families need additional support in understanding and accessing services and would benefit from greater collaboration between outreach services. This means having greater coordination between community organisations so that outreach services go where families already gather.

Outreach services can be especially valuable for families experiencing family violence or mental ill health as there can be stigma associated with accessing services that are easily identifiable. Outreach workers can engage with families discreetly while building trusting relationships in safe spaces. Building relationships between staff across community organisations to better understand and facilitate outreach services is needed.²⁶³

The Brotherhood of St Laurence considered that home visits reach culturally diverse families by removing formal access barriers. Benefits can include higher attendance and engagement rates, increased confidence of families to work with services outside the home, earlier detection of developmental vulnerabilities, enhanced trust of service providers, and the provision of more tailored interventions. It recommended increasing the use of home visits by preferencing early years programs that include this component, as well as enhancing MCH home visits for families from refugee backgrounds who arrive in Victoria with a young child.²⁶⁴

²⁶² Natasha Cortis, Ilan Katz and Roger Patulny, *Engaging hard-to-reach families and children: Stronger families and communities Strategy 2004–2009*, Occasional Paper, no. 26, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, 2009, pp. 19–20.

²⁶³ Victorian Council of Social Service, *Submission 23*, p. 22.

²⁶⁴ Brotherhood of St Laurence, *Submission 36*, pp. 27–8.

Inquiry participants highlighted a range of outreach activities currently employed to varying degrees in different areas of Victoria. While not an exhaustive list, some of these are summarised below. This does not include an in-depth discussion of outreach through MCH services, as this is covered in greater detail in Chapter 6.

Brimbank City Council

Brimbank City Council has developed an Early Years Outreach Strategy to address barriers to access through providing a range of outreach services including:

- outreach playgroups in shopping centres to engage opportunistically with families in a supportive and fun environment, which is utilised by many culturally diverse families
- a ‘pop up’ kindergarten in Deer Park and Derrimut to support families that cannot access funded kindergarten due to a shortage of locally available places
- a mobile outreach ‘BEAR’ bus that operates to engage vulnerable families in MCH, health promotion, health surveillance, advice and referral.²⁶⁵

In its submission, VCOSS highlighted the importance of outreach services conducted by the Brimbank City Council, particularly the shopping centre playgroups and outreach bus.²⁶⁶ While not specifically discussing Brimbank, Judi Gray of CECFW discussed outreach playgroups in shopping centres:

They are an example of something that if that was expanded it must be the cheapest value-for-money government program there is. At playgroups in shopping centres there are so many grandparents who are struggling with little toddlers—who are hard work—and love having someone to talk to and someone to engage with.²⁶⁷

Other Council initiatives

The City of Greater Dandenong highlighted in its submission a range of literacy-based outreach programs conducted by its library services including visits to playgroups, childcare and family day care, kindergartens, primary schools, school book clubs and new parenting groups.²⁶⁸ The City of Casey also conducts pop-up playgroups, which ensures families are referred into the most appropriate ongoing playgroups available:

A pop-up play van is set up with an open playgroup morning each week at different park locations to introduce families to the playgroup world and link families to Casey services and facilities.

²⁶⁵ Brimbank City Council, *Submission 17*, received 9 October 2019, p. 4.

²⁶⁶ Victorian Council of Social Service, *Submission 23*, p. 22.

²⁶⁷ Ms Judi Gray, *Transcript of evidence*, p. 41.

²⁶⁸ City of Greater Dandenong, *Submission 18*, p. 6.

The Pop-up Playgroup welcomes and celebrates culture, beliefs, values and abilities. Families begin to form relationships with different CALD community members and children are immersed into their local environment where the diversity of appearances, languages and cultural celebrations are welcomed.²⁶⁹

Kim Little, Deputy Secretary of Early Childhood Education with DET, told the Committee that Moreland City Council recently reviewed the needs of newly arrived migrants and undertook outreach activities as a result:

The review that the council did enabled them to identify the best methods to reach vulnerable families. They did outreach activities at bilingual kindergartens, at new parent groups, at immunisation sessions and at libraries. So it is a really great example of what Mat is talking about: going out to where communities are rather than expecting communities to come to you.²⁷⁰

The Moonee Valley City Council outlined in its submission the importance of outreach in its MCH services on the Wingate Housing Estate, where many families are from African communities. Its 100% participation rate in MCH Key Ages and Stages appointments is due to several factors, including outreach:

- Several of the early MCH visits (Home visit, 2 week and 4 weeks) are completed as outreach in the family's home. The first visit for the family at the centre is usually the 8 week visit. (Usually in the universal MCH service the first appointment -the home visit is the only visit conducted in the client's home). Frequent home visiting enables a relationship to be built with the MCH Nurse and gives mothers time to recover and observe a period of cultural confinement.²⁷¹

Similarly, Sue Murray, Team Leader of Child and Family Health at Mornington Peninsula Shire, told the Committee of other MCH outreach services:

We do a lot of outreach-type services. For example, in the City of Monash we will have maternal and child health nurses attend the immunisation sessions, because we often find that we have a large population from China coming into the area and they do not necessarily know about our service. We have found that by having nurses at immunisation sessions we can introduce our service to them and get them engaged in the universal service.²⁷²

Initiatives by other services

Outreach services are particularly important in rural and regional areas of Victoria. Danny Schwarz of Playgroup Victoria suggested that this allows communities to engage in services they otherwise may not have access to. For example, in Ballarat it runs

²⁶⁹ City of Casey, *Submission 20*, received 11 October 2019, pp. 6–7.

²⁷⁰ Ms Kim Little, Deputy Secretary, Early Childhood Education, Department of Education and Training, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 25.

²⁷¹ Moonee Valley City Council, *Submission 25*, received 11 October 2019.

²⁷² Ms Sue Murray, Team Leader, Child and Family Health, Mornington Peninsula Shire, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, pp. 15–6.

pop-up playgroups in vans, and is also connected to the Ballarat toy library. Once a month, toys are taken in the van to another regional town 45 minutes away, as '[t]heir families would not otherwise get access to those toys'.²⁷³

The Geelong Regional Library Corporation (GRLC) discussed a range of activities it undertakes to reach culturally diverse communities. Deanne Verity, Manager of Children's and Youth Services with the GRLC advised the Committee:

Our specialist librarians provide a range of early literacy-focused programs, both within our libraries and connecting directly with children and families through outreach programs, which are delivered through local schools, kindergartens and community centres. In Corio we also focus on developing strong connections with our local Aboriginal people, and one of the services we provide is a fortnightly outreach to the Wathaurong cooperative's Milla Milla playgroup. We also partner with Diversitat to support their homework clubs for refugee students and engage with community groups through this organisation.²⁷⁴

Jennifer Weber, Chief Executive Officer of Caroline Chisholm Society, told the Committee that its material aid programs conducted as outreach or drop-in services are an important first step to engaging mothers:

Because what we find is that with the program that we are able to offer—as an outreach or a drop-in—a material aid program or welfare appointment is not necessarily a sexy, out-there type of program that people want to sign up to fund and things like that. However, what we are finding through an approach where, say, a mother drops in who is in need of clothing—there might be some financial stresses there—is that a lot of things start to get unpacked. We know from our understanding of the first 1000 days how important that initial contact is and the community asset. So if we can get mothers connected into those, that is a good way to then start to build their confidence around parenting and get them connected into those really important networks in the community.²⁷⁵

Dr Adele Murdolo, Executive Director of the Multicultural Centre for Women's Health, described how it uses outreach activities to reach women in comfortable spaces:

We operate in an outreach capacity, so we go out and work with women in their workplaces or in their English language centres. I heard you talking about the hubs earlier. We do also work with women in the hubs. Just as an example, for women who are dropping their children off at primary school, after they have dropped off we will run some sessions within either the school or another room within the hub, and provide them with education within that context. It is great to be able to reach women who are in that stage of life, because there are so many important issues there to do with their health.²⁷⁶

²⁷³ Mr Danny Schwarz, *Transcript of evidence*, p. 30.

²⁷⁴ Ms Deanne Verity, Manager, Children's and Youth Services, Geelong Regional Library Corporation, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 23.

²⁷⁵ Ms Jennifer Weber, Chief Executive Officer, Caroline Chisholm Society, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, pp. 22-3.

²⁷⁶ Dr Adele Murdolo, Executive Director, Multicultural Centre for Women's Health, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 43.

The Brotherhood of St Laurence operates the Refugee Child Outreach Program in Hume and Whittlesea, where volunteers visit families at home and assists them to connect with supports in early years, health and parenting. They also accompany families to appointments and help to improve developmental outcomes of children from refugee backgrounds.²⁷⁷ While discussing community hubs and greater collaboration of services as parts of the puzzle, Stephanie Johnson, Refugee Child Outreach Coordinator at the BSL noted the importance of home visits:

... in order for that to be an accessible space for families we also need to be visiting those families that we are not seeing through the doors of hubs, and that is through home visits like we talked about but also using communication strategies that communities of different backgrounds already use successfully.²⁷⁸

Expanding outreach activities

Given the role of outreach in responding to the needs of families who are socially isolated, inquiry participants recommended expanding such activities in a consistent way throughout Victoria. VCOSS recommended running outreach services in places such as shopping centres and libraries, and investing in collaboration between outreach services to access places where families gather, and to create group settings for parents to build connections.²⁷⁹ Uniting Vic.Tas recommended a range of outreach opportunities including health services outreach in playgroups, kindergartens and childcare; language programs for parents while children are cared for at kindergarten or childcare; enrolment support at settlement services, asylum seeker services and language schools; home visits by early learning staff; home visits by health service staff and information/drop in clinics in public housing sites; and conducting multiple activities within the same venue such as homework clubs, Neighbourhood House classes and language classes.²⁸⁰

The Committee agrees that outreach activities make an important contribution to engage culturally diverse families and children in services. They also help to build trusting relationships and improve access to a range of health, early learning and social services that might be needed. The Committee also considers that these activities are particularly important for families from refugee backgrounds and newly arrived families. These families are at risk of having poorer social connections and falling deeper into isolation if they are not engaged early enough. Providing enhanced support, through the provision of outreach activities, can assist families with complex needs and limited understanding of the traditional service system to access the services they need and stay connected. Such support is vital to ensure positive developmental outcomes for children from refugee backgrounds, as well as to promote inclusion of culturally diverse communities more generally.

²⁷⁷ Brotherhood of St Laurence, *Submission 36*, p. 37.

²⁷⁸ Ms Stephanie Johnson, Refugee Child Outreach Coordinator, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 22.

²⁷⁹ Victorian Council of Social Service, *Submission 23*, pp. 21–2.

²⁸⁰ Uniting Vic.Tas, *Submission 32*, p. 17.

RECOMMENDATION 11: That the Victorian Government fund effective outreach activities by local councils and service providers to ensure culturally diverse communities can access a range of early childhood services, including playgroups, health services and literacy-based programs.

4 The early childhood workforce

A key area of reform discussed throughout the inquiry related to ensuring that the early childhood workforce is responsive to the needs of culturally diverse communities. In this chapter, the 'early childhood workforce' is discussed in general terms, although the suggested reforms apply most directly to staff working in early childhood education and care (ECEC) contexts, as well as those working in key child health settings such as maternal and child health (MCH). These are the professionals best placed to positively influence and shape the direction of a child's life in their early years. Therefore, this chapter focuses on ways to improve these interactions through enhanced staff capabilities. This is particularly important given that negative interactions between staff and families can act as a key barrier to families' willingness to engage in services.

Inquiry participants raised with the Committee a series of uniform themes around the workforce. The first related to specific professional development activities that should be widely delivered to ensure staff have the skills and capacity to form effective and trusting relationships with culturally diverse children and their families. Secondly, participants considered there is a need to expand the number of bicultural and bilingual workers in the sector, given their key role in bridging the gap between families and service providers. Finally, the chapter considers the potential for the Victorian Government to implement an early childhood sector workforce strategy. This provides a vision to enhance the diversity of the workforce and improve its capacity to engage culturally diverse children and families.

4.1 The workforce

The early childhood workforce is typically described in broad terms. A 2011 report by the Productivity Commission on the *Early Childhood Development Workforce* defined the early childhood development sector as 'services that aim to foster the health, education and care of young children' including ECEC services, child health services and family support services.²⁸¹ The *Victorian Early Years Learning and Development Framework* (VEYLDF) also took a broad approach to defining an 'early childhood professional':

The term early childhood professionals in this document includes, but is not limited to, maternal and child health nurses, all early childhood practitioners who work directly with children in early childhood education and care settings (educators), school teachers, family support workers, preschool field officers, inclusion support facilitators, student support service officers, primary school nurses, primary welfare officers, early childhood intervention workers, play therapists, health professionals and teachers working in hospitals, and education officers in cultural organisations.²⁸²

²⁸¹ Productivity Commission, *Early Childhood Development Workforce*, Productivity Commission, Melbourne, 2011, p. 12.

²⁸² Department of Education and Training, *Victorian Early Years Learning and Development Framework*, Victorian Government, Melbourne, 2016, p. 2.

Given the evidence received in this inquiry, the focus of this chapter is on the ECEC workforce, but also applies to other relevant professionals including those working in MCH, allied health and others.

The ECEC workforce comprises those working in long day care, family day care, in home care, occasional care, outside school hours care, vacation care and preschool services. The most recent national data collected in the *2016 National Early Childhood Education and Care Workforce Census report* showed a total of 50,674 people work in ECEC services in Victoria, representing 26% of the national workforce.²⁸³ Victoria had the largest growth in the workforce size between 2013 and 2016, growing by 73.4% in that time.²⁸⁴

While teachers within the school system all have a Bachelor degree, within ECEC services there are various levels of qualified staff depending on job types. The 2016 Census showed that 85.2% of paid contact staff had an ECEC-related qualification (including a Certificate III or IV, a Diploma or Advanced Diploma, or a Bachelor degree), although 14.8% did not have an ECEC-related qualification. One quarter of paid contact staff were studying at the time of the Census.²⁸⁵

There is growing research about the contribution of the workforce to enhancing the quality of ECEC services, which has a profound impact on learning and developmental outcomes for children. In the 2017 report *Lifting Our Game: Report of the Review to Achieve Educational Excellence in Australian Schools through Early Childhood Interventions* (the Lifting Our Game report) commissioned by Australian state and territory officials, having a skilled and stable workforce was identified as ‘the most important factor’ in delivering quality early childhood education. Other research findings included:

- education, qualifications and training of the workforce are the most important factors affecting the quality of child care
- higher education for educators leads to improved child outcomes
- the level and specialisation of qualifications of educators is important, with children having the most to gain when their teacher had a diploma or degree in early childhood education or child care.²⁸⁶

The Committee is also aware that there are particular demands on the mainstream workforce to provide additional supports to some cohorts of children, including those from refugee backgrounds. This might be supporting children to participate and feel comfortable in services, both initially and in day-to-day contexts. This ‘creates

²⁸³ The Social Research Centre, *2016 Early childhood education and care national workforce census*, report for Department of Education and Training, Melbourne, 2017, p. 14.

²⁸⁴ *Ibid.*, p. 15.

²⁸⁵ *Ibid.*, p. viii.

²⁸⁶ Susan Pascoe and Deborah Brennan, *Lifting Our Game: Report of the Review to Achieve Educational Excellence in Australian Schools Through Early Childhood Interventions*, Melbourne, 2017, pp. 62–3.

a need for different specialist workers to cater to children's specific needs',²⁸⁷ and results in demand for inclusion support staff, such as bicultural workers, and specialist professionals such as special education teachers and allied health professionals. The specific role of the bilingual and bicultural workforce is discussed in detail in Section 4.3.

There are also specific issues for the rural and remote workforce, as recruitment and retention can be difficult in these parts of Victoria. This is caused by various factors including housing demand, competition with other sectors, culture shock and a lack of professional development opportunities and support.²⁸⁸

4.2 Professional development needs of the early childhood workforce

For the mainstream early childhood workforce, inquiry participants considered that training and professional development activities as it relates to the engagement of culturally diverse communities is required in two areas. The first involves improving cultural competence, and the second involves trauma-informed care.

4.2.1 Cultural competence

Cultural competence is a familiar term in early childhood services, yet the Committee heard that there is more work to be done to embed culturally competent practices across the sector. Under *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*, the approved national framework linked to the National Quality Framework, cultural competence is 'a two way process with families and communities'.²⁸⁹ It primarily relates to the ability to understand and effectively communicate across cultures:

Cultural competence is much more than awareness of cultural differences. It is the ability to understand, communicate with, and effectively interact with people across cultures. Cultural competence encompasses:

- being aware of one's own world view
- developing positive attitudes towards cultural differences
- gaining knowledge of different cultural practices and world views
- developing skills for communication and interaction across cultures.²⁹⁰

²⁸⁷ Productivity Commission, *Early Childhood Development Workforce*, p. 148.

²⁸⁸ Ibid., p. 182.

²⁸⁹ Department of Education and Training, *Belonging, being, becoming: the early years learning framework for Australia*, Department of Education, Canberra, 2009, p. 18.

²⁹⁰ Ibid., p. 19.

The VEYLDF outlined that in forming respectful relationships and undertaking responsive engagement, early childhood professionals should:

- recognise and deepen their understandings about other people and how values and beliefs influence their own world view
- demonstrate respect for and understanding of the views of other professionals and families when communicating and interacting across cultures.²⁹¹

Ensuring greater cultural competency forms part of Victorian Government departmental planning initiatives. The Department of Education and Training (DET) *Workforce Diversity and Inclusion 2020 Workplan* noted actions to improve the cultural competency of staff, including through online cultural competency training.²⁹² The Department of Health and Human Services (DHHS) *Delivering for diversity: Cultural diversity plan 2016–2019* also outlined the following actions to realise the outcome of building a culturally responsive workforce:

- develop awareness and skills for delivering culturally responsive services
- implement effective communication strategies with culturally diverse communities
- improve the understanding of diversity among cultural groups
- improve systems and services to be more culturally appropriate and responsive.²⁹³

The Joint DET/DHHS submission noted that the *Maternal and Child Health Program Standards 2009* (to be revised in 2020) outlined 'best practice to ensure MCH services are culturally competent, including recognising cultural diversity of the local area and ensuring access to interpreters for mothers and families from non-English speaking backgrounds'.²⁹⁴

Inquiry participants also considered that cultural competency training is essential to reduce stigma, racism, discrimination and judgment that is sometimes felt by culturally diverse communities when accessing services. The Ethnic Communities' Council of Victoria (ECCV) discussed some of the negative experiences that parents have had:

In ECCV's consultations, parents highlighted the lack of respect they experienced across early childhood services. Some parents told us that in contact with some early childhood service providers, they felt like their opinions and their parenting practices were disregarded or invalidated. For instance, some had been negatively judged by healthcare professionals in discussions around parenting practices, such as sleeping arrangements for babies and young children, and breastfeeding. Others felt intimidated by the system of growth charts used by the maternal child health service, which felt rigid and not particularly sensitive to the diversity amongst children.²⁹⁵

²⁹¹ Department of Education and Training, *Victorian Early Years Learning and Development Framework*, p. 11.

²⁹² Department of Education and Training, *DET workforce diversity and inclusion 2020 workplan*, Department of Education, Melbourne, 2019, p. 4.

²⁹³ Department of Health and Human Services, *Delivering for diversity: cultural diversity plan 2016–2019*, Victorian Government, Melbourne, 2016, p. 17.

²⁹⁴ Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 9.

²⁹⁵ Ethnic Communities' Council of Victoria, *Submission 15*, received 9 October 2019, p. 14.

In its submission, ECCV suggested that cultural competency training should be readily available, and that there is also a need for clear guidelines around anti-racism and anti-discrimination in early childhood services.²⁹⁶ Kate McInnes, Executive Officer of Loddon Campaspe Multicultural Services (LCMS), discussed similar issues faced by communities in Bendigo:

Obviously workplaces working with us are self-selecting, so people in a senior role are supportive of cultural diversity, but we are still seeing discrimination at a workplace or colleague level in some workplaces. The Committee yesterday was asking about unconscious bias. Yes, that is important, but we are also still seeing discrimination, very conscious discrimination as well, that we need to be working on. That includes in early childhood settings, where child care staff do not necessarily have positive attitudes.²⁹⁷

Uniting Vic.Tas also stated in this regard:

From an early learning perspective, our staff report a need for more training in local areas tailored to specific cultural, linguistic or religious groups, as well as opportunities for professional learning about the impact racism has in society and in early learning, and how to counter that by implementing anti-racist pedagogy.²⁹⁸

Embedding cultural competency in practice

Given the importance of cultural competence, the level of training and organisational policy support on these issues was discussed by many inquiry participants.²⁹⁹ The Federation of Ethnic Communities' Councils of Australia (FECCA), the national peak body for culturally diverse communities issued a report on *Cultural Competence in Australia* in 2019. It stated that cultural competency training varies widely and can include intercultural awareness, cross-cultural awareness, cultural sensitivity, cultural diversity, diversity and inclusion, unconscious bias, intercultural communication, cultural intelligence and cultural capability.³⁰⁰ It also stated that cultural competency at both organisational and individual levels is important. Organisations should have in place 'clear and practical policies and procedures and commitment to implementation and evaluation', while also improving the cultural competence of individual employees through initiatives such as training.³⁰¹

Research demonstrates that training in culturally competent practices helps to break down barriers for culturally diverse communities to engage in early childhood services. A 2018 pilot study in Melbourne explored the impact of workshops on multidisciplinary professionals' ability to support culturally diverse families in early childhood contexts.

²⁹⁶ Ibid., pp. 14–5.

²⁹⁷ Ms Kate McInnes, Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 10.

²⁹⁸ Uniting Vic.Tas, *Submission 32*, received 21 October 2019, p. 13.

²⁹⁹ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 2; Melbourne Children's Campus, *Submission 24*, received 11 October 2019, p. 5; Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, pp. 15–6.

³⁰⁰ Federation of Ethnic Communities' Councils of Australia, *Cultural competence in Australia: A guide*, Canberra, 2019, p. 12.

³⁰¹ Ibid., pp. 7–8.

It found that such workshops could be an effective way for professionals to develop 'consciousness' around the cultural and language barriers at play, and their own role in shaping experiences for culturally diverse families:

The responses from participants indicated that as a result of the workshop they had begun to think more holistically about the broader social and cultural context in which their clients and indeed their practice was situated. Some participants had also begun to acknowledge the role they themselves play as subjective participants in social interactions with children and their families by recognising the impact of their own knowledge and culture upon the success of interactions. The one year follow up interviews also indicated that participants had begun to develop new approaches that aimed to disrupt power imbalances that may marginalise CALD families in their practice.³⁰²

From a health context, a 2017 study on culturally diverse parents' access to healthcare services found that current gaps in cultural competence may impact engagement. It made suggestions for enhanced training:

There is a need to further consolidate training for professionals to promote positive interactions with CALD parents. The focus of this training should be on developing a working knowledge of the migration experience of families, acknowledging differences in child rearing and traditional cultural practices, valuing and respecting diversity, considering interpretation issues, developing a set of culture based communication skills, and developing the ability to ascertain the level of acculturation of the families.³⁰³

Inquiry participants considered that implementing staff cultural competency training would improve communication with culturally diverse families and ensure they feel safe to engage with services. In its submission, the Victorian Multicultural Commission (VMC) stated:

Cultural competence is essential for government departments and community organisations working with immigrant families and young children. It enables workers to value diversity and plan for it and manage the different needs and respond to the cultural contexts of the communities they serve.³⁰⁴

As a member of the Victorian Government's Panel of preferred providers, the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) delivers cultural competency training in Victoria. Its submission stated that its two day training program has been delivered to 1,000 early childhood staff over the past three years:

Cultural competence training of service providers is needed to facilitate improved access and inclusion within universal and secondary service systems. Knowledge of cultural

³⁰² Sarah Verdon, 'Awakening a critical consciousness among multidisciplinary professionals supporting culturally and linguistically diverse families: a pilot study on the impact of professional development', *Child Care in Practice*, 2018, p. 16, doi: 10.1080/13575279.2018.1516626.

³⁰³ Pankaj Garg, et al., 'Explaining culturally and linguistically diverse (CALD) parents' access of healthcare services for developmental surveillance and anticipatory guidance: Qualitative findings from the 'Watch Me Grow' study', *BMC Health Services Research*, vol. 17, no. 1, 2017, p. 9.

³⁰⁴ Victorian Multicultural Commission, *Submission 37*, received 19 December 2019, p. 8.

differences and the migration experience of the most recent newly arrived communities are essential for educators and services in effective communication, engagement and providing appropriate support for these communities.³⁰⁵

Cultural competency training can also help equip mainstream services to better engage with culturally diverse communities where it is not possible to build specialist services. This is particularly relevant in regional areas of Victoria. Dr Greg Gow, Program Leader for Education and Early Years at the Victorian Foundation for Survivors of Torture Inc. (Foundation House), told the Committee of its work in rural and regional areas to build capacity of mainstream services such as schools:

We will work with the schools as well and build their capacity to engage with families, and we do the same with early years services in regional-rural. For example, in Ballarat we have been working quite a lot with Catholic Education in Ballarat. We have a number of schools that we have delivered professional learning to as well.³⁰⁶

Noting the broad role played by Akua Ed Nignpense, the Refugee Health Nurse, at Ballarat Community Health, Jessica Trijsburg, Manager of Intercultural Engagement and Support, considered there was a need to improve broad competency across health services:

Akua's role, or the refugee health nurse role, is a bit of a stopgap in practice in Ballarat, because Akua has somewhat broader criteria of who she can work with in that capacity and also has a clinical background and so ends up getting referrals sometimes also from Ballarat Health Services, so from the hospital, for complex cases that they are unsure of how to navigate. I guess it sort of highlights the need for that broader cultural competence across the board because some of those things, of course, would be too complex for a nurse to be able to necessarily navigate the specifics of those situations, which is why they are at the hospital in the first place. But also in terms of Akua being asked to provide cultural advice, really, in a sense also that is something that does not necessarily need to sit with that role.³⁰⁷

To help embed cultural competence in the sector, the Victorian Council of Social Service (VCOSS) recommended in its submission that all workers be required to undertake cultural competency training as a core continuous quality improvement process:

Specialised workforces would benefit from training from workers within their profession to support the practical navigation of cultural competency training, i.e. maternal and child health nurses could receive training from a nurse in cultural competency as part of ongoing professional development and cultural competency training.³⁰⁸

³⁰⁵ VICSEG New Futures, *Submission 07 Summary*, received 27 September 2019, p. 4.

³⁰⁶ Dr Greg Gow, Program Leader, Education and Early Years, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 4.

³⁰⁷ Ms Jessica Trijsburg, Manager, Intercultural Engagement and Support, Ballarat Community Health, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 19.

³⁰⁸ Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 16.

Roxanne Higgins, Director of Services at Noah's Ark, made a similar recommendation to ensure cultural competency in the delivery of disability services:

I certainly think building cultural sensitivity training in as a requirement across all early education and disability services would be a step in the right direction. If you are working with different communities, you actually need to understand their view of disability and the way to engage with that community in a way that is sensitive and is respectful and recognises their needs. So having individually worked with Afghani communities, there are very clear procedures that I would follow that are quite different to if I was working with a predominantly English, Australian-born community.³⁰⁹

FINDING 9: There is a need for cultural competency training for staff working in early childhood services to remove barriers for culturally diverse families, improve engagement and enhance communication.

4.2.2 Trauma-informed care

As well as cultural competence, inquiry participants highlighted the need for training in trauma-informed approaches in early childhood, particularly to ensure that services understand the experiences of children from refugee backgrounds and their families. This section should be read in conjunction with other relevant chapters such as Chapter 7 dealing with mental health and disability.

Trauma can impact children in various ways and compromise a child's ability to grow and develop successfully. Early childhood settings are a key environment where trauma can be identified and responded to in a way that provides for the needs of children and families involved:

Early childhood educators are increasingly aware of the complex and difficult life experiences that many of the children in their care may have faced. Some of these experiences like surviving a bushfire or arriving as a refugee may be obviously traumatic and readily apparent to early childhood educators. However, others, such as living with family violence may be hidden from view. In all cases, it can be challenging to know how to respond in a way that enhances the child's ability to learn and develop.³¹⁰

Under the VEYLDF, it is explicitly acknowledged that some families require additional attention where they have had experiences of trauma, hardship, family violence and loss. The VEYLDF Framework note that 'it is in the child's best interests for there to be effective, sustained, collaborative partnerships between families and all professionals'.³¹¹

³⁰⁹ Ms Roxanne Higgins, Director of Services, Noah's Ark, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 8.

³¹⁰ Women's Health Goulburn North East, *Literature review: a trauma-sensitive approach for children aged 0–8 years*, report prepared by Jenny Dwyer, Judy O'Keefe, Paul Scott and Lauren Wilson, Trauma and young children – a caring approach project, Melbourne, 2012, p. 1.

³¹¹ Department of Education and Training, *Victorian Early Years Learning and Development Framework*, p. 9.

For the purposes of this inquiry, it is important to highlight how being of refugee background can often indicate exposure to trauma. A 2017 report prepared for DET on *Early years transitions: Support for children and families at risk of experiencing vulnerability* discussed the relationships between trauma, background, language and culture, and the importance of being prepared to deal with these issues:

The lives of many refugee children and families are plagued by trauma, uncertainty, instability, change, cultural dislocation, violence, and possible loss of family members. Some refugee children may have experienced education before arriving in Australia, however, it is possible that this context was dissimilar to a Western schooling experience.

In addition to possible traumatic experiences and educational disruption, refugee children and families are typically from culturally and linguistically diverse (CALD) backgrounds. This means that refugee children and families experience additional challenges related to cultural and language differences. The literature noted that ECEC institutions and schools are sometimes ill-prepared for working with children and families from refugee backgrounds due to the complexity of trauma experience and educational disruption, coupled with cultural linguistic diversity.³¹²

Foundation House works specifically with people from refugee backgrounds who have experienced torture and trauma. Its submission outlined how experiences of trauma can have a profound impact upon a child's development:

Effects on families may include shifting of roles and relationships within families and reduced capacity of parents to provide a nurturing environment for children. Where exposure to torture and other traumatic events has been at the hands of governments in their countries of origin, individuals and families who have encountered such treatment may approach government programs and services in Australia with reluctance, mistrust, and fear.

The impact of trauma on children may have various manifestations including attachment issues, cognitive functioning and behavioural and learning difficulties, and this must be taken into account to avoid misdiagnosis of learning disorders, and to ensure appropriate grade placements when children transition to schooling.³¹³

Similarly, the Victorian Refugee Health Network (VRHN) stated in its submission:

There is growing evidence on the impact of trauma on families and children, including effects on physical and mental health, relationships, and family functioning. Individuals may approach government programs and services with reluctance, experiencing mistrust and fear of authority figures. This may function as a significant barrier to engagement with services.³¹⁴

³¹² Andrea Nolan, et al., *Early years transitions: support for children and families at risk of experiencing vulnerability: Practice review report*, report prepared by Deakin University, report for Department of Education and Training, Victorian Government, Melbourne, 2017, pp. 24–5.

³¹³ Foundation House, *Submission 33*, received 21 October 2019, pp. 11–2.

³¹⁴ Victorian Refugee Health Network, *Submission 31*, p. 14.

Participants in the inquiry explained to the Committee that services must be attuned to signs and indicators when they work with families from refugee backgrounds. Dr Gow from Foundation House stated:

I think really one of our main messages is that when you work with children of refugee backgrounds then you need to expect that you are going to see trauma reactions and disclosures. Trauma reaction can be triggered by any variety of everyday things, or seemingly everyday things for us. For example, we have seen with the children that have come from the conflict in Syria the time frame from their fleeing Syria and their time in Lebanon, for example, to then settlement here is quite brief. So we have a lot of reports of children being highly agitated, and fear and anxiety, really, are the dominant manifestations around trauma reactions. So a lot of our work is about enabling the early years staff to actually confidently feel that they can respond in a way that supports recovery with children and young people. So when we talk about being trauma informed, it is really about understanding and being able to actually respond in a way that enables that child to settle and to continue to learn. It is not just about the individual early years worker, it is also about the setting and how we create safety and control so that a child can actually feel—and a parent-carer—that they are safe, physically safe.³¹⁵

Sue Ghalayini, Humanitarian Settlement Program Case Manager with Bendigo Community Health Services (BCHS) also cautioned against professionals making assumptions about children and their experiences, which could lead to missing important signs of developmental concerns:

But I think there are a lot of assumptions being made by health professionals and education professionals about a child's capacity and that a child has not been a witness to trauma or torture. We have to assume in many cases the worst for these children—that they have experienced these things.

All service providers working with children of this age group need to be aware of the signs of when a child is not thriving and not make assumptions that a child is shy because they do not speak the language.³¹⁶

Some inquiry participants discussed practical ways that they implement trauma-informed approaches. Lisa Mackenzie, Executive Officer of the Greater Shepparton Lighthouse Project, told the Committee about a sand play therapy project implemented in primary schools, as 'significant numbers of children from the CALD community were arriving with no exposure to three-year-old or four-year-old kinder, so they were turning up with significant evidence of trauma and not prepared for school'.³¹⁷ Glenys Brereton, Nominated Supervisor/Teacher with Shine Bright Early Years in Bendigo, also explained strategies its organisation have implemented, including

³¹⁵ Dr Greg Gow, *Transcript of evidence*, pp. 6–7.

³¹⁶ Ms Sue Ghalayini, Humanitarian Settlement Program Case Manager, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 14.

³¹⁷ Ms Lisa McKenzie, Executive Officer, Greater Shepparton Lighthouse Project, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 19.

professional development for staff, flexibility in programs and running art therapy programs for children.³¹⁸

Embedding trauma-informed approaches

To help professionals identify and manage these issues, trauma-informed approaches to care are being more commonly implemented across various areas of human and social services. In 2016, the Australian Institute of Family Studies published a paper on *Trauma-informed care in child/family welfare services*. It defined trauma-informed care as ‘a framework for human service delivery that is based on knowledge and understanding of how trauma affects people’s lives and their service needs’.³¹⁹ Specific elements include considering the person’s environment, awareness and sensitivity to a person’s trauma history, avoiding re-traumatising service users, and adopting a strengths-based approach that is responsive to the effects of trauma.³²⁰ The paper also noted that there is typically a pathway from being *trauma aware* (seeking information about trauma) to being *trauma informed* (where the entire culture, work practices and settings reflect a trauma approach).³²¹ It referred to a range of specific implementation areas that an organisation should consider including governance, policy, and training and workforce development. Further, the paper noted that ‘in order to build a trauma-informed system, commitment at all system levels is required. This includes a commitment to ongoing training and service transformation’.³²²

The Committee understands there is a need for early childhood services to become trauma-informed given the transformative role they play in the early stages of a young person’s life. Dr Gow from Foundation House told the Committee of the role of early childhood services in ‘trauma recovery’:

One of our key messages with early years services and with schools is that they are the ideal place to support trauma recovery. Closely tied with that is the research that shows how important early intervention is in regard to positive settlement outcomes for people of refugee backgrounds. So that is really our rationale for our program of education and early years, where we actually consider that in education and early years—early years, foundational school—that transition in that zero to eight is really critical. In many respects it is what sets up young people for life.³²³

The importance of trauma-informed approaches has been acknowledged by the Victorian Government through the provision of workforce training in this area. In particular, DET/DHHS advised in their submission that in 2018 the Victorian MCH workforce undertook professional development on trauma-informed care through the

³¹⁸ Ms Glenys Brereton, Nominated Supervisor/Teacher, Shine Bright EYM, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 39.

³¹⁹ Australian Institute of Family Studies, *Trauma-informed care in child/family welfare services*, report prepared by Liz Wall, Daryl Higgins and Cathryn Hunter, Australian Institute of Family Studies, Melbourne, 2016, p. 9.

³²⁰ *Ibid.* 9

³²¹ *Ibid.*, p. 5.

³²² *Ibid.*, pp. 11–2.

³²³ Dr Greg Gow, *Transcript of evidence*, p. 1.

My Early Relational Trauma Informed Learning (MERTIL) program, developed by Deakin University, the Royal Women's Hospital and the University of Melbourne:

MERTIL was delivered to approximately 1,500 MCH nurses and allied health professionals in 2018. The training was also extended to 35 MCH nurses in Early Parenting Centres and 23 Child Protection Practice Leaders, to help develop a shared language of trauma-informed care.³²⁴

Foundation House commended 'the Victorian Government's investment in professional learning for people working in early childhood, including kindergarten teachers, maternal and child health nurses...'³²⁵ In its submission, it further described the professional development program that it is funded to provide to ECEC services in this space. Since January 2016, 2,879 Victorian early years professionals (including teachers, educators and MCH nurses) have participated in training that captures a range of important areas including:

- Understanding the refugee and asylum seeker experience and the impact of trauma on development, learning and wellbeing
- Developing family centred practices within a whole-of-agency approach to support children, in partnership with families of refugee backgrounds
- The role of early years professionals in supporting recovery from trauma
- Strategies and practices to support recovery from trauma for individual children and families
- Reflective practices.³²⁶

Such investments by the Victorian Government are commended by the Committee. However, inquiry participants also considered that expansions to these investments will ensure trauma-informed care becomes a standard approach across mainstream services. VCOSS considered that this is essential due to the high numbers of refugees and asylum seekers in Victoria:

Victoria receives approximately one third of the country's refugee intake, and many newly arrived refugees have suffered trauma. Community service organisations need training in trauma-informed approaches to help prevent and address mental and physical illness, and social and relational difficulties. Effective services for this group can develop trust and understanding for newly arrived refugees accessing services.³²⁷

Kathy Cooney, Communities of Practice Team Leader of Education and Early Years at Foundation House, advised that a more systematic approach to training is required:

There is some work that has been done in child care settings in terms of increasing staff capacity to identify trauma and to work in trauma-informed ways. It is possibly not in a systematised way. For us, we would work with organisations and train around the signs

³²⁴ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 8.

³²⁵ Foundation House, *Submission 33*, p. 12.

³²⁶ *Ibid.*, p. 13.

³²⁷ Victorian Council of Social Service, *Submission 23*, pp. 15–6.

and symptoms that you might be expecting. We very much focus on the whole family. It is not just what you would be observing in this child; you would also be looking at how you support parents who come from that background.³²⁸

Noting the importance of trauma-informed approaches in the health context, Melbourne Children's Campus recommended 'ongoing professional development for health professionals' in this area, as well as 'the development of a standard for services to provide trauma-informed care and practice and guidelines for implementation...'³²⁹ Dr Elisha Riggs from the Intergenerational Health Research Group at the Murdoch Children's Research Institute (MCRI) further discussed the Group Pregnancy Care model as a trauma-informed approach, and advised the Committee that its evaluation by the end of 2020 will shed light on 'what it takes for our universal health systems to support staff to provide trauma-informed approaches to care'.³³⁰ VRHN also recommended efforts to ensure that trauma-informed practice is widespread in early childhood contexts:

Principles and practice of trauma-informed care should be embedded across the Victorian health, mental health and early years services systems to support engagement of this cohort. At the most basic level, trauma-informed care is an orientation for health services, based on how trauma impacts people's lives, and informs their service needs.³³¹

In the regional context, inquiry participants considered that trauma-informed care training for the workforce is increasingly important given the growth in primary and secondary migration patterns. As stated by Foundation House:

Given the Commonwealth government's commitment to increasing rural and regional settlement of humanitarian entrants, the Victorian Government should examine the resource implications of funding professional development for staff located in regional and rural areas, where there may be relatively small but increasing numbers of people settling from migrant and refugee backgrounds.³³²

FINDING 10: There is a need for training in trauma-informed care in mainstream services due to increasing numbers of communities of refugee and asylum seeker background settling in Victoria.

The need for professional development and training activities in the areas of cultural competency and trauma-informed care was a consistent theme raised by the majority of participants throughout the inquiry. Supporting such training is a targeted way that early childhood services can improve their ability to engage with culturally diverse communities, including those of refugee background. The capacity of staff

³²⁸ Ms Kathy Cooney, Communities of Practice Team Leader, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 6.

³²⁹ Melbourne Children's Campus, *Submission 24*, p. 5.

³³⁰ Dr Elisha Riggs, Intergenerational Health Research Group, Murdoch Children's Research Institute, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 10.

³³¹ Victorian Refugee Health Network, *Submission 31*, p. 14.

³³² Foundation House, *Submission 33*, p. 13.

in both mainstream and specialist services to understand, identify and work within the particular contexts of these families is of utmost importance in building trust and forming effective partnerships with families and communities. The Committee is supportive of efforts by the Victorian Government thus far to introduce concepts of cultural competency and trauma-informed care across services. However, it also considers that there is a need to embed these practices more substantially through making such training mandatory within its funded services. Ultimately, it agrees with the submission of Uniting Vic.Tas:

The workforce needs better training in cultural competency and trauma-informed care to provide safe and inclusive environments that make families feel comfortable to participate in services – across all sectors (e.g. health, maternal and child health, early childhood education).³³³

The Committee also agrees with the Brotherhood of St Laurence (BSL) recommendation that cross-cultural responsiveness training should be a standard element of induction and ongoing professional development in early years' services. It also suggested that DET and MCH services should adopt a mandatory training requirement, which DHHS has recently introduced for some of its funded services.³³⁴ Alongside the development of a strong bicultural and bilingual workforce, such training will ensure that all staff are equipped with the skills needed to respond effectively to Victoria's culturally diverse communities.

RECOMMENDATION 12: That, as part of service agreements with early childhood services such as kindergartens and Maternal and Child Health services, the Victorian Government mandate professional development and training activities in the areas of cultural competency and trauma-informed care for all staff.

RECOMMENDATION 13: That the Victorian Government advocate to the Commonwealth Government that cultural competency and trauma-informed care training be mandatory for all staff in their funded early childhood services.

4.3 Bicultural and bilingual workers in early childhood

One of the most commonly identified themes during the inquiry was the importance of building a strong bicultural and bilingual workforce within early childhood services to engage and form trusting relationships with Victoria's culturally diverse communities. This was emphasised as being essential within ECEC and MCH services, which have a significant impact in shaping the learning and development of children in their early years.

³³³ Uniting Vic.Tas, *Submission 32*, p. 13.

³³⁴ Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, pp. 14–5.

The Federation of Ethnic Communities' Councils of Australia issued a report in 2017 on *Australia's Bilingual and Bicultural Workforce*. It defined bilingual workers as people employed for their job skills as well as their language skills—'first and foremost trained employees and professionals, who can, as a result of their language skills and community connections, conduct their roles in a LBOTE [language background other than English]'.³³⁵ Performing a different role to interpreters, bilingual workers use their language skills and shared understanding of the community 'to assist in the process of knowledge sharing and general communication which rarely includes direct interpreting between two other parties'.³³⁶

In contrast, the report outlined that bicultural workers focus primarily on cultural aspects rather than language:

Whilst the roles of 'interpreter' and 'bilingual worker' are centred around language, many organisations seek to employ staff members who are able to build connections with communities beyond language – bicultural workers.

'A person employed to work specifically with people or communities with whom they share similar cultural experiences and understandings, and who is employed to use their cultural skills and knowledge to negotiate and communicate between communities and their employing agency.'³³⁷

It further noted that staff members are often employed in roles that combine functions of both a bilingual and bicultural worker, resulting in the general term of 'bilingual and bicultural worker'.³³⁸ Such workers are employed across a range of industries including aged care, children's services, disability services, healthcare and customer service.

The Victorian Government's Multicultural Policy Statement, *Victorian. And proud of it.*, includes an action item of '[f]unding bilingual workers to support the participation of children from culturally diverse backgrounds in supported playgroups and kindergartens'.³³⁹ This is part of a broader aim for early childhood services and schools to build acceptance and understanding of diversity.

4.3.1 Role in engaging culturally diverse communities

There is significant research demonstrating that bilingual and bicultural workers play a crucial and unique role in helping services to engage and build trust with communities:

Research from the aged care, children's services, and disability services sectors, emphasise the importance of bilingual and bicultural workers in building long term relationships between services, staff, clients, and CALD communities. These workers are crucial for building trust and understanding between client and provider, and ensuring that specific ethnic, cultural and language communities use the services available to

³³⁵ Federation of Ethnic Communities' Councils of Australia, *Australia's Bilingual and Bicultural Workforce*, Canberra, 2017, p. 5.

³³⁶ Ibid.

³³⁷ Ibid.

³³⁸ Ibid.

³³⁹ Victorian Government, *Victoria's multicultural policy statement: Victorian. And proud of it.*, 2017, p. 32.

them. The use of bilingual and bicultural workers within organisations and workplaces increases the overall organisational cultural competence, and enhances the knowledge base and capacity of other workers.³⁴⁰

Inquiry participants were also clear in emphasising these various benefits for the early years system. BSL outlined in its submission the practical contributions made by bicultural workers, including to:

- decrease social isolation within their communities by identifying and working with families who are disengaged from early years services
- build trust with families by forming connections, as well as working across cultural groups by focusing on shared migration experiences
- increase families' knowledge, access and use of the early years system
- ensure children receive support as early as possible, for example through undertaking speech assessments in language to identify developmental delays
- ensure services are responsive to emerging community needs
- reduce fears of families that their parenting will be 'judged' by mainstream services, for example on issues such as disability or family violence
- ensure services provide positive role models for communities
- increase cultural diversity within the workforce.³⁴¹

In its submission, VCOSS noted that bicultural workers can be successful in both short and long term roles depending on the context:

Successful examples of the use of bicultural workers include in supported playgroups and in kindergartens to help orientate new children and their care givers. Using bicultural workers in a specific space or for a specific period of time can be the bridge to trust, engagement and connection for some families. However, for others, building trust and engagement can take longer and families would benefit from the integration of bicultural workers as permanent team members in early years services.³⁴²

Early childhood education and care

fka Children's Services (fkaCS) provides bicultural support, including bilingual workers, to ECEC services throughout Victoria. A factsheet highlighted the range of contributions that its bilingual workers make to early childhood settings:

- Create an environment in which the child's home language is spoken, thereby fostering a sense of identity, belonging and wellbeing
- Facilitate communication and support relationship development between key educators and the child

³⁴⁰ Federation of Ethnic Communities' Councils of Australia, *Australia's Bilingual and Bicultural Workforce*, p. 5.

³⁴¹ Brotherhood of St Laurence, *Submission 36*, pp. 16–8.

³⁴² Victorian Council of Social Service, *Submission 23*, p. 16.

- Encourage communication between the child and their peers to support the child in building relationships with others; fostering their sense of wellbeing and belonging
- Facilitate communication between the service and family by providing a shared language
- Facilitate cultural awareness by enabling the exchange and sharing of information between educators and parents about the child, family life and participation within the learning environment.³⁴³

A 2014 article on *What Bicultural Support really means to children, families and educators* identified similar findings about bicultural support in ECEC settings but also referred to their role in advising on programming or curriculum needs. This includes advice on issues such as culturally appropriate practices, inclusive practices, and resources that could assist culturally diverse children and families.³⁴⁴

In its submission, AMES Australia discussed the benefits for families in having workers from the same background:

In group learning environments for pre-school children, many CALD communities highly value their child's carer or educator sharing the same cultural and linguistic background as their own. Cultural diversity in early childhood services can help to improve access for CALD families, and can help children to learn or retain their parents' heritage language and culture.³⁴⁵

In another practical example, Samantha Kolasa, Board Member of Early Learning Association Australia (ELAA), spoke about the role of diversity in 'engaging and welcoming families':

An ELAA member, Acacia Children's Centre in St Albans, just down the road from here, has children from 37 different language groups. The staff who work there speak a total of 28 different languages. The managing director there says that families who have a staff member speaking their language are happier with the service, and they work hard to engage the remaining 30 per cent of children and their families, but it is a challenge.³⁴⁶

Similarly, Lamourette Folly, Youth Facilitator with the Centre for Multicultural Youth, relayed that having bicultural workers would have been helpful during her own settlement experiences:

It definitely would if our parents know that there is someone from, you know, their African background working in that school. They would be more pleased to send their kids to that school, because they would know if my kid has a problem, there will be

³⁴³ fka Children's Services Inc., *fkaCS Information Sheet: Bilingual Workers*, pamphlet, fka Children's Services Inc., Melbourne, 25 January 2019.

³⁴⁴ Katrina Licuanan Kutschker, 'Real Stories: What Bicultural Support Really Means to Children, Families and Educators', *Pre School Matters, Term 4*, 2014, pp. 14–5.

³⁴⁵ AMES Australia, *Submission 10*, received 7 October 2019, p. 3.

³⁴⁶ Ms Samantha Kolasa, Board Member, Early Learning Association Australia, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 14.

someone that they can always run to, and there will be someone that will actually understand how that child feels.³⁴⁷

Health services

According to the broader literature, bicultural and bilingual workers play a strong role in helping culturally diverse communities to access health services. A 2016 study on *Equitable access to developmental surveillance and early intervention – understanding the barriers for children from culturally and linguistically diverse (CALD) backgrounds* found that multicultural health workers ‘were influential in facilitating how parents access developmental surveillance and early intervention services’ even though it was not essential to be from the same cultural group.³⁴⁸

A 2016 study exploring childhood obesity prevention among CALD communities found that bicultural workers can facilitate engagement, act as a link between parents and health services, and deliver important health messages:

Given the rising immigration rates from developing countries into Australia, the bicultural workforce needs special attention regarding their inclusion into the existing service provider workforce. Bicultural workers would also facilitate the tailoring of health programs to accommodate the literacy needs and cultural norms of the CALD groups. Being representatives of the cultural community they originate from, bicultural workers have the potential to influence health behaviour change within their respective ethnic communities through trust-building, and act as a link between the health system and these communities.³⁴⁹

Supporting families from refugee backgrounds

In relation to the particular needs of refugee families, a 2012 study on *Accessing maternal and child health services in Melbourne, Australia: Reflections from refugee families and service providers* discussed the importance of ‘bilingual/bicultural workers to bridge the language and cultural gap that is paramount for refugee clients and service providers’.³⁵⁰ Such findings were echoed by AMES Australia in its submission:

Maternal health nurses and other post-natal services available to CALD communities are strengthened when families have access to bi-lingual or bi-cultural workers within the hospital or community health setting. Some communities are unfamiliar with the range of services available to them, and AMES experiences shows that they can benefit greatly from being able to trust and talk to someone in their own language who can guide them

347 Ms Lamourette Folly, Youth Facilitator, Centre for Multicultural Youth, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 38.

348 Susan Woolfenden, et al., ‘Equitable access to developmental surveillance and early intervention—understanding the barriers for children from culturally and linguistically diverse(CALD) backgrounds’, *Health Expectations*, vol. 18, no. 6, 2014, p. 3292.

349 Sheila Cyril, et al., ‘Exploring Service Providers’ Perspectives in Improving Childhood Obesity Prevention among CALD Communities in Victoria, Australia.’, *PLoS ONE*, vol. 11, no. 10, 2016, p. 15.

350 Elisha Riggs, et al., ‘Accessing maternal and child health services in Melbourne, Australia: Reflections from refugee families and service providers’, *BMC Health Services Research*, 2012, p. 15.

and help to alleviate any confusion, and provide families with significant support during the early childhood years.³⁵¹

Supporting families in regional areas

Kate McInnes from the LCMS considered that the use of bilingual and bicultural workers is critical, particularly given issues with a lack of interpreters in the region:

I think bilingual and bicultural support is critical. I would love to see services taking up interpreter use more and budgeting for that, because that is a gap as well. I think interpreting is great, but bilingual and bicultural support is better. Obviously the role of an interpreter is to translate word for word, and if you have someone who does not have much knowledge of that culture, things can go awry and people just do not necessarily feel comfortable. Whereas a bilingual, bicultural worker can explain a system and can explain the ins and outs and answer questions, answer fears, and we see that as being much more effective when we are able to provide that.³⁵²

Similarly, Allison Schubert, New Arrival Education Coordinator with Uniting Goulburn North East, told the Committee that bilingual workers have helped to increase the number of enrolments into kindergarten because ‘bilingual workers will often be the connection for those families, and we have had an increase in enrolments as a result of that, to kinder...’³⁵³ Expanding on this point, Sara Noori, Programs Manager of Resilient Communities at Uniting Goulburn North East, discussed the practical ways that bilingual workers assuage any fears culturally diverse communities have about kindergarten:

When we say ‘bilingual workers’, they are bicultural workers from their own community who would have young children enrolled at kinder, and there would just be simple questions to answer: ‘What do we have to do?’ or ‘What if my child goes to kinder and says my mum was really angry at me? Will they take my children away?’, and things like that. So it kind of really helps ease them a bit around the myths, and they would be best to say, ‘These are just myths and we are happy to support you through us just being around there’. Although it is 2 hours practically, they would know that these girls are there and they can ask them anything if they have to.³⁵⁴

Sara Noori also emphasised that workers become role models for these communities:

I suppose from a gap perspective the other thing that we would like to also mention is that they really want to see someone who is from their community do well at life. So basically they would kind of look at these bicultural workers, who we have supported and provided the opportunity—and they have been with us for more than three years now—and who are really well trained and doing so well at life and have a secure job at

³⁵¹ AMES Australia, *Submission 10*, p. 3.

³⁵² Ms Kate McInnes, *Transcript of evidence*, p. 9.

³⁵³ Ms Allison Schubert, New Arrival Education Coordinator, Uniting Goulburn North East, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 4.

³⁵⁴ Ms Sara Noori, Programs Manager of Resilient Communities, Uniting Goulburn North East, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 4.

a prestigious organisation as well. They look up to them and often they will ask me and kind of say, 'If she can do it, and she has just moved to Australia only in the last two years with a little child, then we would like to do it as well'.³⁵⁵

A 2013 article analysing the role of supported playgroups for families from migrant backgrounds further noted this role-modelling effect. As facilitators of supported playgroups are from migrant backgrounds themselves, 'they also mirror the hoped-for futures of many migrant families' attending the playgroups.³⁵⁶

FINDING 11: Bicultural and bilingual workers in early childhood services play a critical role in building trusting relationships with culturally diverse communities and families.

4.3.2 Bicultural and bilingual worker initiatives in Victoria

There are currently a range of bicultural and bilingual worker roles within Victoria's early childhood sector. Some are discussed below to provide some context and examples, although this is not an exhaustive list of all such initiatives.

fka Children's Services bilingual workers

As already discussed, fkaCS provides bilingual workers in early childhood education settings, funded by the Victorian and Commonwealth governments to provide bilingual bicultural support. The report by FECCA noted the types of support these workers provide:

fkaCS views bilingual bicultural workers as facilitating communication and understanding between children, families and educators. They provide their workers with in-house training around cultural competence and working with children. fkaCS view the role of bilingual bicultural workers as building capacity for educators in children's services and supporting children and families to adjust to Australian children's services settings. They seek to match children with support staff who share their language and cultural heritage whilst simultaneously working with centres to provide nonspecific culturally competent contexts through capacity building around cross cultural communication.³⁵⁷

In its most recent annual report, fkaCS advised that it employed 105 workers as at 30 June 2019.³⁵⁸ The Committee also notes, however, that Uniting Vic.Tas suggested in its submission that there is scope to '[i]mprove the bilingual support to kindergartens by fka Children's Services, as requests can take some time to coordinate or bilingual support may not be available. Also, the time available has reduced significantly over

³⁵⁵ Ibid., p. 5.

³⁵⁶ Deborah Warr, et al., 'Once you've built some trust: Using playgroups to promote children's health and wellbeing for families from migrant backgrounds', *Australasian Journal of Early Childhood*, vol. 38, no. 1, 2013, p. 46.

³⁵⁷ Federation of Ethnic Communities' Councils of Australia, *Australia's Bilingual and Bicultural Workforce*, p. 11.

³⁵⁸ fka Children's Services Inc., *2018-19 Annual Report*, Melbourne, 2019, p. 4.

the years'.³⁵⁹ The submission of DET/DHHS further advised that currently it is 'working closely with fkaCS to prioritise access to bilingual workers based on the greatest need (e.g. newly arrived families)'.³⁶⁰

Family mentoring

Another initiative is the Family Mentoring Program run by VICSEG. Aimed at newly arrived migrant and refugee families, family mentoring is a peer-to-peer model to help families understand and access early childhood services and primary school education:

Based on a peer support model, the Family Mentoring program is delivered by locally based teams of bicultural family mentors who are well-known for their ability to engage vulnerable, socially isolated families. These bicultural workers have high level interpersonal and communication skills, sound knowledge and understanding of the needs of culturally diverse communities and local service networks. They are para-professionals, with either graduate education from their country of origin or Australia and/or early childhood diploma qualifications that combine local knowledge of community services with valuable bilingual and bicultural skills.³⁶¹

In its submission, VICSEG outlined practical supports that family mentors provide to culturally diverse families including:

- to help them transition into new suburbs, neighbourhoods and services in collaboration with settlement services
- enrolment and service system navigation tasks
- communication tasks where interpreters may not be appropriate
- modelling of positive parent-child communication and socialisation with other children
- supported referrals and consultation where there may be child developmental concerns
- support for parents on waiting lists for early intervention and specialist services
- promotion of cross-cultural understanding.³⁶²

An evaluation of the program was conducted in 2011 based on 182 families that were involved at the time. Outcomes included that children demonstrated improved social skills and ability to transition to kindergarten, and parents were equipped with increased knowledge of the child and family system in Australia. Parents also had increased confidence and willingness to interact with their children, and there was evidence of families accessing services and participating in their local neighbourhoods.

³⁵⁹ Uniting Vic.Tas, *Submission 32*, p. 14.

³⁶⁰ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 28.

³⁶¹ VICSEG New Futures, *Submission 7*, received 27 September 2019, p4.

³⁶² VICSEG New Futures, *Submission 7*, p. 4.

At a governance level, professionals developed engagement skills resulting in the provision of culturally responsive services, improved connections and collaborations between local services, and increased capacity among communities to promote services to families and children.³⁶³

Some participants to the inquiry discussed the benefits of the Program.³⁶⁴ For example, Berry Street stated in its submission:

The Family Mentor assists the family to navigate the child and family service system, acting as a 'bridge' between CALD families and the service system. The program was formally evaluated in 2011 and positive outcomes included improved social skills for children involved in the program and increased knowledge among family about the child and family service system generally and the services available to them specifically.³⁶⁵

Home Interaction Program for Parents and Youngsters

Inquiry participants also referred to the Home Interaction Program for Parents and Youngsters (HIPPY) program, designed to enable culturally diverse parents to engage with their child's learning while also developing their own workforce skills. Funded by the federal Department of Social Services, the HIPPY program is a two-year home-based program managed by BSL in over 100 sites throughout Australia. Through its 18 sites in Victoria, the aims of the program are to equip parents as their child's first teacher, improve the home learning environment, build school readiness, and put parents (especially mothers) on the path to employment.³⁶⁶ In its submission, BSL noted the peer-to-peer model used under the program:

HIPPY: Uses a peer workforce of tutors who are current or past parents in the program. This provides invaluable work experience and income for parents of CALD background, whilst also providing peer support to other newly arrived parents and their children.³⁶⁷

Muyassar Mahmud, a HIPPY tutor with BSL, described the value of her role in helping the community:

Also I think having bicultural workers like me with my experience, because my language is very similar to Turkish, the majority of my families are Turkish and some of my parents have been here for 15 years and are so scared of going out there and finding a job. They do not want to lose the Centrelink. I talked one of them through, 'It's not that scary, and you can find more information about it', we ended up doing some information sessions with Centrelink at one of our parents groups through HIPPY and then after that she had a great understanding and losing the Centrelink money was not as scary. Not only

³⁶³ VICSEG New Futures, *Submission 7*, Attachment 1, received 27 September 2019, pp. 3–4.

³⁶⁴ Brotherhood of St Laurence, *Submission 36*, p. 31; Centre for Excellence in Child and Family Welfare, *Submission 26*, received 11 October 2019, p. 4; Berry Street, *Submission 22*, received 11 October 2019, p. 4.

³⁶⁵ Berry Street, *Submission 22*, p. 4.

³⁶⁶ Brotherhood of St Laurence, *Submission 36*, p. 35.

³⁶⁷ *Ibid.*, p. 31.

that—I cannot think of anything, but there are so many examples—filling out the forms, knowing the system and how to navigate it. So I think bilingual or biethnic workers can help.³⁶⁸

VCOSS discussed in its submission the upskilling that parents experience:

Programs like the Home Interaction Program for Parents and Youngsters (HIPPY) focus on the importance of parents and caregivers as first teachers, and provides the opportunity for some parents to receive training and employment. VCOSS members report high retention rates in the program among diverse families and caregivers feeling a sense of community in the program from the building a team from different cultures, with parents building their capacity to become tutors or coordinators.³⁶⁹

Finally, Barbara Hayes, Director of Early Years Services with Barwon Child, Youth and Family (BCYF) told the Committee that HIPPY acts as an effective soft entry point for parents into the workforce by providing the appropriate supports:

We have Sudanese workers who actually were HIPPY parents and then they became HIPPY mentors, and now they have been employed for us in the supported playgroup area. The HIPPY program is designed for the child but also the parent—it is an introduction into the workforce—so that model worked well. The children are four, though. That is the downside on that, I guess. Being able to get people in earlier into that model as a parent and then offer work without any formal qualifications, and they get offered training along the way—it is a good model.

...

I think sometimes the soft entries, like the HIPPY program, and then you can go on to do the more formal qualifications if you need. But if you are new to the country, that is a really good way to slide into the workforce and build up your confidence.³⁷⁰

Group Pregnancy Care

The Committee also heard about a relatively new program which relies on the expertise of bicultural workers to assist pregnant women of refugee background in the health space. In their joint submission, DET/DHHS noted that the Group Pregnancy Care program aims to provide ‘multifaceted, culturally appropriate preventive health care, information and support to refugee women during and after pregnancy in a group setting’.³⁷¹ First established in the western suburbs of Melbourne to support Karen women, it has now been expanded to target Afghan women in Dandenong, Assyrian Chaldean women in Craigieburn and Vietnamese women in Sunshine. Sarah Nesbitt,

³⁶⁸ Ms Muyassar Mahmud, Tutor, HIPPY Australia, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 22.

³⁶⁹ Victorian Council of Social Service, *Submission 23*, p. 17.

³⁷⁰ Ms Barbara Hayes, Director, Early Years Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 14.

³⁷¹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 14.

Director of the Maternal, Child and Family Health Branch at DHHS, further advised the Committee that the program would be expanded to also include the Iraqi Muslim and South Sudanese communities.³⁷²

Under the program, women are provided with opportunities to learn about pregnancy and access pregnancy check-ups with a midwife and interpreter in the same place. In its submission, the Melbourne Children's Campus noted that the women 'particularly valued the role played by the bicultural worker in the team'.³⁷³ Dr Elisha Riggs from the Intergenerational Health Research Group at the MCRI told the Committee about the bicultural worker's essential role:

What we have found from Group Pregnancy Care, which involves midwives and maternal and child health nurses and a bicultural worker as well as an interpreter, is that they make a fantastic team working together, and it is really the bicultural worker who is enabling women to find out about the program, access the program and remain engaged with the program. Her role has been to introduce the services, introduce the professional clinical staff and explain what they do, what they can offer and what they can provide. Their role has really been about developing trust with health professionals and services and an understanding of what the services can offer.³⁷⁴

The Centre for Excellence in Child and Family Welfare (CECFW) also noted in its submission that group pregnancy care enables continuity of care through the support of bicultural workers:

Culturally responsive models of group pregnancy care with bilingual workers offer continuity of care and cultural safety for women and transition after birth to facilitated playgroups and community hub activities with a team of bicultural workers involved at each level. This continuity of care enables trust and navigation support to be enhanced with an early intervention, prevention approach. This has proven to be more cost and time effective than individualised consultations.³⁷⁵

This program is discussed further in Chapter 6.

4.3.3 Increasing the number of bicultural and bilingual workers

Many service providers told the Committee of their own efforts to increase the number of bicultural and bilingual staff employed in their services. For example, Leanne Roberts, Head of Public Policy and Media at Berry Street, told the Committee of changes being made to recruitment and organisational culture to attract culturally diverse candidates:

At Berry Street we are currently looking at the way in which we recruit and transform our service to be much more diverse and inclusive more broadly, from looking at the way in which we describe position descriptions—to actually be able to take out those

³⁷² Ms Sarah Nesbitt, Director, Maternal, Child and Family Health Branch, Department of Health and Human Services, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 31.

³⁷³ Melbourne Children's Campus, *Submission 24*, p. 16.

³⁷⁴ Dr Elisha Riggs, *Transcript of evidence*, p. 11.

³⁷⁵ Centre for Excellence in Child and Family Welfare, *Submission 26*, p. 3.

criteria which may work against particular communities—to how we actually make people feel included once they are actually part of the workforce, so it is thinking right across the life cycle from identification and getting people to actually want to apply to work with our service right through to ensuring that there are appropriate supports and progression opportunities within our organisation.³⁷⁶

In another example, Margaret Rutherford, Manager of Implementation Support with Our Place, discussed recent recruitment activities aimed at culturally diverse communities in developing an early learning site at Carlton Primary School:

They had to recruit from scratch, and they worked beautifully with us, with Khadra, with Sally and the school to promote the fact that there were vacancies and change their promotion strategy for those vacancies when they realised that local community members were not actually hearing about and discovering them. So they have been quite flexible in relation to making sure that word gets out to the community and as a result quite a number of the community members have actually got jobs in this new centre. So that centre's staffing profile will be quite reflective of the local community.³⁷⁷

Efforts are also being made in regional areas of Victoria. For example, Mark Hands, Chief Executive Officer of the Goldfields Library Corporation in Bendigo, told the Committee that one of its community champions has transitioned into the workforce:

In particular one of our multicultural champions, one of the ambassadors that I talked about at the start, is now working part time at the library. She was successful and engaged to the point where she was successful against anyone else in the community for a position and is now working part time. We are really keen to keep working with those people, those cultural ambassadors, who come with such energy and enthusiasm, to get them involved and get them to a point where they are competitive and employable, which is fantastic.³⁷⁸

In promoting the value of the bicultural and bilingual workers in early childhood, most inquiry participants considered a need to make concerted efforts to increase the number of these workers across the sector, and emphasised the key role to be played in this endeavour by the Victorian Government. For example, BSL stated in its submission:

Workforce is all important. With the current and forecast shortfalls in early years staff and allied health professions, Victoria has a strategic opportunity to actively recruit bicultural workers who can help to bridge cultural divides, particularly for communities with lower participation.³⁷⁹

³⁷⁶ Ms Leanne Roberts, Head of Public Policy and Media, Berry Street, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 30.

³⁷⁷ Ms Margaret Rutherford, Implementation Support, Our Place, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 16.

³⁷⁸ Mr Mark Hands, Chief Executive Officer, Goldfields Library Corporation, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 43.

³⁷⁹ Brotherhood of St Laurence, *Submission 36*, p. 7.

VCOSS noted the general beneficial effects that increased diversity would have on the sector in general, and specifically in the health workforce:

Cultural diversity in the workforce is a significant asset to an organisation and can help build cultural competency across an organisation and feed into better understanding of access needs and inclusion. It can also improve levels of teamwork, performance and client service through a broadened base of knowledge and experience.

For example, VCOSS members have identified a gap in bilingual speech therapists and insufficient training meant children did not always understand the speech therapist working with them in English. Interpreters were also not aware of relevant terminology creating further disruption. Research has also found early identification of developmental issues may not be recognised for some CALD children when delays are mistaken with the challenges of learning a new language.³⁸⁰

Professor Stephanie Brown from the Intergenerational Health Research Group at MCRI made a comparison to efforts to build the Aboriginal and Torres Strait Islander health force:

I think we are at that stage in terms of the bicultural workforce. I mean, obviously people are going to come through the system and get into medical training and nursing training over time, but at the moment, especially with the newer groups such as the Karen, there are really skilled bicultural workers that have got a lot to offer but we are not systematically funding and training and supporting them and supporting services to work with them.³⁸¹

John Zika, Executive Director (retired) of VICSEG, alluded to the role that government plays in encouraging such diversity in the workforce:

But it is government that has to push the line with those services that this is a real priority issue. It is not a fifth or sixth or seventh or eighth-level issue; it is a priority issue. It is an equity issue. The role of government is not to say, 'You employ that person'. No, the role of government is to say, 'If you deliver this for the people with government funding, then there are certain priorities that you have to follow with the funding that you get'.³⁸²

In Ballarat, the Committee also heard from members of culturally diverse communities (coordinated by the Ballarat Regional Multicultural Council) who spoke of their experiences with accessing services for their children, as well as their current roles working within the sector. When asked whether employing multilingual people is important, Abrar Dham told the Committee:

Absolutely, because people then can relate. Like obviously I have got only maybe three children in my class at my work who are from Indian or Pakistani background, and just the assumption—because I have the same skin colour educators tell me, 'Can you talk

³⁸⁰ Victorian Council of Social Service, *Submission 23*, p. 16.

³⁸¹ Prof Stephanie Brown, Intergenerational Health Research Group, Murdoch Children's Research Institute, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 11.

³⁸² Mr John Zika, Director (retired), VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 7.

to them? They understand you'. I'm like, 'They're Indian, I'm Arabic; we do not have the same language'. But yes, I think making it more of the norm when there are people from different cultural backgrounds in those areas and those fields, slowly I guess people are going to have that awareness and understanding of different cultures and actually get to know us better.³⁸³

The need to increase the diverse rural and regional workforce was also discussed. David Tennant, Chief Executive Officer of FamilyCare, discussed efforts by the organisation and other Shepparton groups to improve workforce diversity:

Broadly speaking, if you did it as a total number, it is roughly representative of the community, but we believe we have to do more and better, and so we will be really actively trying to build pathways that make it easier and faster for people from those backgrounds to access employment in the sector.

That is not just for us. We have a group of organisations called Shepparton Community Share, four independent Shepparton-based not-for-profits, and we are doing what we can to create employment opportunities. And where we cannot do it on our own we are looking at inventive ways we can share employment so that if we cannot on our own create a full-time role, perhaps we can by having a bit here, a bit there and a bit somewhere else.³⁸⁴

Emma King, Chief Executive Officer of VCOSS, also discussed the opportunities that are created from potential employment in rural and regional areas:

We know when we look at unemployment figures they are always more profound when we look at rural and regional areas—always. There is huge opportunity there for early childhood and broader community services around having actual jobs where you live as well. So it is about providing training where people live and jobs where people live, and there is huge opportunity there.³⁸⁵

Kate McInnes of the LCMS discussed the potential opportunities for the bilingual and bicultural workforce in regional areas:

We need more bilingual, bicultural staff and we know that it benefits all workplaces. Whether that is because they are customer facing with their own community or whether it is just increasing the diversity of that workplace, we know there are benefits there. We are working with more and more workplaces that see that, that are seeing those benefits and are really coming on board in terms of how they change their policies and procedures to be better able to recruit people from diverse backgrounds. But I see that a real opportunity is for more of our migrant and refugee communities to be moving to regional areas where there are work opportunities, and it is a win-win because we need it for our economy and it is also a great settlement outcome.³⁸⁶

³⁸³ Ms Abrar Dham, Public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 25.

³⁸⁴ Mr David Tennant, Chief Executive Officer, FamilyCare, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 28.

³⁸⁵ Ms Emma King, Chief Executive Officer, Victorian Council of Social Service, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 22.

³⁸⁶ Ms Kate McInnes, *Transcript of evidence*, p. 9.

FINDING 12: There are opportunities to grow the bicultural and bilingual workforce in rural and regional areas of Victoria, with increasing settlement of culturally diverse communities in these areas.

Bicultural and bilingual workforce pool

A few inquiry participants discussed the possibility of creating a bicultural and bilingual workforce pool in early years services to assist with engagement and inclusion. In New South Wales, the Department of Education funds the Bicultural Support Program delivered by the Ethnic Community Services Co-operative (ECSC). The program offers language and cultural assistance in early childhood education settings to children, families and educators. Through a pool of more than 400 qualified children's services workers, preschools can access up to 20 hours of Bicultural Support to help an individual child to settle in:

The program has run for approximately 38 years to provide assistance to individual children and centres. The bilingual bicultural workers are fully trained child care workers (the majority hold Certificate III in Children's Services) with additional training from ECSC in cultural competency. Their role is to provide a communication bridge between child care centre staff and a bilingual child and their family. Relevant children are assigned support hours based on their need and this varies from child to child. The workers play a key role in capacity building amongst the staff to appropriately work with children from culturally and linguistically diverse families.³⁸⁷

Abigail Lewis, Policy and Project Officer at Berry Street, discussed the potential for similar support to be provided in Victoria:

... the possibility of bicultural support workers as a kind of paraprofessional group, and this is done in New South Wales—recruitment of a paraprofessional group of bicultural support workers that are available on demand for a time limited period of time. If a service has a particular requirement to settle, for example, a child from a CALD background into a service, then there is someone available that they can call on just for that particular time period.³⁸⁸

While not specifically discussing the New South Wales program, Deb Tsorbaris, Chief Executive Officer of the CECFW, also recommended a pool of bicultural workers:

Our members have also highlighted the need for a pool of bicultural workers to work alongside other professionals in areas of high migrant population growth to help make CALD families feel welcome and safe. These workers could be provided on a short-term basis as needed and need to receive culturally sensitive supervision. Bicultural workers

³⁸⁷ Federation of Ethnic Communities' Councils of Australia, *Australia's Bilingual and Bicultural Workforce*, p. 8.

³⁸⁸ Ms Abigail Lewis, Policy and Project Officer, Berry Street, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 31.

often have lived experience of the settlement journey, and this is very powerful and critical. They understand the challenges that might prevent families from engaging with early childhood services and are able to link families into services.³⁸⁹

As well as in early childhood education, it was suggested that such a pool could be useful to supplement the MCH workforce and help diversify this space. Clare Hargreaves, Manager of Social Policy at the Municipal Association of Victoria (MAV), explained that this would allow for workforce growth without compromising the level of qualification needed to work as a MCH nurse:

I suppose we have advocated for a number of years that of course you need the nurses with the appropriate qualifications for having the overview and doing the key work, but there are a lot of components of it that can be assisted—and it is probably similar in the early years—by support staff who have perhaps got qualifications from elsewhere that may not be recognised here or they have come up through early years or other kinds of training. I think as Sue has already mentioned, you can actually have a team of people that work with the families that have got a different range of skills. We do have, for instance, with maternal and child health very high requirements around the qualifications, and you are only ever going to have a certain number of people in that group. But taking more of a family-centred and team approach to what is required I think gives you more flexibility. It often gives you more flexibility within the budget as well about bringing in different workers.³⁹⁰

Dr Adele Murdolo, Executive Director of the Multicultural Centre for Women’s Health, similarly suggested a supplementary workforce:

You have also talked about bilingual workers earlier. They could actually be a supplementary workforce to maternal and child health which does not need to have the qualifications of maternal and child health nurses but which could do that engagement work, which can, I guess, avoid some of those barriers where women feel that these services are not for them or coming in and feeling like their cultures are being judged or that they are going to be seen as bad mothers and potentially lose their kids. So I guess that could be a really great strategy to have a supplementary workforce that can provide something like a mediator between the hard-core maternal and child health and the communities.³⁹¹

The Committee considers that there is value in developing a pool of qualified bicultural and bilingual workers who can be accessed by the wide range of early childhood services including in ECEC and MCH services. This could complement the services provided currently through fkaCS bicultural support and VICSEG’s family mentors, but

³⁸⁹ Ms Deb Tsorbaris, Chief Executive Officer, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 35.

³⁹⁰ Ms Clare Hargreaves, Manager, Social Policy, Municipal Association of Victoria, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 16.

³⁹¹ Dr Adele Murdolo, Executive Director, Multicultural Centre for Women’s Health, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 46.

broadened to be much more accessible across Victoria and across service types. As VICSEG recommended:

Peer to peer bicultural family mentoring offered across all early childhood programs including playgroups, maternal and child health, kindergarten, early childhood intervention services as an early intervention response for newly-arrived migrant and refugee families to support access and communication.³⁹²

The Committee considers that this pool of workers will help to provide short and medium-term support to families from when they first engage in a service and/or more regularly attend appointments. Access to such workers will ensure families are well supported in different environments. It will also ensure they continue to participate in the service in question and build their capacity to engage more autonomously in the long term. This will also be of great benefit to the services who will be able to access specialist advice and knowledge in a more systematic way through the provision of appropriately qualified workers.

RECOMMENDATION 14: That the Victorian Government establish a pool of qualified bicultural and bilingual workers that can be accessed by all early childhood services based on the needs of local communities.

This recommendation is closely linked with Recommendations 4 and 5 in the next section, which relate to the need for strategic planning and investments for the bicultural and bilingual workforce.

Victorian reform developments

In recommending increases to the bicultural and bilingual workforce, inquiry participants canvassed two major, overlapping reform areas that are likely to present significant growth opportunities for the sector:

- the introduction of Free Technical and Further Education (TAFE) for the Certificate III in Early Childhood Education and the Diploma of Early Childhood Education and Care from 1 January 2020
- the roll out of 3-year-old kindergarten throughout Victoria.

The introduction of funded 3-year-old kindergarten was announced by the Victorian Government as an investment of over \$5 billion over 10 years, with the rollout commencing in 2020 and being completed in 2029.³⁹³ Kim Little, Deputy Secretary of Early Childhood Education at DET told the Committee that over the next 10 years this reform will provide an additional 6,000 job opportunities, including 2,000 jobs for

³⁹² VICSEG New Futures, *Submission 07 Summary*, p. 2.

³⁹³ Department of Education and Training, *Kindergarten for all three-year-old children*, 2019, <<https://www.education.vic.gov.au/about/programs/Pages/three-year-old-kinder.aspx>> accessed 8 August 2019.

vocationally qualified staff.³⁹⁴ Given the need for 2,000 new early childhood educators by 2029 the Victorian Government has included two early childhood education courses in the course list for Free TAFE. Free TAFE involves a \$172 million investment by the Victorian Government to make selected priority TAFE courses and pre-apprenticeship courses in growth industries tuition-fee free.³⁹⁵

The Victorian Government is also making significant financial investments in the workforce to underpin these developments. In September 2018, the Victorian Government announced \$8 million towards 400 scholarships to support people in early childhood education teaching courses.³⁹⁶ In November 2019, the Government further highlighted a \$9.2 million package to support early childhood teachers at the beginning of their careers in the lead up to 3-year-old kindergarten. It also noted that the Victorian Budget 2019/20 invested \$92.4 million for teachers and educators, including scholarships in early childhood teaching qualifications.³⁹⁷

Inquiry participants were keen to highlight how such developments should be seen as a strategic opportunity to grow the early childhood bicultural and bilingual workforce, including in regional areas. Uniting Vic.Tas stated:

The introduction of 3 year old kindergarten will expand the early learning workforce. This represents a strategic opportunity to train and employ bicultural staff to improve the diversity of the early childhood education workforce, especially if this can incorporate potential for rural and regional placements.³⁹⁸

Roxanne Higgins of Noah's Ark made comparisons with efforts made in the disability workforce to encourage culturally diverse people into the sector:

I would encourage anything that supported a more culturally diverse workforce in early childhood. In terms of how you do it, we know from the Government's report in terms of the expansion of three-year-old kinder that we are facing an incredible shortage in skilled staff within early childhood settings. So just as the response of the Government to the workforce shortage for disability support workers with the introduction of the NDIS has been to make those courses available at no cost, I would certainly support the access at no cost to appropriate qualifications for people from a CALD background not only to enter early childhood services but to enter therapy roles as well, which would make a significant difference.³⁹⁹

³⁹⁴ Ms Kim Little, Deputy Secretary, Early Childhood Education, Department of Education and Training, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 23.

³⁹⁵ TAFE Victoria, *Free TAFE for lots of jobs*, 8 November 2019, <<https://www.vic.gov.au/free-tafe>> accessed 10 January 2020; Premier of Victoria, *February free TAFE enrolments skyrocket*, media release, State Government of Victoria, Melbourne, 8 March 2019.

³⁹⁶ Hon. Jenny Mikakos, *Boosting the number of early childhood teachers*, media release, State Government of Victoria, Melbourne, 5 September 2018.

³⁹⁷ Premier of Victoria, *Getting ready for three-year-old kinder*, media release, State Government of Victoria, Melbourne, 8 November 2019.

³⁹⁸ Uniting Vic.Tas, *Submission 32*, p. 14.

³⁹⁹ Ms Roxanne Higgins, *Transcript of evidence*, pp. 8–9.

Emma King of VCOSS told the Committee of the potential to grow the regional workforce due to TAFE opportunities in these areas:

The TAFEs offer an enormous opportunity, I think, in terms of looking at where they are located and looking at the fantastic programs that a number of them also already run, but again looking at how you kind of wrap around help so that people can study where they live and actually undertake fantastic employment opportunities where they live rather than having to relocate.⁴⁰⁰

Max Broadley, Executive Director of Client Services with BCYF in Geelong noted that a coordinated effort is required by industry, DET, TAFEs and settlement services to ensure that culturally diverse communities access courses:

I guess my view is it should be place based and localised, so how do you build a coalition around TAFE providers, the industry and the sector to synthesise all of that? There are some great opportunities with early childhood education being one of the free TAFE courses, but actually are we really linking that with the settlement service providers who have probably the most contact with the community? And how do we build a governance structure over that strategy? I would say that my sense is that you do that locally and that that could be a particular strategy that the TAFE sector could lead, or DET regional office could lead. There are already opportunities and assets there; it is about how to make the most of them necessarily, without spending any additional money.⁴⁰¹

In their submission, DET and DHHS acknowledged the relevance of Free TAFE courses for culturally diverse communities:

The introduction of Free TAFE from 2019 and scholarships will open up opportunities for CALD community members to become teachers and educators at their local kindergartens – speaking the language and sharing culture. This will provide direct connections between family members and children to educators speaking diverse languages and sharing culture.⁴⁰²

The submission also noted that DET is considering ways to connect people from culturally diverse backgrounds with training for employment options, noting that there may be awareness, language or cultural barriers in terms of accessing TAFE.⁴⁰³

In terms of 3-year-old kindergarten, Kim Little of DET considered that such developments are 'likely to support a pipeline of people from CALD backgrounds coming into early childhood education...'⁴⁰⁴ Given the key role that local councils play in the early years space, the Committee was pleased that MAV is also taking an active

400 Ms Emma King, *Transcript of evidence*, p. 22.

401 Mr Max Broadley, Executive Director Client Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 11.

402 Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 34.

403 Ibid.

404 Ms Kim Little, *Transcript of evidence*, p. 23.

interest in growing the bicultural and bilingual workforce. Wendy Allan, Early Years Policy Adviser at MAV told the Committee:

Obviously we are working very strongly and closely in partnership with DET but also again at a very place based level working with our local government in terms of what some of their recruitment strategies may be; how they can look more broadly at the workforce, particularly around the early childhood educator workforce; how they can support people who are looking to build a career within local government or maybe not even looking at it but perhaps supporting them to think about coming into an early childhood service, whether that be directly in one that a council runs or, more importantly, to support the other services in their community with their employment and engagement strategies as well.⁴⁰⁵

The Committee agrees that bicultural and bilingual workers across early childhood services form an essential role in engaging and forming trusting relationships with culturally diverse communities. It also agrees that targeted, concerted efforts must be made to grow the number of bicultural and bilingual workers available to services including early childhood education providers, MCH and other health services. This requires the Victorian Government to invest in prioritising culturally diverse communities in all efforts to meet the demand for workers in early childhood, particularly to coincide with the Victorian reform agenda in this space. Following the recommendations in Chapter 3 of this report that focus on the need for improved service planning and collaboration, the Committee also considers that local strategies must be developed to support workforce development activities in local areas, including regional and rural Victoria.

RECOMMENDATION 15: That the Victorian Government make targeted investments to expand the bicultural and bilingual early childhood workforce. This should be a priority area for the growth of the early childhood education sector as part of the implementation of three-year-old kindergarten and the introduction of Free TAFE courses in early childhood education.

RECOMMENDATION 16: That the Victorian Government coordinate planning of workforce development activities within local government areas to increase the bicultural and bilingual workforce, particularly in rural and regional areas. This coordination should involve all relevant stakeholders including local councils, TAFES, regional offices of the Department of Education and Training and local settlement support services.

⁴⁰⁵ Ms Wendy Allan, Early Years Policy Advisor, Municipal Association of Victoria, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 16.

Training and development activities

The Committee heard that one of the key barriers to entry into the workforce for culturally diverse communities is attaining the requisite Australian qualifications and accessing ongoing mentoring and support.⁴⁰⁶ Across both ECEC and health services, the Committee heard of difficulties faced by individuals, including parents themselves, in having their overseas qualifications and experience recognised in Australia. Professor Stephanie Brown of the MCRI discussed these issues in relation to the Centre's bicultural research staff:

We have seen that in our own staff, our own bicultural research staff. They are really highly qualified in their own country but working way below their skill level—nonetheless making really valuable contributions and doing important work, but definitely not recognising the skills that they bring to the Victorian and Australian community.

...

I think it is recognition of the skills and qualifications, or lack of recognition, and the hurdles that people need to step through to have qualifications. It is seen that upgrading of qualifications to be relevant to the Australian community is just not possible for people who have recently arrived—all of the issues that have been referenced probably in the submission from Foundation House and ourselves in terms of the things that people are dealing with in their lives getting in the way of being able to undertake the sort of training that would enable them to—I am putting inverted commas around—'upgrade' their qualifications.⁴⁰⁷

Zorica Dasic of Family and Community Services at BCYF discussed how the lack of recognised qualifications particularly affects people of refugee background:

They are keen on adjusting, they are keen on starting their lives and getting on their feet, not relying on Centrelink income. So what they usually do, because it is a dead end and they know they cannot work as engineers, although they have great experience from overseas and good qualifications—some of them completed their studies in Iraq in English, like medicine and engineering courses, for example—is they actually take the first opportunity to work, which is painting or any other jobs that they do not really need any qualifications for.⁴⁰⁸

Some inquiry participants discussed practical difficulties for people to access training opportunities. For example, the Committee heard that in some cases, people from culturally diverse communities deplete their subsidised education funding on other courses before understanding that the early childhood sector is a growth industry.⁴⁰⁹

⁴⁰⁶ Ms Zorica Dasic, Family and Community Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, pp. 11, 15; Ms Abrar Dham, *Transcript of evidence*, pp. 25–6; Ms Joanne Geurts, Chief Executive Officer, Eureka Community Kindergarten Association, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 4; Ms Kathy Cooney, *Transcript of evidence*, pp. 3–4; Ms Kim Little, *Transcript of evidence*, p. 23.

⁴⁰⁷ Prof Stephanie Brown, *Transcript of evidence*, p. 12.

⁴⁰⁸ Ms Zorica Dasic, *Transcript of evidence*, p. 15.

⁴⁰⁹ *Ibid.*, p. 11; Ms Deruka Dekuek, Migration and Settlement Coordinator, Ballarat Regional Multicultural Council, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 29.

The Committee also heard about particular difficulties within the City of Dandenong in recruiting MCH nurses due to training courses not being available in the area.⁴¹⁰ Such difficulties make it more complex for service providers to recruit and retain people from culturally diverse communities into the workforce.

The Committee also understands that there is a significant barrier where bicultural and bilingual workers may not be supported to grow professionally into higher-level roles:

Research indicates that bilingual and bicultural workers not only lack appropriate pathways for training, accreditation and professional development, they often face challenges in moving out of low-level roles within organisations. Bilingual and bicultural roles are frequently 'frontline' roles based heavily on client or customer interactions. Staff who fulfil these roles can find it difficult to advance in their careers or access development of their other professional skills. This can be a particular barrier in workplaces with low levels of general cultural competence.⁴¹¹

This point was reinforced by Dr Greg Gow from Foundation House:

Often people from refugee backgrounds do enter into very specialised roles, you know, the bicultural roles. I think that is the challenge: where you have got people working, for example, as multicultural education aides, bicultural workers or family liaison workers, how you can create ways for them to actually transition into mainstream roles in an organisation.⁴¹²

Service providers discussed the efforts they make to train and upskill culturally diverse volunteers and staff to fill roles in the sector. Julia Cornelius, Senior Adviser for Early Years at Our Place discussed strategies used at the Doveton College:

So in early learning they may have started off as a certificate III, but now nearly all the staff have at least a diploma and two staff have gone on to do bachelors. We have just employed our first bachelor. She is in her second year. She started as a cert III, from an Indian background, and has gone right through and done her bachelor. Now she is the bachelor in the three-to-five kindergarten room. They also promote. Lots of parents over time have started with us in an education support role and then moved on to other schools and things too. They started with some casual work and developed a bit of experience to go on their resume so they can then feel comfortable applying to other places.⁴¹³

⁴¹⁰ Mr Marcus Forster, Manager, Community Wellbeing, City of Greater Dandenong, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 4.

⁴¹¹ Federation of Ethnic Communities' Councils of Australia, *Australia's Bilingual and Bicultural Workforce*, p. 5.

⁴¹² Dr Greg Gow, *Transcript of evidence*, p. 3.

⁴¹³ Ms Julia Cornelius, Senior Adviser, Early years, Our Place, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 17.

Kathryn Howe, Executive Manager of Practice Development and Community Connections with the Bethany Group in Geelong discussed the need for coordinated efforts to assist people through this journey:

We are looking at reintroducing a program that we developed, which was called Bridging the Gap—we will find a new name for it in the next phase—but that was very much about doing more of a case-management support and working alongside employment providers, employment training groups about being able to help again people navigate and be able to get linked in and get supported through that process of training.⁴¹⁴

Daniel Riley, Principal of Dandenong Primary School discussed activities at the Dandenong community hub to help parents find pathways to employment:

A lot of parents, or the ones who are new to the community, I think initially think short term and think, 'Wow, I'd love a job as an education support person because then I can work in a school and then I can get school holidays'. But then there are other examples where once they get in and are more involved I guess their aspirations sort of grow or they think more widely around next steps beyond that—and that parent who is studying primary teaching is an example of that.⁴¹⁵

Kathy Cooney from Foundation House gave an example from a local kindergarten that encapsulates the journey of a person from volunteer into employment:

Sunshine Kindergarten had a parent in that situation. She was a volunteer first, then that was where she did her placements when she started doing her certificates in child care and then she got employment there. Now she has moved on to another role. But it is that very careful, supportive work. Early years educators just have that understanding that they work with the whole family, and it is very much a family-centred practice, so with a very small input of education around what is refugee and asylum seeking background and how it impacts, I think they become very good advocates on that level of supporting people into that space and others.⁴¹⁶

FINDING 13: Difficulties with attaining Australian qualifications and accessing ongoing support to enter and remain in the early childhood workforce are key barriers that can affect people from culturally diverse backgrounds.

Scholarships and other forms of assistance

While efforts by individual service providers are to be recognised and encouraged, the Committee also heard about the need for systematic efforts to address these gaps in professional development opportunities for culturally diverse communities. As noted by

⁴¹⁴ Ms Kathryn Howe, Executive Manager, The Bethany Group, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 21.

⁴¹⁵ Mr Daniel Riley, Principal, Dandenong Primary School, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 38.

⁴¹⁶ Ms Kathy Cooney, *Transcript of evidence*, p. 4.

the VMC in its submission, '[s]ervice providers should facilitate and encourage people from CALD backgrounds to be qualified, trained and employed in early childhood programs'.⁴¹⁷

One of the key ways this could be achieved is through the provision of scholarships. In their joint submission, DET and DHHS outlined a scholarship initiative for MCH nursing that is geared towards diversity:

The Victorian Government is also seeking to improve the diversity of the MCH workforce through the annual MCH Nursing Scholarship program. Midwives from CALD backgrounds are prioritised in the distribution of the scholarships, and in 2018 five per cent of scholarship recipients identified as being from a CALD group.⁴¹⁸

Sarah Nesbitt from DHHS acknowledged that the rate of 5% is quite low, but advised that the Victorian Government is making further efforts to increase diversity among the students applying for the scholarships:

But if you look at the statistics, 5 per cent is quite a lot smaller than the population share of culturally and linguistically diverse communities, so going forward we have developed a partnership with RMIT and La Trobe universities to help us deliver those scholarships. What we are going to do is work with them to help us identify and target the culturally and linguistically diverse students to apply for the scholarships in the first place. Because we are at arms length from universities and students it is harder for us to target those students as part of their study, but we will be partnering with those universities to try to build that profile.⁴¹⁹

In terms of ECEC, fkaCS also suggested that the Victorian Government should 'provide targeted scholarships to bilingual educators to gain Australian recognised teaching degrees and provide additional networking support for bilingual educators in gaining their degree'.⁴²⁰

Some inquiry participants discussed the potential for various forms of wrap around support to help people from culturally diverse communities participate in training opportunities. For example, AMES Australia discussed its model of delivering the Certificate III in Early Childhood Education and Care in combination with English language learning for migrants and refugees.⁴²¹ AMES Australia also outlined that, in delivering the federal Adult Migrant English Program for migrants and refugees, free child care is provided to enable people to participate. However, AMES expressed concern that subsidised or free child care is not provided in other forms of adult education and training (such as programs funded through the Victorian Government's Skills First program), which may prevent some parents from participating.⁴²²

⁴¹⁷ Victorian Multicultural Commission, *Submission 37*, p. 8.

⁴¹⁸ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 9.

⁴¹⁹ Ms Sarah Nesbitt, *Transcript of evidence*, p. 32.

⁴²⁰ fka Children's Services Inc., *Submission 16*, received 9 October 2019, p. 2.

⁴²¹ AMES Australia, *Submission 10*, p. 4.

⁴²² *Ibid.*, pp. 4-5.

Emma King of VCOSS considered that for some students, covering only the cost of a course is not enough—there may be other issues relating to transport, child care or English proficiency which creates barriers:

What we found was that when they were phoned and asked why they were not attending it came down to things like they did not have the money for a Myki; they could not afford to actually travel. They might have had issues in terms of child care themselves. Travelling was often overwhelming, and we also had people who had issues with housing and with their mental health et cetera. What we found was having a sort of what could be described, if you like, as a kind of wrap-around support fund that did not actually need to be a huge amount of money and some help—that kind of, ‘How can I help you?’—made a really big difference for people.⁴²³

The importance of relationships and mentoring for individuals was also raised by inquiry participants.⁴²⁴ Samantha Kolasa of ELAA told the Committee that such relationships are key in the ECEC context, even though there are time-pressure challenges:

As people are coming to the service it is establishing that relationship with the educator and then the educator being able to have a conversation with them—‘Did you know this is what’s available?’—or even promoting it at the service...I am not quite sure that we have got that right in terms of, ‘This as an option’, because again, as I was saying, the priority becomes housing and food and those sorts of things as opposed to, ‘Do you know what? At the moment you can actually do this course and it’s pretty much 100 per cent funded. Wouldn’t that be fantastic to give back to your community?’.⁴²⁵

Jenny Fink, Executive Manager of Learning and Community Hubs at the City of Ballarat also highlighted to the Committee the importance of guidance in helping people to find and stay engaged in employment:

Some of these people have been out of work for years and years and years. They just have not had that opportunity to have someone working with them and guiding them through and then, once they have got employment, following up all the time: ‘How are you going? What are the things that you are not sure about? How can we help?’.⁴²⁶

Similarly, Tracey Gibson, General Manager of Disability and Mental Health Services (Interim) at Uniting Vic.Tas stated:

It is about identifying those people and then having the conversation and offering the support to them to actually follow through with either the education requirements or the application process. I think having someone walk beside you during those early days really helps.⁴²⁷

⁴²³ Ms Emma King, *Transcript of evidence*, p. 21.

⁴²⁴ Ms Jessica Trijsburg, *Transcript of evidence*, p. 17; Ms Abrar Dham, *Transcript of evidence*, pp. 25–6; Uniting Vic.Tas, *Submission 32*, p. 10.

⁴²⁵ Ms Samantha Kolasa, *Transcript of evidence*, p. 17.

⁴²⁶ Ms Jenny Fink, Executive Manager, Learning and Community Hubs, City of Ballarat, public hearing, Ballarat East 21 November 2019, *Transcript of evidence*, p. 11.

⁴²⁷ Ms Tracey Gibson, General Manager, Disability and Mental Health Services and Early Learning, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 26.

The Committee agrees that the provision of targeted supports is required to ensure that people from culturally diverse backgrounds are able to access training and development opportunities that would enable them to be embedded across the early childhood workforce, including but not limited to roles as bicultural and bilingual workers. These supports should take the form of scholarships, wrap around support funds and mentoring programs.

RECOMMENDATION 17: That the Victorian Government provide targeted funding to assist people from culturally diverse backgrounds to engage in training and development activities, such as Free TAFE, in the early childhood sector. This should include scholarships, stipend funds and mentoring support. Key community organisations should be encouraged to provide mentoring support.

4.4 Workforce strategy

A key issue raised during the inquiry was the importance of an action-oriented workforce strategy to improve workforce diversity and the capacity of services to manage the needs of culturally diverse children and families. At a national level, an *Early Years Workforce Strategy* (the National Strategy) was in place from 2012 to 2016 to build and support the ECEC profession, agreed to by all Australian governments. The aims of the National Strategy were to:

- deliver a sustainable, highly qualified and professional workforce
- foster a flexible and responsive workforce capable of identifying and delivering services in response to the needs of children and families
- support ECEC staff to work in a more integrated way with the broader early childhood development (ECD) workforce including the range of professionals that work with children and their families across health and family services.⁴²⁸

The National Strategy outlined five priority areas:

- a professional workforce to enhance professionalism and leadership in the ECEC workforce
- a growing workforce to ensure the ECEC sector attracts and retains a diverse workforce, including in regional and remote areas
- a qualified workforce to increase qualifications in the sector
- a responsive workforce to ensure the sector can meet the needs of all children, families and communities
- a collaborative workforce to enhance the capability of educators to work effectively with other ECD professionals.⁴²⁹

⁴²⁸ Standing Council on School Education and Early Childhood, *Early years workforce strategy: The early childhood education and care workforce strategy for Australia 2012–2016*, Melbourne, 2012, p. 1.

⁴²⁹ *Ibid.*, p. 4.

It specifically dealt with cultural diversity in a number of ways. In relation to growing the workforce, the Strategy outlined that a success indicator would be '[g]reater diversity in the ECEC workforce, with increased numbers of Aboriginal and Torres Strait Islander and other CALD staff'.⁴³⁰ A key approach to achieve this was to promote ECEC opportunities to specific target groups. To establish a qualified workforce, the Strategy recognised the value in designing effective training models for specific groups including CALD educators. Finally, it noted that a responsive workforce should develop skills to address the needs of children including culturally diverse children. This could be achieved by enhancing the capability of educators through the development of a CALD educator recruitment and retention plan.⁴³¹

The Lifting Our Game report noted that the National Strategy lapsed at the end of 2016, and has not been replaced by another framework. It recommended that Australian governments agree to a new national ECEC workforce strategy covering issues such as recruitment, retention, sustainability and professionalisation of the workforce. It also recommended the inclusion of workforce diversity.⁴³²

In the absence of a national approach, some states have taken their own steps to support ECEC workforce development. News South Wales developed the *Early Childhood Education Workforce Strategy 2018–2022*, which specifically referred to the Lifting Our Game report workforce strategy recommendations.⁴³³ It also included actions related to cultural diversity, including undertaking tailored communications to educators from diverse backgrounds and recognising the need for educators who have specialised skills in working with children from culturally diverse backgrounds.⁴³⁴ Queensland is also currently developing the next iteration of its *ECEC Workforce Action Plan*.⁴³⁵

4.4.1 The potential for a Victorian workforce strategy

In light of the Victorian reform agenda on Free TAFE and 3-year-old kindergarten, some submitters recommended developing a coherent workforce strategy to provide the sector with a broad vision and also to specifically address issues relating to cultural diversity. Of importance was ensuring the strategy includes actions to increase the number of bicultural and bilingual workers. BSL's submission focused on the strategic value of the current reform agenda:

Victoria has a strategic opportunity to foster the use of bicultural workers to address the shortfall of early childhood staff which will snowball as three-year-old kindergarten services are rolled out. DET currently offers incentives such as free TAFE and is planning

⁴³⁰ Ibid., p. 7.

⁴³¹ Ibid., pp. 11–2.

⁴³² Pascoe and Brennan, *Lifting Our Game*, pp. 65–6.

⁴³³ NSW Department of Education, *Early Childhood Education Workforce Strategy 2018–2022*, NSW Government, Sydney, 2018, p. 4.

⁴³⁴ Ibid., pp. 6–8.

⁴³⁵ Queensland Government, *Workforce action plan*, 20 May 2019, <<https://earlychildhood.qld.gov.au/careers-and-training/workforce-action-plan>> accessed 21 February 2020.

targeted marketing to recruit bicultural staff. The current approach could be enhanced by creating a formal Early Childhood Workforce Strategy with a target to attract and retain workers from CALD backgrounds, similar to the Aged Care Workforce Strategy.⁴³⁶

Donna Matthews, Area Manager for Early Learning North West at Uniting Vic.Tas, further explained its recommendation for the development of a CALD workforce strategy to accompany the implementation of 3-year-old kindergarten:

... across the state I think there needs to be more of a vision about what that can actually look like as we recruit supposedly 6000 more ECT people in the next—what is it?—11 years or eight years or something like that. So we have got the opportunity now to put in some parameters around what that would look like. I do not think it is necessarily going to be easy—I think it will have to be worked out in partnership with the State Government to be able to actually do that—but now is the opportunity to do it, so we need some thought put into what those strategies look like.⁴³⁷

Similarly, BSL considered that an Allied Health Workforce Strategy would be beneficial.⁴³⁸ Expanding on this, Stephanie Johnson, Refugee Child Outreach Coordinator, discussed the value of bilingualism in a health and developmental context:

For a lot of the families who are seeing allied health, like speech pathology, it would be really a great thing for those families if those assessments could occur in their language, because there is often this difficult line between something that might be a developmental delay and something that might be also torture- or trauma-informed—for example, why speech is not developing. So being able to conduct that in language would be really good.⁴³⁹

In considering the potential for a strategy, the Committee spoke with some inquiry participants about the inclusion of specific targets or quotas to increase the bicultural workforce. Hutch Hussein, Senior Manager of the Diversity Unit at BSL, discussed the usefulness of having an incentive in place:

I think it is really about maximising that awareness and I think getting the incentive created in an organisation to say that the government values this. It is an incentive. You need to kind of create that incentive right in the tender documents for services—if you are in a high multicultural population, you need to provide a bilingual workforce as part of your workforce. That then creates incentives. People start seeing ads where we value a second or third language because we need our staff to reflect the diversity of the population.⁴⁴⁰

⁴³⁶ Brotherhood of St Laurence, *Submission 36*, p. 18.

⁴³⁷ Ms Donna Matthews, Area Manager, Early learning North West, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 21.

⁴³⁸ Brotherhood of St Laurence, *Submission 36*, p. 18.

⁴³⁹ Ms Stephanie Johnson, Refugee Child Outreach Coordinator, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 25.

⁴⁴⁰ Ms Hutch Hussein, Senior Manager, Diversity Unit, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 24.

Martine Street, Manager of Settlement Services at BCHS, also considered that setting a quota would be ‘a good step around inclusion and welcome, and mentoring and teaching’.⁴⁴¹ Kris Pavlidis, Chair of the Ethnic Communities Council of Victoria discussed the importance of merit in such a process:

... it is not just being tokenistic, ‘There’s an empty vacant seat. Let’s put someone in there because they tick off’. No, because then that backfires big time. It is like when you are recruiting for local government, and we are in that process at the moment for next year. We have got party-endorsed candidates up there. I have been saying the same thing: it is not just about picking whoever because we need somebody who looks like that. We have got to make sure people are coming to the table with something. They have got to be offering something. It is not just because they want a title. Many people do just want that. We know that. So I think there needs to be a concerted effort and a considered approach to recruiting properly and effectively.⁴⁴²

On the other hand, Sally Rose, Manager of Children’s and Youth Services at the Greater Shepparton City Council, discussed her personal view that quotas would not solve the issue:

But I want our children to be educated and cared for by the best people. So I guess my answer is: no, I do not see a quota as being part of that. But I see what we should be doing as educating all of our people so that they have got the best skills. I guess it is like with women: we need to ensure that our children are being exposed to science and maths and higher education and university degrees to ensure that they are capable of filling the position. So rather than a quota, I guess, I believe in a system that gives people the skills to meet the needs of everything.⁴⁴³

It is also important to acknowledge that quotas should be accompanied with appropriate support and mentoring to enhance the capacity of individuals to succeed in the role and contribute to the organisation that has employed them. Tracey Gibson from Uniting Vic.Tas considered that strong recruitment activities are required:

So I am hesitant about quotas—as long as whatever you are recruiting for meets the need of the community and it is representative of community as well. Particular strategies? I think it is really an assertive outreach to engage with people who might be able to contribute rather than just an ad in a paper. It is a robust conversation with people around truly engaging with them around the value that they think they can actually bring to that platform.⁴⁴⁴

441 Ms Martine Street, Manager, Settlement Services, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 21.

442 Ms Kris Pavlidis, Chair, Ethnic Communities Council of Victoria, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 33.

443 Ms Sally Rose, Children’s and Youth Services, Greater Shepparton City Council, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 12.

444 Ms Tracey Gibson, *Transcript of evidence*, p. 26.

Inquiry participants also considered that a workforce strategy would be an opportunity to set goals in relation to training and professional development. CECFW recommended a workforce capability strategy to build cultural competency and cultural safety in child and family services.⁴⁴⁵ Similarly, Berry Street recommended:

... that the Department work with partners in the sector to develop a strategy for expanding the cultural competency of sector staff by providing CALD-specific training opportunities and opportunities to be supported by bicultural support workers. The strategy should also include a recruitment strategy for more bicultural workers into the sector.⁴⁴⁶

Bearing in mind the key reforms currently taking place, as well as significant financial investments being made in this area, the Committee considers it essential that the Victorian Government implement a comprehensive Early Childhood Workforce Strategy to underpin and guide the sector in the medium and long term future. This strategy must include relevant actions to drive increases in the cultural diversity of the workforce, meet the needs of culturally diverse children and their families, and provide training to professionals to equip them on issues such as cultural competence and trauma-informed care. It must also include a focus on the regional workforce of Victoria in light of changes to migration patterns. These areas have been considered in detail in the preceding sections of this chapter. In light of recommendations made in Chapter 3 regarding early childhood service planning, the Victorian Government should also implement actions that consider the planning needs of local government areas around service delivery to match workforce needs.

RECOMMENDATION 18: That the Victorian Government develop an early childhood workforce strategy that sets out essential strategies and actions for engagement with culturally diverse children, families and communities. At a minimum, this must include:

- strategies and actions to increase the number of bicultural and bilingual workers in early childhood services, including through the establishment of a pool of workers
- training and professional development activities in the areas of cultural competence and trauma-informed care
- strategies and actions that relate specifically to building capacity of the regional workforce in working with culturally diverse children, families and communities.

⁴⁴⁵ Centre for Excellence in Child and Family Welfare, *Submission 26*, p. 6.

⁴⁴⁶ Berry Street, *Submission 22*, p. 4.

5 Language services

A commonly identified theme throughout the inquiry, and one that the Committee strongly endorses, is that Victoria's diversity is its strength. As Kris Pavlidis, the former Chair of the Ethnic Community Council of Victoria (ECCV), told the Committee, multiculturalism is the mainstream in Victoria.⁴⁴⁷ Multiculturalism has benefited the state greatly, enriching Victoria both culturally and economically.

As discussed in Chapters 1 and 2, the fastest growing and largest group of people arriving in the state are from non-main English-speaking countries, including those from Africa, the Middle East, Eastern Europe and Asia.⁴⁴⁸ Many are from refugee backgrounds. The Victorian Government plays an important role in assisting people from these communities to overcome the barriers they may encounter when participating in public life. This includes language, which was identified by most inquiry participants as a significant barrier to people with limited English proficiency accessing early childhood services.

The Committee heard that language barriers contribute to families from culturally diverse communities being unaware of the availability and benefits of services, struggling to navigate different service systems, and experiencing issues engaging in services. Inquiry participants advised that further reducing language barriers is essential to enhancing early childhood engagement with families and their children, particularly those from refugee and asylum seeker backgrounds. Importantly, inquiry participants affirmed the responsibility of the Victorian Government and early childhood services to assist overcome language and communication barriers to encourage greater participation among families.

This chapter addresses how the Victorian Government and early childhood services respond to language and communication barriers. This includes providing an overview of the policy and legal framework of multiculturalism and language support services in Victoria, as well as the strengths-based approach that aims to celebrate multilingualism. The chapter also examines the provision of language support services, such as interpreters and translated materials, and their effectiveness in communicating with families and children.

⁴⁴⁷ Ms Kris Pavlidis, Chair, Ethnic Communities Council of Victoria, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 30.

⁴⁴⁸ Department of Premier and Cabinet, *Victoria's diverse population: 2016 Census*, brochure, Victorian Government, Melbourne, 2017.

5.1 Multiculturalism in Victoria: policies, laws and a strength-based perspective

Numerous laws and policies oblige the Victorian Government to provide language services to people with limited English proficiency, including when they use early childhood services. The *Multicultural Victoria Act 2011* (Multicultural Act) affirms that ‘all individuals in Victoria are entitled to mutual respect and understanding regardless of their diverse backgrounds’.⁴⁴⁹ It also states that everyone is ‘equally entitled to access opportunities and participate in and contribute to the social, cultural, economic and political life of the State’.⁴⁵⁰ The Victorian Government recognises that interpretation and translation services are crucial to ensuring that culturally diverse communities achieve this respect and equality of access.⁴⁵¹

Further, the Victorian *Charter of Human Rights and Responsibilities* (Charter) sets out the basic rights, freedoms and obligations of adults and children in Victoria. Section 17 of the Charter recognises that families are the fundamental unit of society and deserve protection, and that every child, on the basis of being a child, has the right to be protected in their best interests.⁴⁵² The Charter guarantees the right of people to enjoy their own culture, speak their language and practice their religion.⁴⁵³ In doing so, the Charter reinforces the values of multiculturalism and multilingualism.

In its multicultural policy statement, *Victorian. And proud of it*, the Victorian Government states that it wants all Victorians to access the services they need, and to this end it will ensure that language and culture are not barriers to accessing government services.⁴⁵⁴ To fulfil this commitment, the Government commits to providing language services to Victorians with limited English proficiency. This includes reviewing the effectiveness of government procurement of language services and increasing awareness of access to language services during critical times, for example, when people first arrive in Victoria, use health services, become parents or when their children start school.⁴⁵⁵

The Committee also refers to the Government’s *Using Interpreting Services: Guidelines on policies and procedures*, which emphasise the link between the right of people to communicate effectively and access services, and the legal requirement of services not to discriminate against people with limited English proficiency.⁴⁵⁶ The guidelines recognise that without access to language services, Victorians with limited English

⁴⁴⁹ *Multicultural Victoria Act 2011* (Vic).pt 2 s 4(3)(a), (d)

⁴⁵⁰ *Ibid.*.pt 2 s 4(3)(a), (d)

⁴⁵¹ Victorian Government, *Using interpreting services: Victorian Government guidelines on policy and procedures*, Victorian Government, Melbourne, 2017. p6

⁴⁵² *The Charter of Human Rights and Responsibilities Act 2006* (Vic).s 17(1), (2)

⁴⁵³ *Ibid.*

⁴⁵⁴ Victorian Government, *Victorian. And proud of it : Victoria's Multicultural Policy Statement*, brochure, Victorian Government, Melbourne, 25 November 2018, p. 34.

⁴⁵⁵ *Ibid.*, p. 35.

⁴⁵⁶ Discrimination may be refusing to provide a service; providing a poor-quality service; and having unreasonable requirements, conditions or practices within the organisation that disadvantages clients because of their race, disability or other attributes.

cannot access services or may experience poorer outcomes from those services.⁴⁵⁷ This was a key issue identified throughout the inquiry, with many inquiry participants questioning whether people from culturally diverse communities were disadvantaged when using early childhood services due to a lack of or ineffective provision of language support by these services.

It is important to recognise that the policies and attitudes towards multiculturalism have changed dramatically in the last few decades in Australia. Victoria's approach to integration is not a model of assimilation that demands culturally diverse communities forego their language and culture. In fact, a policy to that end would contravene the laws and policies discussed above. Rather the Government's approach to multiculturalism reflects diversity as a strength. The Committee supports this approach, including where multilingualism is understood to be an advantage, and people are encouraged to maintain their cultural practices and their first language.

5.1.1 Victorian Early Years Learning and Development Framework

The Victorian Government's strength-based approach to multiculturalism is embedded in the Victorian Early Years Learning and Development Framework (VEYLDF) and government programs such as community language schools. The VEYLDF recognises that multilingualism is an asset, and children should be supported to maintain their first language, as well as learn English and other languages.⁴⁵⁸ This is reflected in the VEYLDF's early years learning and development outcomes which acknowledges that children should have a strong sense of identity:

The acquisition and maintenance of first or home languages has a significant and continuing role in the construction of identity. This is supported when early childhood professionals respect children's cultures and languages. In Victoria the rich array of languages and cultures enable many opportunities for valuing and strengthening multilingual capabilities, respecting cultural diversity, supporting common values and building social cohesion.⁴⁵⁹

The VEYLDF also recognises that encouraging a strong sense of identity is linked to children maintaining their first language:

Victorian families and the communities in which children live are diverse. Maintenance of first language is important for children's identity, wellbeing, communication and learning. Children can successfully learn English (or another language) as an additional language through exposure to the language, explicit modelling and language teaching, an appropriate time to acquire the new language.⁴⁶⁰

⁴⁵⁷ Victorian Government, *Using interpreting services*, p. 3.

⁴⁵⁸ Department of Education and Training, *Victorian Early Years Learning and Development Framework*, Victorian Government, Melbourne, 2016, p. 12.

⁴⁵⁹ *Ibid.*, p. 18.

⁴⁶⁰ *Ibid.*, p. 22.

To that end, the VEYLDF 'guides early childhood professionals to work together with families in support of their children, embracing and responding to the cultural and linguistic diversity of the Victorian community'.⁴⁶¹ In its submission, fka Children's Services (fkaCS) discussed the need for greater understanding of the significance of language, identity and learning among early childhood education services:

... that the celebration of one's cultural identity and language is important for children's sense of belonging, wellbeing and agency, concepts that are embedded in the Victorian Early Years Learning and Development Framework.⁴⁶²

It is essential that teachers, educators and early childhood professionals working with children understand and make explicit the connection between the first language and English as an additional language. This includes the connections between language and identity.⁴⁶³

As an example, the Committee understands that the Victorian Government's community language schools program has made an important contribution to helping culturally diverse families and children in this way. In the program, community organisations deliver language programs to school-aged children outside of regular school hours to help them learn or maintain their culture and first language.⁴⁶⁴

According to Community Languages Australia, the language schools are strongly connected to the communities in which they operate.⁴⁶⁵ The Ethnic Schools Association of Victoria (ESAV) is the peak body for the Victorian program and represents over 200 schools. There are approximately 36,000 students currently learning 55 different languages from Arabic to Zambian. Martine Street, Manager of Settlement Services at Bendigo Community Health Services (BCHS), referred in her evidence to the guidance and resources required to establish a small Karen language school in Bendigo:

They have got some funding and we have worked really closely with them, with a number of different community leaders on their Committee, to get that language school going on a Saturday, and they continue to then practise cultural traditions—as in song, dance and weaving.⁴⁶⁶

Another Victorian Government initiative that celebrates languages and multilingualism is the Early Childhood Language Program (ECLP). Kindergartens choose to participate and receive funding from the Department of Education and Training (DET) to support teaching students one of fourteen languages, including five Aboriginal

⁴⁶¹ Ibid., p. 4.

⁴⁶² fka Children's Services Inc., *Submission 16*, received 9 October 2019, p. 2.

⁴⁶³ Ibid., p. 7.

⁴⁶⁴ Department of Education and Training, *Community language school*, 2020, <<https://www.education.vic.gov.au/school/teachers/teachingresources/discipline/languages/Pages/clsschools.aspx>> accessed 19 August 2020.

⁴⁶⁵ Community Languages Australia, *Community Language Schools: Contributing to languages education in Australia*, Melbourne, 2018, p. 12.

⁴⁶⁶ Ms Martine Street, Manager, Settlement Services, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 16.

languages.⁴⁶⁷ The Program promotes multilingualism in two modes, the first is teaching English-speaking children another language as part of the curriculum. The second enables children who speak a language other than English to undertake part of their curriculum in a bilingual setting.⁴⁶⁸

The language chosen as part of the ECLP is determined by educators and the interests of the community, as well the availability of qualified bilingual staff. In her evidence to the Committee, Kim Little, Deputy Secretary of Early Childhood Education at DET, identified that the ECLP has numerous benefits:

This will of course bring many benefits to CALD and non-CALD children, including building cultural awareness and an understanding amongst children from all backgrounds, as well as an appreciation of the value of multilingualism.⁴⁶⁹

The ECLP is discussed further in Chapter 10.

5.1.2 Department of Health and Human Services' Delivering for diversity—Cultural diversity plan

The Department of Health and Human Services (DHHS) *Delivering for diversity - Cultural diversity plan 2016–2019* also reflects a strength-based approach to multiculturalism. The Plan aims to improve DHHS services for culturally diverse communities by embedding cultural diversity in all its services, programs and policies.⁴⁷⁰ Its objectives are to:

- maximise the benefits of our cultural diversity;
- build the capacity of culturally and linguistically diverse communities;
- promote social cohesion and community resilience; and
- ensure our services and infrastructure respond to the cultural diversity of our state.⁴⁷¹

As reflected in the Plan, DHHS recognises that people from culturally diverse communities may have a different understanding of health and wellbeing than other Victorians.⁴⁷² It also recognises that culturally diverse communities are not homogenous, and that its services must respond to the needs of Victoria's established and recently arrived culturally diverse communities.

⁴⁶⁷ Department of Education and Training, *Early childhood language program*, 2020, <<https://www.education.vic.gov.au/about/programs/Pages/eclanguageprograms.aspx#link26>> accessed 31 January 2020.

⁴⁶⁸ Department of Education and Training, *Early childhood language program: Getting started guide*, Victorian Government, Melbourne, 2019, p. 3.

⁴⁶⁹ Ms Kim Little, Deputy Secretary, Early Childhood Education, Department of Education and Training, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 22.

⁴⁷⁰ Department of Health and Human Services, *Delivering for diversity: cultural diversity plan 2016–2019*, Victorian Government, Melbourne, 2016, p. 7.

⁴⁷¹ Ibid.

⁴⁷² Ibid., p. 16.

FINDING 14: Multiculturalism is the mainstream in Victoria. The Victorian Government should continue to champion a strengths-based approach to diversity and multilingualism.

5.2 Learning English in a family friendly environment

Celebrating diversity and language is an important way to acknowledge the contribution that multiculturalism has made to Victoria and Australia more broadly. It is equally important to acknowledge that enhancing English proficiency is an integral way for people settling in Victoria from non-English speaking countries to actively participate in the community. Speaking and understanding English allows people to better explore economic and social opportunities, which in turn can affect the opportunities they provide to their children.

It is widely understood that people need support to learn English and that it takes time. For people, especially those from refugee backgrounds, learning English is one of many tasks they need to prioritise in their settlement period. It is therefore essential that accessible and effective language services, such as interpreters and translated materials, are readily available to support people during this time and as their English proficiency improves.

The Commonwealth Government provides 510 hours of English language education through the Adult Migrant English Program (AMEP) to eligible visa holders with limited English proficiency on arrival in Australia. In some cases, people who arrive under the Refugee and Humanitarian Program are eligible for an additional 200 hours.⁴⁷³ People aged 15–17 who do not have a functional level of English proficiency, and whose mainstream education is not meeting their English language needs, may be eligible to access AMEP on a case-by-case basis.⁴⁷⁴ AMEP's purpose is to help new migrants learn basic English skills that will assist them to successfully and confidently participate in Australian society.⁴⁷⁵

People must register for AMEP within six months of arrival, commence lessons within one year and complete them within five years. To facilitate parents' access to the program, free child care is provided to people with preschool children.⁴⁷⁶ AMES Australia, an AMEP service provider, emphasised in its submission how important it is to reduce barriers for mothers to attend English classes, because they often bear greater responsibility for the primary care of their children:

When child care responsibilities are primarily falling on women in CALD communities, it can lead to issues of isolation for newly arrived CALD women who may miss out on opportunities to learn English, meet new people, and participate in the community.⁴⁷⁷

⁴⁷³ Department of Education and Training, *English classes for eligible migrants and humanitarian entrants in Australia*, fact sheet, Australian Government, Canberra, 1 July 2017.

⁴⁷⁴ Ibid.

⁴⁷⁵ Ibid.

⁴⁷⁶ Ibid.

⁴⁷⁷ AMES Australia, *Submission 10*, received 7 October 2019, p. 6.

It praised the AMEP model for combining training and child care:

Subsidised child care services within AMEP provide a significant benefit to clients who are focussed on learning English and settling in Australia. Without this service, we believe it is likely that many clients with child care responsibilities would be unable to effectively learn English, gain information to assist in initial orientation, meet other people, build their social networks and develop a sense of belonging that enhances overall settlement.⁴⁷⁸

AMES Australia also advised that the benefits of free child care are not limited to the adult learners, but are also highly beneficial to children:

Provision of child care also provides significant benefit to the children who are exposed to opportunities for early learning, preparation for schooling in Australia and in most cases the opportunity to spend time in an English-speaking environment.⁴⁷⁹

The Committee strongly supports this family-centred approach to learning English, as it removes a fundamental barrier for parents, especially mothers, who want to access the AMEP.

The Committee also received evidence about other programs that support parents to have their children stay with them while they participate in English classes. AMES Australia explained that providing family-centred English classes has proven especially suitable for mothers from refugee backgrounds who may have experienced trauma and/or suffer separation anxiety if their child is not in their primary care.⁴⁸⁰ The Committee heard that these programs increase participation rates and provide a culturally safe learning environment for mothers and their children.

As first discussed in Chapter 3, Community Hubs Australia use a family-centred and community driven approach to deliver its programs and provide a parent-child care model for English classes. Lisa Morey, the Support Coordinator with the Greater Shepparton Lighthouse Project, told the Committee:

... Community Hubs Australia have actually lobbied to get money from the Government to run English within the community hubs and attach childminding to it. That has been a really pivotal thing that has occurred and has been really successful.⁴⁸¹

Lisa Morey also advised that this model captures parents who may otherwise have forgone the opportunity or not used the full 500 hours:

We are actually capturing the mums and the children that might actually fall through the gaps, because often the hours that are given to AMES to provide English for new arrivals over that five years goes to the main visa holder or it goes to the mums, but then they

⁴⁷⁸ Ibid., p. 4.

⁴⁷⁹ Ibid.

⁴⁸⁰ Ibid., p. 6.

⁴⁸¹ Ms Lisa Morey, Support Coordinator, Greater Shepparton Lighthouse Project, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 16.

have children and they drop out and they become isolated and stay home. So this way they can enter the hubs, they can learn English, they can take their children and they are there side by side.⁴⁸²

Another initiative, as explained by AMES Australia in its submission, is the Mother and Child English Language Program (MCELP), which was run by the City of Hume between 2011–14 as part of its Supporting Parents-Developing Children program. The Program had a unique format and an effective learning methodology, whereby mothers learnt English and then joined other mothers and their children in a playgroup setting for further shared learning. It was tailored to the needs of mothers by structuring the English content around particular themes, such as:

- support and understanding of early childhood development
- build mothers' knowledge of and ability to access local early years' services
- promote school readiness in children.⁴⁸³

AMES Australia indicated that mothers participating in MCELP were able to develop language skills that they could apply when using early childhood services and settlement services, while at the same time completing an accredited qualification in English as another language.⁴⁸⁴

In its submission, Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) New Futures highlighted the benefits of the family-centred approach to learning English, particularly in the context of its ALL TALK bilingual playgroups. VICSEG established the ALL TALK playgroups in 2017 in the northern suburbs of Melbourne in response to the needs of recently arrived Arabic-speaking Syrian and Iraqi refugees. During the public hearings, Janet Elefsiniotis, Manager of Programs for Young People and Children at VICSEG, explained that the playgroups targeted very newly arrived migrants who spoke no English, who were almost certainly traumatised by their pre-migration experience and were not ready to engage with mainstream playgroups.⁴⁸⁵ According to VICSEG, the benefits of ALL TALK go beyond learning English:

ALL TALK also provides parents (particularly mothers) with a place to talk about parenting and to learn about local services and supports available within their local communities...

...

The program provides opportunities for recently arrived refugee parents and children to develop new friendships, building an alternative support network in the absence of family support networks.⁴⁸⁶

⁴⁸² Ibid.

⁴⁸³ AMES Australia, *Submission 10*, p. 7.

⁴⁸⁴ Ibid.

⁴⁸⁵ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 7; VICSEG New Futures, *Submission 7*, received 27 September 2019, p. 6.

⁴⁸⁶ VICSEG New Futures, *Submission 7*, pp. 6–7.

Another key initiative discussed by VICSEG is the *Learning Together* program that supports parents and their preschool-aged children to learn English together. It is discussed in Case Study 5.1 below.

CASE STUDY 5.1: VICSEG New Futures: Learning Together parent and child English literacy program

Learning Together is an evidenced based program that targets migrant and refugee parents/carers and their pre-school aged children. This integrated model supports parents and children to learn English together and helps prepare children for primary school. The program does this by enhancing parents' and children's English literacy and vocabulary while supporting young children to continue to develop their home language skills.

Learning Together is different to every day practice in that it combines a number of components which have been found to be effective. Combining child care and family literacy programs makes good practical sense and allows parents to learn English close by to their infants and young children. The innovation of ensuring the English language curriculum is based around early childhood development and the Victorian service system is also practical and enables parents to develop knowledge, skills and confidence in using the programs and services available to them.

Learning Together draws upon elements from a range of different types of programs, including family literacy initiatives, supported playgroups and parenting programs. Based upon the published literature it would appear that combining the three program elements in one single program and targeting migrant and refugee parents with children under the age of five, appears to be relatively uncommon, especially in Australia.

All three program components occur at the same site, usually a local primary school or other universal community setting (e.g. library, community centre, neighbourhood house).

Learning Together directly addresses the issues of parental confidence. Parents report feeling more able to communicate and engage with local services when talking to teachers, early childhood educators, MCH nurses and other health professionals including GPs.

The program sets a tone for culturally diverse families to continue to learn together with their children as they transition from kindergarten to primary school. It supports and encourages families to remain actively engaged with their child's learning throughout their formal education as they continue to grow and develop.

Source: VICSEG New Futures, *Submission 7*, received 27 September 2019, pp. 7-8.

FINDING 15: Family-centred English classes are an important way to support parents, particularly mothers, to learn English while their children are nearby. These initiatives increase participation rates in English classes, help build social networks and expose children to early learning opportunities.

In terms of school-aged children, the joint DET/DHHS submission outlined the range of opportunities for newly-arrived children to learn English in a formal setting, including the English as an Additional Language (EAL) program and the English Language Schools (ELS) program. The EAL program is available to eligible students for up to five years after enrolling in school. It aims to improve educational opportunities and outcomes of newly arrived students by developing their English before transitioning them to a mainstream school with EAL support.⁴⁸⁷

Further, there are four English Language Schools (ELS) for primary-aged school children in Blackburn, Collingwood, Noble park and Braybrook. The purpose of ELS is to help newly-arrived students to quickly adapt to the Australian education system and society through intensive English language emersion and learning. Eligible students attend the school for between two to four terms, where they receive an intensive English language program tailored to their needs and delivered by a qualified EAL teacher.⁴⁸⁸

This is discussed further in Chapter 11.

5.3 Interpretation and translation language services

5.3.1 The importance of language services

With 26% of Victorians speaking a language other than English at home, language services, namely interpretation and translation, are indispensable within Victoria's multicultural society.⁴⁸⁹ When thinking about language services, it is important to acknowledge that the people using them have varying levels of literacy. There is also diversity in people's educational backgrounds, including those from refugee backgrounds. Some refugees, particularly those from Syria, are educated at tertiary levels, whereas others arrive in Australia with little to no literacy in their first language.⁴⁹⁰

In the study *Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants*, it followed 2,399 recently arrived humanitarian migrants as they settled into Australian life in 2013–14. As shown in Table 5.1, many people arrived in Australia with considerable levels of background disadvantage, particularly among females.⁴⁹¹

⁴⁸⁷ Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 30.

⁴⁸⁸ Department of Education and Training, *EAL - Provision for newly arrived students*, 2020, <<https://www2.education.vic.gov.au/pal/eal-provision/guidance>> accessed 14 February 2020.

⁴⁸⁹ Victorian Government, *Discover Victoria's diverse population*, 2020, <<https://www.vic.gov.au/discover-victorias-diverse-population>> accessed 17 August 2020.

⁴⁹⁰ Ms Kathy Cooney, Communities of Practice Team Leader, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 5.

⁴⁹¹ Department of Social Services, *Building a new life in Australia: The longitudinal study of humanitarian migrants*, 2015, <https://www.dss.gov.au/sites/default/files/documents/09_2015/data-highlight-no-2-2015-bnla_pdf.pdf> accessed 27 July 2020.

Table 5.1 Indicators of background disadvantage—education, work experience and language

Measures of disadvantage	Males (%)	Females (%)
Never attended school (Aged 18 or older)	13	20
Never undertaken paid work (Aged 18 or older)	24	67
Did not understand spoken English at all before arrival	33	44
Illiterate in own language (cannot read or write own language at all)	17	23

Source: Department of Social Services, *Building a new life in Australia: The longitudinal study of humanitarian migrants*, 2015, <https://www.dss.gov.au/sites/default/files/documents/09_2015/data-highlight-no-2-2015-bnla_pdf.pdf> accessed 27 July 2020.

In her evidence to the Committee, Kate McInnes, the Executive Officer of the Loddon Campaspe Multicultural Services, discussed the educational background of the three major refugee communities in Bendigo, including the Karen community from Burma, the Hazara community from Afghanistan and the South Sudanese community:

I think importantly for this Inquiry, those communities all come from very low education backgrounds. They predominantly come from rural areas of their countries, with very low access to education, particularly for women. Most of the women from those communities we work with have never been to school before, even primary school, and are illiterate—or preliterate, as we say—in their first language.⁴⁹²

On the other hand, Dr Melika Yassin Sheikh-Eldin, the International and Community Development Manager at AMES Australia, advised that AMES works with new arrivals who come with differing education levels and information needs:

For example, we used to have some refugees from Africa, and not just from Africa but from very remote areas, and now we have, for example, clients from Iraq or from Syria who are very high standard. Therefore we have to plan to provide information according to the standard and the level, because if I just try to provide information in a very low level for people who are not educated, people might not get interested, because it does not give any meaning to those who are highly educated. Therefore we have to identify first of all the needs: how can we engage with that particular community?⁴⁹³

It is essential that services are mindful of varying levels of education among their clients and also not assume literacy. Regardless of educational levels, language services aim to assist all people to participate in daily life and engage with various services, such as talking to health professionals, educators and government workers. The Victorian Government acknowledges the value of providing languages services in the following

⁴⁹² Ms Kate McInnes, Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 8.

⁴⁹³ Dr Melika Yassin Sheikh-Eldin, International and Community Development Manager, AMES Australia, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 12.

guidelines for the effective use of language services by government departments and funded agencies:

- *Using Interpreting Services: Victorian Government guidelines on policies and procedures* (Interpreting guidelines)
- *Effective Translations: Victorian Government guidelines on policies and procedures* (Translation guidelines)
- *Multilingual Information Online: Victorian Government guidelines on policies and procedures* (Multilingual Information Online guidelines).

As noted earlier, the Interpreting guidelines reaffirm the Government's obligations to and the rights of people with limited English proficiency regarding the provision of language services:

Victorians who cannot communicate effectively through spoken or written English must have access to professional interpreting and translation services:

- when required to make significant decisions concerning their lives
- when being informed of their rights
- where essential information needs to be communicated to inform decision making, including obtaining informed consent.⁴⁹⁴

In the context of this inquiry, a child's participation in early childhood services often depends on their parents' ability to access and navigate these services. The Committee is aware that this can be highly challenging for English speaking Victorians, let alone those who require language support.

The Committee is also aware that the value of language services goes beyond the technical interpretation and translation of information. Language services assist to integrate people into the broader community and to promote social cohesion. Simple but genuine acts, such as translating welcome messages and other celebrations into the first language of different communities, demonstrate respect and can have a welcoming effect. This was explained by Abrar Dham, a mother of two, who told the Committee about her experience with the Hume City Council:

... one thing they used to do is they used to have a big banner for every celebration—so for Muslims, 'Happy Eid'—at the council, which everyone could see. At Christmas time, it was 'Merry Christmas'. I am sure Ballarat would do the same thing. For every celebration they would actually have a banner for each community group. Sometimes they would have it in Turkish; sometimes they would have it actually said in Arabic. That is a big statement coming from the council itself—so it is not just coming from the community group itself; it is actually coming from the council itself. That shows how they are actually embracing the people and the community.⁴⁹⁵

⁴⁹⁴ Victorian Government, *Using interpreting services*, p. 7.

⁴⁹⁵ Ms Abrar Dham, Public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, pp. 27–8.

In her evidence, Kathy Cooney, the Communities of Practice Team Leader of Education and Early Years at the Victorian Foundation for Survivors of Torture Inc. (Foundation House), highlighted how people from culturally diverse communities appreciate services' efforts to provide effective language support:

I am trying to exactly remember the quote, but it was the value that 'If you interpret material, if you put a sign up in Arabic or if you have fliers in Arabic, then we know you really want us to come to your service and we feel respected'. And even if you use an interpreter, there is something about going to that extra effort to have good materials. Then they actually added, 'And if you employ someone who speaks our language, then you really do want us to come'. It was quite an interesting view of it and worth the effort.⁴⁹⁶

FINDING 16: The provision of effective and accessible language services, such as interpreters and translations, assists people from culturally diverse communities to participate in daily life and engage with services. Language services also assist to promote social cohesion and integrate people into the broader community.

5.3.2 Victorian and Commonwealth Government language services

Both the Commonwealth and Victorian Governments fund interpretation and translation services to allow people with limited English proficiency to use government services.⁴⁹⁷ Interpreters and translators share the common goal of converting information from one language into another. In Victoria, this means converting information from English into one of the hundreds of languages spoken by Victorians.

Qualified interpreters and translators must be certified by the National Accreditation Authority for Translators and Interpreters (NAATI), and must act in accordance with the Australian Institute of Interpreters and Translators code of ethics when interpreting and translating.⁴⁹⁸

While interpretation and translation share a common goal, they are different services that serve different functions. An interpreter converts verbal information from one language into another to help people that speak different languages communicate with one other.⁴⁹⁹ Whereas a translator converts written or electronic information accurately and objectively from one language into another language.⁵⁰⁰

⁴⁹⁶ Ms Kathy Cooney, *Transcript of evidence*, p. 3.

⁴⁹⁷ Language services are also provided to Australians who are vision impaired or hard of hearing. However, those stakeholders are for the most part outside the scope of the terms of reference of this report.

⁴⁹⁸ Australian Institute of Interpreters and Translators Inc. (AUSIT), *Code of Ethics*, 2020, <<https://ausit.org/code-of-ethics>> accessed 2 March 2020.

⁴⁹⁹ Victorian Government, *Using interpreting services*, p. 9.

⁵⁰⁰ Victorian Government, *Effective Translations: Victorian Government guidelines on policy and procedures*, Victorian Government, Melbourne, 2017, p. 9.

Interpretation can take place in person, on the phone, via video link or through an automated service. There are three categories of interpreters in Victoria, including:

- professional interpreters who are NAATI-accredited and interpret across a wide range of semi-specialised situations, including health and social and community services
- paraprofessional interpreters that are NAATI-accredited and interpret in non-specialised areas and are most commonly used for general conversations and
- recognised interpreters who have had recent and regular interpreting experience but are not NAATI-accredited.⁵⁰¹

Professional interpreters are used to enable people with limited English proficiency to understand critical information and make significant decisions about their lives, know their rights and give informed consent. Paraprofessional or recognised interpreters are engaged when professional interpreters are either in short supply or do not exist, especially when there are no interpreters for new and emerging languages.⁵⁰²

Translation allows governments to provide multilingual information about its services to everyone regardless of what language they speak. Like interpretation, translation can be delivered through an automated service. Translators are qualified to undertake one-way or two-way translation.⁵⁰³ For example, a one-way Arabic translator may be qualified to convert Arabic into English only, whereas a two-way Arabic-English translator would be qualified to convert Arabic into English and English into Arabic.

There are four categories of translators in Victoria, including:

- advanced translators who convert complex, technical and sophisticated multilingual information in line with international standards and may be specialised in a specific area such as health or law
- professional translators who convert information across a wide range of subjects, including documents with specialised content
- paraprofessional translators who convert non-specialised information across a wide range of subjects
- recognised translators who have translating experience but are not NAATI-accredited.⁵⁰⁴

501 Victorian Government, *Using interpreting services*, p. 27.

502 Ibid.

503 Victorian Government, *Effective Translations*, p. 10.

504 Ibid., p. 19.

The Victorian Government's Translation guidelines specifies that translated multilingual information can be used to supplement but not replace the use of interpreters, especially in critical situations.⁵⁰⁵ Further, the Multilingual Information Online guidelines addresses the unique demands of producing translated information for the internet. This is based on the principles of 'accessibility': the features that enable Victorians with limited English proficiency to access information online, and 'discoverability': the ease at which Victorians with limited English can find something online.⁵⁰⁶

Easy English is another form of translation that converts complex information into very basic English without changing its meaning. It aims to make information more accessible to people who have difficulty reading and understanding written English by using basic English, images and diagrams.⁵⁰⁷ When promoting this inquiry and the call for submissions, the Committee produced an Easy English guide to assist people with limited English to make a submission (see Appendix 1). The guide used easy English to outline the Committee's inquiry, which was referred to as a 'study', and explained what the study was about, who the Committee wanted to hear from and how people could 'tell the Committee their story'.⁵⁰⁸

There are both Commonwealth and Victorian Government-funded language services that provide interpretation and translation services in Victoria. The Commonwealth Government funds the free, national Translating and Interpreting Service (TIS National) that focuses primarily on supporting culturally diverse communities to use health services as explained in Box 5.1 below. LanguageLoop is a Victorian Government-owned enterprise that provides language services. It competes with other Victorian language service providers, such as Polaron and 2M Language Services, for clients and language practitioners in Victoria.⁵⁰⁹

505 Ibid., p. 9.

506 Victorian Government, *Multilingual information online: Victorian Government guidelines on policy and procedures*, Victorian Government, Melbourne, 2017, p. 7.

507 Victorian Government, *Effective Translations*, p. 12.

508 Access Easy English, *Victorian Legislative Assembly Legal and Social Issues Committee: An important study about immigrant families with young children*, 2019, <https://www.parliament.vic.gov.au/images/stories/committees/lisic-LA/CALD_child_inquiry_EASY_ENGLISH.pdf> accessed 29 January 2020.

509 Language Loop, *About us*, 2017, <<https://languageloop.com.au/about-us>> accessed 31 January 2020.

BOX 5.1: The national Translating and Interpreting Service

TIS National delivers on-site interpreters and a 24-7 telephone interpreting service. People with limited English proficiency can access TIS National when using Commonwealth-funded services including:

- Medical practitioners: when delivering Medicare rebateable services in private practice. Nurses, reception and other practice support staff can also access the service when working with the registered medical practitioner.
- Pharmacies: to provide community pharmacy services.
- Non-government organisations: when providing casework and emergency services, where the organisation does not receive substantial government funding to provide these services
- Real estate agencies: to discuss any private residential property matter.
- Local government authorities: to communicate about most local government services.
- Trade unions: to assist workers to access support and advice.
- Parliamentarians: for constituency purposes.

In 2018-19, TIS National provided more than one million phone interpreting services and more than 130,000 on-site services through 2,863 independently contracted interpreters.

Allied health professionals cannot access TIS National for their clients with limited English proficiency. Allied health professionals are not part of the medical, dental or nursing professions, but include psychologists, chiropractors, optometrists and dietitians.

TIS National also delivers a free document translation service, with all translations completed by credentialed translators where available. Eligible migrants can have up to 10 documents translated into English within the first two years from the commencement of their visa. This free service is provided to people settling permanently in Australia, as well as some temporary migrants, to facilitate their participation in Australian society.

Sources: Department of Home Affairs, Free interpreting service general information, (n.d.), <<https://www.tisnational.gov.au/en/Agencies/Charges-and-free-services/About-the-Free-Interpreting-Service/Free-Interpreting-Service-General-information>> accessed 2 March 2020.; Department of Home Affairs, Annual report 2018-19, Australian Government, Canberra, 2019, p. 178.; Allied Health Professionals Australia, Home page, (n.d.), <<https://ahpa.com.au>> accessed 14 February 2020; Department of Home Affairs, Translating: About this service, 2020, <<https://translating.homeaffairs.gov.au/en/about-this-service>> accessed 2 March 2020.

Provision and funding of language services in Victoria

The Committee is aware that the provision of effective language services has been an ongoing issue in Victoria. In 2014, the Victorian Auditor-General's Office (VAGO) report: *Access to Services for Migrants, Refugees and Asylum Seekers* addressed the availability and sustainability of the interpreter workforce and the responsiveness of the service to clients. The report noted the growing need for accredited interpreters in new and emerging languages, including in rural and regional areas.⁵¹⁰ In reference to a previous review, VAGO highlighted three key issues:

- longstanding factors in the industry, such as low remuneration and inadequate job security, make it difficult to attract and retain interpreters
- insufficient focus on improving the supply of interpreters and translators in established languages
- the need for a compliance component in the new policy and guidelines to increase accountability for the use of interpreters and translators.⁵¹¹

Similarly, in 2013, Foundation House published, *Promoting the engagement of interpreters in Victorian health services*, which identified several barriers to the engagement of credentialed interpreters. These barriers included inadequate funding, lack of awareness of interpreting services by health practitioners and front-of-house staff, availability and effectiveness of interpreters, and clients' lack of awareness or entitlement to interpreting services.⁵¹² The report concluded that the Commonwealth and state and territory governments had a shared interest in ensuring that interpreting services can meet the demands of people with limited English proficiency throughout Australia. It recommended that:

The Commonwealth Government should lead a broad review to ensure that Australia has an interpreting and translating workforce and industry to sustainably meet current and projected requirements for language services in key areas of government responsibilities.⁵¹³

In 2018, the Victorian Government announced a major funding increase across the entire language services workforce after a Government-initiated independent review revealed:

- a decrease in wages in real terms over 15 years;
- casualisation of the workforce and concerns about job security; and
- concerns about sustainability of the workforce and working conditions.⁵¹⁴

⁵¹⁰ Victorian Auditor-General's Office, *Access to Services for Refugees, Migrants and Asylum Seekers*, parliamentary paper, no. 324, Victorian Government, Melbourne, May 2014, p. 20.

⁵¹¹ Ibid., p. 21.

⁵¹² Foundation House, *Promoting the engagement of interpreters in Victorian health services*, Foundation House, Melbourne, 2013.

⁵¹³ Ibid., p. 80.

⁵¹⁴ Premier of Victoria, *Funding boost for interpreters helps diverse communities*, media release, State Government of Victoria, Melbourne, 25 June 2020.

Funding increased for interpreters by \$21.8 million over four years beginning in 2017–18, with \$8.4 million per year ongoing to improve the pay and working conditions of contract and casually employed interpreters.⁵¹⁵ According to the *Victorian Government Report in Multicultural Affairs*, the two departments that spent the most on language services in 2018–19 were DHHS, with expenditure of \$43.7 million, and DET, with expenditure of \$5.21 million.⁵¹⁶ According to the *DHHS Language Services Policy*, it spends more than this on languages services because interpreters and translators are also paid for from other operating budgets.⁵¹⁷

In her evidence to the Committee, Sarah Nesbitt, Director of Maternal, Child and Family Health Branch at DHHS, further outlined the Department’s expenditure on languages services:

In 2017–18 DHHS spent over \$37 million on language services. The department also funds the Health Translations Directory website, which has almost 300 resources on a broad range of languages in the children’s health section. Our comprehensive Better Health Channel also includes a range of translated materials, including on asthma, breastfeeding and child care, and common childhood illnesses, including things like bronchiolitis.⁵¹⁸

The Committee is aware that DHHS funds language services through direct agency funding and the credit line system. Direct agency funding involves allocating an annual language services budget to specific agencies due to a high demand for language services within that agency. Agencies that use language services less frequently do not receive direct agency funding, rather funding is pooled into a ‘credit line’ which a range of agencies can access.⁵¹⁹ The credit line system is described as:

Each Credit Line has an annual budget that is broken down into monthly allocations, or monthly limits.

...

Bookings for on-site interpreting under the credit line can be made up to 30 days in advance and up until the monthly limit is reached. Once the monthly limit is reached, access to on-site bookings will close for the remainder of the month. However, telephone interpreting will continue to be available.

⁵¹⁵ Department of Premier and Cabinet, *Victorian Government Report in Multicultural Affairs 2017–18*, Victorian Government, Melbourne, 2019, p. 55.

⁵¹⁶ Department of Premier and Cabinet, *Victorian Government Report in Multicultural Affairs 2018–19*, Victorian Government, Melbourne, 2020, p. 29.

⁵¹⁷ Department of Health and Human Services, *Language services policy*, Victorian Government, Melbourne, 2017, p. 12.

⁵¹⁸ Ms Sarah Nesbitt, Director, Maternal, Child and Family Health Branch, Department of Health and Human Services, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 29.

⁵¹⁹ Department of Health and Human Services, *Language services credit line - Health services: Guidelines*, Victorian Government, Melbourne, 2019, pp. 12–3.

In the case that onsite bookings have closed, then a booking can still be made for an onsite service to be provided in the next month (up to 30 days in advance). Where the service is urgent and cannot be provided by a telephone service or postponed to the next month, the organisation is expected to fund the language service themselves.⁵²⁰

If the credit line limit is reached, language services can be rebooked for the next month or paid from an agency's operational budget. However, the Department makes efforts to reallocate funds to minimise the gap in language service availability.⁵²¹ Further, in 'critical situations', people with limited English proficiency must be provided with an interpreter regardless of whether the credit line limit has been reached.⁵²²

This funding system was raised as an issue by some inquiry participants.⁵²³ The credit line system has also been identified in the broader research as forcing services to pay for interpreters from other operating budgets.⁵²⁴ In its submission, the Brotherhood of St Laurence (BSL) proposed a simplified, pooled funding system:

... funding interpreters from a dedicated funding stream, rather than from an organisation's budget, to incentivise providers to target families with limited English proficiency.⁵²⁵

Melbourne Children's Campus (MCC) also proposed in its submission that the Victorian Government adopt funding models that ensure all state-funded services can use accredited interpreters and translators when required.⁵²⁶ As the Committee received only limited evidence about the funding models of language services, it is reluctant to make specific recommendations and findings in this area. As reflected in Section 5.4, the key issues raised by inquiry participants related mostly to the limited accessibility of interpreters in rural and regional towns and the limited availability of interpreters for certain languages.

The Committee is aware that the Victorian Government is working to enhance accessibility of interpreters through its bursary scholarship to encourage more people to study the RMIT course *Introduction to translating and interpreting*. Since its inception in 2003, the scholarship has assisted more than 500 people to gain certification with NAATI.⁵²⁷ To be eligible, a student must study a language identified by the Government as requiring an expanded workforce to meet the demands of the community.⁵²⁸

⁵²⁰ Ibid., p. 9.

⁵²¹ Department of Health and Human Services, *Language services policy*, p. 12.

⁵²² Department of Health and Human Services, *Language services credit line - Health services*, p. 9.

⁵²³ Melbourne Children's Campus, *Submission 24*, received 11 October 2019.; Brotherhood of St Laurence, *Submission 36*, received 12 November 2019.; Foundation House, *Submission 33*, received 21 October 2019.

⁵²⁴ Foundation House, *Promoting the engagement of interpreters in Victorian health services*, pp. 57–8.

⁵²⁵ Brotherhood of St Laurence, *Submission 36*, p. 15.

⁵²⁶ Melbourne Children's Campus, *Submission 24*, p. 5.

⁵²⁷ Victorian Government, *Interpreter scholarships: The Victorian Government offers scholarships to support training for interpreters.*, 2019, <<https://www.vic.gov.au/interpreter-scholarships>> accessed 28 July 2020.

⁵²⁸ Ibid.

Further, the 2020 Interpreter Scholarship Program offered scholarships to students who were accepted into RMIT's *Diploma of Interpreting* or *Advanced Diploma of Interpreting* to study a range of languages identified as needing more interpreters (see Table 5.2). While applicants must be Australian citizens or permanent residents, individuals seeking asylum in Australia were also considered for the scholarship.⁵²⁹

Table 5.2 2020 Interpreter Scholarship Program—languages

Diploma of Interpreting	Advanced Diploma of Interpreting	Introduction to Translating and Interpreting	
Burmese	Urdu	Acholi	Indonesian
Hakha Chin	Italian	Albanian	Japanese
Dinka	Persian	Amharic	Karenni
Hindi	Spanish	Armenian	Kirundi
Italian	Thai	Assyrian	Kiswahili (Swahili)
Karen	Turkish	Bengali	Macedonian
Karen (Sgaw)	Vietnamese	Bulgarian	Malay
Khmer		Cantonese	Malayalam
Nuer		Chaldean	Maltese
Oromo		Chin Falam	Mongolian
Persian		Chin Matu	Nepali
Punjabi		Chin Mizo	Polish
Rohingya		Chin Tedim	Portugese
Spanish		Chin Zomi	Romanian
Thai		Croatian	Russian
Turkish		Czech	Samoan
Vietnamese		Dari	Serbian
Urdu		Farsi	Sinhalese
		Filipino	Somali
		French	Sudanese Arabic
		German	Tagalog
		Greek	Tamil
		Gujarati	Telugu
		Hazaragi	Tibetan
		Hmong	Tigrinya
		Hungarian	Tongan

Source: Victorian Government, *Interpreter scholarships: The Victorian Government offers scholarships to support training for interpreters.*, 2019, <<https://www.vic.gov.au/interpreter-scholarships>> accessed 17 August 2020.

529 Ibid.

The Committee encourages the Government to continue to offer targeted scholarships for specific language groups based on demand. It is especially important to focus on new and emerging languages in Victoria, especially those spoken by newly-arrived refugees and asylum seekers, as they more likely to have limited to no English and require the most language support.

5.4 Language services and early childhood services

The Committee commends the Victorian Government's commitment to provide access to language services and the associated funding increases. However, the Committee is aware that culturally diverse families still have trouble accessing language services and that such services may not be delivered uniformly and reliably across different early childhood services in Victoria.

This is the focus of the remainder of this chapter. Most of the evidence received by the Committee related to the use of language services in the health sector, particularly Maternal and Child Health (MCH) and disability services. This raised questions for the Committee about informed consent and the importance of health literacy for families when discussing the development and wellbeing of their children with health professionals.

5.4.1 Language services and health literacy

The Committee did not receive a significant amount of evidence directly connecting language services and health literacy, although it understands that they are inextricably linked. Clear and open communication between patients and health professionals is vital for a range of health outcomes. The use of effective language services allows patients 'to provide informed consent, understand diagnoses, receive information and understand risks associated with medication or treatment'.⁵³⁰ Most importantly, it ensures people understand what has been interpreted or translated to allow them to make the right decision for their own or their child's health. Andie West, Manager of Community and Wellbeing at the City of Greater Bendigo, raised this in her evidence in the context of children's immunisations:

There was really a concern and a focus from both the immunisation and the maternal child health teams around informed consent. It goes back to feeling confident that the information is being interpreted correctly and accurately to make sure that informed consent is gained. As we know, with some communities they have come from a history with authority and that sort of thing, and we need to acknowledge also that we walk into that room automatically in a position of power. It would be reassuring to know that the consent that we are gaining is true informed consent. I think it is an ethical dilemma for many of our staff. So that was an issue that was raised.⁵³¹

⁵³⁰ Foundation House, *Promoting the engagement of interpreters in Victorian health services*, p. vi.

⁵³¹ Ms Andie West, Manager, Community Wellbeing, City of Greater Bendigo, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 2.

Health literacy has two dimensions. It is the capacity of a person to obtain, process and understand health services in order to make decisions about their health, and it is also how health services provide information to patients and improve engagement with them.⁵³² The Centre for Culture, Ethnicity and Health states that the concept of health literacy is 'increasingly looked at as an interactive process between individuals, communities, healthcare professionals, organisations and systems'.⁵³³ Accordingly, improving health literacy requires a commitment from individuals, health services and policy and decision-makers.⁵³⁴

Dr Elisha Riggs, from the Intergenerational Health Research Group at the Murdoch Children's Research Institute (MCRI), provided evidence to the Committee based on her own research into health literacy in culturally diverse communities, specifically the health literacy of refugees.⁵³⁵ Dr Riggs noted that low health literacy creates a major barrier for people in understanding why early childhood services, such as pregnancy care, early intervention services and preschool, are important for early childhood health and development and what these services can offer.⁵³⁶ Similarly, the Victorian Refugee Health Network (VRHN) stated in its submission that the ability for families of refugee backgrounds to understand and navigate the health system is a 'critical foundation for access and engagement with early childhood services'.⁵³⁷ It also stated that health literacy is correlated with health service engagement and positive family health outcomes, which may help to address health inequalities.⁵³⁸

Dr Riggs' research reflected the role of credentialed interpreters in improving health literacy. It also explained how language services enable better health communication because it allows people to communicate freely in their own language, which helps to develop trust, respect, rapport, cultural safety and relationship-centred care.⁵³⁹ An example of this is MCRI's Group Pregnancy Care model, which provides support to mothers of refugee background through the perinatal period and following the birth of their child. A key component of the model is having midwives, MCH nurses, bicultural workers and interpreters working as a team to provide care.⁵⁴⁰ This is discussed further in Chapter 6.

⁵³² Centre for culture, ethnicity and health, *What is health literacy*, 2015, <https://www.ceh.org.au/wp-content/uploads/2015/12/HL1_What-is-health-literacy.pdf> accessed 15 July 2020.

⁵³³ Ibid.

⁵³⁴ Ibid.

⁵³⁵ Elisha Riggs, et al., 'Improving health literacy in refugee populations', *The Medical Journal of Australia*, vol. 204, no. 1, 2016, pp. 9-10.; Elisha Riggs, et al., 'Afghan families and health professionals' access to health information during and after pregnancy', *Journal of the Australian College of Midwives*, vol. 33, no. 3, 2019, pp. e209-15.

⁵³⁶ Melbourne Children's Campus, *Submission 24*, p. 13.

⁵³⁷ Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, p. 16.

⁵³⁸ Ibid., p. 17.

⁵³⁹ Elisha Riggs, et al., 'Improving health literacy in refugee populations', p. 9.

⁵⁴⁰ Melbourne Children's Campus, *Submission 24*, p. 16.

Dr Riggs' research also noted that as the interactions between interpreters and patients are neutral and there is 'no ongoing relationship', there may be a role for bilingual and bicultural workers to assist people to navigate health services, get to appointments and negotiate expectations. They could also have a role in enhancing health professionals' understanding of different cultural views of health and the circumstances that may affect decision making.⁵⁴¹ In reiterating the findings and recommendations from Chapter 4, the Committee again acknowledges the potential role of bilingual and bicultural workers, which in this context may assist in improving health literacy among culturally diverse communities.

The Committee also acknowledges that health services should not replace interpreters with bilingual and bicultural workers. The Victorian Government's Interpreting guidelines specify that bilingual and bicultural workers can obtain a NAATI accreditation, but that they are not a substitute for professional interpreters:

Language aides should only provide language assistance when the outcome of a situation has no risk of adverse effects for either the client or the organisation. It must be made clear to all parties that a language aide is not a NAATI credentialed interpreter.

Language aides should not be engaged:

- to communicate information that is legally binding or puts at risk either the organisation or the client
- when a client has requested a credentialed interpreter.⁵⁴²

Another related issue to supporting people with health literacy as raised by inquiry participants is whether interpreters have the capacity to translate complex medical advice. Credentialed interpreters must be able to translate what is said, in addition to conveying medical terms in the patient's first language. Andie West from the City of Greater Bendigo discussed this, drawing on feedback from the Council's MCH staff:

One of the things that was highlighted or raised repeatedly by the staff, especially in the maternal and child health space and immunisation space, is getting access to interpreters that have a bit of a medical background so they can be reassured that the messages are being interpreted in an appropriate and accurate way, realising also that a lot of families that come to, say, immunisations will not have the language and there is not a direct translation for what might be happening. So having someone with that medical terminology reassures that the information is being translated correctly.⁵⁴³

Andie West also advised:

A lot of the time our professionals in Australia resource themselves from research, and the latest thing in early childhood is around brain development and all of that sort of

⁵⁴¹ Elisha Riggs, et al., 'Improving health literacy in refugee populations', p. 9.

⁵⁴² Victorian Government, *Using interpreting services*, p. 13.

⁵⁴³ Ms Andie West, *Transcript of evidence*, p. 1.

thing. That sort of stuff is really tricky to interpret without a background or that sort of lens from the interpreter.⁵⁴⁴

In its submission, MCC recommended further investment in health services research to assess innovative strategies to improve outcomes for migrant and refugee children, including by focusing on strategies to improve communication and health literacy.⁵⁴⁵ The Committee supports this recommendation, and calls on the Victorian Government to further investigate the role of language services, including the use of bilingual and bicultural workers, to improve health literacy among culturally diverse communities and their engagement with health services.

RECOMMENDATION 19: That the Victorian Government conduct research into effective ways to enhance health literacy among culturally diverse communities in health settings, including the role of language services and the use of bilingual and bicultural workers.

5.4.2 Use of interpreters in MCH and other health services

As noted earlier, most of the evidence received about interpreters related to their use in MCH and other health services. The issues raised did not relate so much to staffs' willingness to use interpreters but rather the availability of appropriate and effective interpreters.

Accessibility

Accessibility of language services in health services was a common theme throughout the inquiry. In its submission, MCC discussed the limited use of interpreters in the maternity and early childhood health context for families of refugee backgrounds:

Our research has demonstrated in the maternity and early childhood health context that very few families of refugee background reported access to on-site interpreters. Men commonly interpreted for their wives. There was minimal professional interpreting support for imaging and pathology screening appointments or during labour and birth. Health professionals noted challenges in negotiating interpreting services when men were insistent on providing language support for their wives and difficulties in managing interpreter-mediated visits within standard appointment times. Failure to engage interpreters was apparent even when accredited interpreters were available and at no cost to the client or provider. The *Watch Me Grow* study in NSW also identified language as a key factor influencing their choice of healthcare provider such as their GP.⁵⁴⁶

⁵⁴⁴ Ibid., p. 3.

⁵⁴⁵ Melbourne Children's Campus, *Submission 24*, p. 24.

⁵⁴⁶ Ibid., p. 13.

Hai Gay Hay from the Karen community in Bendigo described to the Committee how difficult it was for her to make a doctor's appointment for her son that included an interpreter. She was told it would be a week before an appointment with an interpreter could be made:

... sometimes when my son is really sick and I try to call up a doctor, they tell me that I cannot book an appointment because they have not found an interpreter for me. So I have to wait for a week and then my son is getting sicker.⁵⁴⁷

Ultimately, she took a member from her community to the appointment to act as an interpreter. Melissa Rockes, Project Manager of Communities for Children Bendigo, was alarmed to hear about this, explaining that while delays are normal, this example was uncommon:

I mean, what about waiting a week? That was shocking. I have not heard stories like that, but I have heard stories about interpreters being half an hour late for an appointment and the impact that has on the relationship.⁵⁴⁸

The Committee heard that accessibility to interpreters is particularly problematic in rural and regional areas. This can lead to tensions regarding confidentiality in small towns, as well as the overreliance on family and friends to act as interpreters. Inquiry participants advised that some people know the interpreter personally, which made them less willing to engage and share relevant but sensitive information with the service provider. Melissa Rockes told the Committee:

The other thing is that because we have a small CALD community here in Bendigo, interpreters are often known and that can become a really sensitive and difficult issue to manage as well. Some services opt to use a telephone system, but again, in small communities even names are known, and so there is often the need to not use a name in those interviews and that can be a barrier to fostering relationships—not only are you needing to use a telephone interpreter, you are also not using that person's name.⁵⁴⁹

Similarly, Jessica Trijsburg, Manager of Intercultural Engagement and Support at Ballarat Community Health, advised in her evidence:

I think with interpreting services there are a few issues that we come across here with small language groups. I know this is something that happens in many places—where people even over the telephone can identify that interpreter because they know there are only three interpreters of that language in the state, and then they do not want to disclose what they were going to disclose in a health context or a family violence context or whatever. So it is just in terms of the number of interpreters.⁵⁵⁰

⁵⁴⁷ Ms Hai Gay Hay, open forum hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 22.

⁵⁴⁸ Ms Melissa Rockes, Project Manager, Communities for Children Bendigo, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 33.

⁵⁴⁹ *Ibid.*, p. 29.

⁵⁵⁰ Ms Jessica Trijsburg, Manager, Intercultural Engagement and Support, Ballarat Community Health, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 20.

Amy Jones, Practice Manager of Child and Family Services at FamilyCare, advised that due to limited accessibility to interpreters in small towns, they 'often have to rely on older children or friends and family to assist in those communications'.⁵⁵¹ The Committee also heard that the overreliance on phone interpreters in regional and rural areas resulted in some people relying on family and friends to act as interpreters.⁵⁵²

The Committee is also aware that with fewer interpreter options, people can find themselves with male interpreters in situations where a female interpreter would be more appropriate. This can also be an issue in metropolitan areas. In the MCH context, Cathie Arndt, the Maternal Child Health Coordinator at the City of Greater Dandenong, indicated that staff would 'absolutely prefer to have a female interpreter, and they are often difficult to find and we then need to do a phone interpreter, which is difficult'.⁵⁵³ Cultural sensitivity is also part of the reason for requesting female interpreters where MCH is concerned, as explained by Andie West, Manager at of Greater Bendigo:

It is because of a lack of resources presumably, but sometimes using male interpreters is not appropriate in this space when we are talking about maternal and child health. We might be talking about personal care post-birth or things like that, which obviously has its challenges culturally around what is okay and not okay.⁵⁵⁴

Another factor in the accessibility of language services is the means of interpretation available to clients and health professionals. The Committee heard that face-to-face interpretation is the most effective method for communicating and produces the best outcomes. In particular, Andie West from the City of Greater Bendigo advised that face-to-face was the best option for immunisation sessions and MCH appointments. Andie West also spoke of the benefit of having interpreters visit families in their homes as part of the Enhanced MCH program.⁵⁵⁵

Inquiry participants highlighted that working with interpreters over the phone is not always ideal. This was also raised in the 2014 VAGO report:

... stakeholders have noted the difficulties in understanding an interpreter over the phone in the absence of facial expression, tone and gestures and body language. For some cultures this can mean that the provision of telephone services is not an effective method of delivery.⁵⁵⁶

Dr Elisha Riggs from the MCRI referred to a study that revealed some mothers with limited English were not confident using a phone, and that this made booking or changing appointments difficult because they were anxious about not being

⁵⁵¹ Ms Amy Jones, Practice Manager, Child and Family Services, FamilyCare, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 26.

⁵⁵² Ms Melissa Rockes, *Transcript of evidence*, p. 29.; Ms Sue Murray, Team Leader, Child and Family Health, Mornington Peninsula Shire, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 18.

⁵⁵³ Ms Cathie Arndt, Maternal Child Health Coordinator, City of Greater Dandenong, Public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 4.

⁵⁵⁴ Ms Andie West, *Transcript of evidence*, p. 1.

⁵⁵⁵ *Ibid.*, p. 6.

⁵⁵⁶ Victorian Auditor-General's Office, *Access to Services for Refugees, Migrants and Asylum Seekers*, p. 21.

understood, especially when they were required to leave their details in a voice message.⁵⁵⁷ Further, Sara Noori, the Programs Manager of Resilient Communities at Uniting Goulburn North East in Shepparton, indicated that when there are problems connecting with an interpreter over the phone, the process becomes even more time-consuming, inefficient and ineffective for all parties:

Often when we have rung interpreters they have said that they are available for the next 30 minutes and in about 10 minutes they kind of hang up because they have to go and pick up children from school or whatever the reason may be. So for us to go back and start from scratch, that takes another 40 minutes, and for the client to repeat the same story again for us, it is quite traumatising.⁵⁵⁸

Allison Schubert, the New Arrival Education Coordinator at Uniting Goulburn North East, explained to the Committee that they work with clients to train them how to use phone interpreters:

We certainly take an initiative to work with the clients that we are able to, to help them to navigate the interpreting service because they do find it confusing or lengthy sometimes. For instance, they are first spoken to for 25 seconds in English. Many of our clients hang up in that time because they do not understand that part, so we talk to them and instruct them and teach them that they need to wait for that time to hear the words ‘which language?’ before they are able to participate in the conversation.⁵⁵⁹

FINDING 17: Limited availability of interpreting services in rural and regional areas can lead to issues with confidentiality among known interpreters or an overreliance on male or phone interpreters, which is not always appropriate for females attending Maternal and Child Health appointments.

It is also worth highlighting the issues raised with the use of interpreters in relation to disability services and the National Disability Insurance Scheme. In its submission, Noah’s Ark indicated that staff had frequent issues with interpreters, including interpreters not being available from National TIS and not being allowed to seek them elsewhere, interpreters cancelling at late notice or not attending appointments, and phone interpreting services being ‘both awkward and challenging as ECI professionals may be coaching parents and modelling strategies’, which was difficult to explain over the phone. Furthermore, it noted that there were difficulties with confidentiality,

⁵⁵⁷ Dr Elisha Riggs, Intergenerational Health Research Group, Murdoch Children’s Research Institute, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 9.

⁵⁵⁸ Ms Sara Noori, Programs Manager of Resilient Communities, Uniting Goulburn North East, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 2.

⁵⁵⁹ Ms Allison Schubert, New Arrival Education Coordinator, Uniting Goulburn North East, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 2.

particularly where a cultural group was relatively small and the interpreter might be known to the family. It was also difficult to access interpreters in rural and regional areas as it was not 'financially viable' for interpreters to travel far for work.⁵⁶⁰

Non-credentialed interpreters

The Committee learned that one of the negative outcomes of not being able to access interpreters is that services and clients resort to using relatives or friends, including minors. Marcus Forster, Manager, and Cathie Arndt the Maternal Child Health Coordinator, both from the City of Greater Dandenong explained that it was not unusual for families to bring relatives or friends to act as an interpreter on their behalf:

I know that that specifically has happened in maternal and child health but also in our immunisation service, where families will show up for catch-up vaccines and bring their teenage son, who is not actually getting jabbed that day but has to come along and interpret for the mum... Which is, again, not ideal if you are talking about issues related to the woman's personal health.⁵⁶¹

Sally Rose from the City of Greater Shepparton emphasised that when it comes to personal issues, particularly MCH, relatives and friends are not the best people to take on this role, and that it is never appropriate for a minor:

In something like maternal and child health some of the issues are quite personal and are things that a woman or a family might share with a nurse through a stranger but do not want to share through a person in their community, and it is very inappropriate for it to be through a child. We do have a lot of people say, 'My eight-year-old son will come', and I respect that family's capacity, but we want it to be about what this service is providing, not putting an eight-year-old in a position.⁵⁶²

Andie West from the City of Greater Bendigo argued that in situations when minors act as interpreters, it really limits what can be discussed:

We have had experiences in the past where a child has been brought in as the interpreter, a 10-year-old, talking about post-birth stuff and we sort of had to go, 'Okay, we can't talk about that today'. We do not need to expose that young person to information that they should not be exposed to as well.⁵⁶³

The use of non-accredited interpreters was also raised as an issue because of its implication for determining situations of family violence:

If there is a family violence situation, at a four-week check we need to scope out some family violence questions, and that could have the potential to shut down the conversation and therefore we would not be able to put further supports in place if it is

⁵⁶⁰ Noah's Ark Inc., *Submission 35*, received 7 November 2019, pp. 7–8.

⁵⁶¹ Mr Marcus Forster, Manager, Community Wellbeing, City of Greater Dandenong, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 4.; Ms Cathie Arndt, *Transcript of evidence*, p. 4.

⁵⁶² Ms Sally Rose, Children's and Youth Services, Greater Shepparton City Council, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 7.

⁵⁶³ Ms Andie West, *Transcript of evidence*, p. 2.

necessary. One of the critical times around family violence is pregnancy and post-birth, so it is an important space to be able to flag some of those issues and do a little bit of screening around whether that might be an issue for the family. Also sometimes extended family is brought along to do some of the interpreting and things like that too, and we recognise that it is not always appropriate to have the extended family member as an interpreter in that space—for lots of different reasons, but mainly it is around protecting the people involved and that sort of thing.⁵⁶⁴

Further, BSL noted in its submission the gendered aspect of sourcing interpreters, and the implications for women being able to make decisions in the best interests of their own and their children's health:

In communities with patriarchal structures, fathers often take on the responsibility of family decisions and how finances are spent. Fathers may also acquire language more quickly than female caregivers, if they enter the job market earlier. Several Australian studies have found that fathers often acted as interpreters for their spouses and determined which services would be accessed, particularly where fees needed to be paid.⁵⁶⁵

The Victorian Government's Interpreting guidelines make it clear that there is an important support and advocacy role for relatives and friends, but that they are not a substitute for a professional interpreter:

Family members, friends, carers, and other support persons should not be used in the place of a credentialed interpreter because of potential breaches of confidentiality, possible misinterpretation, conflict of interest and roles, potential loss of objectivity and unintended harm or exposure to emotionally distressing information.⁵⁶⁶

In regard to minors acting as interpreters, the guidelines state:

It is not acceptable to ask children under 18 years of age to interpret. Children are unlikely to have the required language skills and are unlikely to be in a position to interpret exactly what is said. It will be difficult for them to remain impartial, maintain confidentiality and accurately convey information, which can compromise the duty of care to the client.⁵⁶⁷

The Committee understands that an effective interpreter accurately translates information from one language into another in an impartial and neutral way. In practice this means that interpreters 'will interpret statements even if they are incoherent, nonsensical or unclear in the original language'.⁵⁶⁸ Relatives or friend have no specialist training to interpret information and cannot guarantee that they will accurately interpret what is being said. Furthermore, they cannot be expected to remain impartial, neutral and confidential within the dynamic of a personal relationship.

⁵⁶⁴ Ibid., pp. 1–2.

⁵⁶⁵ Brotherhood of St Laurence, *Submission 36*, p. 29.

⁵⁶⁶ Victorian Government, *Using interpreting services*, p. 16.

⁵⁶⁷ Ibid.

⁵⁶⁸ Ibid., p. 10.

FINDING 18: The use of non-accredited interpreters, such as family and friends, in health settings is highly problematic as they have no specialist training in interpreting and cannot be expected to remain impartial, neutral or confidential. It is never appropriate for a minor to act as an interpreter.

As reflected in the evidence, there is a notable difference in the availability of interpreters in metropolitan areas compared to regional and rural areas. This is problematic given that people from culturally diverse backgrounds, particularly new arrivals and those from refugee backgrounds, are encouraged to move to regional and rural areas. Many people also choose to settle in regional areas because of job opportunities and affordable housing. The limited availability of interpreters in these areas requires government attention and redress, especially in health settings where limited options can lead to poorer health outcomes. In instances where in person interpreting is unavailable, video conferencing might be a better alternative to using phone interpreters. Video conferencing allows interpreters to see the context of the conversation, including body language.⁵⁶⁹ The Committee is of the view that video conferencing should be available to all health services in rural and regional areas, particularly the MCH service.

RECOMMENDATION 20: That the Victorian Government, in consultation with the Municipal Association of Victoria, work with language service providers to enhance their capacity to deliver interpreting services via video conferencing when face-to-face interpreters are unavailable.

Challenges of interpreting two distinct languages

Another challenge regarding the use of interpreters, particularly when interpreting expert medical advice, is the lexical gap between English and other languages and dialects. Lexical gaps include the challenge of interpreting between two languages that do not share the same vocabulary or alphabet. Direct interpretation from one language to another is not always possible, because languages do not directly correspond word for word. Some languages spoken in Victoria have more limited vocabularies or alphabets than English and therefore some English words or concepts simply do not exist in a different language.⁵⁷⁰

The language of Karen was offered as an example, which has a more limited alphabet and vocabulary compared to English. Sue Ghalayini from BCHS explained that health professionals are not always aware of this when engaging with Karen people and interpreters:

⁵⁶⁹ Federation of Ethnic Communities' Councils of Australia, *Australia's growing linguistic diversity: An opportunity for a strategic approach to language services policy and practice*, Australian Government Canberra, 2016, p. 32.

⁵⁷⁰ Ms Sue Ghalayini, Humanitarian Settlement Program Case Manager, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 14.

... not many people would know that in the Karen language there are a lot of words that mean nothing to them—‘mental health’, for example. What doctor knows that? What service provider knows that? Very few.⁵⁷¹

The concern is that in some cases, there are words or medical terms that cannot be translated into Karen, also explained by Sue Ghalayini:

In pretty much any appointment that I have attended with a client, whether it be a health appointment, education or a kinder enrolment, the service provider is often of the assumption that whatever they say the interpreter is able to interpret. What they do not understand is that the Karen language actually does not have as many letters in its alphabet. They do not have as many words in their vocabulary. They do not have a word for ‘counselling’.⁵⁷²

5.4.3 Use of interpreters in early childhood education settings

The Department of Education and Training funds the use of language services for government-funded schools, government-funded early childhood services and other support services funded by the Department. Its guidelines outline the circumstances in which it is appropriate for an education or training service to use an interpreter, for example during parent-teacher interviews or when providing information to families.⁵⁷³ Further, Foundation House, on behalf of DET, developed resources to guide how early childhood and care services interact with refugee families to assist build partnerships and how to work effectively with interpreters to support refugee families.⁵⁷⁴ Foundation House, in collaboration with the Centre for Multicultural Youth and DET, also developed the resource *Schools and Families in Partnership: A Desktop Guide to Engaging Families from Refugee Backgrounds in their Children’s Learning*. Its purpose is to improve student educational outcomes by supporting schools to engage more effectively with parents from refugee backgrounds. In regard to interpreters, the resource states:

Open, two-way communication strategies, built on policies and practices within a school, are fundamental to building trusting relationships. Such relationships are crucial to engaging parents from refugee backgrounds in school activities and practices to support their children’s education... Regular use of trained interpreters and translation of written communication by schools ensures an inclusive and respectful environment for parents.⁵⁷⁵

The Committee understands that in early childhood education settings where educators anticipate the need for interpreters, this can alleviate language and interpersonal communication barriers, as well as help to build relationships between the service and

⁵⁷¹ Ibid., p. 19.

⁵⁷² Ibid., p. 14.

⁵⁷³ Department of Education and Training, *Interpreting and translation services: School operations*, 2020, <<https://www2.education.vic.gov.au/pal/interpreting-and-translation-services/policy>> accessed 7 September 2020.

⁵⁷⁴ Foundation House, *Early years*, (n.d.), <<https://foundationhouse.org.au/specialised-programs/early-years>> accessed 10 August 2020.

⁵⁷⁵ Foundation House, *Schools and families in partnership: A desktop guide to engaging families from refugee backgrounds in their children’s learning*, 2015, <https://foundationhouse.org.au/wp-content/uploads/2019/12/SCHOOLS_FAMILIES_PARTNERSHIP_DESKTOP-GUIDE_WEB_cr.pdf> accessed 13 August 2020.

the family. Melissa Rockes from Communities for Children Bendigo told the Committee about a kindergarten that proactively engaged an interpreter to support their local Karen community:

One worker talked about a kindergarten who knew they had a big Karen population coming in for the next year so organised proactively an interpreter to attend their parent information night and how that had worked really well and held them in good stead for future relationships with those families.⁵⁷⁶

Further, Melodie Davies, the Executive Director of fkaCS, discussed the value in educators using interpreters as a tool to engage families, rather than just as a way to provide them with information:

They tend to use the interpreter service as a way to give instructions to families, so we also talk to educators about using the interpreters to find out about the family—not just tell them when to fill out the enrolment form and what to do but have a real engagement with the family. Once we can get some champions in the emerging community, they will talk well about the service, they will get a sense of belonging and they will encourage other members of the community to come in.⁵⁷⁷

Similar to the use of interpreters in the health context, however, issues were raised with the Committee about language support in early childhood education and care (ECEC) services. Sue Ghalayini, Humanitarian Settlement Program Case Manager of BCHS, stated:

Many kindergartens are still not supported with language support, despite having a number of Karen children attending. I do not know how parents are able to attend meetings and information evenings that I know all kindergartens have. I know there is no language support provided. So they are obviously just taking family members. I think we need to acknowledge and recognise that we actually need to provide some professional assistance and employ people who can speak the language.⁵⁷⁸

In Geelong, Barbara Hayes, Director Early Years Services of Barwon Child, Youth & Family (BYCF), discussed the use of interpreters in its kindergartens and child care services:

The barriers for us as providers are things like the expectations we have from families to fill out forms, provide birth certificates, identification, visa eligibility and a whole lot of things. Yes, we do need those, but it is a real barrier for families to understand that. If we cannot access interpreters, sometimes we are using a friend, and then there are some privacy issues around that and we are not sure whether the information that is getting translated is actually accurate. Sometimes the children are used. You would know all of that. But the requirements for us to enrol children into the services are a

⁵⁷⁶ Ms Melissa Rockes, *Transcript of evidence*, p. 30.

⁵⁷⁷ Ms Melodie Davies, Executive Director, fka Children's Services, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 17.

⁵⁷⁸ Ms Sue Ghalayini, *Transcript of evidence*, p. 15.

barrier, even though we understand that we need those. For staff, sometimes in the local communities like Colac we are actually going to the wood mills to speak to the workers there because we know that they have got families with children...⁵⁷⁹

Kathy Cooney from Foundation House discussed the need to incentivise the use of interpreters in these settings:

We have lots of anecdotal stories about where things go terribly wrong because they are not using interpreters. They are using family members and sometimes even using bicultural educators, who are not interpreters, for very complex conversation. So we would be spending a lot of time supporting services to understand how they might use interpreters and the actual skills of doing it.⁵⁸⁰

The use of interpreters in ECEC services very much aligns with the *National Quality Framework* for early childhood education and care, which child care services are assessed against. In particular, Quality Area Six relates to collaborative partnerships with families and communities, which is 'based on active communication, consultation and collaboration'.⁵⁸¹

Foundation House raised another concerning issue in its submission regarding the limited use of interpreters in Commonwealth-funded long day care services as they are not eligible to use Commonwealth or Victorian funded language services. Foundation House noted that in these day care centres, no funding is provided for interpreters and therefore there is no incentive to use them, unless the centre pays for it out of their operating budget.⁵⁸² Accordingly, it recommended that the Victorian Government advocate to the Commonwealth Government to 'provide access to funded interpreting for all Commonwealth-funded early childhood services'.⁵⁸³

In 2019, there were 3,048 Commonwealth-funded child care services in Victoria, 53.7% of which were centre-based day care.⁵⁸⁴ This makes a large proportion of services in Victoria, many of which would be engaging with culturally diverse communities. The Committee agrees that Commonwealth-funded child care services should have access to free interpreting through the National TIS, in the same way that state-funded kindergartens are eligible to access the Victorian interpreting service.

RECOMMENDATION 21: That the Victorian Government advocate to the Commonwealth Government that it provide funding for its child care services to access the National Translating and Interpreting Service to facilitate better communication and engagement between services and culturally diverse families.

⁵⁷⁹ Ms Barbara Hayes, Director, Early Years Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 9.

⁵⁸⁰ Ms Kathy Cooney, *Transcript of evidence*, p. 2.

⁵⁸¹ Australian Children's Education and Care Quality Authority, *National quality standard*, (n.d.), <<https://www.acecqa.gov.au/nqf/national-quality-standard>> accessed 10 August 2020.

⁵⁸² Ms Kathy Cooney, *Transcript of evidence*, p. 2.

⁵⁸³ Foundation House, *Submission 33*, p. 2.

⁵⁸⁴ Productivity Commission, *Report on Government Services 2020: Part B, section 3*, Canberra, 2020, p. 3.5.

5.4.4 Provision of translated multilingual information in early childhood services

Similar to the provision of interpreting services, the Victorian Government has made improvements to the provision of multilingual information in some key areas, including the MCH service and in schools. As discussed in Chapter 2, DET conducted research into low participation of culturally diverse families in the MCH service and found that limited awareness and understanding of what the service offered had contributed to this. In response, DET produced new translated materials and developed the MCH app into different languages. Sarah Nesbitt from DHHS advised the Committee:

The MCH app was released in 2018 and provides parents and carers with reliable evidence-based information and support regarding their child's health and development. To improve communication with families from non-English-speaking backgrounds the MCH app was translated and adapted into eight languages other than English in late 2008. Since the release of the translated app there have been 3400 selections within the app of a preferred language other than English.⁵⁸⁵

Also discussed in Chapter 2 was the CALD Participation Project conducted by DET in 2018 to identify and better understand the drivers of lower participation in kindergarten among culturally diverse families, with a specific focus on Somali, Vietnamese and Chinese communities. Similar to the MCH research, a key contributing factor was limited knowledge and awareness of services available. In response, a communications pilot was established comprising:

- CALD collateral development—translated culturally specific collateral to build awareness of the benefits of and pathways to access kindergarten.
- CALD digital stories—video stories being developed to share information about kindergarten from a range of perspectives (such as families, educators and children at play).⁵⁸⁶

The Committee notes that posters, brochures and postcards, in addition to videos, that discuss the value of kindergarten are currently available on the DET website in the languages of Chinese, Somali and Vietnamese.⁵⁸⁷

The Victorian Government also has the initiative *Health Translations*, which provides a free online library with over 21,000 multilingual resources for use by health professionals and other organisations that work with culturally diverse communities. The library links to multilingual resources published by government departments, peak health bodies, hospitals, and community health and welfare organisations. New links to resources are regularly added, and information is available in over 100 languages.⁵⁸⁸

⁵⁸⁵ Ms Sarah Nesbitt, *Transcript of evidence*, p. 30.

⁵⁸⁶ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 26.

⁵⁸⁷ Department of Education and Training, *Kindergarten for culturally and linguistically diverse children*, 2020, <<https://www.education.vic.gov.au/parents/child-care-kindergarten/Pages/kindergarten-cald.aspx#link5>> accessed 3 March 2020.

⁵⁸⁸ Health Translation, *Find translation health information*, (n.d.), <<https://healthtranslations.vic.gov.au/bhcv2/bhcht.nsf>> accessed 2 March 2020.

In the context of schools, DET advises on its website that translation services are not normally available, although it lists several items that could be translated, including newsletters, notices, information on programs and activities and special school and/or integration students reports. Schools are not permitted to use translators to produce lengthy documents, such as school charters or student reports.⁵⁸⁹

Despite these government initiatives, access to translated multilingual information for early childhood services was a common issue raised by inquiry participants. The Committee heard that the provision of multilingual information was still inadequate and often provided in only Victoria's most common languages. Sue Ghalayini from BCHS explained this issue in the context of translated materials for the Karen community:

I was intrigued, seeing I was coming here today, and I went into the online survey to see what languages it was available in. Still nothing is available in Karen, even though the Karen have now been settled here for 20 years. We are still using the migration patterns from the 50s and 60s and it is still the same languages that keep coming up as being interpreted. There were 10 different languages, but not one of them was Karen. I actually do not know how our parents navigate these systems...⁵⁹⁰

Similarly, Andie West from the City of Greater Bendigo advised of the difficulty in finding multilingual information on health issues, including information translated into appropriate dialects:

There was also the issue of access to translated resources relevant to medical issues, vaccines or child health and wellbeing. It seems the teams found it a little difficult to find those resources, if they are out there, but also to make sure—there are a number of different CALD communities within Bendigo—we are having the right ones translated in the right dialect and all that sort of stuff, which is sometimes tricky as well.⁵⁹¹

The Committee also heard that even when translated multilingual information is available, the community it is targeting is not always aware that it exists. For example, Kathy Cooney from Foundation House explained how a group of Arabic-speaking mothers had not seen flyers produced in Arabic promoting the MCH service:

The MCH app developer came to one of their meetings and he brought all the beautiful MCH flyers that are in Arabic. They are all in 10 community languages. They are not always the right community languages for the newly arrived groups, but of the group that were there that day—there were 10 there that day—none of them had ever seen the flyers before. There are a whole lot of barriers, I have been hearing, to getting those resources to families in their appointments. It was only a small anecdotal group, but none of them had seen them. They loved them. They all took photos of them and asked how to get them and disseminate them through the community.⁵⁹²

⁵⁸⁹ Department of Education and Training, *Interpreting and translation services: Guidance*, 2020, <<https://www2.education.vic.gov.au/pal/interpreting-and-translation-services/guidance>> accessed 31 January 2020.

⁵⁹⁰ Ms Sue Ghalayini, *Transcript of evidence*, p. 14.

⁵⁹¹ Ms Andie West, *Transcript of evidence*, p. 2.

⁵⁹² Ms Kathy Cooney, *Transcript of evidence*, p. 3.

For the current inquiry, Uniting Vic.Tas advised in its submission that service providers are not allocated specific funding to develop translated, culturally appropriate materials, which can adversely impact enrolments:

In our experience, access to translated documents required when enrolling children into early learning services creates a barrier and potential delays for children attending early learning services. An example of this is the requirement to provide evidence of immunisation status.

Kindergarten enrolment information and forms are complex and not often provided in English. We note the lack of customised documents that are translated, available in simple English and tailored to the cultural needs of CALD communities. Yet, funding for services to develop translated resources is not embedded within service agreements.⁵⁹³

Similarly, Stephanie Johnson, the Refugee Child Outreach Coordinator at BSL, discussed the need for greater consistency between local government areas in providing translated kindergarten forms:

So some of the councils that have some of the highest proportion of people arriving where English is not their first language—for example, Maribyrnong, just over from here—will have translated kindergarten forms in the top four languages that people speak other than English. However, many of the other councils do not. That is a really big barrier because, for example, in some councils you have a whole group of people who can understand Arabic from lots of different countries, and it could give that kind of autonomy and empowerment to people being able to do that themselves too.⁵⁹⁴

Regarding school resources, the Committee was advised that correspondence and other written information provided only in English made it difficult for families from culturally diverse communities to participate in the school community. Shiree Pilkington, the Ballarat Team Leader at the Centre for Multicultural Youth (CMY), stated in her evidence that many families face this barrier:

The language that is used in newsletters, for example, that goes home to children—they mostly do not get read; they get added to the pile where the Centrelink letters sit that is this high, that no-one can understand and that is daunting to look at.⁵⁹⁵

The Committee understands that providing translated materials is often the starting point in attempting to engage culturally diverse families in services. Importantly, such materials can be a strong indication to a family that a service is inclusive, respectful and welcoming. The Victorian Multicultural Commission stated in its submission for example, that promotional materials such as brochures should depict a diverse range of families and promote how information in other languages can be accessed.⁵⁹⁶ Similarly, DET indicated in the joint DET/DHHS submission that best practice suggests ‘marketing

⁵⁹³ Uniting Vic.Tas, *Submission 32*, received 21 October 2019, p. 15.

⁵⁹⁴ Ms Stephanie Johnson, Refugee Child Outreach Coordinator, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 24.

⁵⁹⁵ Ms Shiree Pilkington, Ballarat Team Leader, Centre for Multicultural Youth, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 34.

⁵⁹⁶ Victorian Multicultural Commission, *Submission 37*, received 19 December 2019, pp. 6–7.

materials should include images of diverse community members to ensure the CALD community that the information is for them, in addition to translating materials into appropriate languages'.⁵⁹⁷ It is also essential that materials be translated into a wider range of languages, and especially languages of newer arrivals or rare dialects. People who speak these languages often have limited English proficiency and need the most language support while they settle in Victoria.

The Committee is also aware of the need to have translated materials verified before they are distributed to ensure accuracy and that the messages are clear and make sense to the target audience. This point was raised by a number of inquiry participants, including Kris Pavlidis, the former Chair of the ECCV, who talked about her experience with Greek translations, one of the most common languages spoken in Victoria for nearly 70 years:

Can I just say with translation that sometimes I read in Greek the translations and I am going, 'Whoa'. You think, 'Where did you get this from?'. It is really removed. It does not need to be jargonistic, it just needs to have the essence of the message you are trying to transfer across. So yes, there is always room for improving.⁵⁹⁸

It is useful to note that Foundation House conducted the Early Childhood Access and Participation (ECAP) project in 2010–11, which focused on the use of services by the Chin people from Burma who had settled in the City of Brimbank. As part of ECAP's model, dialogue was held between service providers and Chin families on how services could improve accessibility. Chin community representatives provided feedback on a range of barriers, including translated materials:

When reviewing material with information about early childhood services, a number of issues were identified. While policy stated that telephone and on-site interpreters were available to kindergartens and parents, budgets were limited. In fact, there was no funding for translations, and the kindergarten cluster manager had no budget for translating written information for parents. Leaflets about early childhood services were found to be complex even in English, and the policy on what should be translated, and into which languages, was unclear. The distribution and promotion system for translated resources was also problematic and, in some instances, translations were not being well used.⁵⁹⁹

A key outcome of the project was the development of a simple leaflet in Chin that promoted the kindergarten program to parents, and the translation of other materials in consultation with people from the Chin community:

The project prompted service providers to review what leaflets were available, and produce a simple leaflet in Chin promoting kindergarten to parents. The leaflet *4 Year Old Kindergarten and Learning through Play* was produced. Photographs featured children from Chin and other refugee groups. Most importantly, the local council

⁵⁹⁷ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 26.

⁵⁹⁸ Ms Kris Pavlidis, *Transcript of evidence*, p. 31.

⁵⁹⁹ Foundation House, *The early childhood access and participation project: Talking with Chin families from Burma about early childhood services*, Foundation House, Melbourne, 2016, pp. 14–5.

translated kindergarten enrolment forms, allocation letters and change of address forms into Hakha Chin. Chin advisers in the network advised the council on draft translations and identified confusing language. For example, the translation for ‘How do I enrol?’ translated as ‘How can I write my name?’, which the council was able to amend.⁶⁰⁰

Kathy Cooney from Foundation House highlighted in her evidence to the current inquiry the importance of checking with communities to ensure the translated information is correct.⁶⁰¹ The Committee acknowledges the important role of community groups and other trusted and legitimate channels in disseminating information to culturally diverse communities. In its supplementary evidence to the Committee, VCOSS stated that information about COVID-19 should be disseminated to culturally diverse community using the following strategies:

- Ensure information and advice is provided through a range of media, including television, online, apps and radio and in a range of accessible formats including pictorial and oral.
- Directly engage multicultural, refugee and asylum seeker organisations to support the dissemination of information.
- Engage leaders of culturally and linguistically diverse communities, who are trusted sources of information, to distribute advice through their communities.⁶⁰²

VCOSS also advised that it is important ‘to build on existing social capital and connection with communities’, and referred to the examples of word-of-mouth, faith leaders, community leaders and associations, or community radio.⁶⁰³ The Committee agrees that these strategies should apply to the dissemination of all multilingual information to culturally diverse communities.

FINDING 19: The provision of multilingual information is often the starting point to engaging with culturally diverse families. It is essential that information is translated into a wide range of languages, including those of new and emerging communities, and that translated materials are verified to ensure accuracy and appropriate messaging.

Alternative communication methods

Another key issue regarding the provision of multilingual information and translated materials is that it assumes a level of literacy among the target audience. As discussed previously, however, there are some people who arrive in Australia with limited to no literacy in their first language. For these people, translated materials offer no value. VCOSS raised this in its submission, indicating that ‘when caregivers have limited English or low levels of literacy in their first language, inclusion and engagement can be

⁶⁰⁰ Ibid., p. 15.

⁶⁰¹ Ms Kathy Cooney, *Transcript of evidence*, p. 5.

⁶⁰² Victorian Council of Social Service, *Submission 23 supplementary evidence*, received 19 June 2020, p. 3.

⁶⁰³ Ibid., p. 2.

a barrier when the majority of materials are in written format. It also advised that some families would benefit from visual ways of communicating or through video resources made in different languages.⁶⁰⁴

In his evidence, Daniel Riley, the Principal of Dandenong Primary School, indicated that the school translates the school newsletter into Dari and reads it out so people can listen to it. Similarly, when promoting the current inquiry, the Committee was advised by AMES Australia of specific communities that would benefit more from a promotional video in their language rather than a translated poster. In response, the Committee developed four videos in the languages of Chin, Dari, Karen and Somalian.⁶⁰⁵

The Committee recognises that Victoria has a large number of communities and individuals in communities who are not literate in their first language. On this basis, the Committee believes it is important for the Victorian Government and early childhood services to use various communication tools to engage with families. Examples of these tools are detailed in the resource *Schools and Families in Partnership: A Desktop Guide to Engaging Families from Refugee Backgrounds in their Children's Learning*. It advises schools that because not all parents are literate in their spoken languages, the following methods should be considered:

- reducing translated notices sent home to key information only
- using the same template or colour for notices requiring permission or signature
- establishing and promoting notice boards in languages of parents from refugee backgrounds
- creating an audio file, in community languages, of the important information and upload as a podcast on the school website
- establishing a dedicated telephone line, in community languages, with a recording of key dates on the school calendar
- encouraging students to write articles for the school newsletter in community languages
- incorporating visuals as appropriate to enhance engagement with the material
- creating opportunities for students to present work to parents in their choice of language. This could include student-led conferences, or facilitating parent evenings using interactive strategies such as Creating Conversations. Interpreters can be used to assist teachers to understand the presentations.⁶⁰⁶

The Committee acknowledges that not all of these suggestions would be applicable in early years services, although it does highlight the different options available to services that could be employed with adequate planning and resources. A reoccurring theme

⁶⁰⁴ Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 18.

⁶⁰⁵ Parliament of Victoria, Legislative Assembly, Legal and Social Issues Committee, *Media: Media releases*, 2019, <<https://www.parliament.vic.gov.au/lisic-la/article/4235>> accessed 2 July 2020.

⁶⁰⁶ Foundation House, *Schools and families in partnership: A desktop guide to engaging families from refugee backgrounds in their children's learning*, 2015, <https://foundationhouse.org.au/wp-content/uploads/2019/12/SCHOOLS_FAMILIES_PARTNERSHIP_DESKTOP-GUIDE_WEB_cr.pdf> accessed 13 August 2020.

throughout this chapter, and is once again relevant here, is that making the effort to meet the communication needs of people with limited literacy signals to them that the service, whether it is a kindergarten, a MCH service or a primary school, is an inclusive and welcoming environment. This is particularly encouraging for families who are wanting to access a service for the first time.

FINDING 20: When engaging with culturally diverse communities, it is important that early childhood services do not assume literacy among their target audience. Language and communication barriers should be addressed through various means, including with visuals and voice recordings, in addition to translated materials.

The Committee agrees that appropriate language support, including through interpreters and translated materials, is a necessary component to effectively engage families in early childhood services. From the evidence received and discussed in this chapter, it is clear that the use of language services could be improved at a governmental level and also among individual services. For example, limited access to interpreters in rural and regional areas is a matter requiring immediate government attention. Whereas individual early years services need to be more proactive in addressing language barriers to improve their engagement with families. They also need greater support in this area.

In Chapter 4, the Committee recommended that funded services, such as kindergartens and MCH services, be required to participate in cultural competency training to improve the capacity of their staff to effectively respond to culturally diverse communities. With this training, services may become better attuned to the communication needs of families, in addition to their responsibility as a service provider to encourage greater participation. The VRHN recommended in its submission that principles and guidelines around language services provision be implemented consistently across health and early years services in Victoria.⁶⁰⁷ The Committee agrees with this proposal as it will complement the cultural competency training and provide additional guidance to services as they utilise language services to enhance their support for families.

RECOMMENDATION 22: That the Victorian Government develop specific guidelines for the provision of language services in early childhood services and work to ensure that they be consistently adopted across all early childhood health, education and care services in Victoria.

⁶⁰⁷ Victorian Refugee Health Network, *Submission 31*, p. 16.

Part B: Childhood health services

6 Maternal and Child Health services

Research shows that in countries with high immigrant populations such as Australia, migrant populations are often healthier than those born in-country. This pattern is known as the ‘healthy migrant effect’, although it can disappear after people have lived in Australia for a long period of time.⁶⁰⁸ Further, the health situation for people from refugee backgrounds can be markedly different. In particular, for many refugees, the migration experience can be a source of trauma, leading to increased risk of mental and physical health problems. The Australian Institute of Health and Welfare stated in its report *Australia’s Health 2018*:

Prolonged periods in refugee camps, experiences of war, effects of torture and trauma, loss of separation from family members, dangerous journeys to Australia, deprivation and lack of access to food, safe drinking water, basic health care and shelter are highly traumatic experiences that differentiate refugees from most other migrants to Australia and impact greatly on their health and wellbeing.⁶⁰⁹

On the basis of these health disadvantages, Part B of this report discusses the provision of health services to culturally diverse children and their families, particularly those from refugee backgrounds. These services relate to Maternal and Child Health (MCH), mental health and disability. The Committee heard throughout the inquiry that effective access to these services is essential given the impact of the early years on a range of long-term health outcomes for children. As noted in the Department of Education and Training’s (DET) *Enhanced Maternal and Child Health program guidelines 2018*:

The early years of childhood are a time of significant brain growth and change across all domains of development. Research has demonstrated that both risk and protective factors experienced by a child during this period can have enduring consequences for learning, behaviour, and health. The environment in which a child spends these early years strongly shapes and lays the foundation for their future health, wellbeing, learning and development.⁶¹⁰

608 Australian Institute of Health and Welfare, *Australia’s Health 2018*, Australian health series no. 16, AUS 221, Australian Institute of Health and Welfare, Canberra, 2018, p. 254.

609 Department of Health and Human Services, *Victorian refugee health and wellbeing action plan: Consultation summary*, 2013, <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Consultation-Summary---Victorian-refugee-health-and-wellbeing-action-plan>> accessed 26 July 2020.

610 Department of Health and Human Services, *Enhanced maternal and child health program guidelines*, Victorian Government, Melbourne, 2019, p. 7.

This chapter focuses predominantly on the Victorian MCH program, which is available to all culturally diverse families in Victoria, including refugees and asylum seekers. Firstly, however, the Committee wishes to acknowledge other Victorian health services available to people seeking asylum, a group identified as among the most disadvantaged in Victoria. As their eligibility for Commonwealth Government assistance is limited, the Victorian Government and other community organisations fund family and health services that anyone can access regardless of their visa or residency status. Some of these initiatives are detailed in Box 6.1.

BOX 6.1: Health services available to people from refugee backgrounds

In 2005, the Refugee Health Program was initiated due to poor and complex health issues of arriving refugees. It operates in 17 local government areas across Victoria with high numbers of newly arrived refugees and/or asylum seekers, and in areas that have settlement refugee populations. Based in community health services, the program employs community health nurses, allied health professionals and assistants, and bicultural workers, all of whom have expertise in working with culturally diverse and marginalised communities.

Other special access initiatives for refugees and asylum seekers include:

- priority access for dental and other community health services such as nursing, allied health, counselling, child health services and chronic disease programs
- fee waivers for both general and specialist dental services
- free Victorian public hospital services for asylum seekers without Medicare cards
- free ambulance services if there are not in community detention or other Commonwealth funded programs and have no capacity to pay
- catch up immunisation for older children, adolescents and adults.

Sources: Department of Health and Human Services, Refugee health program, (n.d), <<https://www2.health.vic.gov.au/primary-and-community-health/community-health/population-groups/refugee-health-program>> accessed 20 July 2020; Department of Health and Human Services, Refugee health program, (n.d), <<https://www2.health.vic.gov.au/primary-and-community-health/community-health/population-groups/refugee-health-program>> accessed 20 July 2020; Department of Health and Human Services, Refugee and asylum seeker health services: Guidelines for the community health program, Victorian Government, Melbourne, 2019, p. 13.

In the context of MCH, women from culturally diverse backgrounds, and in particular refugees, are identified as having poorer outcomes in this area. They are less likely to access antenatal care and their attendance at MCH appointments drops over time.⁶¹¹ As discussed in Chapter 2, there are many barriers to culturally diverse families participating in MCH services, such as language, a lack of knowledge of services and fear of being judged. Other structural barriers within the MCH service can further limit the capacity of nurses to engage culturally diverse communities, including resource constraints and funding inflexibility.

With these barriers in mind, this chapter focuses on how MCH services can seek to engage culturally diverse families and enhance participation to ensure families are supported and educated about their children's growth and development. As discussed in Chapter 5, it is crucial for families to be able to access and understand health information to make informed decisions about their children's health and to intervene early, if required, to address any health or developmental issues.⁶¹² As noted by the Victorian Council of Social Service (VCOSS) in its submission, the first five years of a child's life is 'an important window' and a 'key moment in time where foundations for later learning and good life outcomes are built':

Participation and engagement in early years services such as maternal and child health and early learning can be the gateway to building social connection, developing important life skills, and accessing a broader range of services.⁶¹³

Building on the positive evidence received about MCH services engaging with culturally diverse communities, this chapter explores how services can be improved at both individual and structural levels. It does this in recognition of the challenges experienced by many families from refugee backgrounds when settling in Victoria and the need to support them, particularly mothers and young children, during this critical time. The chapter also explores services provided during the perinatal period and in the early stages of parenting.

6.1 Perinatal services in Victoria

A key theme of the inquiry is the importance of continuity of care for culturally diverse families, where support is provided throughout their journey from pre-pregnancy right through to school.⁶¹⁴ Having a child is an important time in people's lives, although it can be particularly challenging if people are also navigating a new language and culture and are cut off from family and traditional social and cultural supports. This is why

⁶¹¹ Dr Adele Murdolo, Executive Director, Multicultural Centre for Women's Health, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 44.

⁶¹² Ms Sarah Nesbitt, Director, Maternal, Child and Family Health Branch, Department of Health and Human Services, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 28.

⁶¹³ Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 5.; Melbourne Children's Campus, *Submission 24*, received 11 October 2019.

⁶¹⁴ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 2.

continuity of care and enhanced engagement with perinatal and MCH services can be so valuable.

The antenatal period is an important time when women are systematically engaged with healthcare services to receive support and be linked in with other services. For some women, this might be their first opportunity to engage with certain services. As stated in the Victorian Foundation for Survivors of Torture Inc.'s (Foundation House) submission:

People of refugee backgrounds may have had limited, disrupted, or in some cases no access to health and other services, including maternal and child health services in their countries of origin, and having a baby is for many women their first reason for sustained contact with health services in Australia.⁶¹⁵

The Committee heard, however, that women from culturally diverse backgrounds are not always engaged in such services as intended. According to the *Victoria's mothers, babies and children 2018* report, over a third (39.4%) of women giving birth in Victoria were born overseas with 10.5% reported as not speaking English well and 3.9% were reported as not speaking English at all.⁶¹⁶ Women from culturally diverse backgrounds experienced poorer perinatal outcomes and increased vulnerability during the perinatal period.⁶¹⁷ The report also found that perinatal mortality rates continued to be higher for women from African and South Asian backgrounds compared with women born in Australia.⁶¹⁸ In recognition of these growing inequalities, a partnership program was established in Melbourne to bring about sustainable improvements in the quality of maternity care provided to families of refugee background (see Box 6.2).

BOX 6.2: Bridging the Gap: an example of best practice

Bridging the Gap was initiated by the Murdoch Children's Research Institute (MCRI) and Foundation House in response to growing evidence regarding poor maternal and perinatal outcomes among refugee populations in Australia. Eleven organisations came together to form the Bridging the Gap Partnership and to achieve change in the way maternity and early childhood services support families of refugee background. The organisations include MCRI, Foundation House, Western Health, City of Greater Dandenong, City of Wyndham, Department of Health (now DHHS), DET, South East Melbourne and South West Medicare Locals and Municipal Association of Victoria (MAV). Each of these organisations contributed resources to support the partnership, along with the National Health and Medical Research Council.

(continued)

⁶¹⁵ Foundation House, *Submission 33*, received 21 October 2019, p. 4.; Jane Yelland, et al., 'How do Australian maternity and early childhood health services identify and respond to the settlement experience and social context of refugee background families?', *BMC Pregnancy Childbirth*, vol. 14, no. 348, 2014, doi: <https://doi.org/10.1186/1471-2393-14-348>.

⁶¹⁶ Consultative Council on Obstetric and Paediatric Mortality and Morbidity, *Victoria's mothers, babies and children 2018*, Melbourne, 2019, p. 13.

⁶¹⁷ *Ibid.*, p. 5.

⁶¹⁸ *Ibid.*, p. 25.

BOX 6.2: (continued)

Bridging the Gap implemented multiple quality improvement projects in four maternity hospitals (Western Health and Monash Health) and two local government MCH services (Cities of Wyndham and Greater Dandenong). The projects will lead to:

- earlier and better identification of families of refugee background opportunities for clinicians and front-line staff to build their understanding of the refugee experience through training and professional development
- building system capacity to support families in accessing care including the provision of language services
- greater continuity of care for families of refugee background
- alternative ways of providing clinical care and health education that engages bicultural workers and interpreters
- enhanced health literacy
- improved linkages and referral systems between health and local support service providers
- community engagement in service planning
- more seamless, integrated care across maternity and early childhood health services.

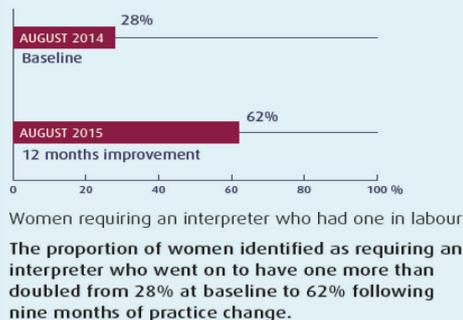
In its submission, the Melbourne Children's Campus (MCC) referred to a key area of system change achieved by the Partnership, which enabled increased, and sustained use of interpreters during labour. The project applied principles of co-design to work with partner agencies to implement and evaluate iterative practice change, as demonstrated below.

THE PRACTICE CHANGE

In the birth suite at the hospital, midwives tried out a new way of enabling women to have language support in labour.

This included:

- > Offering women a professional interpreter in **early labour**
- > Trying out different ways of offering an interpreter
- > Engaging an interpreter again if required
- > Encouraging staff to practice using the telephone interpreter service on speaker phones

What was achieved?

Sources: Jane Yelland, et al., 'Bridging the Gap: using an interrupted time series design to evaluate systems reform addressing refugee maternal and child health inequalities', *Implementation Science*, vol. 10, no. 62, 2015, p. 2; Murdoch Children's Research Institute, *Bridging the gap: partnerships for change in refugee child and family health*, (n.d), <<https://www.mcric.edu.au/bridging-the-gap>> accessed 28 July 2020; Melbourne Children's Campus, *Submission 24*, received 11 October 2019, p. 14.

In the 2018 *Inquiry into Perinatal Services*, the Victorian Parliament's Family and Community Development Committee (FCDC) heard that women from culturally diverse backgrounds faced barriers to accessing perinatal services and often struggled to receive the support they needed during this time.⁶¹⁹ The report found that these women may have difficulty navigating health and social services, that interpreters were not used often enough and health professionals were often inexperienced in working with culturally diverse families.⁶²⁰

The Committee made several recommendations, including:

- interpreters be used for every consultation where needed
- maternity staff receive training in cultural awareness and engagement
- translated information provide up-to-date, culturally sensitive information that is accessible for those with low levels of literacy
- priority for continuity of care models be provided to these women.⁶²¹

These recommendations remain relevant to the current inquiry, particularly the need to prioritise continuity of care. Under this model, women primarily see the same clinician, whether they are midwives, obstetricians or GPs, throughout their pregnancy. It is associated with numerous benefits for mothers and their babies, including fewer complications, less intervention and women experiencing greater satisfaction with their care.⁶²² Continuity of care has also been shown to enhance perinatal outcomes and be especially beneficial for vulnerable women, including those from refugee backgrounds, as they have the opportunity to develop trust and rapport with a clinician. It also reduces the need to revisit traumatic memories.⁶²³

In the perinatal services inquiry, FCDC also heard that interaction with MCH services before a child is born is beneficial to families, especially vulnerable families.⁶²⁴ Women were identified as being more receptive to education before they gave birth and thus, by building relationships before birth, MCH services could educate and support families, leading to better outcomes.⁶²⁵ In response, FCDC recommended that the Victorian Government fund programs to promote antenatal contact with vulnerable families by the MCH service.⁶²⁶

⁶¹⁹ Parliament of Victoria, Family and Community Development Committee, *Inquiry into Perinatal Services*, June 2018.

⁶²⁰ Ibid.

⁶²¹ Ibid., pp. xxxi-xxxii.

⁶²² J Sandall, et al., 'Midwife-led continuity models versus other models of care for childbearing women: Cochrane Database of Systemic Reviews', *Cochrane Database of Systemic Reviews*, no. 4, 2016, doi:10.1002/14651858.CD004667.pub5.; H McLachlan, et al., 'Effects of continuity of care by a primary midwife (caseload midwifery) on caesarean section rates in women of low obstetric risk: BJOG', *the COSMOS randomised controlled trial.*, vol. 119, no. 12, 2012, pp. 1483-92.

⁶²³ Ms Jen Branscombe, Programs Manager, Birth for HumanKIND, Family and Community Development Committee, public hearing, Melbourne, 16 October 2017, *Transcript of evidence*, p. 4.

⁶²⁴ Parliament of Victoria, Family and Community Development Committee, *Inquiry into Perinatal Services*, p. 291.

⁶²⁵ Ms Rebecca Sacco, Maternal and Child Health Team Leader, Rural City of Wangaratta, Family and Community Development Committee, public hearing, Wangaratta, 25 October 2017, *Transcript of evidence*, p. 5. Ms Liz Flamsteed, Head of Innovation Fund Project in Antenatal Engagement, Rural City of Wangaratta, Family and Community Development Committee Public hearing, Wangaratta, 25 October 2017, *Transcript of evidence*, p. 5.

⁶²⁶ Parliament of Victoria, Family and Community Development Committee, *Inquiry into Perinatal Services*, p. 291.

The Victorian Government supported this recommendation and expanded the Enhanced Maternal Child Health (EMCH) service to allow an additional 25,000 families each year to receive flexible support and interventions in pregnancy and until their child turns three.⁶²⁷ The Healthy Mothers, Healthy Babies program was also expanded, a program which provides women with greater support during their pregnancy due to health risks relating to socioeconomic status, culturally diverse backgrounds, health behaviours, mental health, history of engagement with child protection services, Aboriginal and Torres Strait Islander descent, age and distance from services.⁶²⁸ While this program is not a clinical antenatal care service, it promotes continuity of care and links women to existing services early. It also provides community-based support for women 'until they are effectively engaged with' MCH services after the birth of their child (usually four to six weeks).⁶²⁹

6.1.1 Group Pregnancy Care

In the current inquiry, Dr Elisha Riggs from the Intergenerational Health Research Group at MCRI told the Committee about the importance of antenatal care as a key preventative strategy for optimising health for mothers and their babies.⁶³⁰ However, similar to evidence received in the perinatal inquiry, the Committee heard of the challenges in engaging with families, particularly those from refugee backgrounds, including that many fall out of visibility after they have a baby.

Sarah Nesbitt, Director of the Maternal, Child and Family Health Branch at the Department of Health and Human Services (DHHS), advised:

What we know is that the point between pregnancy and having a baby is a really important transition time when we actually lose a lot of families from our service system. They need to go to hospital to have their baby, but then if they are not connected back into the services, we can miss a really important opportunity for engagement.⁶³¹

Group Pregnancy Care was identified in the inquiry as an important model to support vulnerable women through the perinatal period and following the birth of their child. As first discussed in Chapter 4, this model provides women from refugee backgrounds with the opportunity to participate in a community-based program to learn about pregnancy and pregnancy care, while addressing issues of isolation and settlement

⁶²⁷ Government of Victoria, *Response to the Parliament of Victoria, Family and Community Development Committee, Inquiry into perinatal services*, 19 February 2019, p. 11.

⁶²⁸ Department of Health and Human Services, *Healthy Mothers, Healthy Babies*, Victorian Government, Melbourne, 2017. The Victorian Government also expanded the Cradle to Kinder program which supports young pregnant women under the age of 25 who have other vulnerabilities including those involved with child protection services, Aboriginal and Torres Strait Islander descent, have a learning difficulty or are/have been in out of home care.

⁶²⁹ Department of Health and Human Services, *Healthy mothers, healthy babies: program guidelines*, Victorian Government, Melbourne, 2017.

⁶³⁰ Dr Elisha Riggs, Intergenerational Health Research Group, Murdoch Children's Research Institute, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 9.

⁶³¹ Ms Sarah Nesbitt, *Transcript of evidence*, p. 31.

concerns. Dr Riggs from the MCRI explained to the Committee that Group Pregnancy Care is an integrated model of care that sits in the universal health system, and importantly, uses a trauma-informed approach:

Trauma-informed approaches are based on recognising when traumatic events in people's lives are the cause of ongoing difficulties—what is known as complex trauma, which affects individuals, families and communities. Such approaches are based on principles of promoting safety, justice, dignity and focusing on strengths. Trauma-informed services provide a safe environment for survivors of traumatic experiences, integrate knowledge about trauma into their policies, procedures and practices, and actively resist re-traumatisation. Trauma-informed interventions emphasise empowerment and are generally aimed at developing skills such as problem solving, communication and social skills, creating and facilitating social connections, and participation in service planning.⁶³²

Dr Riggs also outlined the benefits of the model as demonstrated in an evaluation:

... the findings demonstrated that the program is enabling women of refugee background to feel culturally safe, empowered and confident to learn about pregnancy and childbirth in a group setting, and we found that the program was supporting women to develop trusting relationships with a team of health professionals. Women valued being able to communicate with health professionals in their preferred language, they learned about where and how to seek help should they need it, and they particularly valued the role played by the bicultural worker in the team.⁶³³

A specific program that came out of Group Pregnancy Care is Healthy Happy Beginnings, which began in Werribee, to support the Burmese community (primarily Karen speaking women) through multidisciplinary trauma-informed group antenatal care and postnatal care. This program was co-designed with Karen women, along with key partners MCRI, DET and DHHS through the Bridging the Gap initiative.⁶³⁴ Another local partnership using the Group Pregnancy Care model is Happy Mothers, which works with the Assyrian/Chaldean population in Craigieburn.⁶³⁵ The Committee understands that similar programs will be expanded to Wyndham with the Sudanese and South Sudanese communities, and in Hume with the Iraq and Syrian Muslim communities.⁶³⁶

As advised by Sarah Nesbitt from DHHS, Healthy Happy Beginnings provides continuity of care and strong collaboration between maternity and MCH services:

... Healthy Happy Beginnings was a program which allowed midwives to partner with interpreters during pregnancy care but also brought together the maternal and child health nurse into the partnership and engaged a bicultural worker as well, to provide additional supports for those families. An evaluation of the program found that women

⁶³² Dr Elisha Riggs, *Transcript of evidence*, p. 10.

⁶³³ Ibid.

⁶³⁴ Ms Sarah Nesbitt, *Transcript of evidence*, p. 31.

⁶³⁵ Northern Health, *Happy mothers group: Combining culture and community*, 2020, <<https://www.nh.org.au/happy-mothers-group-combining-culture-and-community>> accessed 3 March 2020.

⁶³⁶ Murdoch Children's Research Institute, *Submission 24 supplementary evidence*, received 17 June 2020.

felt more prepared and confident and reassured with benefits through storytelling with their peers, they felt they had built better trusting relationships with the professionals in charge of their health care and they also felt a greater sense of autonomy for their own health care as well.⁶³⁷

Janet Elefsiniotis, Manager of Programs for Children and Young People at the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) New Futures, also spoke about the program to the Committee, noting its effectiveness as a preventative health measure, especially in reducing the incidence of stillbirth in refugee communities:

[W]e are working at the moment with the Murdoch Children's Research Institute and some local councils and hospitals in the north-west on a refugee pregnancy information and support program because the research indicated that a lot of babies or an over-representation of newborn babies from refugee families were being lost at birth. So we looked at trying to turn that around, and that was through information and support. We started off four years ago in Wyndham working with the Karen Burmese mothers, who were coming out of camps in Myanmar, and these mums had no concept of preventative health. Some of them had even been born themselves in the camp. So we needed to do work with those mums to help them to understand the value of going to the hospital and having their checks during the pregnancy, and over the four years we saw the stillbirth rate drop.⁶³⁸

A four-year evaluation of this program is expected in late 2020.⁶³⁹ Dr Riggs explained to the Committee what the evaluation will explore:

The outcomes that we are looking for are access and engagement with care, improvement in health literacy and the strengthening of social connections to improve social inclusion. The evaluation will also explore what it takes for our universal health systems to support staff to provide trauma-informed approaches to care.⁶⁴⁰

The Committee was advised that some components of the evaluation have been delayed due to COVID-19, including interviews with women during pregnancy and three to four months postnatally. It was anticipated that some women will decline participating in telephone or video interviews due to difficulties securing a telephone and a private space in their home to complete the hour-long interview. Other important components of the evaluation still going ahead include a health economic evaluation and a qualitative study exploring the experiences of Group Pregnancy Care staff in understanding its implementation as a trauma-informed model of care.⁶⁴¹

⁶³⁷ Ms Sarah Nesbitt, *Transcript of evidence*, p. 31.; Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 39.

⁶³⁸ Ms Janet Elefsiniotis, *Transcript of evidence*, p. 2.

⁶³⁹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 40. Dr Elisha Riggs, *Transcript of evidence*, p. 10.

⁶⁴⁰ Dr Elisha Riggs, *Transcript of evidence*, p. 10.

⁶⁴¹ Murdoch Children's Research Institute, *Submission 24 supplementary evidence*.

The Committee looks forward to this evaluation and is of the view that if the findings are positive, the program should be rolled out to other community groups which are likely to be receptive and benefit from this model of care. A particular strength of the program, as outlined by Dr Riggs, is having midwives, MCH nurses, bicultural workers and interpreters working together as a team to provide care. It also fosters the development of trust in health professionals and services and an understanding of what these services offer.⁶⁴²

FINDING 21: There is a need for trauma-informed, continuity of care programs that support culturally diverse families, especially those from refugee and asylum seeker backgrounds, from pre-pregnancy to the birth and introduction to the Maternal and Child Health service.

RECOMMENDATION 23: That the Victorian Government review the evaluation findings from the Group Pregnancy Care study with a view to fund the broad implementation of the model in appropriate community settings for mothers from refugee backgrounds.

6.2 The Maternal and Child Health service

Throughout the inquiry, the MCH service was commonly identified by inquiry participants as a key Victorian service that can play an important role in optimising the health, development and wellbeing of children from culturally diverse communities.

The MCH service is free for all Victorian families and it provides support for babies and children until they reach school age. The service facilitates first time parenting groups, referral pathways to allied health professionals and early parenting centres, links to local community services, as well as education on immunisations, which are often facilitated through local council sessions. A free 24-hour telephone support line (the MCH Line) is also available where MCH nurses provide information, support and referrals. A MCH App complements the existing service model and provides reliable information to families, as well as records on children's immunisation history and MCH appointments.⁶⁴³

Families are usually placed with MCH services following the birth of their child through birth notifications. The *Child Wellbeing and Safety Act 2005* (Vic) requires the responsible person⁶⁴⁴ to notify the Chief Executive Officer (CEO) of the local council where the mother resides of the birth typically within 48 hours.⁶⁴⁵ This is required

⁶⁴² Dr Elisha Riggs, *Transcript of evidence*, p. 11.

⁶⁴³ Better Health Channel State of Victoria, *The maternal and child health phone app*, 2020, <<https://www.betterhealth.vic.gov.au/campaigns/maternal-and-child-health-app>> accessed 2 July 2020.

⁶⁴⁴ *Births, Deaths and Marriages Registration Act 1996* (Vic). Responsible person defined in s 12(6) of the *Births, Deaths and Marriages Registration Act 1996* (Vic) as the Chief Executive Officer of the hospital in the case of a child born in or brought to a hospital or the doctor or midwife responsible for the professional care of the mother at the birth or any other person in attendance at the birth where a baby is not born in a hospital.

⁶⁴⁵ *Child Wellbeing and Safety Act 2005* (Vic) ss 43(1), 44(2)

whether the child is born alive or dead, except for the delivery of a non-viable fetus.⁶⁴⁶ Local councils' CEOs are required to send a copy of the birth notice to the nurse or midwife who is responsible for making contact with the family.⁶⁴⁷

The Universal MCH (UMCH) program comprises 10 key age and stage (KAS) visits. This includes an initial home visit, followed by visits at the MCH centre at two weeks, four weeks, eight weeks, four months, eight months, 12 months, 18 months, two years and 3.5 years. At these visits, MCH nurses provide information and advice on various topics, such as parenting, child development and learning, health and wellbeing, safety, immunisation, breastfeeding, family planning and nutrition.⁶⁴⁸ Routine checks allow MCH nurses to monitor growth and development, screen for early signs of autism and domestic violence, and pick up on developmental concerns. These routine checks allow MCH nurses to create referral pathways to other support services, health providers and specialists.

Maternal and Child Health centres operate in local communities and are managed by local councils or health services. Funding of the UMCH program is based on 100% participation in the 10 KAS visits with the service co-funded by state and local governments.⁶⁴⁹ Additional universal consultations initiated by councils are fully funded by the council.⁶⁵⁰ According to MAV, funding for each municipality is based on a formula that considers the number of children enrolled in the MCH service in specific age cohorts, the socioeconomic situation of families and rurality.⁶⁵¹ State Government responsibility of the UMCH program shifted from DET to DHHS following the 2018 Victorian state election.⁶⁵²

Another core component of the MCH service is the EMCH service, as first mentioned in Section 6.1. It is 'an outreach service providing a more intensive level of support for families with additional needs', including families who are socially isolated and not engaged with the UMCH program.⁶⁵³ The Victorian Government fully funds the EMCH, which is 'allocated on the basis of rurality and socioeconomic situation' and allows families to access services up to the child's third birthday.⁶⁵⁴

The importance of the MCH service was a consistent theme throughout the inquiry, with various inquiry participants identifying the many benefits of the service and its role

⁶⁴⁶ Ibid.s 42(1)

⁶⁴⁷ Ibid. s 45(a); If the council does not run a MCH centre, the Chief Executive Officer must send the notice to the Secretary of the Department of Education.

⁶⁴⁸ Department of Health and Human Services, *Maternal and child health services*, 2011, <<https://www.betterhealth.vic.gov.au/health/healthyliving/maternal-and-child-health-services>> accessed 11 February 2020.

⁶⁴⁹ Department of Education and Training, and Municipal Association of Victoria, 'Memorandum of Understanding in relation to the Maternal and Child Health Service 2017–2020', unpublished manuscript, 1 May 2017, p. 7.; Municipal Association of Victoria, *Submission 30*, received 17 October 2019, p. 3.

⁶⁵⁰ Department of Education and Training, 'Memorandum of Understanding in relation to the Maternal and Child Health Service 2017–2020', p. 7.

⁶⁵¹ Ibid.; Municipal Association of Victoria, *Submission 30*, p. 3.

⁶⁵² Ms Sarah Nesbitt, *Transcript of evidence*, p. 28.; Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 7.

⁶⁵³ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 7.

⁶⁵⁴ Department of Education and Training, 'Memorandum of Understanding in relation to the Maternal and Child Health Service 2017–2020', p. 7.

in supporting culturally diverse families and their children. In particular, Abrar Dham, a mother of two daughters, told the Committee about her experience with a MCH nurse:

She was my link pretty much to all the services that are related to children's services. She was great. Not only did she have the knowledge in her field but I just felt I could relate to her as a person. She was not—I do not know if it is the right thing to say—judgemental in any way. She had understanding of cultural awareness, and so she was able to refer me to a lot of services that could benefit me and my family, being from an Arabic community.

I was diagnosed with postnatal depression, and so she was able to refer me to a service that is entirely just for Arabic speakers in the community... I was lucky enough to have one of the best maternal health nurses. She had that cultural awareness and I did not feel belittled, or I did not feel the pressure, 'You need to fit in in the community'. It was rather like, 'Let's empower you, find your tribe, find your community and then you can give back to the people around you'.⁶⁵⁵

Other benefits of the MCH service as identified by inquiry participants included:

- continuity of care in seeing a MCH nurse throughout key ages and stages in their child's development
- families can receive information, such as on immunisation, Early Parenting Centres (EPC), nutrition, maternal health and wellbeing, child safety, breastfeeding, family planning and child behaviour, and be provided with support for themselves and their children
- reduces social isolation through first time parents' groups and being linked into playgroups.
- provides a 'gateway' to link communities with kindergartens, especially three-year-old kinder
- families are more likely to disclose personal concerns including mental health concerns, relationship issues or family violence if they have the opportunity to develop a positive relationship with a MCH nurse
- families are seen regularly so issues can be addressed as they arise and early intervention can be accessed
- screening of development issues and referrals where needed.

6.2.1 The Maternal and Child Health Program Standards 2009

The *Maternal and Child Health Program Standards 2009* guide and support the delivery of the MCH service and is applicable to the MCH workforce, in addition to the support structures for service provision. The Program Standards are currently being revised,

⁶⁵⁵ Ms Abrar Dham, Public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, pp. 22-3.

although the six existing standards are:

1. The Maternal and Child Health Service provides universal access to its services for Victorian children from birth to school age and their families.
2. The Maternal and Child Health Service promotes optimal health and development outcomes for children from birth to school age through a focus on the child, mother and family.
3. The Maternal and Child Health Service builds partnerships with families and communities and collaborates and integrates with other services and organisations.
4. The Maternal and Child Health Service is delivered by a competent and professional workforce.
5. The Maternal and Child Health Service, supported by local government or the governing authority, provides a responsive and accountable service for the child, mother and family through effective governance and management.
6. The Maternal and Child Health Service delivers a quality and safe service.⁶⁵⁶

In the context of the first standard, universal access to the MCH service, one of the three criteria for achieving this standard is delivering a culturally competent service.⁶⁵⁷ This includes that MCH services consider the needs of individual families, recognise cultural diversity within its service delivery, ensure access to interpreters, and provide information and material in appropriate languages and for families with low literacy in English.⁶⁵⁸

The Victorian Government currently allocates funding for MCH services to use interpreters through various avenues, such as onsite, telephone and video, in addition to providing consultations with families who call the MCH line. According to the joint DET/DHHS submission, interpreters assisted with 219 calls or 0.2% of all MCH line calls in 2018–2019, a consistent figure over the past five years.⁶⁵⁹ It was also noted in the submission that 17 MCH and early childhood health promotion resources relating to safe sleeping, water safety, sun safety information, using car restraints and teething information, were translated into Arabic, Burmese, Chinese (Simplified), Chin-Hakha, Dari, Karen, Khmer, Persian, Punjabi and Vietnamese.⁶⁶⁰ Further, the MCH App is translated into eight languages other than English. In terms of access to the App, the submission noted:

By February 2019, a non-English version of the App had been downloaded 1,013 times, with the most common languages being Chinese – simplified (40 per cent), Punjabi (23 per cent) and Vietnamese (10 per cent).⁶⁶¹

⁶⁵⁶ Department of Health and Human Services, *Maternal and child health program standards*, Victorian Government, Melbourne, 2019.

⁶⁵⁷ *Ibid.*, p. 12.

⁶⁵⁸ *Ibid.*, p. 16.

⁶⁵⁹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 8.

⁶⁶⁰ *Ibid.*, p. 9.

⁶⁶¹ *Ibid.*, p. 10.

While MCH services have access to interpreters, the City of Casey noted in its submission that ‘standard messaging to clients is in English’.⁶⁶² It also noted that while many of the resources provided to MCH clients are available in other languages, ‘more options for linguistically appropriate messages need to be investigated’.⁶⁶³ Similarly, the Brotherhood of St Laurence (BSL) recommended that text messages detailing appointment information be used over letters as they can be more easily translated. It also acknowledged that MCH services are doing this more now to remind families of appointment times, date and location.⁶⁶⁴ Issues relating to language barriers are discussed in more detail in Chapter 5.

The MCH workforce

More than 1,400 MCH nurses are employed in Victoria by local councils, MCH service providers, DHHS and EPCs.⁶⁶⁵ MCH nurses must hold current registration with the Australian Health Practitioners Regulation Agency as a Registered Nurse (Division 1), a Registered Midwife and hold an accredited postgraduate degree/diploma (or equivalent) in MCH nursing.⁶⁶⁶ Overall, MCH nurses are required to have a Bachelor of Nursing (three year degree), midwifery training (either included in the general training of a four year degree or as a separate post graduate one year course) and a Graduate Diploma in Family Child and Community Health Nursing. In addition, MCH nurses are required to undertake continuing professional development annually, which is set by the Nursing and Midwifery Board of Australia.⁶⁶⁷

According to the *Maternal and Child Health Program Standards 2009*, the MCH workforce should reflect, where practicable, the cultural diversity of the local community.⁶⁶⁸ The standards also require that the MCH workforce be provided training in cultural competency and staff ‘utilise its knowledge and skills to ensure the child, mother and family feel welcome to access the Service’.⁶⁶⁹

In their joint submission, DET/DHHS identified several opportunities to support local councils improve the cultural diversity of the MCH workforce and to encourage service providers to utilise funding to increase the use of multidisciplinary teams in MCH service delivery (such as embedding bilingual staff as part of the MCH team).⁶⁷⁰ It also stated that the Victorian Government is seeking to improve the diversity of the MCH

⁶⁶² City of Casey, *Submission 20*, received 11 October 2019, p. 8.

⁶⁶³ Ibid.

⁶⁶⁴ Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, p. 21.

⁶⁶⁵ Department of Health and Human Services, *Maternal and child health service guidelines*, Victorian Government, Melbourne, 2019, p. 18.

⁶⁶⁶ Ibid.

⁶⁶⁷ Department of Health and Human Services, *Maternal and child health workforce professional development*, (n.d), <<https://www2.health.vic.gov.au/primary-and-community-health/maternal-child-health/workforce-mch>> accessed 3 March 2020.

⁶⁶⁸ Department of Health and Human Services, *Maternal and child health program standards*, p. 16.

⁶⁶⁹ Ibid.

⁶⁷⁰ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 9.; Ms Sarah Nesbitt, *Transcript of evidence*, p. 29.

workforce through the annual MCH Nursing Scholarship program.⁶⁷¹ In 2018, the value of the scholarships was increased in the 2017–18 budget from \$5,000 to \$10,000 per scholarship.⁶⁷² Eligibility for the scholarship is open to those who hold a permanent humanitarian visa, in addition to Australian and New Zealand citizens and Australian permanent residents.⁶⁷³ In the distribution of scholarships, midwives from culturally diverse backgrounds are prioritised as recipients.⁶⁷⁴

In regard to training, the Committee heard that in 2018, all MCH nurses were trained in trauma-informed care.⁶⁷⁵ The 12 hour online course, My Early Relational Trauma Informed Learning (MERTIL), was delivered to 1,800 Victorian MCH nurses and students and is intended to be available to all practitioners involved in early childhood services in 2020.⁶⁷⁶ A two hour refresher course was also available from 1st November to 6th December 2019 for those who had completed the full MERTIL program.⁶⁷⁷ Some MCH nurses have also participated in training conducted by Foundation House that focuses on understanding the refugee and asylum seeker experience and trauma informed practices to support recovery from trauma for children and families (see Section 4.2.2). In noting the need for improved and systematic training in cultural competency and trauma-informed practices, the Committee recommended in Chapter 4 that the Victorian Government mandate professional development and training in these areas as part of its service agreements with early childhood services, such as MCH.

6.2.2 Importance of a bicultural MCH workforce

As discussed in Chapter 4, a bicultural and bilingual workforce is an important strategy to ensure that early childhood services are inclusive and can build trusting relationships with culturally diverse families, particularly those from refugee backgrounds. That chapter made several recommendations to increase and further develop the bicultural and bilingual early childhood workforce, including that a pool of qualified bicultural and bilingual workers be established for access by early childhood services based on local community needs.

In the context of MCH services, many inquiry participants raised the importance of developing and nurturing a bicultural MCH workforce and to support local councils improve diversity within the MCH workforce.⁶⁷⁸ AMES Australia, for example, recommended that early childhood services invest in building a bicultural and bilingual

⁶⁷¹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 9.; Ms Sarah Nesbitt, *Transcript of evidence*, p. 29.

⁶⁷² Ms Sarah Nesbitt, *Transcript of evidence*, p. 32.

⁶⁷³ Department of Health and Human Services, *Maternal and child health workforce professional development*.

⁶⁷⁴ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 9.; Ms Sarah Nesbitt, *Transcript of evidence*, p. 29.

⁶⁷⁵ Ms Sarah Nesbitt, *Transcript of evidence*, p. 29.; MERTIL, *Vic MCH Services*, 2018, <<https://www.mertil.net.au/mertil-courses/vic-mch-services>> accessed 3 March 2020.

⁶⁷⁶ MERTIL, *Welcome to MERTIL: My early relational trauma informed learning*, (n.d.), <<https://www.mertil.net.au>> accessed 3 March 2020.

⁶⁷⁷ MERTIL, *Mini MERTIL*, (n.d.), <<https://www.mertil.net.au/mertil-courses/mertil-mini>> accessed 3 March 2020.

⁶⁷⁸ Victorian Council of Social Service, *Submission 23*, p. 16.

workforce 'to maximise the inclusion of CALD communities while reflecting the diversity of the Victorian population':

Maternal health nurses and other post-natal services available to CALD communities are strengthened when families have access to bi-lingual or bi-cultural workers within the hospital or community health setting. Some communities are unfamiliar with the range of services available to them, and AMES experiences shows that they can benefit greatly from being able to trust and talk to someone in their own language who can guide them and help to alleviate any confusion, and provide families with significant support during the early childhood years.⁶⁷⁹

While acknowledging that the MCH workforce is highly specialised, many inquiry participants proposed that bicultural workers work alongside other MCH nurses as paraprofessionals.⁶⁸⁰ Participants advised that bicultural and bilingual workers could help supplement the MCH workforce and assist to engage with families. This was identified as particularly helpful when screening for developmental and language delays among children. MCH nurses are often the first to pick up language delays, however, this becomes complicated when children are not assessed in their first language. The Ethnic Communities' Council of Victoria (ECCV) stated in its submission that some parents felt that their bilingual or multilingual children were being discriminated against because they were referred unnecessarily to speech pathologists for a developmental delay. It referred to an MCH service user in its submission as stating:

'The maternal health nurse sometimes only goes "by the books". Our child is learning two languages and is a bit delayed for speech (which is normal after talking to similar parents), and she wanted to take us to make autistic test, because he was too slow. On the other hand some other health nurses were more understanding'.⁶⁸¹

The Committee is aware of the challenges in assessing language and developmental delays in children from non-English speaking backgrounds, which is discussed at length in Chapter 7. It is useful to note, however, that the use of bilingual and bicultural workers in MCH services can assist to address some of the cultural misconceptions or limited cultural understanding among MCH nurses when conducting routine checks with children whose first language is not English.

FINDING 22: Bicultural and bilingual staff working alongside Maternal and Child Health (MCH) nurses as paraprofessionals could benefit culturally diverse families through better engagement with the service, assist to build trusting relationships between families and MCH nurses, and support nurses to screen for language and developmental delays.

⁶⁷⁹ AMES Australia, *Submission 10*, received 7 October 2019, p. 3.

⁶⁸⁰ Ms Judi Gray, Early Years Practice Lead, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, pp. 39–40.; Ms Deb Tsorbaris, Chief Executive Officer, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 35.; Centre for Excellence in Child and Family Welfare, *Submission 26*, received 11 October 2019, p. 6.

⁶⁸¹ Ethnic Communities' Council of Victoria, *Submission 15*, received 9 October 2019, p. 19.

6.3 Participation of culturally diverse families in MCH services

The Committee heard that there is an under-representation of children from migrant, refugee and asylum-seeker backgrounds in MCH services and that culturally diverse families can drop off in attendance over time.⁶⁸² In its submission, BSL cited evidence that families of culturally diverse backgrounds are less likely to access critical early years services such as MCH services and kindergartens when compared to the national average,⁶⁸³ with families experiencing intersectional disadvantage most at risk of low or no engagement.⁶⁸⁴ Similarly, Sarah Nesbitt from DHHS told the Committee that culturally diverse families' engagement with services 'is sometimes inhibited by multiple and interconnected barriers, including language and literacy, experiences of trauma and loss, access to transport, culturally inappropriate services and a lack of confidence'.⁶⁸⁵ Sarah Nesbitt also stated:

Families are sometimes isolated from their extended support networks and can be unfamiliar with Victoria's health and social care systems, leading to experiences of fear, confusion and a loss of autonomy.⁶⁸⁶

Limited knowledge about the MCH service was identified by numerous inquiry participants as a key barrier to engagement. VICSEG advised in its submission that MCH services are 'not universal services in many developing countries and their purpose and value may not be immediately obvious'.⁶⁸⁷ Further, Bendigo Community Health Services (BCHS) stated that 'poor service literacy and little conceptual understanding of help-seeking is coupled with poor public health and protective health literacy'.⁶⁸⁸

In addition to a lack of knowledge, there can also be fear, misunderstanding and a general distrust of government and non-government services. For example, Rhona Pedretti, Manager of Family Services at the City of Greater Geelong, told the Committee:

There can be a fear or misunderstanding around the role of the early years services, such as maternal and child health, which may be different from their home experience and may be seen as negative. Sometimes we have had feedback from the actual maternal

⁶⁸² Ms Janet Elefsiniotis, *Transcript of evidence*, p. 1.

⁶⁸³ Brotherhood of St Laurence, *Submission 36*, p. 5. citing Centre for Community Child Health, *Exploring the impact of community hubs on school readiness*, report prepared by Sophie Rushton, Rebecca Fry, Tim Moore, Noushin Arefadib and Sue West, report for Community Hubs Australia, Murdoch Childrens Research Institute, Melbourne, 2017.; Jennifer Baxter and Kelly hand, *Access to Early Childhood Education in Australia: (research report no. 24)*, Australian Institute of Family Studies, Melbourne, 2013.; M McDonald, C Turner and J Gray, *Evidence into action: playgroups for diverse communities*, Victorian Cooperative of Children's Services for Ethnic Groups, Melbourne, 2014.; Victorian Council of Social Service, *Submission 23*, p. 6. And Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, parliamentary paper, no. 256, Melbourne, August 2017, p. x.; Dr Melika Yassin Sheikh-Eldin, International and Community Development Manager, AMES Australia, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 10.

⁶⁸⁴ Brotherhood of St Laurence, *Submission 36*, p. 5.

⁶⁸⁵ Ms Sarah Nesbitt, *Transcript of evidence*, p. 28.

⁶⁸⁶ *Ibid.*

⁶⁸⁷ VICSEG New Futures, *Submission 07 Summary*, received 27 September 2019, p. 3.

⁶⁸⁸ Bendigo Community Health Services, *Submission 28*, received 15 October 2019, p. 2.

and child health nurse, people were saying, 'My child is not sick. I don't need a nurse'. It is educating around those sorts of services better. You do not know that people think that. Sometimes they do not actually say it, but it is in their mind.⁶⁸⁹

The Committee heard that some families felt judged by MCH nurses and were not understanding of their culture, particularly with regard to practices like co-sleeping. One individual wrote in their submission:

When my child was born, I visited MCH. They asked whether we have sleeping cot for the baby or not? I lied to them. When ever I tried to go again I don't feel like going. Some of the nurses are too judgmental.⁶⁹⁰

Another individual, Mrs Nicole Toy, stated in her submission:

At times there is a fear of being different and of being judged although that is often disproved. There can be times when you feel there is a total misunderstanding—no-one's fault but just ignorance of difference.⁶⁹¹

In its submission, BSL stated that clients 'regularly report 'cultural safety' issues that impact how they engage with early years services', for example, it noted that westernised standards of child rearing and parenting might conflict with cultural norms, with areas of tension including co-sleeping, diet and discipline approaches.⁶⁹² In navigating these complex issues, it stated that staff need to be equipped with tools to converse in an effective way to ensure the wellbeing of children without disengaging families.⁶⁹³ It also advised that services need to deliver tailored responses rather than a 'broad brush' approach, noting that families commented that service providers do not consider the large and varied differences within culturally diverse communities.⁶⁹⁴

In its submission, ECCV noted that some people felt intimidated by 'the systems of growth charts' used by MCH services, which 'felt rigid and not particularly sensitive to the diversity amongst children'.⁶⁹⁵ Further, Rhona Pedretti from the City of Greater Geelong told the Committee that sometimes families are just not confident in asking for assistance:

They do not want to appear needy and so forth. We had a family who said that they stopped going to the maternal and child health service because they lost their green book and they did not know how to ask for another one. They were not sure of the process and they were not sure if they were in trouble. So that was really disappointing to hear.⁶⁹⁶

⁶⁸⁹ Ms Rhona Pedretti, Manager, Family Services, City of Greater Geelong, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 2.

⁶⁹⁰ Name Withheld, *Submission 8*, received 27 September 2019, p. 2.

⁶⁹¹ Mrs Nicole Toy, *Submission 5*, received 19 September 2019, p. 5.

⁶⁹² Brotherhood of St Laurence, *Submission 36*, p. 13.

⁶⁹³ Ibid.

⁶⁹⁴ Ibid.

⁶⁹⁵ Ethnic Communities' Council of Victoria, *Submission 15*, p. 14.

⁶⁹⁶ Ms Rhona Pedretti, *Transcript of evidence*, p. 3.

As discussed in detail in Chapter 5, the Committee also heard that communication and language difficulties were a barrier for families effectively engaging with MCH services.

In 2016, DET undertook research into reasons for lower participation in MCH services, finding that this largely related to a lack of awareness or understanding of MCH services and difficulty engaging in the service in languages other than English.⁶⁹⁷ In response, DET developed a communications framework to improve engagement of culturally diverse families with MCH services. As noted earlier, this included developing MCH resources into community languages and an MCH App that supported bilingual functionality.⁶⁹⁸ The MCH workforce also undertook professional development in trauma-informed care in 2018.⁶⁹⁹

Many of the issues raised by inquiry participants reaffirm the need to enhance MCH services to be more inclusive and culturally responsive. The Committee reiterates the importance of its recommendations in Chapter 4 about improved training for MCH staff and building diversity within the workforce.

FINDING 23: A diverse and trauma-informed workforce is an asset to Maternal and Child Health services and supports the engagement of culturally diverse families, particularly those from refugee backgrounds, in these services.

6.3.1 Positive engagement

Throughout the inquiry, the Committee heard many positive stories about MCH services and nurses that sensitively engage with culturally diverse communities, provide continuity of care and link families into other services. The Committee also heard that many communities have a high level of trust in MCH nurses.⁷⁰⁰

The Committee received evidence from numerous MCH services about the various strategies they employ to engage with families. One common approach highlighted by several local councils is conducting more KAS visits in the family home (other than the initial visit).⁷⁰¹ For Moonee Valley City Council, the first visit for the family at the MCH centre is usually the eight week visit which ‘enables a relationship to be built with the MCH nurse and gives mothers time to recover and observe a period of cultural confinement’.⁷⁰² The Council noted that this is also important for practical and accessibility reasons as mothers living in the housing estate only have access to stairs and ‘leaving their flats can be difficult in the initial weeks’.⁷⁰³

⁶⁹⁷ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 7. Ms Sarah Nesbitt, *Transcript of evidence*, p. 30.

⁶⁹⁸ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 7.

⁶⁹⁹ *Ibid.*, p. 8.

⁷⁰⁰ Ms Kim Little, Deputy Secretary, Early Childhood Education, Department of Education and Training, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 25.; Bendigo Community Health Services, *Submission 28*, p. 4.

⁷⁰¹ Municipal Association of Victoria, *Submission 30*, p. 7.; Moonee Valley City Council, *Submission 25*, received 11 October 2019, p. 1.

⁷⁰² Moonee Valley City Council, *Submission 25*, p. 1. Municipal Association of Victoria, *Submission 30*, p. 7.

⁷⁰³ Moonee Valley City Council, *Submission 25*, p. 1.

In its submission, MAV cited initiatives undertaken by Boroondara City Council, which has a large Chinese population. These include:

- cultural confinement home visits
- Saturday morning MCH appointments to encourage both parents to attend
- linking families from similar cultural backgrounds by booking appointments on the same day and block booking an interpreter
- providing newly arrived families and children a monthly opportunity to meet socially in a group facilitated by an MCH nurse where grandparents and carers can also attend.⁷⁰⁴

Locating MCH offices within areas where many families reside is also helpful to increase engagement, as is taking a flexible approach to their service delivery.⁷⁰⁵ For example, one of the Moonee Valley City Council MCH offices is located in the Wingate Avenue Community Centre on the Wingate Housing Estate, and consequently it sees many families from African countries.⁷⁰⁶ The Council also has ‘an open-door policy enabling families to drop in when they need to’, often before or after their English classes attended at the Community Centre. The Council also stated that it is ‘always pleased to see the families even when they have arrived late and will usually still conduct the appointment’.⁷⁰⁷ The Council also provides outreach visits, drop-in appointments, follow up phone calls if appointments are missed, interpreters whenever necessary, and extra reminder text messages on the day of the appointment.⁷⁰⁸

Another common strategy suggested by inquiry participants is embedding MCH staff in places frequented by culturally diverse communities. This can be an effective way to engage these communities, particularly as transport can act as a key barrier to people accessing services. The Committee was advised of the Brimbank City Council’s MCH outreach bus, which is parked ‘in familiar and accessible community settings’. It provides consultations on a drop-in basis for families who might be having a picnic in the park, visiting a child care centre or shopping centre.⁷⁰⁹

Moreland City Council advised that it received funding from DET to review the needs of newly arrived migrants, which enabled them to identify the best methods to reach vulnerable families. One such method involved ‘going out to where communities are rather than expecting communities to come to you’.⁷¹⁰ This included outreach activities at bilingual kindergartens, new parent groups, immunisation sessions and libraries.

⁷⁰⁴ Municipal Association of Victoria, *Submission 30*, p. 7.

⁷⁰⁵ Moonee Valley City Council, *Submission 25*, p. 1.

⁷⁰⁶ Ibid.

⁷⁰⁷ Ibid.

⁷⁰⁸ Ibid.

⁷⁰⁹ Victorian Council of Social Service, *Submission 23*, p. 22.

⁷¹⁰ Ms Kim Little, *Transcript of evidence*, p. 25.

Similarly, MCC noted in its submission that an effective way to engage families and build trust between communities and MCH services is for MCH nurses to visit supported playgroups facilitated by a bicultural worker.⁷¹¹

The Committee also received evidence about the South Sudanese community in Melton, which was identified as not having any children attend kindergarten in the area. Janet Elefsiniotis from VICSEG New Futures told the Committee that in response a MCH nurse and bicultural worker were placed in the library to engage South Sudanese families in a comfortable setting:

We put in a little program there which was quite successful. We worked with the council. The maternal and child health nurse was placed in the library, so we put in a South Sudanese bicultural worker to actually be present when the South Sudanese mums came and to work with the nurse to try to reorganise the appointment so that the South Sudanese mothers felt more comfortable about coming to maternal and child health. So we were able to start the conversation and the dialogue with those mums about the service system, how it operates and the importance of kindergarten.⁷¹²

As discussed in Chapter 3, the Committee also heard about Parent Place in Ballarat, which is a safe and inclusive environment where parents can relax, change and feed their baby, have a cup of tea or coffee and allow their children to explore their play space.⁷¹³ Parent Place is supported by staff such as a parenting educator, MCH nurses, lactation consultants and volunteers. It also has supported playgroups and library story times in the space.⁷¹⁴ Jenny Fink, Executive Manager of Learning and Community Hubs at the City of Ballarat, told the Committee about the importance of this space for culturally diverse families.⁷¹⁵

Many MCH services also offer programs for specific groups, such as new parent groups in community languages and having bicultural workers at new parents groups.⁷¹⁶ In its submission, BCHS noted that the MCH service offers a 'Karen ethno-specific clinic on a weekly basis' which 'is valued by the refugee community and seen as a trusted source of seeking help with parenting and all matters relating to early childhood'.⁷¹⁷

FINDING 24: There are many innovative and successful examples of Maternal and Child Health services positively engaging with culturally diverse families and their children throughout Victoria.

⁷¹¹ Melbourne Children's Campus, *Submission 24*, p. 12. Dr Elisha Riggs, *Transcript of evidence*, p. 9.

⁷¹² Ms Janet Elefsiniotis, *Transcript of evidence*, p. 2.

⁷¹³ City of Ballarat, *Parent Place*, (n.d.), <<https://www.ballarat.vic.gov.au/city/facilities-and-venues/parent-place>> accessed 3 March 2020.

⁷¹⁴ Ibid.; Ms Jenny Fink, Executive Manager, Learning and Community Hubs, City of Ballarat, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 10.; Ms Joanne Geurts, Chief Executive Officer, Eureka Community Kindergarten Association, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 6.

⁷¹⁵ Ms Jenny Fink, *Transcript of evidence*, p. 10.

⁷¹⁶ City of Greater Dandenong, *Submission 18*, received 11 October 2019, p. 5.; Ms Janet Elefsiniotis, *Transcript of evidence*, p. 2.

⁷¹⁷ Bendigo Community Health Services, *Submission 28*, p. 4.

6.3.2 Best practice toolkit

As reflected in the evidence, there is a mix of positive engagement strategies combined with ongoing barriers to participation of families in MCH services. Of concern is the inconsistency in MCH service practices across local councils. While some councils are particularly proactive in community outreach and creating a responsive, culturally safe and inclusive service, other councils would benefit from better guidance about working with culturally diverse families. In her evidence to the Committee, Dr Adele Murdolo, Executive Director of the Multicultural Centre for Women's Health, spoke of the need to create more consistency across local councils:

I think it would be great to also have specific expertise guiding the way that local councils do that work, because, as you said, at the moment we do hear some great stories but you also hear some not-so-great stories. So if there was a way of making their approaches much more consistent, and with the expertise coming from—well, depending on what the program is, I guess.⁷¹⁸

A key way to create this consistency is for local councils to share best practice examples.⁷¹⁹ In their joint submission, DET/DHHS indicated that councils are encouraged to share best practice regarding engagement with culturally diverse families, such as through the bi-annual MCH conference.⁷²⁰ However, BSL advised in its submission that there is no formal mechanism to share such strategies across the sector and that sharing best practice is 'achieved ad hoc and within siloes'.⁷²¹ It recommended the development of a 'Best Practice Toolkit for Cultural Inclusiveness'.⁷²²

The Committee strongly supports this idea and believes a toolkit should be developed specifically for MCH services, as they have much to learn from one another. The toolkit provides an opportunity to promote best practice, and formally recognise and share positive engagement strategies. It also provides an opportunity to create consistency in MCH practices across Victoria and enhance the capacity of MCH services to support emerging communities, particularly those from refugee backgrounds.

⁷¹⁸ Dr Adele Murdolo, *Transcript of evidence*, p. 46.

⁷¹⁹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 10.; Brotherhood of St Laurence, *Submission 36*, p. 21.

⁷²⁰ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 10.,

⁷²¹ Brotherhood of St Laurence, *Submission 36*, p. 21.

⁷²² *Ibid.* Ms Hutch Hussein, Senior Manager, Diversity Unit, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 19.

RECOMMENDATION 24: That the Victorian Government, the Municipal Association of Victoria and community groups work together to develop a Maternal and Child Health Service Best Practice Toolkit for Cultural Inclusiveness. It should include strategies to engage and support culturally diverse families on matters relating to:

- translating materials in the main languages of surrounding communities
- alternative ways of communicating with families, such as text message reminders for appointments
- adopting uniform enrolment processes for MCH services and kindergartens
- flexible appointment arrangements, such as home visits
- outreach services
- new parent groups in community languages
- use of bilingual and bicultural workers.

6.4 Structural barriers to engaging with families from refugee backgrounds

When considering the barriers to culturally diverse families engaging with MCH services, there are some barriers that are out of the control of individual MCH services and their staff. Rather structural barriers, both internal and external to the service, can adversely impact the experiences of families. In particular, several inquiry participants identified that insufficient funding and inappropriate appointment times can act as barriers.⁷²³ Marcus Forster, the Manager of Community Wellbeing at the City of Greater Dandenong, told the Committee:

... across our services, the one thing that we find continually is that dealing with the complexities of a CALD community requires more administrative time... a typical MCH appointment might take half an hour, but because of the necessity of making sure that interpretation is present and that the communication is good it becomes very quickly a 45-minute or an hour-long session, so you just spend more time doing the same tasks. That is absolutely the case in our immunisation service as well, where updating the vaccine schedules of newly arrived immigrants takes a lot of time for the immunisation staff to work out, including the interpretation of existing records from their country of origin. We have recently employed a community liaison officer who is fluent in both Dari and Arabic to help us with that, given the fact that a large chunk of our newly arrived immigrants are from Afghanistan.⁷²⁴

⁷²³ Ms Donna Matthews, Area Manager, Early learning North West, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 25.

⁷²⁴ Mr Marcus Forster, Manager, Community Wellbeing, City of Greater Dandenong, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 5.

Rhona Pedretti from the City of Greater Geelong told the Committee that there is a 'funding deficit' in relation to the length of time of MCH consultations required for some culturally diverse families, which makes achieving targets challenging:

So with our key age and stage visits, it is 6.75 hours across the 10 key age and stage visits. The maternal and child health coordinator is making sure that I am on track. The visits are actually allocated a certain amount of time. It might be 30 minutes, and I am just making this up, or 45 minutes for some visits. So when we have a CALD family it will take longer, especially if we have got a translator. We actually have to be able to allow more time in the diaries, but of course we have targets that we have to achieve. It is just really challenging to fit everybody in and provide the level of service in relation to that.⁷²⁵

In reference to feedback from its members, VCOSS stated that more secure funding and greater flexibility is required to be more responsive and 'reflect the time and work it takes to build trust and relationships with vulnerable members of CALD communities'.⁷²⁶ It also stated:

Insufficient and inflexible funding can undermine trust and progress especially where trauma is present, and in some cases can cause unintended harm. It can take workers months or even years to build secure and trusting relationships with people. Short-term contracts, changes to funding guidelines and competitive tendering processes risk undermining these relationships. Short-term funding contracts also makes it difficult for organisations to retain skilled workers. Insecure employment forces workers to seek out more secure opportunities elsewhere, destroying the relationships they have built with communities.⁷²⁷

VCOSS also cited a recent Productivity Commission report which suggested that seven-year funding agreements would help community organisations be more sustainable and effective.⁷²⁸ VCOSS also advised:

Funding models need to support complexity and accommodate extra time, including for maternal and child health nurses. Flexible funding means community organisations can be more responsive to their community's needs, fill an identified gap, or fund a specific service, such as a bilingual support worker. VCOSS members reported that current funding models make it difficult to provide assertive outreach to engage vulnerable families. Community development is also undervalued, and difficult to secure funding for.⁷²⁹

There was broad acknowledgment among inquiry participants that flexible funding is important to support relationship building and to consider the complexity of consultations of this nature, including the use of interpreters. The Committee is

⁷²⁵ Ms Rhona Pedretti, *Transcript of evidence*, p. 3.

⁷²⁶ Victorian Council of Social Service, *Submission 23*, p. 23.

⁷²⁷ Ibid.

⁷²⁸ Parliament of Australia, Productivity Commission, *Introducing competition and informed user choice into human services*, October 2017.

⁷²⁹ Victorian Council of Social Service, *Submission 23*, p. 23.

aware that funding of MCH services comprises a flexible service component that allows individual services to meet community needs.⁷³⁰ According to the DET/DHHS submission, this flexible component allows services, if they choose, to undertake additional consultations or telephone consultations with families; facilitate group sessions; and conduct community strengthening activities, such as programs to support socially isolated parents or offering language specific playgroups.⁷³¹

As discussed previously, some councils already employ different service delivery approaches, such as conducting more home visits than required and providing outreach services. The Committee believes there is scope for such practices to become more routine across other MCH services to accommodate the needs of families and children from refugee backgrounds in particular. In Chapter 3, the Committee recommended that the Victorian Government, local councils, MAV and service providers work together to enhance planning and collaboration to meet the needs of culturally diverse families. Similarly, in the current context, the Committee believes that determining appropriate funding levels and flexibility in MCH service delivery should be based on local settlement patterns of refugee families.

RECOMMENDATION 25: That the Victorian Government and the Municipal Association of Victoria review the flexible funding component of its current funding model of Maternal and Child Health services to allow for extended consultations, additional appointments, and home visits for families from refugee backgrounds.

Another structural issue that was raised by inquiry participants is that families migrating to Australia may not be linked into MCH services when they arrive.⁷³² In her submission, Mrs Nicole Toy stated that it ‘took quite a long time to get linked into services’ such as MCH services as they were not there from their children’s birth.⁷³³ DET/DHHS also acknowledged in their submission that families who migrate to Australia with ‘a young child already born are not necessarily linked in with MCH upon arrival’.⁷³⁴

In its submission, the VRHN noted that while the MCH program is generally working well, ‘linkages and supports for new arrival children could be improved, especially for those aged 2–5 years’:

Key ages and stages visits are clustered in the 0–2 year period, and children arriving as refugees or seeking asylum after the age of 2 years may miss out on parenting support and primary care/community linkages provided through UMCH.⁷³⁵

⁷³⁰ Ms Sue Murray, Team Leader, Child and Family Health, Mornington Peninsula Shire, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 15.; Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 9.

⁷³¹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 9.

⁷³² *Ibid.*, p. 11.; Mrs Nicole Toy, *Submission 5*, p. 1.; Ethnic Communities’ Council of Victoria, *Submission 15*, p. 2.

⁷³³ Mrs Nicole Toy, *Submission 5*, p. 1.

⁷³⁴ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 11.

⁷³⁵ Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, p. 3.

It also noted that refugee families are often 'mobile' in the early years of settlement and may move into different LGAs.⁷³⁶ Similarly, ECCV noted that many families that moved to another area 'did not necessarily follow up with getting re-connected' with MCH services in that area.⁷³⁷ As discussed in Chapter 3, it is in these circumstances where service navigation positions within local councils can assist families to access such services, such as the MCH service. Further, as addressed in Chapter 2, several inquiry participants also discussed the importance of settlement services connecting families to early years services. The Committee agrees and recommended that settlement services be required to formally advise local councils of the arrival of new families in areas to facilitate linking with local services.

Once linkages are made, the Committee believes there is much value in MCH nurses conducting initial appointments at families' homes particularly as some people feel intimidated accessing formal services for the first time. The Committee heard from the VRHN that some EMCH programs routinely do home visits for families from refugee backgrounds who arrive in Victoria with young children 'although the extent of this service delivery is unclear'.⁷³⁸

In its submission, BSL referred to their Refugee Child Outreach program which provides support to access services such as MCH.⁷³⁹ It noted that Hume piloted a program whereby MCH nurses made their initial appointment with newly arrived refugee and asylum seeker families in their family home, which 'made the service approachable and easy to use'.⁷⁴⁰ However, the program was brought to an end due to resourcing constraints.⁷⁴¹ BSL recommended that home visits be increased to maximise engagement with families and that initial appointments be conducted in the home where families from refugee backgrounds arrive in Victoria with a young child.⁷⁴²

The Committee agrees with this proposal, acknowledging the challenges for families in accessing new and unfamiliar services. This will also increase awareness of and engagement with the service.

RECOMMENDATION 26: That the Victorian Government ensure that Maternal and Child Health services undertake initial appointments in the home where families from refugee backgrounds arrive in Victoria with a young child.

⁷³⁶ Ibid., p. 4.

⁷³⁷ Ethnic Communities' Council of Victoria, *Submission 15*, p. 2.

⁷³⁸ Victorian Refugee Health Network, *Submission 31*, p. 4.

⁷³⁹ Brotherhood of St Laurence, *Submission 36*, p. 21.

⁷⁴⁰ Ibid.

⁷⁴¹ Ibid.

⁷⁴² Ibid., p. 28.

6.5 Extending MCH services for families from refugee backgrounds

The Committee heard that it is not only families from refugee backgrounds who arrive with young children born outside Victoria or Australia who may fall through the gaps, but other families may also become disengaged with MCH services, particularly as they lose settlement supports. Sue Ghalayini, Humanitarian Settlement Program Case Manager at BCHS, spoke to the Committee about the challenges in case managing families for only 18 months after their arrival before they are ‘kind of left on their own’.⁷⁴³

While attendance at MCH appointments tends to drop off as children age in the general population, the drop in attendance is greater for culturally diverse families.⁷⁴⁴ Several inquiry participants identified the risks of children falling out of visibility of services, especially older preschool children when the time gaps between later MCH KAS visits are longer.⁷⁴⁵ VICSEG advised in its submission that developmental delays often go undetected until a child presents at kindergarten. It cited the gap in MCH KAS visits during the two to three year period as a key issue as this is a stage where ‘developmental delays become more evident’.⁷⁴⁶ Further, BSL cited the case of a family on a Bridging Visa A who had no entitlement to income, and there were concerns for their four-year-old son’s development. However, he was ‘too old to be seen by MCHN’. He was ineligible for the National Disability Insurance Scheme and other services had long waiting lists or no capacity.⁷⁴⁷

In its submission, the VRHN identified that linkages and support for children aged two to five could be improved.⁷⁴⁸ Associate Professor Georgie Paxton OAM from the VRHN, a trained general paediatrician with specialisation in refugee health, told the Committee that connecting with a primary care service system was very important for older preschool children as it provided a safety net for detecting concerns and could open doors to other services and supports:

I think one of the key elements here is that the maternal and child health nurse 10 key ages and stages are really clustered in the first two years. Those visits are clustered in fact in the first 18 months, and then we have our 18-month, our two-year and our 3.5-year visits. If you arrive and you are aged older than two years and before five years you often do not have a great deal of contact with the maternal child health system, so that safety net of detecting kids where there are developmental concerns or providing immediate parenting support is often not present. I think with maternal and child health utilisation we know that actually participation rates for that three-and-a-half-year-old

⁷⁴³ Ms Sue Ghalayini, Humanitarian Settlement Program Case Manager, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 14.

⁷⁴⁴ Associate Professor Georgie Paxton, Victorian Refugee Health Network, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 9.; Victorian Auditor-General’s Office, *Effectively Planning for Population Growth*, p. vii.

⁷⁴⁵ Dr Adele Murdolo, *Transcript of evidence*, p. 44.; VICSEG New Futures, *Submission 7*, p. 3.; Victorian Refugee Health Network, *Submission 31*, p. 3.

⁷⁴⁶ VICSEG New Futures, *Submission 07 Summary*, p. 3.

⁷⁴⁷ Brotherhood of St Laurence, *Submission 36*, p. 7.

⁷⁴⁸ Victorian Refugee Health Network, *Submission 31*, p. 3.

visit are in fact far lower than the participation rates for the earlier visits, particularly in the first 12 months; however, it is a real opportunity to connect with a primary care service system.

Associate Professor Paxton reiterated to the Committee a key recommendation of the VHRN that refugee and asylum seeker families be identified as a priority group for the EMCH program.⁷⁴⁹ The Committee understands that the EMCH program responds to the needs of children and families who are identified as at risk of poor outcomes. To be eligible, families must experience a period of vulnerability due to two or more factors, such as:

- mother/parent is less than 20 years of age
- infant/child is identified as being of Aboriginal or Torres Strait Islander descent and is not actively attending the UMCH program
- family is socially isolated (housing, cultural group, transport, unemployment)
- parent expresses and/or demonstrates poor attachment towards their infant/child
- mental health issue currently impacting parenting capacity
- substance use related issues currently impacting parenting capacity
- family violence currently impacting safety, parenting and infant/child development
- current intervention from Child Protection
- infant/child born with congenital abnormalities
- infant/child with complex growth, health and developmental issues
- concern on the part of the assessing nurse, or
- families who are not currently engaged with the UMCH program.⁷⁵⁰

Families participating in the EMCH receive a more intensive level of support in the form of targeted actions and interventions. Families can access up to 20 hours of support for children up to three years of age, which is in addition to the hours that families receive in the UMCH program. The Committee recognises that supports for children in the two to five year age range are lacking and could be improved, particularly for refugees and asylum seekers.

RECOMMENDATION 27: That the Victorian Government identify families from refugee backgrounds as a priority access group for the Enhanced Maternal and Child Health Service.

⁷⁴⁹ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 9.

⁷⁵⁰ Department of Health and Human Services, *Enhanced maternal and child health program guidelines*, p. 14.

The VRHN also recommended in its submission extending MCH services beyond three years to those families where required.⁷⁵¹ Recognising the importance of early intervention for developmental delays and the gap in support for older preschool children, the Committee believes that, where needed, families from refugee backgrounds should be offered additional consultations, such as between the two and 3.5 year consultations, and after four years prior to the child commencing primary school. This would go beyond the support provided to families in the EMCH program, which ends when children turn three. Additional appointments would help to provide a safety net for families and prevent children falling through the gaps.

RECOMMENDATION 28: That the Victorian Government fund additional Maternal and Child Health service consultations, where needed and potentially beyond when children turn three, for families from refugee backgrounds.

6.6 Immunisations

MCH services often facilitate and provide information on immunisations with reminders at KAS appointments and through the MCH App. Many councils also host public immunisations sessions, and MCH nurses often attend immunisation sessions for outreach purposes.⁷⁵²

The Committee heard that some parents are reluctant to immunise their children because they believe it is not good for them.⁷⁵³ This can present as a barrier to children being enrolled in child care and kindergarten, which require children to be vaccinated to access such services.⁷⁵⁴ Sue Ghalayini from BCHS told the Committee about the delays in updating immunisation details which can then impact a child's ability to commence school, kindergarten or child care:

Enrolment forms are really difficult, especially with a lack of immunisation material. The Medicare system, to get all your immunisation details, is never up-to-date, so often it can take time before kids can start school or go into kindergarten or child care—because the immunisation details are not there. Even though they start an immunisation process basically from the minute they start their refugee health checks, within the first four weeks after arrival, those immunisations are not updated on the system for many months.⁷⁵⁵

⁷⁵¹ Victorian Refugee Health Network, *Submission 31*, p. 4.

⁷⁵² Ms Kim Little, *Transcript of evidence*, p. 25.; Ms Sue Murray, *Transcript of evidence*, p. 16.

⁷⁵³ Ms Muyassar Mahmud, Tutor, HIPPY Australia, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 20.

⁷⁵⁴ Ibid. Ms Samantha Kolasa, Board Member, Early Learning Association Australia, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 15.; Ms Hutch Hussein, *Transcript of evidence*, p. 23.

⁷⁵⁵ Ms Sue Ghalayini, *Transcript of evidence*, p. 14.

Andie West, Manager of Community Wellbeing at the City of Greater Bendigo, advised the Committee of an effective way that the Council runs immunisation sessions to assist families from culturally diverse backgrounds understand the process and benefits of immunising their children:

Immunisation sessions—we have set immunisation sessions where we have an interpreter or interpreters available. We have great links with Bendigo community health and Loddon Campaspe Multicultural Centre. We can let them know when those sessions are so people can feel more comfortable coming, and we have got somebody there to do interpreting. That is working really well. The way that our sessions are set up is there is somebody to meet all of the families that come to an open immunisation session. We have found that that is really great when a CALD family comes to an open session—that there is somebody that can walk them through the process to sit with them after the immunisation for the 15 minutes and things like that and just be that key person to help them navigate how that works. We have found that that works really, really well.⁷⁵⁶

Inquiry participants spoke to the Committee about the difficulty proving immunisation status for refugees and those who have been immunised overseas.⁷⁵⁷ Marcus Forster from the City of Greater Dandenong told the Committee that the Victorian Government funded an immunisation refugee catch-up program, however, he noted that ‘updating the vaccine schedules of newly arrived immigrants takes a lot of time for the immunisation staff to work out, including the interpretation of existing records from their country of origin’.⁷⁵⁸ The Committee understands that DHHS funded the Refugee Immunisation Program between 2016 to 2020, with a focus on new Syrian and Iraqi arrivals. According to the VRHN, the ‘program has addressed substantial challenges in catch-up vaccination and enrolled more than 6000 refugee background Victorians’.⁷⁵⁹ It recommended support for immunisation catch-up for Victorian refugee communities to ensure equitable access to family benefits and early childhood education.⁷⁶⁰

FINDING 25: Families from refugee backgrounds should continue to be supported by the Victorian Government to catch up on immunisations, and particularly children, to ensure they can access early childhood education and care services.

6.7 Early Parenting Centres

Victoria currently has three publicly funded EPCs which assist with mild to moderate maternal mental health problems and the management of unsettled infant behaviours. The centres offer residential, day and community programs for families with children from birth up to before the child’s fourth birthday. Sarah Nesbitt from DHHS told the

⁷⁵⁶ Ms Andie West, Manager, Community Wellbeing, City of Greater Bendigo, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 3.

⁷⁵⁷ Ms Joanne Geurts, *Transcript of evidence*.

⁷⁵⁸ Mr Marcus Forster, *Transcript of evidence*, pp. 1, 5.

⁷⁵⁹ Victorian Refugee Health Network, *Submission 31*, pp. 5–6.

⁷⁶⁰ *Ibid.*, p. 6.

Committee that EPCs are considered a secondary support service that typically targets vulnerable children and families through early intervention and prevention practices.⁷⁶¹ As noted in the DET/DHHS submission, parents from culturally diverse backgrounds do not often seek external support or do not know that support exists. Sarah Nesbitt also advised:

In 2017–18 around 21 per cent of carers who accessed EPC services were born in a non-English-speaking country. Feedback from existing EPCs suggests that families from culturally and linguistically diverse backgrounds can be reluctant to attend EPCs or struggle to use them due to practical barriers and cultural practices.⁷⁶²

Some of the barriers identified include parents perceiving the EPCs to be connected to Child Protection, limited transport options for families with only one car and where there is limited access to public transport, and cultural practices that encourage co-sleeping are not permitted in EPC programs due to the associated risks.⁷⁶³

In response to the FCDC's *Inquiry into Perinatal Services*, the Victorian Government committed to investing \$232 million over four years to provide more support to families, including building seven new EPCs.⁷⁶⁴ Sarah Nesbitt indicated that as existing centres are refurbished and new facilities are under development, DHHS has prioritised engaging with culturally diverse communities:

Measures that will be considered include providing accommodation that is suitable for different family configurations and supporting programs that do not require residential stays for those who are not comfortable with a residential model of care.⁷⁶⁵

Sarah Nesbitt indicated that a key purpose of these consultations is to ensure the EPCs are culturally accessible and safe:

We do have a type of model of care in place at the moment, but we would like to see that formalised and strengthened as we expand our network. Importantly, we have consulted with 28 CALD parents who have had access to early parenting centres, and they have come from 10 different countries around the world. They have been able to give us unique insights into what they would look for in a centre going forward. We also consulted with the Centre for Culture, Ethnicity and Health on the development of that model of care, and while it is still underway and I cannot reveal the final shape of it, one of the principles underpinning this work is that the centres will be culturally accessible and safe for all families.⁷⁶⁶

⁷⁶¹ Ms Sarah Nesbitt, *Transcript of evidence*, p. 30.

⁷⁶² Ibid.

⁷⁶³ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 11.

⁷⁶⁴ Government of Victoria, *Response to the Parliament of Victoria, Family and Community Development Committee, Inquiry into perinatal services*, p. 6.

⁷⁶⁵ Ms Sarah Nesbitt, *Transcript of evidence*, p. 30.

⁷⁶⁶ Ibid., pp. 31–2.

The Committee commends DHHS for its efforts to consult with culturally diverse communities to ensure the EPC's model of care is culturally accessible and safe. As per recommendation 12 in Chapter 4, all staff employed at the EPCs should participate in training to enhance their cultural competency and understanding of trauma-informed practices.

RECOMMENDATION 29: That the Victorian Government ensure that Early Parenting Centres are culturally accessible and safe, and that all staff routinely participate in training to enhance their cultural competency and trauma-informed care practices.

7 Mental health and disability

Throughout the inquiry, the Committee heard that culturally diverse families, particularly those from refugee backgrounds, face many barriers to accessing mental health and disability services. This is despite their increased likelihood of developing poorer health outcomes due to experiences of isolation, trauma, grief, socioeconomic disadvantage and settlement challenges. The Committee heard that it can be difficult for people in these circumstances to access appropriate services due to language barriers, the stigma associated with these conditions and in seeking help, difficulty navigating relevant service systems or a general unfamiliarity of what services exist. Further, health professionals who work in these sectors are often inexperienced in engaging with families from culturally diverse backgrounds, and interpreters are not used enough to support families.

Issues relating to mental health and disability in the early childhood period were not commonly raised by inquiry participants, although the evidence received was concerning, especially regarding the ease at which families can fall through the gap. The purpose of this chapter is to explore these issues further, including how to better support families to identify concerns and then access the appropriate services.

Most of the evidence received by the Committee related to people of refugee backgrounds. The Committee is aware, however, that issues regarding language barriers and the appropriateness of service delivery are also relevant to many culturally diverse families who are trying to navigate and understand how different service systems work, including the National Disability Insurance Scheme (NDIS). It is essential that families be supported to access services as required and for those services to engage families in a culturally safe and inclusive manner, particularly as the absence of such support could lead to numerous other challenges, including disrupted schooling, increased isolation and potentially lifelong disadvantage.

7.1 Mental Health

Data on mental health conditions in the early childhood period (0–8 years) is limited, however, a national survey found that almost 14% of Australian children and young people between four to 17 years have a diagnosable mental health problem.⁷⁶⁷ While many challenging behaviours in young children are transient, some issues start early and can become entrenched.⁷⁶⁸ It is estimated that approximately half of adult mental health problems begin before the age of 14.⁷⁶⁹

⁷⁶⁷ Jennifer Hafekost, et al., 'Methodology of Young Minds Matter: The Second Child and Adolescent Study of Mental Health and Wellbeing', *Australian and New Zealand Journal of Psychiatry*, vol. 50, no. 9, 2015.

⁷⁶⁸ Centre for Community Child Health, *Child Mental Health: A Time For Innovation: Policy Brief No 29*, Murdoch Children's Research Institute/The Royal Children's Hospital, Parkville, 2018, p. 1.

⁷⁶⁹ Ronald C Kessler, et al., 'Age of onset of mental disorders: a review of recent literature', *Curr Opin Psychiatry*, vol. 20, no. 4, 2007.

Mental health issues in children can present in various and numerous ways, such as difficulties with attachment to parents or caregivers, irritability or aggression, hyperactive behaviour, learning difficulties, an inability to concentrate, avoidance behaviour, anxiety, depression, intrusive worries or thoughts, disordered sleep routine, and fatigue.⁷⁷⁰ They can also present as difficulty making friends and engaging in play or joining group activities, separation issues, withdrawal or lack of interest in normal activities, retreating into screen-based activities, developmental delays or regressions, mutism, perceptual abnormalities (e.g. hearing voices), or having a 'frozen' appearance.⁷⁷¹ Other presentations include difficulties with self-esteem, enuresis (urinary incontinence) or encopresis (fecal soiling), difficulty with play and peer relationships, sexualised behaviour (which may indicate a child has witnessed or been exposed to sexual abuse), self-harm or suicidality.⁷⁷²

There is limited research on mental health issues for culturally diverse children in the early years, although the 2012 study, *Social and emotional outcomes of Australian children from Indigenous and culturally and linguistically diverse backgrounds*, found that children from Aboriginal and Torres Strait Islander and culturally diverse backgrounds 'experience poorer mental health outcomes at school entry than their Australian-born English speaking peers'.⁷⁷³ It also found that they are disproportionately exposed to risk factors for poor child mental health outcomes, including socioeconomic disadvantage indicators of low maternal education, low parental income and unsafe neighbourhood environments.⁷⁷⁴

As part of the current Royal Commission into Victoria's Mental Health System, it was noted in the interim report that social determinants can affect the mental health of children and young people, such as trauma, family violence and adversity. It was also noted that children of parents 'with significant mental illness are twice as likely to develop their own mental health issue'.⁷⁷⁵ The Royal Commission reported that among other communities, refugees, asylum seekers and people from culturally diverse backgrounds are 'disproportionately affected by poor mental health and suicide'.⁷⁷⁶

The interim report drew attention to a range of factors that prevented these communities from engaging with mental health professionals, including the stigma associated with poor mental health, a lack of interpreters, fear and mistrust of services, past experiences of trauma and staff being ill-equipped to meet the needs of these

⁷⁷⁰ The Royal Children's Hospital Melbourne, *Mental Health*, 2020, <https://www.rch.org.au/immigranthealth/clinical/Mental_health_resources> accessed 22 June 2020.

⁷⁷¹ Ibid.

⁷⁷² Ibid.

⁷⁷³ Naomi Priest, Jennifer Baxter and Linda Hayes, 'Social and emotional outcomes of Australian children from Indigenous and culturally and linguistically diverse backgrounds', *Australian and New Zealand Journal of Public Health*, vol. 36, no. 2, 2012, p. 184.

⁷⁷⁴ Ibid., p. 188.

⁷⁷⁵ State of Victoria, *Royal Commission into Victoria's Mental Health System, interim report*, parliamentary paper, no. 87, November 2019, p. 37.

⁷⁷⁶ Ibid., p. 209.

communities.⁷⁷⁷ It also noted that the current system does not respond well to the needs or circumstances of people from culturally diverse backgrounds and ‘often imposes a Western model of treatment, care and support that fails to recognise and respond to people’s culture, including their language preferences and connections to family and communities’.⁷⁷⁸ The Royal Commission is scheduled to publish its final report in February 2021.

7.1.1 Trauma

As discussed in Chapter 2, many culturally diverse families, especially those from refugee and asylum seeker backgrounds, have experienced trauma and had traumatic pre-arrival experiences, such as the loss of family members, detention, separation and grief. These experiences place them at increased risk of poorer mental health outcomes, in addition to the challenges of settling in a new country.⁷⁷⁹ Dr Elisha Riggs from the Intergenerational Health Research Group at Murdoch Children’s Research Institute (MCRI) told the Committee that the ‘psychological and social impacts of torture and other traumatic events have wide ranging impacts over the short and long term and can be experienced intergenerationally’.⁷⁸⁰ These communities face numerous challenges in adapting to life in Australia, including displacement, social isolation, language and cultural barriers, loss of community and cultural connections, adapting to new family forms and dynamics, negotiating identities, and intergenerational trauma. Asylum seekers have additional stressors of uncertain migration status, no welfare supports or access to Medicare and many have experienced prolonged immigration detention and family separation, which place them at increased risk of mental illness.⁷⁸¹

In its submission, the Melbourne Children’s Campus (MCC) stated that mental and physical health issues ‘can persist for many years post-settlement, and are influenced by stress and socio-economic factors’.⁷⁸² Further, the Victorian Refugee Health Network (VRHN) stated in its submission:

Refugee families and children are more likely to experience mental health issues due to their refugee experience and post-migration stressors, although research suggests mental illness is often under-recognised and untreated in these cohorts. Multiple barriers to engagement with mental health services are recognised for refugee-background populations.⁷⁸³

⁷⁷⁷ Ibid., pp. 211–4.

⁷⁷⁸ Ibid., p. 256.

⁷⁷⁹ Melbourne Children’s Campus, *Submission 24*, received 11 October 2019, p. 12.

⁷⁸⁰ Dr Elisha Riggs, Intergenerational Health Research Group, Murdoch Children’s Research Institute, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 9.

⁷⁸¹ Victorian Refugee Health Network, *Submission on behalf of the Victorian Refugee Health Network*, submission to State of Victoria, Royal Commission into Victoria’s Mental Health System, 2019, p. 2.

⁷⁸² Melbourne Children’s Campus, *Submission 24*, p. 12.,

⁷⁸³ Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, p. 12.

Trauma has an immense impact on mental health and wellbeing and can affect development, behaviour and family functioning. The Victorian Government's *10-year mental health plan* acknowledges the importance of addressing these issues:

People from refugee backgrounds, including asylum seekers, often come from countries where they have had limited, interrupted, or no access to mental healthcare and where health infrastructure is poorly developed. People from refugee backgrounds almost universally have a history of exposure to highly traumatic events that impact mental health. These factors increase the risk of poor mental health for refugees and asylum seekers.⁷⁸⁴

The importance of trauma-informed care was a key theme in the evidence received and is examined in Chapter 4 from a service perspective. Kathy Cooney, the Communities of Practice Team Leader at The Victorian Foundation for Survivors of Torture Inc. (Foundation House), told the Committee about the training it provides to different early years services in trauma-informed and family-centred practices that requires not only observing children but also exploring how families can be supported.⁷⁸⁵ The Committee understands the importance of services, particularly early childhood educational services, adopting a family-centred approach. This acknowledges that successful engagement with children also requires supporting their parents or caregivers and acknowledging their background and experiences.

Dr Greg Gow, Program Leader at Foundation House, told the Committee about the importance of creating safety for children in early years services, noting that when working with children of refugee backgrounds 'you need to expect that you are going to see trauma reactions and disclosures.' Dr Gow stated that it was important to build connections and belonging in early years services and for these services to create a 'trauma recovery environment':

There is a whole range of strategies that early years services can do that can make a huge difference around responding to traumatised children. So that is really what we do with our work. We enable an early years service to do an audit, to basically say, 'Look, what are we currently doing that's supporting children of refugee backgrounds that's working well, and how can we actually build on that?'. They do an audit and then they develop an action plan, and we work with them to put that in place across the whole service. While we are doing that we will also deliver professional learning with the staff as well. So it is not just about individual staff, it is also about the setting, and that is why we use the phrase 'trauma recovery environment'. That is a big part of our professional learning that we do.⁷⁸⁶

The Committee strongly believes that all early childhood service staff should receive training in trauma-informed care, as per recommendation 12 in Chapter 4.

⁷⁸⁴ Department of Health and Human Services, *Victoria's 10-year mental health plan*, Victorian Government, Melbourne, 2015, p. 22.

⁷⁸⁵ Ms Kathy Cooney, Communities of Practice Team Leader, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 6.

⁷⁸⁶ Dr Greg Gow, Program Leader, Education and Early Years, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, pp. 6-7.

7.1.2 Parental mental health

The VRHN wrote in its submission that insecure visa status has implications for parental wellbeing and capacity.⁷⁸⁷ It also noted that a parent's trauma experience 'can also impact on the parent-child relationship, parents' ability to engage with supports and settlement tasks, and family functioning'.⁷⁸⁸ Further, parental mental health concerns, such as antenatal or postnatal depression, can impact both parent and child wellbeing.⁷⁸⁹ The Committee is also aware that separation anxiety is common in both refugee children and their parents, particularly mothers.⁷⁹⁰

Conversely, the Committee heard that in the early years of parenting the needs of fathers of migrant and refugee backgrounds are often overlooked, despite their need for support.⁷⁹¹ Dr Elisha Riggs from the MCRI told the Committee:

Fathers of migrant and refugee backgrounds are particularly vulnerable to poor mental health in the early years of parenting, yet fathers are rarely asked about their own health needs by maternity or early childhood services, and health professionals involved in the care of migrant and refugee families during pregnancy and the early years of parenting are unsure about what they can do to support fathers. A major barrier to improving health system capacity to address the needs of fathers is the lack of research evidence to inform service redesign.⁷⁹²

The Committee also heard that migrant women are at higher risk of perinatal mental health issues, however, there are few services available.⁷⁹³ Dr Adele Murdolo, Chief Executive Officer of the Multicultural Centre for Women's Health, told the Committee:

[I]n the northern division, which is where we did a little bit of research about perinatal mental health, we found that there are only two services that can cater for migrant women that are specifically for migrant women, so they can take into account cultural language issues, and that also have expertise in perinatal mental health. One of them was in Mildura, which is great for Mildura people; the other one was metropolitan based. But there were no other services anywhere else. So I guess in this sector it would be important to take into account that there would be a sizeable number of women who are experiencing perinatal mental health challenges and they do not get any treatment or support for it. And there have been some quite tragic cases of migrant women in the media in Victoria where there have been some tragic outcomes from that. So definitely support for mental health challenges is important.⁷⁹⁴

⁷⁸⁷ Victorian Refugee Health Network, *Submission 31*, p. 9.

⁷⁸⁸ Ibid.

⁷⁸⁹ Royal Australasian College of Physicians, *Early Childhood: The Importance of the Early Years: Position Statement*, Sydney, 2019, pp. 20-1.

⁷⁹⁰ Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, p. 10.; VICSEG New Futures, *Submission 7*, Attachment 2, received 27 September 2019, p. 2.; AMES Australia, *Submission 10*, received 7 October 2019, p. 6.

⁷⁹¹ Melbourne Children's Campus, *Submission 24*, p. 20.; Dr Elisha Riggs, *Transcript of evidence*, p. 10.

⁷⁹² Dr Elisha Riggs, *Transcript of evidence*, p. 10.

⁷⁹³ Dr Adele Murdolo, Executive Director, Multicultural Centre for Women's Health, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 45.

⁷⁹⁴ Ibid.

In addressing perinatal, infant and child mental health, the VRHN recommended in its submission an ‘upstream approach’ which addresses ‘risk and protective factors early in life for children and early in the course of mental illness for parents’:

A prevention-focused approach to refugee child health must address psychosocial influences on family and child wellbeing including settlement, community participation, social connections, economic inclusion, and accessing to secure housing.⁷⁹⁵

The Committee supports this approach and believes that early intervention can have a profoundly positive impact on children’s emotional and social development. The Committee reiterates recommendation 27 from Chapter 6 that proposes that culturally diverse families, particularly those of refugee backgrounds, be identified as a priority group for access to the Enhanced Maternal and Child Health (EMCH) service. A key factor for access to the EMCH service is the presence of a mental health issue impacting parenting capacity. These approaches aim to improve the social determinants of health and address the risk factors for mental health issues among families and their children. It is important that all early childhood services understand the importance of early intervention and prevention when engaging with families.

FINDING 26: The mental health of parents is important in shaping the mental health of their children. It is important to apply a holistic, trauma-informed and family-centred approach when addressing mental health issues in culturally diverse communities.

7.1.3 Accessing mental health services

The Committee did not receive evidence of mental health services that specifically target young children from culturally diverse communities, although it is aware that specialist child and adolescent mental health services exist more broadly for young people up to the age of 18 years through the Child and Adolescent Mental Health Services (CAMHS) and up to the age of 25 years through the Child and Youth Mental Health Services (CYMHS). These are publicly funded services provided throughout Victoria.⁷⁹⁶

The Committee also notes that the Royal Children’s Hospital (RCH) Immigrant Health Clinic has a combined refugee health and mental health service that includes a psychiatrist and a paediatric mental health nurse among its staff.⁷⁹⁷ The clinic provides a range of health and mental health services, including developmental pediatrics, autism assessment, child and adolescent psychiatry and pediatric mental health nursing.⁷⁹⁸

⁷⁹⁵ Victorian Refugee Health Network, *Submission 31*, p. 12.

⁷⁹⁶ Department of Health and Human Services, *Child and adolescent mental health services*, (n.d.), <<https://www2.health.vic.gov.au/mental-health/mental-health-services/area-based-services/services-for-children-and-adolescents/child-and-adolescent-mental-health-services>> accessed 26 July 2020.

⁷⁹⁷ The Royal Children’s Hospital Melbourne, *About the Immigrant Health Service*, 2020, <<https://www.rch.org.au/immigranthealth>> accessed 22 June 2020.

⁷⁹⁸ Ibid.

The service has close links to primary health care providers, settlement/community organisations working in refugee health and affiliated paediatric refugee services in Footscray (CoHealth), Craigieburn, Darebin (Plenty Valley Community Health) and Ringwood (EACH).⁷⁹⁹ Refugee and CALD specific mental health services, including family support and counselling, are also provided by Foundation House.

The Committee is aware that for culturally diverse communities, there are numerous barriers to accessing mental health services. These include the stigma associated with mental health, fear of ostracism and isolation from the community, cultural differences in dealing with mental health issues and a sense of family responsibility which may prevent people from seeking help outside the family. There is also a lack of experience in comparable services overseas. Other barriers include fear of not being properly understood by service providers, limited awareness of services, a belief and experience that services are not culturally appropriate, and concerns about the use of interpreters and confidentiality. The Committee acknowledges the enormity of these barriers, including the deeply concerning fear that their children might be taken away as a result of seeking help.

Inquiry participants drew attention to the limited data on the mental health needs of individuals from culturally diverse communities and their access to services. Where data does exist, it often does not provide an accurate representation. For example, the 2017–18 Australian Bureau of Statistics National Health Survey found that the prevalence of mental illness among people who spoke a language other than English at home was less than that among the general population (13% compared with 21.7%).⁸⁰⁰ Nonetheless, as noted by the Victorian Royal Commission in its interim report, these results ‘do not necessarily reflect the experiences’ of culturally diverse communities due to limitations in research methodology, obstacles to gaining access to services, differences in help-seeking behaviour, and stigma attached to seeking out mental health services in some communities.⁸⁰¹ The report also notes that these factors make it difficult to draw comparisons between cohorts ‘potentially leading to underestimates of the true level of poor mental health in culturally diverse communities’.⁸⁰²

Similarly, the Victorian Auditor-General’s Office (VAGO) 2019 report, *Child and Youth Mental Health*, indicated that people from culturally diverse backgrounds are ‘less likely to seek help for mental health problems, but no less likely to experience problems’.⁸⁰³ The report also noted that culturally diverse children and young people are underrepresented in accessing CYMHS, especially those born in Southern Europe, Asia and on the Indian Subcontinent who represent ‘less than half of what we would expect

⁷⁹⁹ Ibid.

⁸⁰⁰ Australian Bureau of Statistics, Table 21 (4.3), *National health survey: First results, 2017–18*, cat. no. 4364.0.55.001, 2019, <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012017-18>> accessed 22 June 2020.

⁸⁰¹ State of Victoria, *Royal Commission into Victoria’s Mental Health System, interim report*, p. 46.

⁸⁰² Ibid.

⁸⁰³ Victorian Auditor-General’s Office, *Child and youth mental health*, parliamentary paper, no. 36, Victorian Government, Melbourne, June 2019, p. 80.

if they were accessing CYMHS at a rate proportional to their share of the population'.⁸⁰⁴
The VAGO report also stated:

Refugees are more likely to have experienced trauma than the general population and are at greater risk of mental health problems as a result. Our data analysis shows that young people born in Sub-Saharan Africa, who are frequently refugees who have experienced trauma, are accessing CYMHS at a higher rate than their population share, but there is no evidence to show whether this rate is commensurate with the mental health needs of the population given its experience of trauma.⁸⁰⁵

The following table, taken from the VAGO report, illustrates the disparity in clients from certain culturally diverse background accessing CYMHS compared to their population rate.

Table 7.1 Country of birth for CYMHS clients compared to country of birth for the total Victorian population aged 0–25 years

Region of birth	Victorian population aged 0–25 (%)	CYMHS clients (%)	Expected numbers in CYMHS (%)
Australia	79.87	79.21	99
Other Asia	6.07	2.18	36
Indian Subcontinent	3.02	1.47	49
English speaking countries in Northern Europe and North America	1.47	1.12	76
New Zealand and South Pacific	1.41	1.28	91
Middle East and North Africa	1.06	0.72	68
Sub-Saharan Africa	0.88	1.08	123
Western Europe	0.28	0.19	68
Eastern Europe	0.24	0.22	92
Southern Europe	0.21	0.09	43
Latin America	0.17	0.18	106
At sea	0.00	0.01	0
Not stated/inadequately described/ no data	5.30	12.18	230

Source: Victorian Auditor-General's Office, *Child and youth mental health*, parliamentary paper, no. 36, Victorian Government, Melbourne, June 2019, p. 81.

Similarly, a 2019 literature review prepared by the Centre for Multicultural Youth for Orygen as part of the Youth Enhanced Services program, *Improving the mental health and wellbeing of young people from migrant and refugee backgrounds*, found that there was a significant gap in the research regarding the use of mental health services

⁸⁰⁴ Ibid.

⁸⁰⁵ Ibid.

by young people of refugee and migrant backgrounds. This is despite them being at an increased risk of mental-ill health and experiencing more difficulties accessing care should they need it:

Refugee children and young people in Australia have lower rates of mental health service use than Australian children and young people. This is despite the existence of specialist mental health youth services and multicultural non-mental health services. The lack of collaboration or partnerships between these two types of services has significant consequences for young people. Those who do access mental health services typically present to services at a later age when symptoms are more severe and are more likely to be admitted into acute inpatient care and treated for longer periods.⁸⁰⁶

FINDING 27: Children and young people from culturally diverse communities are less likely to access mental health services, despite being at increased risk of experiencing mental health issues.

The VAGO report identified that ‘DHHS has not identified priority populations for CYMHS vulnerable groups, nor enabled health services to prioritise access at the local level’. This is despite its audited health services showing that the rate of vulnerable client groups accessing CYMHS is low compared to less vulnerable groups.⁸⁰⁷ Currently, the DHHS website states that ‘[v]ulnerable children and young people and families, including those involved in statutory services, are prioritised’. It does not state which groups would be considered vulnerable except to specify those in out-of-home care.⁸⁰⁸ The VRHN recommended in its submission that refugee background children should be a priority group for access to child and adolescent mental health services.⁸⁰⁹ The Committee supports this recommendation given the pre-settlement experiences of people from refugee backgrounds and their increased risk of mental health issues.

RECOMMENDATION 30: That the Victorian Government identify children and young people of refugee and asylum seeker backgrounds as a priority group for access to child and youth mental health services.

7.1.4 Attitudes towards mental health

The Committee heard that within some culturally diverse communities, negative attitudes towards mental health is a significant barrier to accessing support and to creating awareness around mental health issues within some culturally diverse communities. Furthermore, cultural perceptions of mental health differ widely, with inquiry participants reporting anecdotal evidence that some people feel shame for

⁸⁰⁶ Orygen, *Improving the mental health and wellbeing of young people from migrant and refugee backgrounds*, report prepared by Centre for Multicultural Youth, Melbourne, 2019, p. 6.

⁸⁰⁷ Victorian Auditor-General's Office, *Child and youth mental health*, pp. 79–80.

⁸⁰⁸ Department of Health and Human Services, *Child and adolescent mental health services*.

⁸⁰⁹ Victorian Refugee Health Network, *Submission 31*, p. 12.

seeking help outside the family, and the belief that people should be able to manage mental health issues on their own.⁸¹⁰ Some communities also attribute mental difficulties to spirit possession or karma.⁸¹¹

In its submission to the Royal Commission into Victoria's Mental Health System, the VRHN spoke of the need to increase awareness in refugee communities about mental health issues and to address stigma:

Stigma presents a significant barrier within refugee background communities to understanding mental health, talking about mental health and accessing mental health services. There is a lack of information within some refugee communities and there is misinformation regarding mental illness/health. There is a fear within some communities that mental illness means that you are "crazy" and that there is no "cure". This contributes to fear and shame relating to mental illness and accessing services for mental health concerns. A bicultural worker spoke of some families being reluctant to let their children follow through with mental health plans as these were perceived to have negative effects for a child's future, such as difficulty getting a job or into university. Fear and shame was also highlighted as something experienced by people seeking asylum when accessing services on the basis of their asylum seeking status.⁸¹²

In its submission to the inquiry, the Victorian Council of Social Service (VCOSS) stated that its members 'report that newly arrived CALD families may not understand the concept of disability and can have particular stigma around mental ill health'.⁸¹³ Importantly, it drew attention to the value in addressing these topics in a culturally sensitive way, noting that otherwise 'one family member or an entire family unit may oppose accessing a service'.⁸¹⁴ Similarly, the VRHN recommended that 'initiatives to improve cultural sensitivity and responsiveness in mental health services are driven by meaningful community consultations and/or co-design'.⁸¹⁵

Inquiry participants reaffirmed the importance for mental health service providers to understand the cultural perceptions of mental health, including attitudes and literal understandings. For example, Sue Ghalayini, Humanitarian Settlement Program Case Manager at Bendigo Community Health Services (BCHS), advised the Committee that service providers need to be aware of language intricacies when using interpreters:

Because not many people would know that in the Karen language there are a lot of words that mean nothing to them—'mental health', for example. What doctor knows that? What service provider knows that? Very few. So 'counselling' is one word that keeps getting used and used and used. Yet there is no word for counselling in Karen. I do not know how they are navigating that. I do not know how they are negotiating that.⁸¹⁶

⁸¹⁰ Bendigo Community Health Services, *Submission 28*, Attachment 1, received 15 October 2019, p. 3.

⁸¹¹ Ibid.

⁸¹² Victorian Refugee Health Network, *Submission on behalf of the Victorian Refugee Health Network*, p. 7.

⁸¹³ Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 15.

⁸¹⁴ Ibid.

⁸¹⁵ Victorian Refugee Health Network, *Submission 31*, p. 12.

⁸¹⁶ Ms Sue Ghalayini, Humanitarian Settlement Program Case Manager, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 19.

The Committee also heard from inquiry participants that there is limited awareness within communities of preventative health measures, and it is important to improve their mental health literacy and awareness to ensure they receive appropriate support.⁸¹⁷

7.1.5 Building mental health literacy

The Committee was encouraged to hear from BCHS about the Learning to Live Well project that focused on improving the understanding of mental health needs within the Karen refugee community.⁸¹⁸ The project was funded under the Victorian Small Grants Program *Improving the mental health and wellbeing of refugee and migrant background communities by building capacity*, and managed by Tandem and the Victorian Mental Illness Awareness Council.⁸¹⁹ The project aimed to build sustainable mental health literacy, improve access and understanding of existing mental health supports, enhance service sector cultural understanding and inclusive practice, reduce stigma and increase dialogue regarding mental health.⁸²⁰ Some of the activities included consulting with Karen communities, employing a Karen community guide, community education sessions, translating counselling brochures and developing resources.

Community consultations conducted as part of the project identified that local Bendigo schools were struggling to support the mental health needs of refugee students and their families. There were also increasing rates of postnatal depression among refugee and migrant women and an underrepresentation of refugee attendance and utilisation of mental health services.⁸²¹ Furthermore, service providers identified a gap in their knowledge of Karen culture and in understanding the lived experience of refugees. Importantly, the report noted that workforce issues were a significant challenge in promoting mental health services:

The biggest challenge this program presented was local service provide knowledge and capacity. At present Bendigo only has one service provider that is specially trained to work with the unique needs of survivors of trauma and torture (BCHS Torture and Trauma Counselling Service funded by Foundation House). Therefore, as a region [we] have limited capacity to address refugee and asylum seeker mental health. Within the project we were very wary about raising the awareness and literacy of the community and not be able to meet the need this increased awareness would create. A lot of our work revolved around the recognition of poor mental health and self-help strategies and the importance of GP involvement for support.⁸²²

⁸¹⁷ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 2.; Melbourne Children's Campus, *Submission 24*, p. 13.; Bendigo Community Health Services, *Submission 28*, Attachment 1.; Victorian Refugee Health Network, *Submission 31*, p. 16.

⁸¹⁸ Bendigo Community Health Services, *Submission 28*, Attachment 1, p. 1.

⁸¹⁹ *Ibid.*

⁸²⁰ *Ibid.*;

⁸²¹ *Ibid.*, pp. 2-5.

⁸²² *Ibid.*, p. 9.

The Committee commends projects such as the Learning to Live Well, which took a community-driven approach to build capacity both within and outside the community and strengthen community leadership. The Committee understands that an essential component to such projects' effectiveness is having a workforce that is trained and willing to address trauma and mental health concerns in culturally diverse communities. The Committee supports the development of other projects designed to improve mental health literacy and awareness in different communities. As a starting point, the Committee believes that the Victorian Government should take a lead in developing resources to improve such awareness in collaboration with community groups, and that these resources be made available in different languages and in different formats, including audio/visual.

RECOMMENDATION 31: That the Victorian Government collaborate with community groups to develop culturally appropriate information to improve awareness of mental health issues among culturally diverse communities and how to access support.

7.2 Disability

The Committee is aware that culturally diverse families who have children with disabilities, language and/or developmental delays are particularly disadvantaged and often struggle to receive the support they need. This can present further challenges with engagement and access to early childhood services,⁸²³ often resulting in social isolation, disrupted schooling and lifelong disadvantage. The Committee heard that the disability service system is complex and difficult to navigate, particularly with the transition of state-based services, such as the Helping Children with Autism program, the Better Start for Children with a Disability initiative and the Early Childhood Early Intervention (ECEI) to the NDIS.

While the NDIS is not the responsibility of the Victorian Government, the Committee believes it has a responsibility to advocate to the Commonwealth Government on many of the issues raised by inquiry participants.

The Committee was unable to identify specific data regarding disability among children from culturally diverse backgrounds, other than the data cited below on NDIS access. However, the Department of Education and Training's (DET) 2017 *State of Victoria's Children* report showed rates of disability among children more broadly. As Table 7.2 below illustrates, in 2015, 2.6% of children aged 0–4 years and 8.8% of children aged 5–14 years had a disability in Victoria.⁸²⁴

⁸²³ Victorian Council of Social Service, *Submission 23*.

⁸²⁴ Department of Education and Training, *The State Of Victoria's Children Report*, Victorian Government, Melbourne, 2017, p. 6.

Table 7.2 Children and young people with a disability, by age group, Victoria, 2012 and 2015

Age group	2015		2012	
	Persons	Percentage of population	Persons	Percentage of population
0–4 yrs	10,000	2.6	11,200	3.1
5–14 yrs	62,600	8.8	56,500	8.3

Source: Department of Education and Training, *The State of Victoria's Children Data pack*, Victorian Government, Melbourne, 2017, p. 6.

In 2017, the Education Council's Nationally Consistent Collection of Data on School Students with a Disability identified that 19.1% of Victorian students require some level of adjustment to enable them to participate in education because of their disability.⁸²⁵ The *State of Victoria's Children* report also provided data on the types of disability that affect the 19.1% of Victorian school students with a disability who require some level of adjustment to participate in education. This data, reflected in Table 7.3 below, shows that cognitive and socio-emotional disabilities are the most prevalent types of disabilities.⁸²⁶

Table 7.3 Proportion of students with a disability, by category of disability, Victoria and Australia, 2017

Categories of Disability	+Victoria (%)	Australia (%)
Cognitive	9.6	10.4
Physical	3.5	2.8
Sensory	0.5	0.7
Social-Emotional	5.5	4.9
All categories	19.1	18.8

Source: Department of Education and Training, *The State of Victoria's Children Data pack*, Victorian Government, Melbourne, 2017, p. 6.

While specific data on culturally diverse children with disability 'does not exist',⁸²⁷ the Committee heard that they are at greater risk of developmental vulnerability. Further, people from refugee backgrounds are more likely to have a disability than other populations, due to experiences of torture, trauma and displacement.⁸²⁸ Associate Professor Georgie Paxton OAM from the VRHN told the Committee that there are

⁸²⁵ COAG Education Council, *2017 data on students in Australian schools receiving adjustments for disability*, Melbourne, 2018.

⁸²⁶ Department of Education and Training, *The state of Victoria's children: Data pack*, Victorian Government, Melbourne, 2017, p. 6.

⁸²⁷ Meni Tsambouniaris, 'Improving participation of culturally and linguistically diverse children with a disability in children's services', *Australian Mosaic*, Autumn 2015, p. 24.

⁸²⁸ Brotherhood of St Laurence, *Submission 36*, p. 6.; Refugee Council of Australia, *Barriers and exclusions: The support needs of newly arrived refugees with a disability*, 2019, p. 3.

increasing numbers of refugees with a disability living in Victoria due to legislative changes in 2012 that waived visa health requirements for humanitarian visa holders:

The health requirement of the Migration Act was waived for humanitarian entrants, basically enabling people with disability to travel to Australia under Australia's offshore refugee program. In practice we probably did not see a great deal of change for two or three years, but from around 2016–17 we have seen relatively high numbers of new arrivals with disability. This is often complex disability and often disability which has not had adequate access to treatment or management, so it has got a greater functional impact than it might have had should the person have been born in Australia. So we have more people arriving with disability.⁸²⁹

The Committee also heard that children from refugee backgrounds have multiple risk factors and may be at a higher risk of developing neurodevelopmental disorders or developmental delays.⁸³⁰ In its submission, the VRHN stated:

Many refugee background children have multiple pre-, peri- and post-natal risk factors for developmental delay and disability, including pregnancy and birth complications, malnutrition, communicable diseases, and vision/hearing impairment. Lack of access to healthcare and untreated conditions may compound functional impairment. Trauma experience has implications for neurobiological, cognitive, and emotional development, and refugee background children have frequently experienced multiple traumatic events prior to resettlement.⁸³¹

Despite this increased vulnerability, many inquiry participants raised concerns that some children from culturally diverse backgrounds with special needs or disabilities have not been receiving appropriate help and falling through the cracks.⁸³² In the quarterly period to 30 June 2020, there were 11,972 culturally diverse participants in the NDIS in Victoria, which represents 11.3% of all participants.⁸³³ Furthermore, the Committee heard that in 2018, only 9% of people accessing disability services in the northern suburbs were from a culturally diverse background, despite the area being particularly multicultural.⁸³⁴ The Committee believes these figures are especially concerning given that early intervention, particularly for developmental delays and autism spectrum disorders, is crucial in order to prevent disadvantages later in life.

⁸²⁹ Associate Professor Georgie Paxton, Victorian Refugee Health Network, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 10. The *Migration Act 1958* (Cth) and regulations are exempt from the *Disability Discrimination Act 1992* (Cth) s. 52, allowing the government to discriminate against people with a disability in the area of migration, however in response to the joint standing committee on disability this was changed.

⁸³⁰ Victorian Refugee Health Network, *Submission 31*, p. 9.

⁸³¹ *Ibid.*

⁸³² Ethnic Communities' Council of Victoria, *Submission 15*, received 9 October 2019, p. 19.

⁸³³ National Disability Insurance Scheme, *Quarterly performance dashboard: Victoria*, report for COAG Disability Reform Council, 2020.

⁸³⁴ Noah's Ark Inc., *Submission 35*, received 7 November 2019, p. 3.; Ms Roxanne Higgins, Director of Services, Noah's Ark, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 7.

While consultation has begun for the Victorian State disability plan 2021–2024,⁸³⁵ the current plan *Absolutely everyone 2017–2020* identifies the need to better respond to people with a disability from refugee backgrounds. As part of Action 6, the Plan states that the Victorian Government ‘will work with key sector partners, such as the VRHN and AMES Australia to identify and respond to issues for people with a disability from refugee backgrounds, including those seeking asylum in Victoria’.⁸³⁶

The plan also funded the VRHN ‘to complete a needs assessment of the responsiveness of the disability and refugee health service system in northern Melbourne’.⁸³⁷ The VRHN’s report, *Service responses for people with disabilities from refugee backgrounds in northern Melbourne*, while not focused solely on children, recommended that Foundation House and specialist paediatric refugee services provide professional learning for psychologists and other practitioners undertaking developmental and cognitive assessments for children and adolescents.⁸³⁸ The report also recommended that the DET consider transition support needs of children with disabilities from refugee backgrounds.⁸³⁹

FINDING 28: Children from refugee backgrounds are exposed to multiple risk factors that can lead to disability or developmental delays, however, there is limited data that identifies their needs and access to services.

7

7.2.1 Cultural attitudes towards disability

Similar to mental health, the Committee heard there are varied cultural attitudes towards disability in culturally diverse communities which impact the ability or willingness of some families to seek assessments and support. Inquiry participants told the Committee that for some families, having a disability brings shame and stigma and is seen as a punishment. For some families, a diagnosis is met with disbelief, misunderstanding and denial, whereas for others it is seen as a gift. The Committee also heard that a diagnosis can lead to “service hopping” whereby families move services when educators raise concerns with parents about their child’s development.⁸⁴⁰

In its submission, Noah’s Ark Inc. drew attention to some of the different meanings and beliefs ascribed to having a disability, noting that these vary enormously:

The concept of disability varies from culture to culture and from one individual to another. Some cultures don’t have words for disabilities, such as Autism. Attitudes or

⁸³⁵ Department of Health and Human Services, *Consultation paper for state disability plan 2021–2024*, Victorian Government, Melbourne, 2019.; Department of Health and Human Services, *Victorian state disability plan 2021–2024 consultation*, 2020, <<https://www.statedisabilityplan.vic.gov.au/victorian-state-disability-plan-2021-2024-consultation>> accessed 22 June 2020.

⁸³⁶ Department of Health and Human Services, *Absolutely everyone: State disability plan 2017–2020*, Victorian Government, Melbourne, 2016, p. 28.

⁸³⁷ Ibid.

⁸³⁸ Victorian Refugee Health Network, *Service responses for people with disabilities from refugee backgrounds in northern Melbourne*, Melbourne, 2018, p. 3.

⁸³⁹ Ibid., p. 4.

⁸⁴⁰ Noah’s Ark Inc., *Submission 35*, p. 7.

beliefs towards disability also vary enormously with some cultures viewing it as a gift and others viewing disability as a punishment... In some cultures, disability can carry such shame that families may go to significant lengths to conceal a child's disability or delay from their extended family and community. Other families may fear that discovery of their child's disability or delay may result in failing to achieve permanent residency in Australia. Families may also come from a country where they had limited trust in government and may hold similar fears in their new country. Families may simply be unaware services are available for them and their child.⁸⁴¹

The Committee heard that some communities might underestimate or misunderstand disability and be reluctant to access services due to beliefs that their child does not require any assistance. Hiranthi Perera, Program Manager at Community Hubs Australia, advised that some families may be inclined to ignore what is occurring:

For some cultures the stigma of being seen to seek support for children with developmental delays or complex learning needs often can be quite isolating. The common response is to put their head in the sand or ignore that the issue is even happening.⁸⁴²

Joanne Geurts, Chief Executive Officer of the Eureka Community Kindergarten Association, told the Committee about the challenges for educators when parents do not see behaviours, disabilities and learning difficulties as something that their child may need support with:

The other thing our educators have indicated is that they do have trouble particularly when they identify developmental or learning delays in children. We had a fairly recent case where...the child was diagnosed with Down syndrome, but the parents were very hard to engage around what services or what supports the child needed. They did a lot of nodding and saying yes, but obviously they did not understand. I think they also felt that the behaviours were quite okay...again there could be differences in the expectations of what our teachers and educators are expecting of children.⁸⁴³

Similarly, Noah's Ark highlighted how different cultural approaches to parenting might also delay the recognition of a developmental delay or disability:

There are many different cultural views of parenting, child development and disability. In some cultures, it is traditional to do everything for infants and young children, for example to carry them and spoon feed them long after a child may have been encouraged to do this independently in other cultures. Likewise, in some cultures, children are not often spoken to by adults and so it is not considered unusual for a child to begin speaking at a much older age than would be anticipated in Western cultures. Such cultural practices may delay the recognition of a disability or developmental delay.⁸⁴⁴

⁸⁴¹ Ibid., p. 4.

⁸⁴² Ms Hiranthi Perera, Program Manager, Community Hubs Australia, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 35.

⁸⁴³ Ms Joanne Geurts, Chief Executive Officer, Eureka Community Kindergarten Association, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 2.

⁸⁴⁴ Noah's Ark Inc., *Submission 35*, p. 3.

Another potential delay to seeking a diagnosis for many families is a fear of the consequences. Several participants in the inquiry discussed the precarity of visa status and fears that many culturally diverse families have of being deported. Roxanne Higgins, Director of Services at Noah's Ark, told the Committee that they see families who are reluctant to declare if a child has a disability or to apply for the NDIS 'through a perceived fear of that impacting their residency application'.⁸⁴⁵ A fear that is understandable given that, as mentioned above, Australia has only recently accepted humanitarian arrivals with disabilities. Roxanne Higgins advised that there needs to be 'really clear communication that is accessible and transparent' and 'very clear that having a child with a disability does not affect your residency application'.⁸⁴⁶

Some people are also reluctant to seek help for fear that the costs will be prohibitive. This is particularly the case for asylum seekers and those who do not have permanent residency, such as international students, who cannot access the NDIS and Medicare. Further, the Brotherhood of St Laurence (BSL) stated in its submission that many culturally diverse communities would not have had access to publicly funded disability support in their home countries and thus, may believe that 'such care is a family responsibility, and/or believe it involves large fees'.⁸⁴⁷ BSL also advised that 'families from collective cultures may face difficulties accepting respite care from a non-family member'.⁸⁴⁸

Regarding the workforce, the Committee heard that it was important for those in the disability sector who work with culturally diverse families to understand cultural attitudes towards disability in these communities. In particular, Roxanne Higgins from Noah's Ark advised that staff need to 'understand where disability sits within the community'.⁸⁴⁹ She also stated:

For some communities disability is an absolute shame for that family, for other communities it is quite different and then again for other communities it is something to be fixed. If you have a child with a lifelong disability, there are not many that we can fix, so it is working with that concept around support and inclusion and the unique joyous moments that a child with a disability brings to your life.⁸⁵⁰

Roxanne Higgins raised the importance of cultural competency training for those working in the disability sector:

I certainly think building cultural sensitivity training in as a requirement across all early education and disability services would be a step in the right direction. If you are working with different communities, you actually need to understand their view of disability and the way to engage with that community in a way that is sensitive and

⁸⁴⁵ Ms Roxanne Higgins, *Transcript of evidence*, p. 9.

⁸⁴⁶ Ibid.

⁸⁴⁷ Brotherhood of St Laurence, *Submission 36*, p. 9.

⁸⁴⁸ Ibid.

⁸⁴⁹ Ms Roxanne Higgins, *Transcript of evidence*, p. 10.

⁸⁵⁰ Ibid.

is respectful and recognises their needs. So having individually worked with Afghani communities, there are very clear procedures that I would follow that are quite different to if I was working with a predominantly English, Australian-born community.⁸⁵¹

As discussed in Section 7.1.5 on building mental health literacy, there is also a need to increase health literacy on disability within culturally diverse communities. The VRHN drew attention to this in its submission:

Diverse understandings of disability require an assertive, informed, and coordinated health system. People with refugee background may arrive in Australia with diverse cultural concepts for disability and may not have experience of accessing services and support to increase quality of life and function. Health promotion activities must focus on both increasing health and health system literacy in this cohort, as well as a more integrated responsive service system.⁸⁵²

In addressing cultural attitudes towards disability, inquiry participants raised the need for improved awareness of disabilities. They also advocated for the development of information and resources about disabilities, the NDIS, early childhood intervention and health, and community support services to help families navigate various service systems.⁸⁵³

The Committee supports the development of culturally appropriate information designed to improve health and health system literacy and awareness of disabilities and developmental delays. The National Disability Insurance Agency's (NDIA) *Cultural and Linguistic Diversity Strategy 2018*,⁸⁵⁴ discussed in Section 7.3.4, aims to make information about the NDIS accessible for culturally diverse communities and has funded projects to develop such resources. Nonetheless, the Committee sees a role for the Victorian Government to work with communities and relevant stakeholders to create culturally appropriate and accessible information about disabilities, language and developmental delays. It is important that these resources also provide information on how to access support, including from services other than the NDIS, such as community health, allied health and mental health services, and community networks. It is also important these resources be translated in numerous languages and formats, including audio and visual formats.

RECOMMENDATION 32: That the Victorian Government work with culturally diverse communities and relevant stakeholders to develop culturally appropriate and accessible information to improve awareness of disabilities, language and developmental delays, and how to access support.

⁸⁵¹ Ibid., p. 8.

⁸⁵² Victorian Refugee Health Network, *Submission 31*, p. 10.

⁸⁵³ Ms Roxanne Higgins, Transcript of evidence, p. 7.; Melbourne Children's Campus, *Submission 24*, p. 23.; Victorian Refugee Health Network, *Submission 31*, p. 11.; Ethnic Communities' Council of Victoria, *Submission 15*, p. 19.

⁸⁵⁴ National Disability Insurance Agency, *Cultural and linguistic diversity strategy 2018: Our approach to working with people from culturally and linguistically diverse backgrounds as we deliver the National Disability Insurance Scheme*, 2018, p. 4.

7.2.2 Disrupted schooling

The Committee heard that while culturally diverse communities typically ‘have very high educational aspirations for their children’, these families routinely face additional barriers navigating early years services, including during the preschool and school years.⁸⁵⁵ Emma King, Chief Executive Officer at VCOSS, told the Committee that families can experience multiple layers of disadvantage and that ‘many educational institutions are not particularly welcoming of children with disability’:

I think that where people from CALD communities are trying to enter a system in the very first instance, and for children who have got disability, one of the things that we find is that often it is just really tough. In terms of getting the support that children need, it is often not provided.⁸⁵⁶

Similarly, BSL advised in its submission:

Families in our NDIS ECEI program report feeling unwelcome at their local preschool and being ‘encouraged’ by the provider to seek enrolment elsewhere. The logistics of getting a child with disability to preschool—especially for short half-day sessions, and if outside their local neighbourhood—can make it all too hard.⁸⁵⁷

Disrupted schooling is common for families from culturally diverse backgrounds, particularly those from refugee backgrounds, as they adjust to a new language and a new school environment. Children of refugee backgrounds are also likely to have had limited schooling and significant gaps in their education. This situation is further complicated for children with a disability, language or developmental delay as they may have had a missed or delayed diagnosis, which impacts their schooling. Sue Ghalayini from BCHS told the Committee:

They come with no health history at all. It takes so much time to build a history, for us to get referrals to paediatrics or assessments done by Assessments Australia for a child that has got an intellectual disability. Sometimes it can take months for that child to start school because they have to create a history for themselves, basically, in order to have those assessments done, created, and be referred to the appropriate school.⁸⁵⁸

Martine Street, Manager at BCHS, told the Committee about their Karen and Karenni refugee arrivals, many of whom ‘have never been to school’:

They have never held a pen and cannot read or write in their own language. It is not uncommon now for new arrivals, including children and infants, to come with significant health issues or profound disabilities. This can impact their settlement journey as their focus is on attending numerous health appointments and trying to navigate systems. It can impede enrolments into school, for example.⁸⁵⁹

⁸⁵⁵ Ms Emma King, Chief Executive Officer, Victorian Council of Social Service, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 27.

⁸⁵⁶ Ibid.

⁸⁵⁷ Brotherhood of St Laurence, *Submission 36*, p. 10.

⁸⁵⁸ Ms Sue Ghalayini, *Transcript of evidence*, p. 14.

⁸⁵⁹ Ms Martine Street, Manager, Settlement Services, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 12.

In her evidence to the Committee, Associate Professor Georgie Paxton from the VRHN, proposed providing support funding for students with critical education needs:

Where there are kids with substantial developmental difficulties or kids who had missed formal schooling, I would argue—and I guess this is a personal perspective, and a perspective formed within our service rather than an immediate network perspective—there is a really strong case to put in support funding for severely interrupted schooling with critical education needs, because the alternative at the moment is that we spend a huge amount of money on formal assessments which are not necessarily valid. So completing a cognitive assessment, completing a language assessment and completing audiology and formal vision assessment all carry a cost to the Victorian State system, yet if we have got a child who is eight and has not been to schooling.⁸⁶⁰

While not disability specific, there are other programs that support refugee background students, including Multicultural Education Aides (MEA) which assist to integrate English as an Additional Language (EAL) learners into school activities. Government schools are also eligible for the Refugee and Asylum Seeker welfare supplement, which provides flexible funding to support the wellbeing of students from refugee backgrounds, such as through the development of outside-of-school-hours learning support programs, provision of counselling or welfare support service, purchasing of text books and equipment for individual student use, and supplementing camps and excursions.⁸⁶¹

A key program that supports students with a disability is the Victorian Government's Program for Students with Disabilities (PSD). It provides government schools with additional funding to help them support students with disability and high needs. Schools can use this funding in different ways, including for specialist staff (i.e. occupational therapists, speech pathologists and physiotherapists), specialist equipment, training for teachers to understand more about a child's disability or additional needs, specialist teachers, and education support staff.⁸⁶² The Committee heard, however, that there are challenges in obtaining this funding for children from refugee backgrounds. The VRHN stated in its submission:

Strict Program for Students with Disability (PSD) categories and criteria for support funding mean most children with clinically apparent disability will require audiology, cognitive assessment, language assessment, +/- assessment for an autism-spectrum disorder. Whereas these assessments can be organised in a stepped fashion for Victorian-born children, long waiting lists, and a lack of clarity on processes mean this is very difficult for new-arrival refugee background children. They may enter school at a disadvantage, or, school entry may be delayed, sometimes for months. Specialist education services do not have straightforward access to obtaining these assessments, and the process is confusing - for providers, for schools, and for families.⁸⁶³

⁸⁶⁰ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 11.

⁸⁶¹ Department of Education and Training, *Refugee and asylum seeker wellbeing supplement*, fact sheet, Victorian Government, Melbourne, (n.d.).

⁸⁶² Department of Education and Training, *Programs for students with disabilities (PSD)*, 2019, <<https://www.education.vic.gov.au/parents/additional-needs/Pages/disability-students-program.aspx>> accessed 22 June 2020.

⁸⁶³ Victorian Refugee Health Network, *Submission 31*, p. 7.

Associate Professor Georgie Paxton also explained to the Committee that for Victorian-born children ‘it is a stepped process of assessment’ whereby they ‘will often come through screening, be picked up and be linked with the service system in a stepwise fashion’.⁸⁶⁴ This is not the case for children arriving with developmental delays or disabilities who ‘often need a whole range of supports immediately’.⁸⁶⁵ Associate Professor Paxton also noted that it is very difficult getting students into appropriate schools and with the right supports:

There are particular challenges for those children transitioning into school, particularly where kids have disability and it is clear that specialist education is an active consideration... However, there is a waiting list to get those assessments and the assessment process in the school system is actually complicated. A child might arrive and clearly have an autism spectrum disorder, yet the waiting list to get a multidisciplinary team assessment might be two years. But we do not have two years to wait until they get into the school system. A lot of this work falls to the schools, and there are real complexities to how we get those assessments. If I have a child who arrives with a complex disability, who is in a wheelchair, who has a seizure disorder, who has problems with sensory impairment—visual impairment or hearing impairment—it is very clear that that child needs a range of different assessments. Yet we do not have a process for that child to easily get a cognitive assessment to gain access to specialist education, and in fact that is very confusing both for schools and for providers but definitely for families. On paper the assessment should be completed by a mainstream school, and if the child comes in at a certain level then they are able to access specialist education. However, if the child is not going to attend the mainstream school, then it is an additional financial and administrative burden on a mainstream school where they are trying to juggle the needs of their own students, and this system exposes gaps very, very quickly.⁸⁶⁶

The VRHN suggested streamlining a process for comprehensive assessment, which should include a trauma-informed paediatric assessment alongside any formalised testing, supporting out-of-round PSD funding applications, and considering a general PSD category of severely interrupted schooling/critical education needs (to reduce cost/burden of assessments).⁸⁶⁷ It noted that ‘[w]hile test validity issues are an active consideration, in practice the more frequent scenario is that children with significant developmental issues receive inadequate assessment and support’.⁸⁶⁸

7.2.3 Disability support programs for early childhood education and care

The Committee is also aware of disability support programs funded by the Victorian Government for kindergarten services. The Preschool Field Officer Program provides services to Victorian state funded kindergarten programs to support the access

⁸⁶⁴ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 11.

⁸⁶⁵ *Ibid.*

⁸⁶⁶ *Ibid.*

⁸⁶⁷ Victorian Refugee Health Network, *Submission 31*, p. 7.

⁸⁶⁸ *Ibid.*

and participation of children with additional needs and developmental concerns in their kindergarten program. Preschool field officers (PSFO) use a 'locally responsive approach that includes consultative support, resourcing and practical advice to assist kindergarten teachers'.⁸⁶⁹ They also assist kindergartens to link families into supports and services. DET funds community service organisations and local councils to provide PSFO services. Officers work closely with the early childhood educator rather than one-on-one with individual children, to enhance capacity and confidence of educators to provide an inclusive and responsive program.⁸⁷⁰

The Kindergarten Inclusion Support (KIS) program provides support to kindergartens to plan and implement programs that are responsive to children with a disability, developmental delay or complex medical needs.⁸⁷¹ Assistance under the KIS program can include specialist training and consultancy for early childhood educators, minor building modifications, and additional staffing support.

There is also a Commonwealth funded scheme, Inclusion Support Program (ISP) that provides funding for children if they have particular needs, such as around disability or cultural inclusion. Kate McInnes, Executive Officer at Loddon Campaspe Multicultural Services, advised the Committee about the ISP from a cultural inclusion perspective, noting that while it was enormously beneficial for child care centres to have support in creating a culturally safe environment, it was a complex process to obtain funding.⁸⁷²

7.2.4 Diagnosing disabilities and developmental delays

According to the VRHN, almost all disability diagnoses are made in the specialist paediatric service system. This is also where a significant amount of care for children with disabilities occurs.⁸⁷³ As mentioned in Section 7.1.1, the Immigrant Health Service at RCH provides multidisciplinary assessment and pediatric services for children from refugee backgrounds (including asylum seeker children and children in detention), which includes educational and developmental assessments.⁸⁷⁴

Inquiry participants drew attention to the challenges of diagnosing and assessing disability, language and developmental delays for culturally diverse families, especially those from refugee backgrounds. Associate Professor Georgie Paxton from the VRHN told the Committee:

⁸⁶⁹ Department of Education and Training, *Preschool field officer program*, 2020, <<https://www.education.vic.gov.au/childhood/professionals/needs/pages/psfo.aspx>> accessed 22 June 2020.

⁸⁷⁰ Ibid.; See also: Department of Health and Human Services, *Child health services: Guidelines for the community health program*, Victorian Government, Melbourne, 2019, p. 35.

⁸⁷¹ Department of Education and Training, *Kindergarten inclusion for children with disabilities*, 2020, <<https://www.education.vic.gov.au/childhood/professionals/needs/Pages/kinderinclusion.aspx>> accessed 22 June 2020.

⁸⁷² Ms Kate McInnes, Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 9.; Department of Education and Training, *Commonwealth child care payments*, 2018, <https://www.education.vic.gov.au/school/teachers/management/OSHC/Pages/child_carepayments.aspx> accessed 22 June 2020.

⁸⁷³ Victorian Refugee Health Network, *Service responses for people with disabilities from refugee backgrounds in northern Melbourne*, p. 20.

⁸⁷⁴ Ibid.

There is genuine complexity in assessing development for these children, and that is both for young children but also for older children and adults. That relates to how we consider disability in the context of forced migration, in the context of language acquisition—people are moving countries, moving languages—in terms of not having that stepped diagnosis that you might have if you were born here.⁸⁷⁵

The VRHN stated in its submission that sometimes these diagnostic challenges result in refugee children with significant needs not being referred to specialist services due to their difficulties sometimes being attributed to trauma or the challenges of learning English. Its submission referred to a child that was diagnosed with autism late because ‘medical professionals based their opinion exclusively on the child being bilingual’.⁸⁷⁶

There is complexity in developmental assessment for children of refugee backgrounds. The acquisition of English as an Additional Language (EAL) combined with the impacts of forced migration or asylum experience – including trauma, family separation and settlement – means development including language acquisition is challenging to assess. There are challenges with the validity of standardised tests (e.g. language assessments, cognitive testing, autism assessment tools) when they are conducted in languages other than English, and/or with an interpreter, although results may still be meaningful and useful. There is room for improving the level of understanding and responsiveness to these complexities across early intervention, NDIS, and the PSD systems. While there are concerns that refugee children are disproportionately being referred for cognitive assessment from English Language Schools, other children with significant delays/disabilities are not being referred for support or intervention because difficulties are incorrectly attributed to trauma or English language acquisition.⁸⁷⁷

These challenges were also identified in the Victorian Government’s *Refugee Status Report*, which noted that assessing for learning and language disabilities in refugee students ‘presents enormous challenges’.⁸⁷⁸ The report stated that ‘all refugee children have at least some risk factors for education disadvantage’ such as language transitions and displacement. However, they also have additional, cumulative risk factors such as trauma, mental health issues and a lack of prior schooling which ‘may lead to significant educational impairment in cognitively normal children’.⁸⁷⁹ The report also regarded intelligence tests as:

... not validated for use across languages for children from different cultures and contain many culturally bound testing items.⁸⁸⁰

⁸⁷⁵ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 10.

⁸⁷⁶ Ethnic Communities’ Council of Victoria, *Submission 15*, p. 19.

⁸⁷⁷ Victorian Refugee Health Network, *Submission 31*, p. 9.

⁸⁷⁸ Department of Education and Training, *Refugee status report: A report on how refugee children and young people in Victoria are faring*, Victorian Government, Melbourne, 2011, p. 71.

⁸⁷⁹ *Ibid.*

⁸⁸⁰ *Ibid.*

The report further outlined several difficulties in diagnosing developmental delays, including:

- Cognitive tests are not culturally validated or validated for use with interpreters.
- Challenges around the timing of assessments of diagnosis—professionals need to consider individual circumstances and have ‘described tension between harm from not providing early support to students with severe learning problems and the detrimental effects of an inaccurate diagnosis of intellectual disability.’
- Developmental problems may be attributed to issues with learning English as a second language. Likewise, issues with schooling and learning English as a second language may be attributed to an intellectual disability. This means that ‘[c]areful professional judgments are required where there are ESL considerations. Professionals may provide ‘provisional’ diagnoses and review the student’s presentation over time.’
- Parental understanding of cognitive test results is often less than adequate.
- Paediatricians felt that developmental assessment was underutilised in assessing refugee students for learning problems.
- There is limited research into the relationship between trauma and learning difficulties.⁸⁸¹

In addition to these difficulties, there are also cultural presentations which may make diagnosing developmental delays more challenging. Sue Ghalayini from BCHS told the Committee about the complexities in how some children present, which can result in developmental delays being missed by health professionals:

Many of the Karen children are very shy. They do not speak the language, so if a child has got a developmental delay where they may not be speaking—they may be three years old and still not speaking—we are not finding these things out until later, and sometimes it is not even a health professional that is picking this up. It might be someone in a playgroup—a volunteer in a playgroup. It might be me, thinking, ‘There’s something not quite right’, but still they are not being detected—they go under the radar—because of, often, that shyness and their lack of ability to speak.⁸⁸²

Based on the evidence received, the Committee believes this is problematic as an early diagnosis can lead to early intervention, which is strongly associated with better educational outcomes, in addition to higher rates of employment and community participation later in life. It also reduces the possible need for longer-term intervention.

FINDING 29: An early disability diagnosis is associated with improved developmental outcomes, yet there are many challenges in diagnosing disabilities and assessing language and developmental delays in culturally diverse children, particularly those from refugee backgrounds. Health professionals need to consider a range of cultural factors which can impact assessments, in addition to the limitations of cognitive tests.

⁸⁸¹ Ibid.

⁸⁸² Ms Sue Ghalayini, *Transcript of evidence*, p. 14.

Assessing speech delays

Several inquiry participants told the Committee that language assessments for speech delays should occur in the child's first language 'to support early intervention with children's language and cognitive development and school readiness'.⁸⁸³ Stephanie Johnson, the Refugee Child Outreach Coordinator at BSL, told the Committee:

For a lot of the families who are seeing allied health, like speech pathology, it would be really a great thing for those families if those assessments could occur in their language, because there is often this difficult line between something that might be a developmental delay and something that might be also torture- or trauma-informed—for example, why speech is not developing. So being able to conduct that in language would be really good.⁸⁸⁴

Judi Gray, Early Years Practice Lead at the Centre for Excellence in Child and Family Welfare, noted that assessments in a child's first language are also more efficient:

Speech pathologists and early childhood educators raise this issue quite a bit: that there is no point in assessing a child in English, particularly a two- or three- or four-year-old. Then the system gets locked up with a referral for them when they do not really know how fluent they are in their first language. So once again it is one of those issues of efficient use of resources. If you had bilingual and bicultural workers available from a pool and a kinder teacher was able to say, 'Can I ask somebody to come in? You'll probably need to spend a little bit of time with the child, not 5 minutes, but get to know this child a little bit over a morning and then get a reading on their fluency in their first language'. That would then make a huge difference to what is planned for that child. And it is just such a pity that, again, our system is not flexible enough to get on top of that one very early on, because many of these families could get government resources a lot earlier on if that issue was better understood.⁸⁸⁵

The Committee heard, however, there are not enough bilingual speech therapists to conduct assessments. VCOSS identified this issue in its submission:

VCOSS members have identified a gap in bilingual speech therapists and insufficient training meant children did not always understand the speech therapist working with them in English. Interpreters were also not aware of relevant terminology creating further disruption. Research has also found early identification of developmental issues may not be recognised for some CALD children when delays are mistaken with the challenges of learning a new language.⁸⁸⁶

⁸⁸³ Centre for Excellence in Child and Family Welfare, *Submission 26*, received 11 October 2019, p. 6.

⁸⁸⁴ Ms Stephanie Johnson, Refugee Child Outreach Coordinator, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 25.

⁸⁸⁵ Ms Judi Gray, Early Years Practice Lead, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 42.

⁸⁸⁶ Victorian Council of Social Service, *Submission 23*, p. 16. citing: Centre for Community Child Health, *Exploring the impact of community hubs on school readiness*, report prepared by Sophie Rushton, Rebecca Fry, Tim Moore, Noushin Arefadib and Sue West, report for Community Hubs Australia, Murdoch Childrens Research Institute, Melbourne, 2017.

The Committee believes it is essential that children receive language and speech assessments in their first language in order to facilitate early intervention with their language and cognitive development. It also acknowledges that speech pathology is a specialised occupation and the challenge is finding speech pathologists who speak different languages fluently, especially languages from emerging communities. While there are numerous benefits of using bicultural and bilingual workers to work alongside medical and allied health professionals, there are limitations to using such workers in the specialised area of speech pathology.

Nonetheless, the Committee believes the Victorian Government should review this with the intention to provide incentives for people from culturally diverse backgrounds to train in this area. As discussed below, the Royal Institute for Deaf and Blind Children (RIDBC) raised the need for key assessment reports and material to be translated into the five languages most commonly used by culturally diverse families receiving services, which in its case are Arabic, Vietnamese, Mandarin, Hindi, and Punjabi.⁸⁸⁷ In the very least, the Victorian Government should identify the most common language groups, particularly in growth areas, and ways to build a culturally diverse speech therapy workforce.

RECOMMENDATION 33: That the Victorian Government explore how it can build a culturally diverse speech therapy workforce to ensure speech and language assessments are conducted in a child's first language.

Providing support to families when receiving a diagnosis

The Committee is aware of the importance in providing families with support around a diagnosis and to help them understand their child's disability and/or developmental delay. As discussed in Chapter 1, refugees who are newly arrived typically receive settlement support through the Humanitarian Settlement Program for a period of around six to 12 months, which can be extended where there are complex medical or other issues. As noted by Associate Professor Georgie Paxton of the VRHN, however, so much happens to a family when they first arrive that settlement support should be provided with longer case management:

Case management supports people in those initial stages. However, on the ground that is less direct than it was years ago and there are genuine challenges in terms of all of those domains. If we add in situations where there are concerns about immediate health issues or disability or development, it is a whole range of additional service systems, including the NDIS. Together this is actually extraordinarily complex.⁸⁸⁸

Similarly, Khadra Omar, Community Facilitator at Our Place, spoke of the need to support families who are unaware of their child's disability and the support system.

⁸⁸⁷ Royal Institute for Deaf and Blind Children (RIDBC), *Submission 9*, received 27 September 2019, p. 3.

⁸⁸⁸ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 8.

In particular, Khandra advised that these families need support to understand the specialist reports and to be in a position to advocate for their child:

One of the first things when we recognise there is something not quite right with the child is to journey with the family, maybe take them to the paediatric appointment or the speech appointment. Once that assessment comes back, it is sitting down really quietly with the family and saying, ‘Hey, this is the report. Okay, let’s go through it. What is it saying?’, so you can advocate and they understand what disability their child has, what support the child needs—just sitting with them and understanding, so when NDIS people come to their house and do a home visit, they can advocate better, rather than just say, ‘Oh, my child doesn’t talk’, you know, or ‘They have a language issue’. Really, to understand the whole condition and to really advocate, that would mean that that child, instead of getting 10 sessions on speech—maybe they can articulate quite well. We always make sure that they have an interpreter and prior to that session really talk with them and prepare them, so that they understand that in their first language—and just journey with the family, because it is not very nice when you find out something is wrong with your child. People become overwhelmed and they are really not thinking rationally. Then you have someone that understands the language and understands the culture, who is also a professional in the field, explaining to them how it is, what is the process and where you have to go—and even advocating for the family on their behalf in the early learning centre. Sometimes there are times when services do not do the right thing by the child with additional needs and we say to the parents that they have the right to complain or they have the right to advocate for their child to get the best outcome for them.⁸⁸⁹

Julia Cornelius, Senior Adviser at Our Place, told the Committee that an advantage of the Our Place model is that they have the opportunity to build relationships with their clients for a period of time and explain the ‘deficit model’ to families in applying for funding and support:

The other thing is explaining to parents that ‘Unfortunately it’s done in a deficit model, so you’re always saying the things that your child can’t do, and we know your child can do lots of positive things, but to get the best support for your child you actually just have to focus on the negatives’—and that is really hard, because you want your child to be normal and you want to celebrate those things. You do not want to have the long list of things that they cannot do—and that is really hard for all families to understand. So being that support person that can then, after you have done all the list of things they cannot do, you can say, ‘But I know they can do this, this and this, and we love them for that’.⁸⁹⁰

The Committee acknowledges the challenges facing families when they first arrive in Australia and the important work of settlement services in supporting their transition. The Committee also acknowledges that this is even more challenging when there are immediate and complex health issues that require attention.

⁸⁸⁹ Ms Khadra Omar, Community Facilitator, Our Place, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 15.

⁸⁹⁰ Ms Julia Cornelius, Senior Adviser, Early years, Our Place, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 15.

Another important issue raised by inquiry participants is the need to translate key assessment reports to ensure parents understand their child's diagnosis. RIDBC raised this point in its submission:

Assessment reports are important because they outline the results of the child's formal assessments in language, speech, and vocabulary assessments, which are conducted annually by RIDBC's speech pathologists. The reports form the basis of the child's future development plan, and are shared with the child's teachers/carers in kindergarten and/or child care centre. Most importantly, they are also shared with the parents so that the child's development can be promoted at home. Without properly translated documents, parents struggle to understand the assessment results, much less implement the recommendations.⁸⁹¹

The Committee strongly believes that parents need to understand their child's disability and developmental needs so that they can best support them in their home environment. The Committee calls on the NDIA, the statutory authority responsible for implementing the NDIS, to fund translations of assessment reports. The NDIA should also ensure that health professionals, speech pathologists, Early Childhood Early Intervention Partners and other medical professionals authorised to translate official diagnoses are aware of the need to translate assessment reports.

RECOMMENDATION 34: That the Victorian Government advocate to the National Disability Insurance Agency to fund the Translation and Interpreting Service to provide translations of key assessment reports and material into parents' first languages.

7.3 The National Disability Insurance Scheme

The NDIS is one of the most significant social policy reforms in recent history. It was launched in 2013 at seven trial sites around Australia, including the Barwon trial site in Victoria and has now been fully rolled out for all Victorians.⁸⁹² The NDIS was designed to support Australian citizens and residents with a significant and permanent disability through mostly individualised funding arrangements, reflecting a shift away from the previous model of block funding for disability services. A core pillar of the NDIS is choice and control for individual participants and their families as it allows people to determine the supports and services they need.

The NDIS replaced the previous Victorian disability support system and marked a move from a welfare model to an 'insurance-based approach, informed by actuarial analysis, to the provision of funding of supports for people with disability'.⁸⁹³ As of 31 March 2020, 99,806 people in Victoria were receiving support through the NDIS, with 31,942 people receiving support for the first time.⁸⁹⁴

⁸⁹¹ Royal Institute for Deaf and Blind Children (RIDBC), *Submission 9*, p. 3.

⁸⁹² The NDIS was established by the *National Disability Insurance Scheme Act 2013* (Cth).

⁸⁹³ *National Disability Insurance Scheme Act 2013* (Cth).ch 1 pt 2 s 3(2)(b)

⁸⁹⁴ National Disability Insurance Scheme, *The NDIS in each state: Victoria*, 2020, <<https://www.ndis.gov.au/understanding/ndis-each-state/victoria#victoria-statistics-as-at-30-june-2020>> accessed 7 September 2020.

The NDIS provides two types of funding: individualised funding and Information, Linkages and Capacity Building (ILC). A range of supports are provided under individualised funding arrangements including for daily personal activities, help with household tasks, therapeutic supports, mobility equipment home and vehicle modifications, workplace support to help participants secure or maintain employment, and transport to enable participation in life activities.⁸⁹⁵ ILC funding is distributed through grants to organisations from the NDIA to deliver projects in the community that aim to share information; make connections between people, groups and communities; and build capacity.⁸⁹⁶

Over the last decade, there have been many inquiries and reports examining the implementation of the NDIS across Australia. There has been broad recognition that for many, the NDIS is a transformative and empowering experience.⁸⁹⁷ There are also deep concerns, however, that its potential has not yet been realised and many have slipped through the gaps. In 2017, the Productivity Commission report, *National Disability Insurance Scheme (NDIS) Costs*, found that culturally diverse people with disability may not be getting the full benefit of the NDIS and may have less positive experiences when they do engage with the NDIS.⁸⁹⁸

In the current inquiry, David Tennant, Chief Executive Officer at FamilyCare, told the Committee that while ‘we are great supporters of the concepts behind the NDIS, recognising that this ought to be a rights-based system with a social insurance model underpinning it’, there had been ‘significant teething problems’ in making sure the Scheme was rolled out properly and evenly across the country.⁸⁹⁹ With regard to autism spectrum disorders, David Tennant noted:

Some of the rules between the State system and the Commonwealth system, exiting one and entering the other, are different. An area that we have seen, peculiarly because of the make-up of our clients, has been in the diagnoses and what will qualify you to access support for autism under the Victorian system and the Commonwealth system. Broadly speaking, the criteria in Victoria was slightly more accommodating than the criteria that applied for the Commonwealth, and so we now find people who are caught between those two systems, where previously there might have been an expectation that they would be able to access block funded services but they cannot get a diagnosis

⁸⁹⁵ National Disability Insurance scheme, *Plan budget and rules*, 2019, <<https://www.ndis.gov.au/participants/creating-your-plan/plan-budget-and-rules>> accessed 22 June 2020.

⁸⁹⁶ National Disability Insurance Scheme, *Information, linkages and capacity building (ILC)*, 2019, <<https://www.ndis.gov.au/community/information-linkages-and-capacity-building-ilc>> accessed 22 June 2020.

⁸⁹⁷ For example, see Parliament of Australia, *Joint Standing Committee on the National Disability Insurance Scheme: Completed inquiries*, 2020, <https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Completed_inquiries> accessed 22 June 2020.; Parliament of Victoria, Family and Community Development Committee, *Inquiry into services for people with autism spectrum disorder*, June 2017.; Parliament of New South Wales, *Implementation of the National Disability Insurance Scheme and the provision of disability services in New South Wales*, (n.d.), <<https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2496>> accessed 22 June 2020.; Parliament of Australia, *Joint Standing Committee on the National Disability Insurance Scheme*, 2020, <https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme> accessed 22 June 2020.

⁸⁹⁸ Productivity Commission, *National Disability Insurance Scheme (NDIS) costs*, Canberra, 2017, pp. 50, 137, 269.

⁸⁹⁹ Mr David Tennant, Chief Executive Officer, FamilyCare, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 28.

sufficient to qualify for NDIS supports. We are doing what we can to bridge that gap, but ultimately it needs the gaps to be better recognised and understood.⁹⁰⁰

David Tennant told the Committee that the loss of support for families who have children with disabilities could often have very serious and tragic consequences:

At the worst end of that scenario we have families considering whether or not they need to relinquish the care of their children into the State system. That is an absolute tragedy. We think it is fantastic that the Victorian Government is recognising that we need to do something with that. And there is some funding that is happening right now to enable us to work with families to try and keep children in families. We have encouraged thinking that says these problems are not problems for those families. They have not suddenly become bad parents or bad families. It is just that systems at their highest level are pretty brutal. They talk about criteria, and if you do not fit them then you are nowhere. And we need to do better than that.⁹⁰¹

The Committee is aware that for those who are not eligible for the NDIS, there are few services available to assist them. Furthermore, many disability providers have suffered with the loss of block funding. While it is beyond the scope of this report to canvass these issues in detail, it is important to note that, for a variety of reasons, families from culturally diverse backgrounds can be particularly vulnerable under the NDIS because the system requires a level of health and service literacy and the ability to advocate, which can be difficult for a range of cultural reasons. Furthermore, as discussed in previous sections, for those families who have arrived in Australia recently, they are likely to struggle to understand the Scheme and how to access services, particularly given the language barriers. MCC identified in its submission that children from migrant and refugee families are 'especially disadvantaged in accessing early childhood services and early childhood intervention services':

This is due to a number of overlapping factors, including parents not being familiar with the early childhood system, not having access to interpreters, and cultural attitudes and stigma associated with disability. These problems have been compounded by the transfer of early childhood intervention services to the National Disability Insurance Scheme... CALD families are less likely to be aware of the NDIS and are significantly less likely to access the NDIS, despite being eligible. Navigating the NDIS Portal is challenging for many families, either because they have limited internet access, do not read or write English, or are computer illiterate. As a result they are more likely to experience longer waiting times to receive service, get lower levels of funding, or not access the scheme at all.⁹⁰²

MCC reinforced that it is important 'to identify developmentally vulnerable children as early as possible in the preschool years so that they can be referred for early intervention and/or further diagnostic assessment'.⁹⁰³

900 Ibid.

901 Ibid.

902 Melbourne Children's Campus, *Submission 24*, p. 15.

903 Ibid.

The Committee heard about the numerous barriers to accessing the NDIS, including eligibility requirements which exclude non-permanent residents, a lack of services in certain regions, a lack of knowledge about how to access the Scheme, and a system which requires a significant amount of health literacy to navigate. Several inquiry participants indicated that the consumer driven approach of the NDIS disadvantages culturally diverse communities as they are often unfamiliar with the way health and service systems operate. The VRHN drew attention to these inequities in its submission:

The NDIS aims to increase choice and control for participants. However the consumer driven approach of the NDIS is reinforcing existing inequities driven by social determinants of health, such as English proficiency, health and health system literacy, education, household structure, household income and residential location. At all stages of the NDIS - across access, planning and engaging with services; parents who are i) familiar with liaising with professionals and meetings, ii) able to navigate internet-based information and resources, iii) understand the health system and iv) are able to advocate for their child are at considerable advantage.⁹⁰⁴

Associate Professor Georgie Paxton from the VRHN told the Committee that it requires 'require substantial health system literacy' to navigate the system:

The consumer-driven approach of the NDIS is in many ways reinforcing inequities driven by social determinants of health, and at all stages of the NDIS people who are familiar with liaising with health professionals, who are familiar with how meetings run, who are familiar with navigating internet-based resources, in English predominately, who have an understanding of the health system and allied health system and who can advocate for their child—they are considerably advantaged.⁹⁰⁵

Further, Noah's Ark advised in its submission that the communication methods used by the NDIA when contacting families can act as an access barrier:

One of the barriers to access the NDIS or all families, that has a more significant impact on families from CALD backgrounds, is the method of initial contact from the NDIA. Families who are currently accessing state funded ECI services are automatically eligible to receive NDIS funding. Typically, the NDIA calls families from a private number with no caller ID. If the family does not answer, as many families do not when there is no caller ID, the NDIA does not leave a message due to privacy concerns. A parent who does not speak English is less likely to answer if they don't know the caller as they cannot engage in a conversation. It is reported that the NDIA will make several of these calls and if there is no response, they make no further attempts to engage with the family by phone. The NDIA send a letter in English, but not all families have access to support in reading their mail. It is our understanding that if families do not respond they are listed as uncontactable.⁹⁰⁶

⁹⁰⁴ Victorian Refugee Health Network, *Submission 31*, p. 10.

⁹⁰⁵ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 10.

⁹⁰⁶ Noah's Ark Inc., *Submission 35*, p. 4.

The loss of block funding also disadvantages many disability providers and limits opportunities for professional development in the sector. In particular, Noah's Ark stated that this has impacted professional development in cultural sensitivity and responsiveness:

Professional development is important to ensure staff are culturally sensitive and responsive. The roll-out of the NDIS has reduced financial confidence in the disability field and more disability service providers are operating at a loss. In addition to this, NDIS funding is attached to direct client approved activities. This means that in contrast to the previous state block funding, staff are required to work to billable hour targets. Activities like supervision, team meetings and training are not funded. This means that in addition to paying for course fees, professionals in the sector have the additional cost to their employer of lost income while they are being trained or sharing their knowledge with other staff in team meetings or supervision. This imposes a risk of reduced investment in professional development which may impact skills, knowledge and practices. Professional development in cultural sensitivity and responsiveness is one of the many areas that is currently being impacted.⁹⁰⁷

FINDING 30: The National Disability Insurance Scheme has been lifechanging for many people living with disabilities. Nonetheless, for others, such as those from culturally diverse communities, the Scheme has been complex, and requires a sophisticated level of health literacy to navigate and the ability to advocate for one's needs. There is also limited services in certain regions.

7.3.1 Eligibility for the NDIS

To be eligible for the NDIS, participants must fulfil the following criteria:

- be aged between 7–65 years (or aged 0–6 years to access early childhood early intervention supports as discussed below)
- be an Australian citizen or resident and have a permanent and significant disability and
- need supports now to reduce their support needs in the future.⁹⁰⁸

The NDIS is only available to permanent residents and citizens, including those on refugee visas. This means that many families on temporary visas, such as asylum seekers and international students, are ineligible for the NDIS. The VRHN noted that while many of those on temporary visas will become permanent residents in the long term, these children will potentially miss out on early intervention when it is most beneficial.⁹⁰⁹

⁹⁰⁷ Ibid., p. 5.

⁹⁰⁸ National Disability Insurance Scheme, *Am I eligible?*, 2019, <<https://www.ndis.gov.au/applying-access-ndis/am-i-eligible>> accessed 22 June 2020.

⁹⁰⁹ Victorian Refugee Health Network, *Submission 31*, p. 11..

Many inquiry participants, including the VRHN and BSL, discussed the issue of asylum seekers not being covered by the NDIS, noting that these children and their families were at risk of falling through the gaps.⁹¹⁰ In its submission, Uniting Vic.Tas stated that these restrictions ‘impact the ability of CALD families and children to participate in Victorian society’.⁹¹¹

Katherine Cape, General Manager at Ballarat Community Health, told the Committee that prior to the NDIS these children would have been able to access Victorian Government early childhood intervention services:

I think NDIS eligibility is a real issue because if you are here as an asylum seeker there is no way you can access NDIS. You have to be a permanent resident or you have to actually be a citizen. So that has really impacted access to services, especially early childhood intervention services, for children who in the past would have been able to access State Government-funded early childhood intervention services... They are starting to fall back on our child health program, which is State Government funded—which can provide that support—or Medicare funded.⁹¹²

Associate Professor Georgie Paxton from the VRHN also drew attention to the fact that the NDIS ‘has in many ways replaced alternative services’, including early intervention services provided by the Victorian Government which did not have the NDIS residency requirements:

Previously the early intervention service was a level playing field in terms of access for all, but the NDIS residency requirements have had a substantial impact within my refugee and asylum seeker work and within the work of those in the network working with children. Initially there was additional funding announced by Vic State Government, and that was being basically administered by the Department of Education and Training. That was then transitioned across to the early intervention partners, and since that time there have been enormous challenges in accessing that. There seems to be widespread confusion on the ground, and that is within the providers; the confusion for families is amplified.⁹¹³

Several inquiry participants expressed concern that the implementation of the NDIS ‘appears to have resulted in a reduction of alternative pathways, including community health allied health services’,⁹¹⁴ which has also placed increased strain on other health and community services.

FINDING 31: Some culturally diverse communities, such as asylum seekers, are not eligible for the National Disability Insurance Scheme (NDIS), and as the NDIS has superseded other Victorian Government funded services, these individuals are left with few services available to assist them and their children.

⁹¹⁰ i.e. see Brotherhood of St Laurence, *Submission 36*, p. 9.; Victorian Refugee Health Network, *Submission 31*, p. 11.

⁹¹¹ Uniting Vic.Tas, *Submission 32*, received 21 October 2019, p. 8.

⁹¹² Ms Katherine Cape, General Manager, Prevention and System Development, Ballarat Community Health, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 20.

⁹¹³ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 10.

⁹¹⁴ Victorian Refugee Health Network, *Submission 31*, p. 10.

In the 2019–20 Victorian Budget, the Victorian Government allocated funding to support around 120 children who are ineligible for the NDIS ‘to ensure they have appropriate early childhood interventions’.⁹¹⁵ In their submissions, the VRHN and BSL commended the Government for providing this funding and recognising the importance of early intervention. They both noted, however, that long-term funding has not been confirmed.⁹¹⁶ BSL stated:

It is critical that this funding is continued so that these vulnerable children, many of whom will go on to be recognised as refugees and remain in Australia, receive the early intervention support they need to positively shift their trajectory.⁹¹⁷

While the 2020–21 Victorian Budget has been postponed to a date yet to be fixed due to the uncertainty created by COVID-19,⁹¹⁸ the Committee believes this funding should be ongoing. The Committee considers it crucial that all children, regardless of visa status, have access to early intervention. If these children cannot access the NDIS, it is important that the Victorian Government fund early childhood intervention services to prevent these children and their families from becoming further disadvantaged and isolated. This is consistent with funding for similar programs that include asylum seekers, which is typically based on hardship rather than visa status.

RECOMMENDATION 35: That the Victorian Government provide ongoing funding to allow children with a disability whose families are seeking asylum to access early intervention supports.

7.3.2 Early Childhood Early Intervention

The NDIS Early Childhood Early Intervention (ECEI) supports children aged 0–6 years who have a developmental delay or disability. In this context, early intervention refers to providing a child with support ‘as early as possible to reduce the impacts of disability or developmental delay and to build their skills and independence’.⁹¹⁹

The process to access the NDIS is different for children 0–6 years compared with accessing the NDIS for those aged 7–65 years. To access ECEI, a parent can contact an Early Childhood Partner if concerns about their child’s development have been identified.⁹²⁰ The Early Childhood Partner works with the family to tailor support to their child’s individual needs and circumstances. Depending on the circumstances, families

⁹¹⁵ Department of Treasury and Finance, *Delivering for Victorians: Victorian budget 19/20 service delivery*, budget paper, no. 3, Victorian Government, Melbourne, 2019, p. 23.

⁹¹⁶ Victorian Refugee Health Network, *Submission 31*, p. 11.; Brotherhood of St Laurence, *Submission 36*, p. 24.

⁹¹⁷ Brotherhood of St Laurence, *Submission 36*, p. 24.

⁹¹⁸ The 2020–21 Federal Budget has been deferred until 6 October 2020.

⁹¹⁹ National Disability Insurance Scheme, *What is the NDIS?*, 2020, <<https://www.ndis.gov.au/understanding/what-ndis#:~:text=Early%20intervention%3A%20Providing%20support%20to%20a%20person%2C%20either.roll%20out%20the%20NDIS%3F%20How%20the%20NDIS%20works>> accessed 22 June 2020.

⁹²⁰ National Disability Insurance Scheme, *How ECEI works: Step by step process*, 2019, <<https://www.ndis.gov.au/understanding/families-and-carers/how-ecei-works-step-step-process>> accessed 22 June 2020.

can be provided with information, support, referrals, short-term interventions or help to access long-term intensive NDIS support. Noah's Ark advised, however, that there is often little support for families around selecting providers and ECEI Partners are not sufficiently funded through the NDIS to provide such support:

Some families from a CALD background make initial contact with Noah's Ark when their time-limited 12-month plan has almost expired because they have not had sufficient support to find, and engage with, an appropriate service provider.⁹²¹

The NDIS ECEI service has been provided nationally since 2016. ECEI Partners in metropolitan Melbourne are BSL and Link Health and Community.⁹²² ECEI Partners in regional Victoria include Barwon Child Youth and Family, Intereach, Link Health and Community, Latrobe Community Health Service, and Merri Community Health Service.⁹²³

The *National Guidelines for Best Practice in Early Childhood Intervention* states that early childhood intervention programs should be culturally responsive, and means that services should create 'welcoming and culturally inclusive environments where all families are encouraged to participate in and contribute to children's learning and development'.⁹²⁴ Furthermore, a culturally responsive service is one where 'practitioners are knowledgeable and respectful of diversity and provide services and supports in flexible ways that are responsive to each family's cultural, ethnic, racial, language and socioeconomic characteristics'.⁹²⁵

In 2019, the Federation of Ethnic Communities' Councils of Australia (FECCA), the National Ethnic Disability Alliance (NEDA), the Refugee Council of Australia (RCOA), and the Settlement Council of Australia (SCOA), released the report, *Barriers and Exclusions*, which explored how to support newly arrived refugees with a disability. While this report did not focus on children, it recommended that the NDIS require ECEI services to consider refugee status in triage.⁹²⁶ The report stated:

Early intervention services for children from birth to 7 years of age, have been experiencing significant waiting periods in some areas due to the NDIS transition and provider changes. Services are not required to consider refugee status/ the lack of access to any services prior to arrival at triage. As a result, refugees may not be seen before they are no longer eligible for the program if they are effectively competing with an Australian born child who has been on the waiting list since birth.⁹²⁷

⁹²¹ Noah's Ark Inc., *Submission 35*, p. 5.

⁹²² National Disability Insurance Scheme, *The NDIS in each state*.

⁹²³ *Ibid.*

⁹²⁴ Early Childhood Intervention Australia, *National guidelines for best practice in early childhood intervention*, Melbourne, 2016, p. 10.

⁹²⁵ *Ibid.*

⁹²⁶ Refugee Council of Australia, *Barriers and exclusions*, p. 4.

⁹²⁷ *Ibid.*, pp. 14–5.

The Committee is concerned that children from refugee backgrounds may miss out on timely early intervention support, particularly with the delays in being assessed, and believes these children should receive priority in triaging.

RECOMMENDATION 36: That the Victorian Government advocate to the National Disability Insurance Agency to require Early Childhood Early Intervention services to consider refugee status in triage to ensure children receive timely and appropriate access to support services.

7.3.3 NDIS Plans

As noted in Section 7.3.1, the pathway to obtaining support through the NDIS is different for children depending on their age. Children aged 0–6 years can access ECEI without an official diagnosis. Where a child aged 0–6 may require longer term early childhood intervention supports, the Early Childhood Partner can assist in requesting access to the NDIS, and from there, work with the family to develop a plan and supports to link the child with service providers.⁹²⁸

For children over seven years, after being approved for the NDIS, participants and families meet with the NDIA or a Local Area Coordinator (LAC) to create a plan, which outlines an individual's goals and the supports they will receive. The LAC service partners are BSL, Latrobe Community Health Service and Intereach.⁹²⁹

NDIS plans can be either self-managed, plan-managed or NDIA-managed, or a combination of those options. Self-managing an NDIS plan means that the participant and/or their family has maximum control, flexibility, responsibility and independence over their NDIS funding and they can decide who provides the supports in their plan.⁹³⁰ A participant can also choose a Plan Manager, which is funded in the plan, to pay for providers, keep track of funds and do any financial reporting. An NDIA-managed plan (or Agency-managed plan) is where the NDIA manage a participant's plan, although supports must be provided by NDIS registered providers and managing financial records is done by the NDIA.⁹³¹

The Committee heard that many culturally diverse families struggle with understanding their NDIS plans. Noah's Ark noted that, even with their support, existing clients transitioning from state-based services are more likely to have a difficult and delayed transition when moving to the NDIS.⁹³² It also reported that planning meetings with the NDIS were often problematic with many culturally diverse families not being able to fully participate and understand the process:

⁹²⁸ National Disability Insurance Scheme, *How ECEI works*.

⁹²⁹ National Disability Insurance Scheme, *The NDIS in each state*.

⁹³⁰ National Disability Insurance Scheme, *Planning: Booklet 2 of 3*, booklet, 2020, pp. 16–7.

⁹³¹ Ibid.

⁹³² Noah's Ark Inc., *Submission 35*, p. 4.

Interpreters are not always being provided when needed, particularly if parents have some limited English. Several families did not realise that the meeting they had was a formal planning meeting until they have received the completed NDIS plan in the mail. Other families missed the opportunity to have a support person with them as they did not realise the nature of the meeting.⁹³³

Noah's Ark reported that families from culturally diverse backgrounds often receive the same amount of funding as other families in relation to their child's level of disability. However, it stated that this is inappropriate and additional funding is required as 'working with families from CALD backgrounds, particularly when interpreters are required, takes significantly more time to communicate effectively'.⁹³⁴

Noah's Ark also stated that NDIS plans are not always provided to families in a language they can read, and furthermore, they are often placed on 'self-managed plans' without being in a position to manage the tasks, causing further delay to access services:

There is an option of families having an 'NDIA managed plan', 'Plan Managed plan' (managed by another organisation) or a 'Self-managed plan'. Many families have reported that they were placed on a Self-managed plan without adequate explanation of what is required to undertake this. On realising they are unable to manage the tasks required due to their limited English, they have then been required to seek a plan review. This causes considerable stress, confusion and extended loss of service access while the issue is rectified.⁹³⁵

FINDING 32: Many culturally diverse families experience difficulties fully participating in the National Disability Insurance Scheme (NDIS) planning process and struggle to understand and manage their NDIS plans. This is problematic in the consumer-driven environment of the NDIS as it can prevent families from receiving appropriate support.

The Committee also heard that the system itself has experienced many technical issues which delay the approval of plans. While the NDIS does not require a diagnosis for children under the age of seven to access ECEI, the Committee heard that Early Intervention Partners frequently request official diagnostic information for younger children. This is at odds with the ECEI guidelines and eligibility requirements under the NDIS, and can often cause significant delays to the intake and planning processes.⁹³⁶ Associate Professor Georgie Paxton from the VRHN told the Committee:

There are particular technical issues in terms of how NDIS is working. At the moment one of the challenges we are facing is that kids and families are being asked for diagnostic information for the young children, whereas by the NDIS funding guidelines that should not be occurring. You need a diagnosis 7 to 65 but not for the younger

⁹³³ Ibid.

⁹³⁴ Ibid.

⁹³⁵ Ibid.

⁹³⁶ Victorian Refugee Health Network, *Submission 31*, p. 11.

groups, and that seems to be causing delays and could be addressed at a state and federal policy level. The actual services themselves are a further area.⁹³⁷

The VRHN noted that even with the diagnosis required for NDIS participants aged 7–65 years, ‘it often takes months to years to achieve diagnostic clarity’ and that accessing diagnoses and assessment ‘requires health system literacy and navigating lengthy waiting lists’. They also noted that there is often a lack of interpreting services for the private allied health sector and financial costs to assessments and accessing a diagnosis. According to the VRHN, these issues ‘combined with the challenges of settlement and recovery, delay access and engagement with early intervention—either through ECEI or the NDIS’.⁹³⁸

The Committee is concerned about the lengthy delays in accessing diagnoses and assessment for all ages, but is especially concerned that diagnostic information is being requested for children under the age of 7, despite that conflicting with NDIS and ECEI eligibility requirements. This particularly concerning given the importance of early intervention in facilitating positive outcomes in children’s development.

RECOMMENDATION 37: That the Victorian Government advocate to the National Disability Insurance Agency and Early Childhood Early Intervention partners to ensure that Early Childhood Early Intervention access is based on function rather than named diagnosis in line with National Disability Insurance Scheme eligibility requirements.

Lack of available services

The Committee heard that many families receive approved plans but are then unable to activate them due to limited availability of services in their region. These geographic inequities were particularly evident in the northern suburbs, in the west, and in rural and regional Victoria. The VRHN drew attention in its submission to the lack of services in rural and regional areas, which often have higher refugee populations, noting that a lack of early intervention and specialist paediatric services requires families to travel to Melbourne.⁹³⁹ It noted that for families ‘with limited income or health system literacy, this represents a significant additional barrier to access and engagement’.⁹⁴⁰ It also drew attention to limited public data on access to early childhood intervention services for culturally diverse children in regional areas.⁹⁴¹

The limited availability of services in rural and regional areas was raised in the *Barriers and Exclusions* report, which recommended that the Commonwealth Department of Social Services limit or avoid settling people living with a disability in rural and regional

⁹³⁷ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 10.

⁹³⁸ Victorian Refugee Health Network, *Submission 31*, p. 11.

⁹³⁹ *Ibid.*

⁹⁴⁰ *Ibid.*

⁹⁴¹ *Ibid.*

areas that do not have access to a tertiary hospital or necessary specialised health services.⁹⁴²

Regarding service availability in metropolitan Melbourne, Associate Professor Georgie Paxton from the VRHN reported that NDIS access in the west 'has been far more difficult and far slower compared to children who live in other inner metro areas, notably south and inner north' and that these inequities warrant substantial attention at the state and Commonwealth levels:

You may get through NDIS in the west, which is often at times taking months or years, but then there may not be services to actually use your plan for at the other end. That is an area where we are seeing substantial geographic inequities and I would urge attention to.⁹⁴³

Roxanne Higgins from Noah's Ark also advised the Committee about lower access rates in the northern suburbs:

The findings that we have developed as part of our submission are that, particularly since the introduction of the NDIS, if you look at particularly the northern suburbs, the Brotherhood of St Laurence indicated that only 9 per cent of people accessing the services were from a CALD background, and that is substantially lower than access to the NDIS should be.⁹⁴⁴

Roxanne Higgins further stated that despite the NDIS reporting that that the Scheme has been fully rolled out across Victoria, there are geographical disparities in access and that has delayed the process. She also reiterated the concerns of Associate Professor Georgie Paxton regarding access to services in the western suburbs:

The NDIS scheme is in very early days. It is not fully rolled out. Well, it would say it is fully rolled out in Victoria; however, there are extensive waiting lists still in the west, waiting for those children to be processed. In the western suburbs of Victoria the transition has been the slowest and most challenging for Noah's Ark and for, I understand, our partners in facilitating that. I think in terms of the NDIS the challenge has been what I touched on earlier today, which is around: how do you gain access? It is a complex system. The people contacting you are not necessarily speaking the language that you speak, and they do not leave messages on the phones; they ring from an unknown number frequently.⁹⁴⁵

FINDING 33: There are many regions in Victoria where the National Disability Insurance Scheme (NDIS) services are limited or not available. This creates further inequities and disadvantages for families living in those areas as they cannot activate their NDIS plans nor access support for their children.

⁹⁴² Refugee Council of Australia, *Barriers and exclusions*, p. 4.

⁹⁴³ Associate Professor Georgie Paxton, *Transcript of evidence*, p. 10.

⁹⁴⁴ Ms Roxanne Higgins, *Transcript of evidence*, p. 7.

⁹⁴⁵ *Ibid.*, pp. 9–10.

7.3.4 Engaging culturally diverse communities in the NDIS

Given the various issues raised in this chapter, it is unsurprising to the Committee that culturally diverse communities are underrepresented in accessing disability services. It is broadly recognised that there needs to be a specific strategy to engage culturally diverse communities in this area and work with them to co-design appropriate and informative resources. In 2017, the Australian Centre for Community Services Research at Flinders University prepared a report for AnglicareSA, *Engaging CALD communities in the NDIS*.⁹⁴⁶ The report recommended the development of a CALD engagement and communication strategy to encourage greater awareness and utilisation of disability and other support services.⁹⁴⁷ Strategies for engaging culturally diverse clients included working in collaboration with community leaders to build capacity and enhance knowledge of disabilities, written information – especially individual support plans – in first languages of cultural groups, targeted community-based NDIS information sessions, and co-designing a culturally diverse service policy with culturally diverse people to ensure services are culturally appropriate and relevant.⁹⁴⁸

In 2017, the Joint Standing Committee on the NDIS released its report, *Provision of services under the NDIS Early Childhood Early Intervention Approach*, and recommended that ‘NDIA collaborate with people with disability, Aboriginal and Torres Strait Islander, and CALD communities, to codesign and develop accessible information about the Scheme, the ECEI Approach, and how to use funds to access services’.⁹⁴⁹ In response, the Commonwealth Government agreed and noted that this would be addressed in a range of tailored pathways, for which consultations were held in 2018 with culturally diverse communities.⁹⁵⁰ The Government response noted that the ‘NDIA needs to ensure effective processes for those from an Aboriginal and Torres Strait Islander or CALD background fit well with our commitments regarding the tailored pathways’.⁹⁵¹

In its *Cultural and Linguistic Diversity Strategy 2018*, the NDIA outlined its approach to working with people from culturally diverse backgrounds and committed to giving ‘people with disability from CALD backgrounds the opportunity to benefit from the NDIS on an equal basis with the broader population’.⁹⁵² Priority areas included to engage with communities, make information about the NDIS accessible, increase community capacity and broaden consumer choice, improve approaches to monitoring and evaluation, and enhance cultural competency within the NDIA and its Partners.⁹⁵³

⁹⁴⁶ Kylie Heneker, et al., *Engaging CALD communities in the NDIS*, report prepared by Australian Centre for Community Services Research, report for AnglicareSA, Flinders University, 2017.

⁹⁴⁷ *Ibid.*, p. 7.

⁹⁴⁸ *Ibid.*, pp. 5, 7–8.

⁹⁴⁹ Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme, *Provision of services under the NDIS Early Childhood Early Intervention Approach*, December 2017, p. 73.

⁹⁵⁰ Government of Australia, *Response to the Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme, Provision of services under the NDIS Early Childhood Early Intervention Approach*, May 2018, p. 8.

⁹⁵¹ *Ibid.*, p. 9.

⁹⁵² National Disability Insurance Agency, *Cultural and linguistic diversity strategy 2018*, p. 4.

⁹⁵³ *Ibid.*, p. 6.

The Committee notes, however, the following concerns about the strategy raised in the *Barriers and Exclusions* report:

Unfortunately, there is no effective mechanism in the strategy to measure and implement the CALD strategy nor a strategy to ensure participation from people with a disability from migrant and refugee backgrounds in the monitoring and evaluation of the NDIS.⁹⁵⁴

The *Barriers and Exclusions* report recommended that the NDIA ‘develop action items to ensure full implementation of the NDIA’s Cultural and Linguistic Diversity Strategy 2018... and publish regular monitoring and evaluation reports to assess the implementation of this strategy’.⁹⁵⁵

Following publication of the NDIA strategy, BSL developed the ‘Building Cultural Responsiveness Project’, which initially targeted four cultures to explore the barriers and enablers to NDIS access in these communities. The project’s objectives were to build knowledge and understanding about CALD communities, develop useful culturally appropriate tools and supports to improve access to services, engagement and retention of CALD communities, develop the capacity of ECEI staff to work in a culturally responsive manner, develop a CALD community engagement plan, and showcase project learnings to build sector knowledge.⁹⁵⁶ The key activities included reviewing gaps in ECEI service delivery, undertaking CALD community consultation to understand barriers and cultural issues, developing and implementing a CALD community engagement plan and building staff capacity.⁹⁵⁷

In regard to this BSL project, Noah’s Ark recommended in its submission that the inquiry ‘examine how this, and any other promising projects, can be scaled up to systematically engage with communities on issues of child development, disabilities, the importance of early intervention and the services available to provide support’.⁹⁵⁸

Noting the underrepresentation of culturally diverse communities in the NDIS, the Committee believes it is crucial that awareness of the Scheme be improved among communities and that more efforts be undertaken to support their navigation of the system.

RECOMMENDATION 38: That the Victorian Government advocate to the National Disability Insurance Agency that it implement its *Cultural and Linguistic Diversity Strategy 2018* and support culturally diverse families to navigate the National Disability Insurance Scheme.

⁹⁵⁴ Refugee Council of Australia, *Barriers and exclusions*, p. 20.

⁹⁵⁵ Ibid.

⁹⁵⁶ Brotherhood of St Laurence, *Project overview: ECEI – Building Cultural Responsiveness Increasing CALD communities participation in the NDIS ECEI*, briefing paper, (n.d.).

⁹⁵⁷ Ibid.

⁹⁵⁸ Noah’s Ark Inc., *Submission 35*, p. 4.

Lastly, the Committee acknowledges a number of disability specific reports prepared by key Victorian community organisations. These reports identify important considerations when designing and delivering disability services to culturally diverse communities. The VRHN report, *Service responses for people with disabilities from refugee backgrounds in northern Melbourne* recommended that Foundation House, the Ethnic Communities Council of Victoria (ECCV) and the Centre for Culture, Ethnicity and Health explore what is required from a self-advocacy perspective to support people with disabilities from refugee backgrounds.⁹⁵⁹ In 2019, ECCV released a report titled *Self Advocacy and Diversity: A model for CALD inclusion*, which found that community groups were often ‘fed up’ with organisations working with communities ‘then disappearing when a project was over’.⁹⁶⁰ The report noted that building trust and creating change takes time and that ‘there was a sense that the community had been let down by their past experiences with other organisations’.⁹⁶¹

The report highlighted that it was important to engage the local community ‘as active designers and presenters at an event rather than passive recipients of information’ which ‘engages the community in an empowering way that recognises the value of culture’.⁹⁶² The report noted that self-advocacy from within the community is needed to engage and empower people with disability from culturally diverse communities and it is important to support them as leaders.⁹⁶³

Another report by Foundation House, *We need to raise our voices: Advice from people of refugee backgrounds living with disabilities and their carers*, also raised issues with the NDIS model of service delivery, particularly in it not considering the whole family. As is discussed throughout this report, and as noted by Foundation House in its report, adopting a family-centred approach for people from refugee backgrounds who have experienced trauma is particularly important.⁹⁶⁴ The report also drew attention to the need to consult and empower culturally diverse communities. Similar to addressing issues around mental health, the Committee acknowledges that adopting a family-centred approach is essential when supporting culturally diverse families who have a child with a disability.

FINDING 34: It is important that services employ a holistic, trauma-informed and family-centred approach when supporting culturally diverse children and their families with disability and developmental delays.

⁹⁵⁹ Victorian Refugee Health Network, *Service responses for people with disabilities from refugee backgrounds in northern Melbourne*, p. 3.

⁹⁶⁰ Migrant Resource Centre North West, *Self Advocacy and diversity: A model for CALD inclusion*, Melbourne, 2019, p. 6.

⁹⁶¹ Ibid.

⁹⁶² Ibid., p. 13.

⁹⁶³ Ibid., p. 7.

⁹⁶⁴ Foundation House, *We need to raise our voices: Advice from people of refugee backgrounds living with disabilities and their carers*, Melbourne, 2019, pp. 5, 16.

Part C: Childhood learning and development

8 Awareness on the importance of early learning

Part C of this report deals with early childhood learning and development, particularly through early childhood education and care (ECEC) and the early years of primary school. A central feature of the inquiry, ECEC is broadly seen as key services that all children should participate in to ensure they start school from the best position possible.

The importance of the stage between birth to eight years for each child in helping their lifelong development is explicitly referenced in the *Victorian Early Years Learning and Development Framework (VEYLDF)*:

Emphasis is placed on continuity of learning for young children as they move between various settings in the early years, including home, early childhood services and school. An informed understanding of the science of early learning and development guides adults on what children need to thrive and the systems that best support this.⁹⁶⁵

It also recognises the role of play in early childhood which helps 'children learn to make sense of and construct ideas about the social and natural world – the people, places, objects and experiences they encounter every day'.⁹⁶⁶ In making the case for a high quality, more equitable and inclusive early childhood system, the Victorian Government's *Early Childhood Reform Plan* articulated the importance of early childhood in laying the foundations for a child's long-term development.⁹⁶⁷

This chapter explores the role of early childhood education in engaging and supporting culturally diverse communities, families and children. The Committee was particularly concerned with reports from inquiry participants that there may be low awareness among some communities about the contribution of such services to a child's successful development throughout their life. The Victorian Government understands the need to build this awareness, with a key outcome in the *Victorian Early Years Compact* to 'build community understanding of the importance of the early years and how families can

⁹⁶⁵ Department of Education and Training, *Victorian Early Years Learning and Development Framework*, Victorian Government, Melbourne, 2016, p. 2.

⁹⁶⁶ *Ibid.*, p. 14.

⁹⁶⁷ Department of Education and Training, *Early Childhood Reform Plan*, Victorian Government, Melbourne, 2017, pp. 10–1.

support their children's learning, health and development'.⁹⁶⁸ This is a useful starting point. This chapter sets out how such understanding can be enhanced among culturally diverse families.

8.1 The role of early childhood education in child development

Early learning, through the provision of ECEC, is considered essential to ensuring good developmental outcomes for children. As stated by the Organisation for Economic Co-operation and Development (OECD):

High quality ECEC settings can have profoundly positive impacts during the most sensitive early phase of children's development and learning. Access to high quality ECEC settings can play a part in reducing social inequities. High quality, accessible ECEC settings can enhance women's opportunities for employment, improve gender equity and reduce social risk and family poverty. It is important, when ECEC policies and programs are being developed, that concepts of affordability and access be prime considerations.

...

Early childhood sets the foundation for lifelong learning, behaviour, health and well-being. The path for lifelong learning, behaviour, health, and well-being is shaped by day-to-day experiences in early life.⁹⁶⁹

The 2017 *Lifting Our Game Report of the Review to Achieve Educational Excellence in Australian Schools through Early Childhood Interventions* (the Lifting Our Game report), commissioned by all Australian states and territories, outlined significant international evidence demonstrating the impact of high quality early childhood education on a range of outcomes. These outcomes included improved school readiness, higher school achievements, decreased special education placements and grade repetitions, and increased high school completion:

As noted earlier, children's brains are developing rapidly in the early years. Early childhood education helps to enhance children's learning at this critical stage to create a foundation for lifelong learning, skill development and wellbeing. Experiences at preschool help children to develop their vocabulary, communication skills, maths skills and problem solving abilities, as well as the ability to concentrate, follow instructions and get along with others – skills that are critical to later success in a school classroom.⁹⁷⁰

⁹⁶⁸ *Supporting children and families in the early years: A compact between DET, DHHS and local government (represented by MAV)*, Melbourne, Victoria, signed 28 April 2017, p. 4.

⁹⁶⁹ Ontario Ministry of Education, *Early learning and development: common understandings*, Ontario, 2015, pp. 5–6.

⁹⁷⁰ Susan Pascoe and Deborah Brennan, *Lifting Our Game: Report of the Review to Achieve Educational Excellence in Australian Schools Through Early Childhood Interventions*, Melbourne, 2017, p. 39.

Similarly, a 2015 working paper by the Australian Institute of Health and Welfare (AIHW) discussed the benefits of early education, considered alongside the impact of family characteristics (such as parental educational attainment, income levels and home environment), as predictors of child development outcomes:

Early educational intervention has been shown to have a substantial short-term and longterm effect on cognition, social and emotional development, school progress, antisocial behaviour and even crime. Both Australian and international studies have shown that children's literacy and numeracy skills at age 4–5 are a good predictor of academic achievement in primary school. As a result, policies and programs that focus on the early years can only enhance educational outcomes for children.

A broad range of approaches, including large public programs, in a range of countries has demonstrated generally high levels of effectiveness of ECEC. This reflects a unanimous acknowledgement of the importance of engagement during preschool years. This literature review suggests general agreement regarding positive developmental outcomes for all children from around 3 years taking part in ECEC programs, provided the ECEC service is of sufficiently high quality.⁹⁷¹

Research also shows the benefits of ECEC 'are even greater for children from disadvantaged backgrounds and can persist into adulthood'.⁹⁷² As discussed by the AIHW, children with the greatest burden of risk factors face greater degrees of development vulnerability, and 'the more urgent the need for early intervention becomes' in those circumstances.⁹⁷³ This was similarly discussed in the *Lifting Our Game* report, which stated:

These benefits are greater—often substantially so—for programs targeted at vulnerable or disadvantaged children. Support for these children is vital – children who start school behind their peers stay behind. Quality early childhood education can help stop this from happening, and break the cycle of disadvantage.⁹⁷⁴

This specifically relates to children from non-English speaking backgrounds (NESB) if they enter school without proficiency in English. This can lead to reduced early academic performance.⁹⁷⁵ The *Lifting Our Game* report identified that NESB children were less likely to be enrolled in preschool compared to the general population along with other groups including Indigenous children, children with a disability, children from remote areas and children residing in the most disadvantaged areas.⁹⁷⁶ Coupled with this, children from a language background other than English (LBOTE) were overrepresented in developmental vulnerability at school entry.⁹⁷⁷ Such issues are discussed in Chapter 10 of this report.

⁹⁷¹ Australian Institute of Health and Welfare, *Literature review of the impact of early childhood education and care on learning and development*, working paper, no. CWS 53, Canberra, 2015, p. 25.

⁹⁷² Ibid.

⁹⁷³ Ibid., p. 17.

⁹⁷⁴ Pascoe and Brennan, *Lifting Our Game*, p. 6.

⁹⁷⁵ Australian Institute of Health and Welfare, *Literature review of the impact of early childhood education and care on learning and development*, p. 21.

⁹⁷⁶ Pascoe and Brennan, *Lifting Our Game*, p. 32.

⁹⁷⁷ Ibid., p. 36.

In its submission, the Brotherhood of St Laurence (BSL) outlined Productivity Commission research showing culturally diverse families experiencing intersectional disadvantage and being less likely to participate in ECEC. Such vulnerabilities included children having limited English, children with a parent or sibling with a disability, children whose parents are long-term unemployed and children in low-income households. It also indicated that there is no publicly available data on which culturally diverse communities are particularly not participating in Victorian early years services, but 'we know from experience that some communities are underrepresented'.⁹⁷⁸

Inquiry participants broadly emphasised the benefits of ECEC, and also specifically for culturally diverse children and their families in a range of developmental contexts.⁹⁷⁹ The Victorian Multicultural Commission (VMC) considered that early engagement in the ECEC system is critical for ensuring that LBOTE children are prepared for learning in an English-speaking environment.⁹⁸⁰ For its submission to the inquiry, Uniting Vic.Tas conducted a Consumer Focus Group with 10 mothers, all of whom had lived in Australia for under 10 years. The parents expressed a range of views about the value of ECEC relating to preparing for school, learning English and socialisation:

When asked about why parents take their children to kindergarten, education and preparing children for future school attendance were key motivations. Families place high importance on educating their children so they are prepared before they start school, or as one participant put it "learning for the future". Many women were concerned about their children being ready for school and wanted to know that their child is progressing developmentally and meeting the teacher's educational expectations.

Another key reason for enrolling children in kindergarten related to ensuring children had opportunities to learn and refine their English language skills before they started school. Some mothers mentioned that their children only spoke their language of origin at home, but at school they focused on the English language. Parents expressed a desire for their children to begin learning to write in kindergarten.

Many women also discussed the value of kindergarten in helping their children to socialise, participate in fun activities and make friends and, in doing so, better support their social development. For example, a mother from the Philippines explained that kindergarten is helping her daughter to be more confident, independent and helping her grow.⁹⁸¹

⁹⁷⁸ Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, p. 6.

⁹⁷⁹ Community Hubs Australia, *Submission 13*, received 8 October 2019, p. 4.; Ethnic Communities' Council of Victoria, *Submission 15*, received 9 October 2019, pp. 6–7.; Early Learning Association of Australia, *Submission 27*, received 11 October 2019, p. 3.; Ms Samantha Kolasa, Board Member, Early Learning Association Australia, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 14.; Ms Emma King, Chief Executive Officer, Victorian Council of Social Service, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 19.

⁹⁸⁰ Victorian Multicultural Commission, *Submission 37*, received 19 December 2019, p. 8.

⁹⁸¹ Uniting Vic.Tas, *Submission 32*, received 21 October 2019, p. 21.

The Committee also heard about the value of early childhood education specifically for children and families from refugee backgrounds. Kim Little, Deputy Secretary of Early Childhood Education at the Department of Education and Training (DET) outlined efforts to target those who are newly arrived:

We want every child to receive the benefits of kindergarten. The international evidence is very well established: high-quality, teacher-led early learning changes children's lives for the better. So there are no children who would benefit more from that than children from refugee backgrounds.

We work very closely at the local level when new communities arrive and are established to make contact with community leaders, whether by ourselves or working with Foundation House, for example—we talk in our submission about the partnership we have with Foundation House around refugee families who are arriving; indeed they recently won an award, an early years award, for some of the work that they have been doing—to locate and connect with local communities as they arrive, to figure out what their needs are and what the barriers and challenges to being engaged are.⁹⁸²

The Victorian Foundation for Survivors of Torture Inc. (Foundation House) highlighted in its submission research regarding the benefits of ECEC for refugee children, demonstrating the importance of investments in this area:

For example, research conducted by the University of Melbourne demonstrates a causal link between preschool participation and Year 3 NAPLAN scores, and concluded that disadvantaged children who were less likely to attend preschool would have experienced the greatest gains compared to those who had attended. This is of critical importance for children from non-English speaking backgrounds, including children of refugee backgrounds, who are at greater risk of being developmentally vulnerable.

Additionally, engagement in education, health and community services are widely understood as important means and markers of integration. Participation in education allows children of refugee backgrounds to develop the necessary skills to fully participate in their host country society, and is also likely to be the environment in which they have greatest opportunities for building social connections.⁹⁸³

The Committee also notes, however, that the risk of developmental vulnerabilities for culturally diverse students does not apply uniformly in all circumstances. As noted by the AIHW, bilingual children who already have strong English skills at the time of school entry can instead have developmental advantages:

Students in Australia with limited proficiency in the language of instruction at school (English) may face additional challenges in negotiating the school context, whereas bilingual children who enter school with well-developed English language skills may have a range of developmental advantages.⁹⁸⁴

⁹⁸² Ms Kim Little, Deputy Secretary, Early Childhood Education, Department of Education and Training, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 24.

⁹⁸³ Foundation House, *Submission 33*, received 21 October 2019, p. 5.

⁹⁸⁴ Australian Institute of Health and Welfare, *Literature review of the impact of early childhood education and care on learning and development*, p. 21.

In its submission, the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) considered that leadership and innovation is needed to ensure that bilingualism is valued 'as an asset for educational advancement'.⁹⁸⁵ Similarly, Uniting Vic.Tas recommended that investments should be made to 'strengthen children's cultural connections and language acquisition of parent's language of origin in early childhood services and school'.⁹⁸⁶ The Ethnic Communities' Council of Victoria (ECCV) also noted that 'a child's CALD background does not alone create a disadvantage in accessing early childhood services' and instead can be a strength.⁹⁸⁷ fka Children's Services also considered that 'connection between identity, wellbeing, language and belonging is of paramount importance in the early years'.⁹⁸⁸ The Committee strongly agrees with these views, as reflected in Chapter 5 and particularly Finding 14.

8.1.1 The role of early childhood education and care in early intervention

Investments in early childhood education can achieve profound societal benefits at later stages in a child's life, as found in the *Lifting our Game* report:

High quality early childhood education also has broader impacts; it is linked with higher levels of employment, income and financial security, improved health outcomes and reduced crime. It helps build the skills children will need for the jobs of the future.

Quality early childhood education and care is best considered as an investment, not a cost. Investment in early childhood education provides a strong return, with a variety of studies indicating benefits of 2–4 times the costs. Significant fiscal benefits flow to both the Commonwealth and state and territory governments.⁹⁸⁹

More recent Australian research echoes these findings. For example, the Front Project (an independent national enterprise) commissioned PriceWaterhouseCoopers to undertake an economic analysis of early childhood education in Australia. It identified \$2.34 billion in costs associated with the provision of early 15 hours of early childhood education in the year-before-school, and \$4.74 billion in associated benefits. This amounted to approximately \$2 of benefits for every \$1 spent, demonstrating that the expenditure 'can be viewed as a strong long-term investment with quantifiable financial returns'.⁹⁹⁰ Another 2019 study that focused on ways to change the life trajectories of Australia's most vulnerable children found a range of benefits of quality childhood education on children's cognitive and social and emotional skills, 'which put this highly disadvantaged cohort nearly in line with population norms'.⁹⁹¹

⁹⁸⁵ VICSEG New Futures, *Submission 07 Summary*, received 27 September 2019, p. 5.

⁹⁸⁶ Uniting Vic.Tas, *Submission 32*, p. 12.

⁹⁸⁷ Ethnic Communities' Council of Victoria, *Submission 15*, p. 8.

⁹⁸⁸ fka Children's Services Inc., *Submission 16*, received 9 October 2019, p. 4.

⁹⁸⁹ Pascoe and Brennan, *Lifting Our Game*, p. 6.

⁹⁹⁰ The Front Project, *A smart investment for a smarter Australia: Economic analysis of universal early childhood education in the year before school in Australia*, PricewaterhouseCoopers, 2019, pp. 5–6.

⁹⁹¹ William Teager, Stacey Fox and Neil Stafford, *How Australia can invest in children and return more a new look at the \$15b cost of late action*, report for Early Intervention Foundation, The Front Project, Telethon Kids Institute, 2019, p. 14.

Relatedly, research suggests there are high costs associated with late intervention and crisis responses if the appropriate early intervention supports do not exist. In particular, a 2019 report by the Early Intervention Foundation, The Front Project and CoLab at the Telethon Kids Institute found that the cost to government of late intervention is \$15.2 billion a year, in the context of child protection, youth crime, youth unemployment, youth and adult justice, youth homelessness, mental and physical health, and family violence.⁹⁹² It specifically identified early childhood education as a program that can make a significant impact on physical, cognitive, behavioural, and social and emotional outcomes for children.⁹⁹³

The importance of ECEC on life trajectories was also highlighted by several inquiry participants. Janet Elefsiniotis, Manager of Programs for Children and Young People at VICSEG, stated:

... if we do not invest in these new young people who are coming into the country, in a few years time they will have problems. They will have developmental health problems and they will have social problems. They will end up costing the government more money down the track.⁹⁹⁴

She also discussed specific issues facing the South Sudanese community, and the need to focus on all stages including the early and middle years:

I was at an ECCV—Ethnic Communities Council of Victoria—meeting last week, a members meeting, and the president of the South Sudanese association stood up. He was a lovely young man and he said they have lost 23 young people in the last six months—23 young people have taken their lives—and we are talking 12, 13, 14, 15 and 16-year-olds. There is an over-representation of young South Sudanese boys mainly in juvenile justice. Some of them are as young as 12, 13 and 14. We need to be doing far more work in the middle years. We talk a lot about the early years—and that is why you are here, and of course there is a lot of pressure on the education department to provide remedial support—but really our targeted work should be in those middle years, the 10s, 11s and 12s and the grades 5, 6, 7 and 8. We know that the Auditor-General did a report a couple of years ago and the number of boys in particular who are leaving school—dropping out of school in year 7 or year 8—is just shocking. We have no data in terms of ethnicity and cultural background but anecdotally we know that a lot of those kids are from newly arrived communities, and they are the kids who then are getting in trouble with the police and then ending up incarcerated. So really the work needs to start right back here with the little ones, but it needs to continue as children move through.⁹⁹⁵

⁹⁹² Ibid., pp. 4–5.

⁹⁹³ Ibid., p. 14.

⁹⁹⁴ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 5.

⁹⁹⁵ Ibid., p. 9.

Jennifer Weber, Chief Executive Officer of the Caroline Chisholm Society, also noted the potential benefits in mobilising early around families where there may be child protection concerns, giving an example:

... we mobilised to support the mum and got in a doula as well as one of our caseworkers. Now, as a result, mum gave birth, and there has been an attachment between mother and child, but we were also able to facilitate a family reunification where there had been a disconnect with the family from another state. The grandparents have now come in, and we have actually just saved the State Government and the system \$1 million with regard to that mum, who would have been reported to community child protection. There was a real risk that the baby would have been removed, gone into foster care and aged out at 18 years of age—as opposed to us, in communities like this, not being funded to do what we could actually be doing in a more effective way.⁹⁹⁶

Leanne Roberts, Head of Public Policy and Media at Berry Street, similarly discussed the out-of-home care system:

We certainly are aware that the early years are crucial in a child's development and attachment to family and ensuring that a family can support a young person through the various stages of their childhood. We know that where that does not occur the risk of homelessness, of engagement with the out-of-home care system and a variety of other high-cost systems are actually the result.⁹⁹⁷

Deb Tsorbaris, Chief Executive Officer of the Centre for Excellence in Child and Family Welfare (CECFW), also stated:

At the moment we have got about 11 000 children in care, some of those from a range of CALD backgrounds. If we do not address something there are going to be 26 000 of those children by about 2026. Supported playgroups, early years support, hubs, more culturally specific family services, more Child FIRST—all of these will prevent that from happening, and so they are very sound investments.⁹⁹⁸

Some of these issues were also emphasised in the rural and regional context of Victoria. Discussing high levels of developmental vulnerability among children born overseas living in Shepparton, Lisa McKenzie, Executive Officer of the Greater Shepparton Lighthouse Project, noted the correlation 'with poor NAPLAN results, poor school participation and poor outcomes. We are seeing from early on and all the way through that there is a part of our community that requires intensive focus'.⁹⁹⁹

996 Ms Jennifer Weber, Chief Executive Officer, Caroline Chisholm Society, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 23.

997 Ms Leanne Roberts, Head of Public Policy and Media, Berry Street, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 32.

998 Ms Deb Tsorbaris, Chief Executive Officer, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 38.

999 Ms Lisa McKenzie, Executive Officer, Greater Shepparton Lighthouse Project, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 15.

Noting high level of socioeconomic disadvantage in the Corio-Norlane region of Geelong, Subha Simpson, Area Manager North for the Geelong Regional Library Corporation (GRLC), told the Committee of the effects of this disadvantage on its population of young people:

This extremely high level of disadvantage adds another level of complexity for CALD [culturally and linguistically diverse] communities. The results of this disadvantage echo throughout their lives and is reflected in the almost 50 per cent lower take-up of TAFE or university by the youth in Corio and Norlane compared to the City of Greater Geelong, and there is double the disengagement levels in the 15 to 25-year age group, with Corio at 15.9 per cent compared to the City of Greater Geelong at 8.2. Norlane fares even worse, with 23.6 per cent of disengaged youth.¹⁰⁰⁰

In recognition of the need for all children to access early learning, and specifically for those experiencing disadvantage or vulnerability, the joint submission by DET and Department of Health and Human Services (DHHS) noted that the Parliamentary Secretary for Early Childhood Education is considering ways to improve kindergarten participation of children from culturally diverse backgrounds, children in some form of early learning that is not kindergarten, and children from disadvantaged backgrounds.¹⁰⁰¹ The submission also discussed the need to improve participation and attendance:

Given the positive impact on children's outcomes, it is important that the highest number of children possible participate in kindergarten and regularly attend, particularly those who have experienced trauma or neglect and/or are likely to be educationally disadvantaged because of their background or family situation.¹⁰⁰²

FINDING 35: High quality early childhood education and care plays an important role in early intervention, and should be considered an investment which can help to achieve significant benefits at individual and societal levels.

8.1.2 Developmental vulnerability

A commonly identified theme throughout the inquiry was the positive impact of ECEC participation on children from NESB backgrounds or LBOTE, in preventing developmental vulnerabilities. This is reflected in the Australian Early Development Census (AEDC), which is conducted every three years to measure the development of young children as they start school. The Census involves teachers completing a research tool for children in their first year, based on observations of the child across five key domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.

¹⁰⁰⁰ Ms Subha Simpson, Area Manager North, Geelong Regional Library Corporation, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 24.

¹⁰⁰¹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 15.

¹⁰⁰² *Ibid.*

The most recent AEDC was completed in 2018. It found that 25.3% of children speak languages other than English at home. Findings further suggested that English proficiency is a key factor in minimising developmental vulnerability, with 94.1% of children with LBOTE status who were not proficient in English being developmentally vulnerable in one or more domains. Comparatively, 18.1% of children with LBOTE status who were proficient in English were developmentally vulnerable in one or more domains. It also found that 59.2% of those of LBOTE status who were not proficient in English were developmentally vulnerable in two or more domains, compared to 7.9% of children with LBOTE status who were proficient in English. National results also indicated that:

... children who speak a language other than English at home and are not yet proficient in English had higher proportions of developmental vulnerability on all AEDC domains compared with AEDC results for all children.¹⁰⁰³

At a Victorian level, DET advised that 76,000 children participated in the 2018 AEDC. The highest developmental vulnerability was in the area of social competence, and the lowest in language and cognitive skills. While approximately one in five children were vulnerable in one or more domain, children in Victoria had overall lower developmental vulnerability compared to the rest of Australia and it decreased between 2009 and 2018.¹⁰⁰⁴ The Committee is encouraged by this finding, but notes that some areas in Victoria are fairing worse than others in this regard, as reflected in Box 8.1.

¹⁰⁰³ Australian Early Development Census, *Language diversity and the AEDC*, fact sheet, Australia, 2015.

¹⁰⁰⁴ Department of Education and Training, *Victorian trends from the AEDC: Results from 2009, 2012, 2015 and 2018 data collections*, 4 October 2019, <<https://www.education.vic.gov.au/about/research/Pages/victorian-aedc-trends.aspx>> accessed 9 June 2020.

BOX 8.1: Shepparton and the AEDC

The Committee spoke with a number of inquiry participants in Shepparton who specifically discussed the implications of the 2018 AEDC for the community in that region. As explained by Sally Rose, Manager, Children's and Youth Services at the Greater Shepparton City Council, one in three children in Shepparton had a developmental vulnerability. For culturally diverse communities, the figure was one in two children. Lisa McKenzie, Executive Officer of the Greater Shepparton Lighthouse Project, noted that this number of 49.2% related to about 30 children in the area. While the average for Victoria for vulnerability in one or more domains was approximately 10%, in Shepparton it was 20%. David Tennant, Chief Executive Officer of FamilyCare considered that such rates could be attributed to structural challenges in Shepparton, particularly regarding a lack of support for refugee arrivals:

One of those that I would draw particular attention to is the insufficiency of benefits and supports provided to refugee arrivals, especially those who come to Shepparton as secondary rather than primary migrants, and those can sometimes result in acute material disadvantage. Added to histories of trauma, it can produce an extra layer of struggle for those families and challenge for them to access the local service system. We believe there are links between these structural drivers of disadvantage and Shepparton's comparatively poor AEDC data, and the results are unsurprisingly worse for culturally and linguistically diverse families.

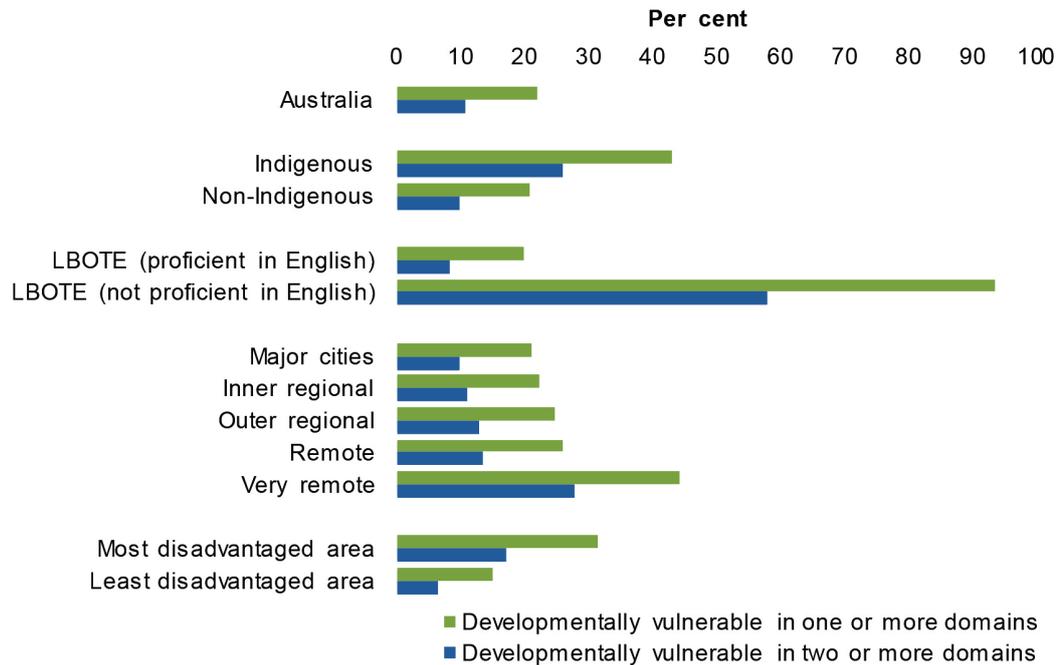
Inquiry participants recognised that this issue requires further attention and work to address these rates.

Sources: Ms Sally Rose, Children's and Youth Services, Greater Shepparton City Council, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 8.; Ms Lisa McKenzie, Executive Officer, Greater Shepparton Lighthouse Project, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 15.; Mr David Tennant, Chief Executive Officer, FamilyCare, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 25.

Findings on the impact of English proficiency in the AEDC echo an earlier report published by the Productivity Commission in 2014 on *Childcare and Early Childhood Learning*. It found that children from LBOTE not proficient in English were the most developmentally vulnerable group (see Figure 8.1). Almost 94% of these children were vulnerable in one or more domains and 58% in two or more domains. On the other hand, children from LBOTE who were proficient in English were only 20% developmentally vulnerable in one or more domains and 8% in two or more domains. Interestingly, this was lower than the Australian population.¹⁰⁰⁵

¹⁰⁰⁵ Productivity Commission, *Child care and early childhood learning: Inquiry Report No. 73, volume 1*, Productivity Commission, Canberra, 2014, pp. 162–3.

Figure 8.1 Proportion of Australian children from selected populations assessed as developmentally vulnerable



Source: Productivity Commission, *Child care and early childhood learning: Inquiry Report No. 73*, volume 1, Productivity Commission, Canberra, 2014, pp. 162–3.

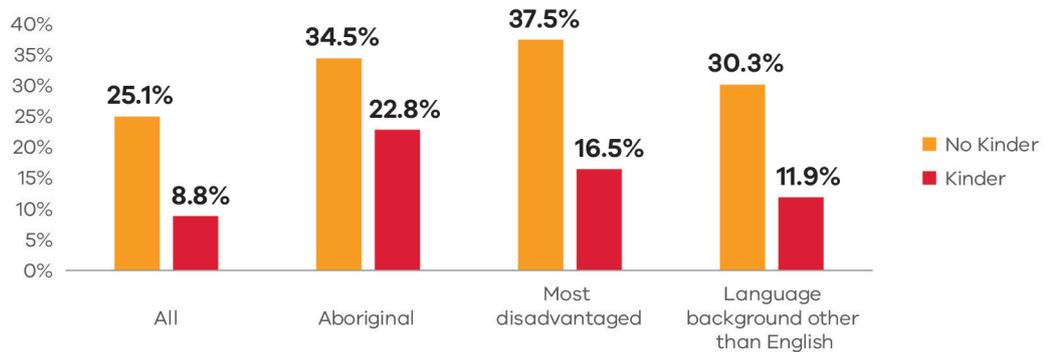
The report also found that children from LBOTE tend to be underrepresented in preschool programs relative to their share in the general population, with approximately 10% of children aged three to five years old from LBOTE enrolled in preschool while they represented approximately 20% of the population in 2012.¹⁰⁰⁶

Using data from the 2015 AEDC, DET's 2017 *State Of Victoria's Children Report* demonstrated that kindergarten attendance contributes to the healthy development of children and can guard against vulnerability. Approximately 9% of children who attended kindergarten in Victoria were developmentally vulnerable in two or more domains, compared to 25.1% of children who did not attend kindergarten. This was also demonstrated across various population groups, including children from LBOTE as well as those from socioeconomically disadvantaged areas of Victoria (see Figure 8.2 below). For children from LBOTE, development vulnerability was 11.9% for those that attended kindergarten, compared to 30.3% for those that did not.¹⁰⁰⁷

¹⁰⁰⁶ Productivity Commission, *Child care and early childhood learning: Inquiry report No. 73, volume 2*, Productivity Commission, Canberra, 2014, p. 521.

¹⁰⁰⁷ Department of Education and Training, *The State Of Victoria's Children Report* Victorian Government, Melbourne, 2017, p. 44.

Figure 8.2 Proportion of Victorian Prep children developmentally vulnerable in two or more AEDC domains, 2015, by kindergarten attendance



Source: Department of Education and Training, *The State Of Victoria's Children Report*, Victorian Government, Melbourne, 2017, p. 44.

The report also noted established evidence linking kindergarten attendance to improved outcomes:

Children who attend kindergarten are less likely to be vulnerable at school entry, are more likely to perform at a higher level academically at school and reach higher levels of academic achievement (OECD 2017). Longitudinal research shows that these benefits often carry into adulthood in the form of improved employment outcomes, higher earnings, improved health outcomes as well as reduced crime and incarceration rates (Schweinhart 2013; Conti et al 2016).¹⁰⁰⁸

8.2 Awareness among culturally diverse communities and families

As noted in Chapter 2, a key barrier to the engagement of culturally diverse families in early childhood services is a lack of awareness of the available services. Similarly, the Committee understands that there may be limited awareness among some (but not all) culturally diverse communities about the specific benefits of early childhood education. The Centre for Community Child Health issued a report in 2017 on *Exploring the impact of community hubs on school readiness*, which discussed potential low family awareness of early childhood development, learning and the importance of ECEC. It summarised research showing that newly arrived families' emphasis on education might not include the preschool level. It referred to a 2010 Australian national survey of culturally diverse parents which 'found that these parents were less likely than other parents to be aware of the importance of the early years, engagement with ECEC services, and the value of home-based learning'.¹⁰⁰⁹ The report further discussed other research:

Tellingly, the National Preschool Education Inquiry (Walker, 2004) found that CALD families sometimes assumed that if preschool was not part of school, then it must not be

¹⁰⁰⁸ Ibid., p. 43.

¹⁰⁰⁹ Centre for Community Child Health, *Exploring the impact of community hubs on school readiness*, report prepared by Sophie Rushton, Rebecca Fry, Tim Moore, Noushin Arefadib and Sue West, report for Community Hubs Australia, Murdoch Childrens Research Institute, Melbourne, 2017, pp. 9-10.

important. It also found that other priorities for newly arrived families, particularly those living in low socioeconomic areas or in poverty, often superseded issues relating to early childhood development. Similarly, upon widespread consultation with the community, the Multicultural Development Association (2012) found that community leaders, parents and families from refugee background had little awareness of early childhood education programs and in particular, there was little awareness around the benefits of early childhood education.¹⁰¹⁰

It also discussed a lack of knowledge around the value of play-based learning:

There is also evidence that CALD families can lack awareness around the importance of play-based activities for school readiness. Warr (2008) argues that many CALD families place a greater value on academic achievements and may not see the value in play-based activities. As such, they may perceive kindergarten as a place only for play and thus not essential or valuable in terms of their children's education.¹⁰¹¹

These issues were echoed to the Committee by inquiry participants, although they were careful to emphasise that this does not apply to all culturally diverse communities. Roxanne Higgins, Director of Services at Noah's Ark, stated:

I think there is a diverse range of CALD communities that have different opinions around that. I certainly think some CALD communities see that as something that is very highly valued and engaged with and for other CALD communities it is not part of their tradition or part of the world that they have come from. So yes and no. I think it is very hard to answer in response to the concept of a CALD community, because I think each of the communities under the banner of what we use as CALD have unique and different experiences and require different understanding and different responses.¹⁰¹²

AMES Australia discussed in its submission potential low awareness among culturally diverse communities about early learning, including citing the same 2010 national survey that found 18.4% of parents from refugee and other culturally diverse backgrounds believed the first five years was not very important for future learning compared with 3.7% of other parents.¹⁰¹³ Uniting Vic.Tas also discussed the primacy of school in its submission:

In our experience, families may skip early learning and go straight to school as this is where they know they "have to go". Schools can help referring and promoting early childhood services to improve participation for younger siblings, extended family and community members.¹⁰¹⁴

The Southern Metropolitan Partnership noted in its submission that in undertaking consultation on improving the engagement of Afghani, Burmese and Tamil communities in the area, it found that awareness of early years services was a key barrier along with

¹⁰¹⁰ Ibid., p. 10.

¹⁰¹¹ Ibid.

¹⁰¹² Ms Roxanne Higgins, Director of Services, Noah's Ark, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 8.

¹⁰¹³ AMES Australia, *Submission 10*, received 7 October 2019, p. 2.

¹⁰¹⁴ Uniting Vic.Tas, *Submission 32*, p. 11.

transport and literacy. This was due to issues such as inaccurate assumptions of costs and visa conditions, a lack of trust in government services and '[c]ultural differences and expectations regarding the importance of early years education, programs and services'.¹⁰¹⁵ When asked about this issue, Martine Street, Manager of Settlement Services with the Bendigo Community Health Services (BCHS), referred specifically to the Karen community:

I do not think it is necessarily in their paradigm. I know that Karen parents have said a lot of them want their children with them until they are four. We know that a lot of mums were really anxious about being separated from their children and handing them to strangers. They are on the poverty line, so there are the fiscal restraints, but if they had people in there who looked like them and sounded like them, that would be a pathway of comfort.¹⁰¹⁶

Kate McInnes, Executive Officer of Loddon Campaspe Multicultural Services (LCMS) in Bendigo, considered that the focus on education tends not to include early education:

I think there is a high value placed on higher education for refugee and migrant communities, and we hear that a lot in our consultations. Families want their children to go on to university; it is seen as very valuable. They want them to do well in high school. I do not think there is much of an understanding of the link between early education and later educational outcomes. I think that primarily comes down to it not being a universal model across the world, so people are not familiar with the idea of kindergarten or playgroups.¹⁰¹⁷

Samantha Kolasa, Board Member of the Early Learning Association of Australia (ELAA), similarly discussed a lack of knowledge around the benefits and the importance of play-based learning:

... we have many families out there that still see early childhood services as a nanny-type system or just the provision of care as opposed to the provision of a lifelong education. That is the key, I think, if we can emphasise the importance of education actually not starting at five or five years and four months or whatever the child may be when they start school. I said in the opening remarks we cannot mandate early childhood services—I understand that—but I think there is not enough done about promoting what the benefits are, particularly around brain development, around setting them up for future learning. That three to five age span is the pivotal time and most families do not understand that, because we do not promote that. So I think that is probably the key part.

...

¹⁰¹⁵ Southern Metropolitan Partnership, *Submission 38*, received 2 January 2020, p. 12.

¹⁰¹⁶ Ms Martine Street, Manager, Settlement Services, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 17.

¹⁰¹⁷ Ms Kate McInnes, Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 10.

The other thing as well is I think a lot of families struggle to understand the concept of play-based learning. Early childhood services generally work under a play-based framework. I had the privilege of speaking to 30 principals from Asia about two months ago, and they really struggled with the concept of play-based learning. What does play-based learning mean? How do children learn through play?¹⁰¹⁸

Emma King, Chief Executive Officer of the Victorian Council of Social Service (VCOSS), raised the potential inequity created by inconsistent awareness among different communities:

I do not think that everyone is aware. With the example that I gave earlier of supported playgroups, we knew in some communities they were not as valued as they should have been and it was around looking at: how do you bring people in to have them understand the benefit? I would say that is the case probably across all of the community, otherwise you see kids pop up at school who have not really engaged in early childhood education. And we do not want our early childhood services just to be there for the wealthy and those who are doing all right. They are actually there for all of our population.¹⁰¹⁹

As alluded to, limited understanding of early childhood education can be particularly problematic for newly arrived families and communities. This is especially so when they are dealing with other settlement issues. For example, BSL noted in its submission that attendance at maternal and child health (MCH) services or early education programs may not be a priority among other pressing issues such as securing housing, learning English and finding employment.¹⁰²⁰ Similarly, Kathy Cooney, Communities of Practice Team Leader of Education and Early Years at Foundation House, told the Committee of the unique challenges faced by families from refugee backgrounds in accessing early childhood education:

I think unless people understand what early childhood is, it is very hard with all of the stresses you have got—with settlement, with your own recovery from trauma, with limited finances. As a parent, unless you really understand the value of early years, it is very hard to get your child there every day.¹⁰²¹

Rhona Pedretti, Manager of Family Services at the City of Greater Geelong, discussed the challenges facing newly arrived culturally diverse families, and that families may choose not to engage as early childhood education is not mandatory (compared to school):

I think it must be really overwhelming to come to a new country with so much to take on, with housing and employment and just the language barriers and things like that. I think it is a big thing to put them in school. School is mandated, so there is no option

1018 Ms Samantha Kolasa, *Transcript of evidence*, pp. 15–6.

1019 Ms Emma King, *Transcript of evidence*, p. 24.

1020 Brotherhood of St Laurence, *Submission 36*, p. 12.

1021 Ms Kathy Cooney, Communities of Practice Team Leader, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 5.

not to send your child to school, but early childhood is not and maternal and child health is not and kindergarten is not. So really it is a choice that people make to actually engage or not engage.¹⁰²²

To ensure that families of refugee backgrounds are not missing out, inquiry participants discussed the importance of information and support provided during the settlement period.¹⁰²³ For example, Hiranthi Perera, Program Manager of Community Hubs Australia (CHA) considered that settlement support received by communities during the first five years 'is not anywhere near enough or adequate'.¹⁰²⁴ Further, BCHS suggested in its submission that settlement education components could be developed on a wide variety of topics including parenting in a Western world.¹⁰²⁵

FINDING 36: There is a need to increase targeted education on the benefits of engaging in early childhood education opportunities among culturally diverse communities.

8.2.1 A clear policy statement

While engagement in services is important, parents play the most central role in promoting a child's learning and development. Providing parents with better information on early childhood education is key. As discussed in the Lifting Our Game report:

In the first 1,000 days and beyond, parents provide the crucial home environment for children, and are a child's best advocate and protector. They are a child's first teacher and help imbue in children a love of learning and a sense of aspiration. They are vital to establishing and supporting a child's development. This role is particularly important in the early years, but continues through a child's life.

...

Parents are not only the primary caregivers and first educators of children; they also have an important role as an advocate or agent for their child. Better informing parents about early childhood development would make them better advocates for their children, promoting an improved understanding of the importance of the early years

¹⁰²² Ms Rhona Pedretti, Manager, Family Services, City of Greater Geelong, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 5.

¹⁰²³ Ms Sue Ghalayini, Humanitarian Settlement Program Case Manager, Bendigo Community Health Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 20.; Ms Andie West, Manager, Community Wellbeing, City of Greater Bendigo, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 6.; Dr Greg Gow, Program Leader, Education and Early Years, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 4.; Mr Max Broadley, Executive Director Client Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 13.; Ms Jessica Trijsburg, Manager, Intercultural Engagement and Support, Ballarat Community Health, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 15.; Ms Akua Ed Nignpense, Refugee Health Nurse, Ballarat Community Health, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 15.; Ms Judi Gray, Early Years Practice Lead, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, pp. 40–1.

¹⁰²⁴ Ms Hiranthi Perera, Program Manager, Community Hubs Australia, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 36.

¹⁰²⁵ Bendigo Community Health Services, *Submission 28*, received 15 October 2019, p. 7.

and the nature of early childhood education and care service quality...If that desire for a child to have the best possible education was better harnessed in early childhood, parents might seek out higher-rated services for their child's education and care.¹⁰²⁶

A recommendation made by VICSEG was for the development of '[a] clearly articulated vision for early education that parent's understand, incorporating key messages about learning and development from birth and how parents can assist in their child's learning and development'.¹⁰²⁷ While this was not discussed at length during the inquiry, the Committee considers that a clear and simple statement on early childhood education is an important step. It is incumbent that the positive messages around the contribution of early childhood education to a child's success are heard by parents and families. Across the range of relevant policy documents in this area including the VEYLDF, the *Early Childhood Reform Plan* and the *Early Years Learning Framework for Australia*, there are several important messages that should be shared more widely. This includes information on brain development, the importance of learning in the first eight years, the contribution of the home environment, and the role of play-based learning. Ensuring that culturally diverse parents can access and understand these messages is particularly important given that some face a range of barriers, including in some cases poor literacy or low proficiency in English. The Victorian Government making a public and accessible statement around the benefits of early childhood education, in clear and simple terms, is one step to ensuring information is in the public domain (along with others, as discussed in the following sections).

RECOMMENDATION 39: That the Victorian Government issue a clear and simple policy statement aimed at improving parents' understanding of the benefits of early childhood education. The statement should address a range of important factors including brain development, the role of parents as first educators and the value of play-based learning. These messages should be easily accessible to culturally diverse parents, be translated into community languages and available in Easy English and other accessible formats.

8.2.2 Public awareness campaigns

Building on the previous section, the Committee also heard there is a need for broader public awareness on early childhood education, particularly among culturally diverse communities. Acknowledging the need for improved parental and community engagement, the *Lifting Our Game* report stated:

Better parent support would be of substantial benefit. For most parents, this need not be complex. It could include giving clear messages to help parents and the broader community understand the key milestones of child development, the importance of play and emotional support, and the value of early childhood education.¹⁰²⁸

¹⁰²⁶ Pascoe and Brennan, *Lifting Our Game*, pp. 85–6.

¹⁰²⁷ VICSEG New Futures, *Submission 07 Summary*, p. 5.

¹⁰²⁸ Pascoe and Brennan, *Lifting Our Game*, p. 85.

It recommended, along with strategies and programs to support learning in the home environment, that an ongoing campaign be developed:

12. In recognition of the role of parents as the first and ongoing educator of their children, and as advocates for their children, Australian governments undertake an ongoing campaign to improve community understanding of the importance of the early years and all who care for and educate children, and to improve parent understanding of service quality.¹⁰²⁹

Similarly, a 2015 evidence review on *Early childhood development and the social determinants of health inequities* prepared for the Victorian Health Promotion Foundation (VicHealth) discussed the need to improve public understanding of the early years and the impact of inequity on young children, as well as to improve public perceptions on early childhood education and care. It recommended a national media campaign on early years and inequity.¹⁰³⁰

Inquiry participants also discussed the need to improve public awareness through a range of strategies. AMES Australia recommended the allocation of resources for awareness building among culturally diverse communities, including through community sessions and the development of multi-language resources.¹⁰³¹ In discussing this recommendation, Carissa Gilham, Research Officer at AMES Australia, noted it is important to keep in mind the 'huge diversity amongst different cohorts in terms of knowledge of the benefits of early childhood education for children's development and school readiness'.¹⁰³² As noted in Chapter 5, Dr Melika Yassin Sheikh-Eldin, International and Community Development Manager at AMES Australia, further noted the need to tailor information to suit the particular needs of each community based on their educational background.¹⁰³³

Uniting Vic.Tas also recommended the provision of translated resources, community events, information sessions with bicultural workers and local school referrals for promoting early childhood services.¹⁰³⁴ Similarly, Samantha Kolasa of ELAA discussed the importance of promotion to enable families to make informed choices. She stated that families do not currently have access to all relevant information.¹⁰³⁵

Dr Adele Murdolo, Executive Director of the Multicultural Centre for Women's Health, focused on how education programs could be tailored to women to ensure that they 'see themselves as playing a role in their children's education at a really early point'.¹⁰³⁶

¹⁰²⁹ Ibid., p. 86.

¹⁰³⁰ Dr Tim Moore, Dr Myfanmy McDonald and Harriet McHugh-Dillon, *Early childhood development and the social determinants of health inequities: a review of the evidence*, report for The Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital., Melbourne, 2014, p. 63.

¹⁰³¹ AMES Australia, *Submission 10*, p. 2.

¹⁰³² Ms Carissa Gilham, Research Officer, AMES Australia, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 12.

¹⁰³³ Dr Melika Yassin Sheikh-Eldin, International and Community Development Manager, AMES Australia, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 12.

¹⁰³⁴ Uniting Vic.Tas, *Submission 32*, p. 11.

¹⁰³⁵ Ms Samantha Kolasa, *Transcript of evidence*, p. 16.

¹⁰³⁶ Dr Adele Murdolo, Executive Director, Multicultural Centre for Women's Health, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 46.

Khadra Omar, Community Facilitator at Our Place, told the Committee of improvements that have been made through efforts such as information sessions and community radio:

Certainly from where we were 10 years ago we have done a lot of information sessions to community on understanding early brain development, for them to understand what it means and that the infrastructure where they grew up where a child could play in the street and have multiple interactions throughout the day and the child would grow up happy and normal is changed through your being in a small flat and confined, making them understand that actually when they go to an early learning centre, a playgroup or a story time it is very important that you invest in that, that you are not only growing their body and giving them food and clothing; it is about growing their brain. We have been on multiple community radio information sessions for parents and one on one, advocating on behalf of the child, so parents understand and they are in a better place to give the child the right environment for them to grow. So it has changed a lot.¹⁰³⁷

The Committee agrees that a concerted public campaign on early childhood education, particularly targeted towards improving understanding among culturally diverse communities, would be of considerable benefit. As discussed by inquiry participants, this campaign should include several formats such as translated materials, audio-visual content, community radio, information sessions and events. It will be important that awareness raising activities are tailored to the needs of different communities, and should be community-led to ensure maximum input.

RECOMMENDATION 40: That the Victorian Government work with communities to undertake a public awareness campaign, based on the policy statement recommended in Recommendation 39, to improve understanding among culturally diverse communities of the benefits of early childhood education. The campaign should communicate important messages regarding the role of parents, the importance of play-based learning and options for early childhood education and care. The campaign should cover all areas of Victoria, using effective mediums including information sessions, translated materials and community radio.

8.2.3 Strengthening word-of-mouth strategies

Another related strategy is to harness word-of-mouth and community connections in spreading positive information about early childhood education programs and services. This is particularly important for culturally diverse communities because building trusting relationships on an individual level is vital to ensuring successful engagement. Inquiry participants emphasised that time and space is needed to have these conversations personally with families to promote early childhood education. Barbara Romeril, President of fka Children's Services (fkaCS), told the Committee about the importance of word-of-mouth:

¹⁰³⁷ Ms Khadra Omar, Community Facilitator, Our Place, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 15.

... word-of-mouth within the community is the strongest attraction for people to understand and trust a service and approach it, so if the first people who are brave enough to go to a service discover it is respectful and honouring of them and their child, they will spread the word and bring other families in. So I guess Government can support services to make sure that there is time on behalf of the teacher and other educators in that service to welcome families, to have morning teas, to go and attend community events, to create a smooth bridge between the home life and the early childhood setting.¹⁰³⁸

Allison Schubert, New Arrival Education Coordinator of Uniting Goulburn North East in Shepparton, discussed that while families may not initially value the early childhood experience, 'that is certainly not the case when we have had time to spend with the families...we are working hard to provide more and more time for the families so that they become conversant with the benefits'.¹⁰³⁹ Samantha Kolasa from ELAA similarly reinforced the point of the need to carefully explain these concepts to parents:

I think again it is about talking to families around: just because a child is playing or blowing bubbles, it is about eye-tracking, it is about helping them to read into the future. But, again, it is taking the time to explain that to families as opposed to: you are just dropping your kids off to be babysat. I think it needs to emphasise that there is learning taking place all the time and what the benefits of the different environments can bring—the home environment and the play-based learning environment as well.¹⁰⁴⁰

Kathy Cooney from Foundation House discussed the need for bicultural workers in education spaces to have the time to talk to parents of refugee background:

One of the models that we use is that kinder teachers in particular are really available to talk to parents, and whatever your question is they will explain it beautifully. But often families who have had a refugee background do not feel confident to go up to an expert, which is how they perceive the kinder teacher, and ask, 'Why are the children just playing? Why aren't you teaching them the alphabet?', those sorts of questions. So it really probably needs bicultural workers helping them understand the value of it and then the long-term value of it. Once communities get it, I think they become incredibly good advocates and make sure children do attend.¹⁰⁴¹

Additionally, VCOSS discussed in its submission the need to harness strong, informal cultural and social capital, including through word-of-mouth among culturally diverse communities themselves:

Families who do not have relatives or extended networks in Victoria often rely on other families from the same community or community leaders for support and information. This is especially the case for families experiencing vulnerability, for whom trust is paramount.

¹⁰³⁸ Ms Barbara Romeril, President, fka Children's Services, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 19.

¹⁰³⁹ Ms Allison Schubert, New Arrival Education Coordinator, Uniting Goulburn North East, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 3.

¹⁰⁴⁰ Ms Samantha Kolasa, *Transcript of evidence*, p. 16.

¹⁰⁴¹ Ms Kathy Cooney, *Transcript of evidence*, p. 5.

Volunteers and existing trusted communication networks should be utilised to raise awareness of the benefits of services for mothers with newborns and early learning such as playgroup and kindergarten. These networks should also be integrated into settlement services and community organisations where people go to feel connected.

Case Study:

One early childhood educator leverages the deep community connections of a Vietnamese community leader to speak about the benefits of early childhood learning via community radio. Having the message delivered by trusted community leaders via a trusted medium (a Vietnamese-language program on a community radio station) raises awareness in a way that is culturally safe. The medium also promotes word-of-mouth, which is an impactful strategy in CALD communities.¹⁰⁴²

Abigail Lewis, Policy and Project Officer at Berry Street, discussed word-of-mouth as a strategy to promote playgroups among families:

I do not think there is a specific strategy to do so, but one of the main ways that we find families access those playgroups is through word-of-mouth. So one way that could be promoted is if someone in the playgroup has been there for a while—they run for 12 months, so it is medium-term support; there is a lot of opportunity to build confidence and build those relationships—they could then go back into the community and communicate about the availability of those playgroups in that area.¹⁰⁴³

To facilitate knowledge and to harness community strengths, inquiry participants suggested the creation of more formal positions to help spread information about the value of ECEC. To that end, the submission of the Southern Metropolitan Partnership noted the recruitment of Early Years Community Engagement Officers in that area 'to promote the importance and value of early years programs and services to the identified communities and subsequently facilitate connections to services'.¹⁰⁴⁴

Uniting Vic.Tas recommended investing 'targeted community capacity building of CALD community leaders, elders, religious groups and community-led organisations to promote the benefits of early childhood education to CALD families'.¹⁰⁴⁵

BSL recommended piloting a Community Ambassador program to employ community leaders to deliver key early years messages under the Refugee Action Program.

Considering that who delivers the message is key, BSL stated:

... the existing state-funded Refugee Action Program (RAP) which partners with BSL and other service providers to build the capacity of emerging leaders within newly arrived community groups. RAP's community leaders have previously delivered 'Safer and Stronger Communities (Family Violence Prevention in CALD communities)' and the 'Rights and Responsibilities' program. Community leaders could similarly act as early

¹⁰⁴² Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 10.

¹⁰⁴³ Ms Abigail Lewis, Policy and Project Officer, Berry Street, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 31.

¹⁰⁴⁴ Southern Metropolitan Partnership, *Submission 38*, p. 14.

¹⁰⁴⁵ Uniting Vic.Tas, *Submission 32*, p. 10.

childhood education ambassadors sharing messages with groups that we understand are currently underrepresented in early years services, including Arabic-speaking, Assyrian, Chaldean and Burmese/Myanmar ethnicities.¹⁰⁴⁶

Emma King from VCOSS discussed current ways that organisations attempt to use bicultural workers to fill this role but that this must be a collective effort:

A number of our community sector organisations focus very heavily on that and having bilingual workers and workers from the immediate community talk about that. I think the example of the Afghan woman from Doveton community college speaks to that. Early childhood education was not a well-known, well-trusted concept, so I think sometimes it is seeing someone participate and welcome others along that is really important. It is often that understanding within a community as well. I think there is lots more, to be frank, for us to do in that space, and to do collectively. When I say that, from VCOSS's work I am mindful of all of our member organisations that live and work in local communities. I am mindful of the work that local councils do. It is not something that I think any one of us can own on our own. It is actually about how we do that together. Everything we can do to promote high-quality early childhood education is a bit of a no-brainer.¹⁰⁴⁷

Similarly, Kate McInnes from LCMS in Bendigo suggested that 'bilingual and bicultural workers are really important to get that information to their community'.¹⁰⁴⁸

The Committee agrees there is scope for systemised recruitment across Victoria of key community contacts or leaders to deliver messages around early childhood education to culturally diverse communities. Currently, this appears to be an organic process which is occurring more informally in various settings. There is scope, however, to more holistically harness this potential to improve engagement and encourage participation of culturally diverse communities in early childhood education services. This would be particularly helpful in the context of the public awareness campaign recommended in Recommendation 40.

While not recommending a particular program or formula, the Committee considers this is an opportunity to recruit more people from communities into roles in the early childhood sector. As discussed at length in Chapter 4, a key theme of this inquiry is the significant value in expanding the bicultural and bilingual workforce in early years services. Promoting early childhood education services and its benefits is another reason for such recruitment. It would also help to strengthen service navigation in the sector, as discussed in Chapter 3.

¹⁰⁴⁶ Brotherhood of St Laurence, *Submission 36*, p. 25.

¹⁰⁴⁷ Ms Emma King, *Transcript of evidence*, p. 24.

¹⁰⁴⁸ Ms Kate McInnes, *Transcript of evidence*, p. 10.

RECOMMENDATION 41: That the Victorian Government develop strategies to create positions and harness community leaders and contacts to play a role in sharing information around the positive impacts of early childhood education. These strategies and programs should be developed in consultation with all relevant stakeholders including culturally diverse communities, local councils and community organisations. This activity should be strongly linked to the public awareness campaign recommended in Recommendation 40.

8.3 Entry points into early learning

The Committee also heard about particular service types and their ability to function as trusted entry points to inform culturally diverse families about the benefits of ECEC, and the various options available. A key theme reinforced is that the early childhood sector can provide a continuum of care. As noted by Janet Elefsiniotis of VICSEG, these entry points are invaluable in facilitating awareness of and access to this care:

... we have tried to look at the early childhood sector virtually as a continuum of care. So looking at what happens from pre-pregnancy through to pregnancy and then as children get older the need to access maternal and child health and then move into maybe a playgroup experience then a kindergarten experience and then support into school. So we realised that we needed to develop a continuum of service supports to assist parents in that trajectory—in that journey—with their new child.¹⁰⁴⁹

8.3.1 Maternal and child health services

Stakeholders discussed the role of MCH services in promoting ECEC, noting that one of the aims of the Universal MCH program is 'transitioning children and families to the next universal program in care and education (such as kindergarten)'.¹⁰⁵⁰ The introduction of 3-year-old kindergarten in Victoria, for example, will require the involvement of MCH services and local councils to inform families, a point raised by Sarah Nesbitt, Director of the Maternal, Child and Family Health Branch at DHHS:

... certainly in the rollout of three-year-old kinder we are very conscious of the importance of having maternal and child health nurses promoting three-year-old kinder at those two and three-and-a-half-year-old key age and stage visits. So we have a lot of involvement in the kind of policy setting stage, and then it is at the local government level and the local community level that those conversations can really take off.¹⁰⁵¹

Similarly, Donna Matthews, Area Manager of Early Learning, North West at Uniting Vic. Tas suggested that, in terms of engaging in playgroups, '[i]t is the connections that are made with that very early stage—MCH is important for that—and I think metropolitan perhaps does not do it as well as rural and remote rural do because of those

¹⁰⁴⁹ Ms Janet Elefsiniotis, *Transcript of evidence*, p. 2.

¹⁰⁵⁰ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 7.

¹⁰⁵¹ Ms Sarah Nesbitt, Director, Maternal, Child and Family Health Branch, Department of Health and Human Services, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 33.

connections with community'.¹⁰⁵² In Bendigo, Belinda Schultz, Early Years Manager at Shine Bright EYM, told the Committee of its work with MCH nurses:

I guess the hardest thing is really just being aware that when your child is four kinder is available to you. We work closely with maternal and child health nurses and they help to promote supported playgroups in different networks throughout the community and also early intervention workers. Wherever we can we have people try to promote kindergarten.¹⁰⁵³

In Shepparton, Sally Rose, Manager of Children's and Youth Services at Greater Shepparton City Council, similarly discussed the continuum of care as promoted by the Council:

We try and create a good partnership in the playgroup so that there is a fairly soft entry from a new parent group, for example, with maternal and child health, into a facilitated playgroup, which then moves into kindergarten or child care, depending on what the families' needs are.¹⁰⁵⁴

Cathie Arndt, Maternal Child Health Coordinator at City of Greater Dandenong, also reiterated the role of MCH in referring people to playgroups:

Generally they find out through the maternal and child health service. Maternal and child health is the first contact that many of these families have with local government. Also, we work closely with a number of migrant support services within CGD [City of Greater Dandenong], so when they get a new refugee family in they will refer in to our service and then we actually link them in with playgroups.¹⁰⁵⁵

The Committee also heard that there may be ways to strengthen these approaches to enhance MCH services' role in promoting early childhood education. Max Broadley, Executive Director Client Services at Barwon Child, Youth & Family Services (BCYF), identified that '[t]he real gap is really the transition from maternal and child health nursing to a playgroup setting into a child care or kinder setting'.¹⁰⁵⁶ Similarly, Samantha Kolasa of ELAA discussed the need for MCH services to play a more active and early role in promoting education opportunities:

When families are accessing services back at maternal and child health, often the other services are not promoted. A family may access a playgroup or they may have their 10 key age-and-stage visits at the maternal and child health service, but then kindergarten is not particularly talked about. It may be how to enrol your child in school at the

¹⁰⁵² Ms Donna Matthews, Area Manager, Early learning North West, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 23.

¹⁰⁵³ Ms Belinda Schultz, Early Years Manager, Shine Bright EYM, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 36.

¹⁰⁵⁴ Ms Sally Rose, *Transcript of evidence*, p. 9.

¹⁰⁵⁵ Ms Cathie Arndt, Maternal Child Health Coordinator, City of Greater Dandenong, Public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 3.

¹⁰⁵⁶ Mr Max Broadley, *Transcript of evidence*, p. 16.

three-and-a-half-year-old visit, but the focus needs to be at the two-year-old check, 'Okay, what about three-year-old kindergarten? What does that look like? What are the benefits that that brings?'.¹⁰⁵⁷

The Committee heard of two promising approaches to increase the prominence of MCH services for this purpose. The first is an initiative by the Brimbank City Council to introduce an 'initial' kindergarten registration generated from a birth notice or home visit through the MCH service. In its submission, Brimbank City Council stated:

This is an important process in culturally diverse communities with limited exposure to kindergarten but also ensures early identification and engagement with vulnerable children and families. This process utilises the MCH services as a soft entry point to all early years' services and provides an opportunity to track participation of key groups.¹⁰⁵⁸

At the public hearing, officers from Brimbank City Council discussed the process further. John MacDonagh, Manager of Community Care, explained that separate to an enrolment registration, this process 'is really about registration and raising awareness about kindergarten—the importance of early education—and that is a connecting point there'.¹⁰⁵⁹ Rene Burke, Early Education and Care Coordinator, explained that it also enables the Council to continue to keep in touch with families about kindergarten:

Our kindergarten registration process does do the follow-up. We have a series: two years out we contact families. This is about keeping in touch with the families the whole way, and then the year prior to their kindergarten attendance year we again contact them to check existing addresses and kindergarten choice et cetera—what they want.¹⁰⁶⁰

In his evidence, Danny Schwarz, Chief Executive Officer of Playgroup Victoria, outlined the initiative, the First Time Parent Group Transition Project, which aimed to assist nurses with messages to promote playgroups, in conjunction with supporting the MCH app. The project had recently been piloted in eight sites across Victoria with DHHS:

We actually have just finished a project over the last two years that the State Government funded, a pilot project that looked at connecting and supporting maternal and child health nurses to support first-time parent groups into baby playgroups. We have specifically used the word 'baby playgroups' because we have come to understand that often people think, when they think about playgroup, 'My child isn't old enough if they can't walk'. Now, what we know about the evidence in terms of going to playgroup is that as soon as a child is breathing, that is a good time to go to playgroup. We know that the brain is forming as soon as a child is born, so we encourage people to go to playgroups straightaway. We have named those playgroups 'baby playgroups', and what we have found in the very short time that we ran this pilot was that we had within a three-month period 30 first-time parent groups register with us as baby playgroups.

¹⁰⁵⁷ Ms Samantha Kolasa, *Transcript of evidence*, p. 16.

¹⁰⁵⁸ Brimbank City Council, *Submission 17*, received 9 October 2019, p. 3.

¹⁰⁵⁹ Mr John MacDonagh, Manager, Community Care, Brimbank City Council, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 4.

¹⁰⁶⁰ Ms Rene Burke, Early Education and Care Coordinator, Brimbank City Council, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 4.

What will be interesting of course is to see over time are they continuing to meet and go to their playgroups.

...

We have developed some fantastic material, which is supporting the Maternal and Child Health app...This project was about supporting that, providing material the nurses can use, with four messages really focused on playgroup. Again, we are really keen to see over time if those messages have had an impact on families attending playgroup.¹⁰⁶¹

The Committee was encouraged to learn of initiatives to improve the use of MCH as a strong entry point for families, particularly for culturally diverse families, to learn about and access early childhood education opportunities.

FINDING 37: Maternal and Child Health services play an important role in promoting early childhood education opportunities such as playgroups and kindergarten to all families, and particularly for culturally diverse families.

8.3.2 Community hubs

The role of community hubs as an integrated and place-based service responding to the needs of culturally diverse families is discussed in Chapter 3 of this report. As well as playing this key function, the Committee heard that community hubs provide a soft entry point into early childhood education. As noted by Lisa Morey, Support Coordinator of the Greater Shepparton Lighthouse Project, community hubs engage hard-to-reach families who largely do not attend other services:

Our stats from 2018 show that two-thirds of hub parents with a child under five have not attended any other early years activities outside of the hub, so it is really powerful that they are actually coming—they are in the door and they are getting access to quality services straightaway.¹⁰⁶²

Lisa Morey also advised that the flexibility built into the community hub model allows tailoring to suit the needs of each community and creates links between playgroups, kindergarten and the schools:

We look at what the hub members bring, what the skills are that they perhaps have or things that they would like to get involved with, and we develop programs based around that. So where we have got these pockets of vulnerability within the community we can link mothers and their children in straightaway to our community hubs and therefore our schools. So the links between our playgroups, our kinders and our schools are being forged straightaway.¹⁰⁶³

¹⁰⁶¹ Mr Danny Schwarz, Chief Executive Officer, Playgroup Victoria, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, pp. 28–9.

¹⁰⁶² Ms Lisa Morey, Support Coordinator, Greater Shepparton Lighthouse Project, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 16.

¹⁰⁶³ Ibid.

Hiranthi Perera of CHA reiterated the value of community hubs in providing a safe environment for parents to learn about child development and early childhood behaviours without any stigma attached:

For some cultures the stigma of being seen to seek support for children with developmental delays or complex learning needs often can be quite isolating. The common response is to put their head in the sand or ignore that the issue is even happening. However, in the safety of a known environment such as the hub, with the support of hub leaders and other services, families learn to recognise negative or inappropriate behaviours and are educated about what is expected over the child's development through early years before they enter school so that they can access the right supports and address the child's behaviour before it becomes a learned behaviour.¹⁰⁶⁴

8.3.3 Libraries

Public libraries in Victoria play a key role in community life and have a specific focus on improving literacy in the early years. They run a range of programs for preschool aged children including storytime and others that encourage reading and teach foundation literacy and reading skills. They also encourage adult family members to read with their children regularly. The publication, *Reading and literacy for all: quality indicators for early years literacy programs in Victorian public libraries* (Quality indicators report), by State Library Victoria (SLV) and the Public Libraries Victoria Network (PLVN) noted that public libraries have 'a natural advantage in supporting reader and literacy development' because they provide universal access to books and programs, are free, open to all and widely accessible.¹⁰⁶⁵ This combination of factors 'underpins the strength of the public library network as an agent for improving reading and literacy outcomes in ways that other organisations or networks cannot'.¹⁰⁶⁶

Public Libraries Victoria (PLV) noted in its submission how libraries assist culturally diverse communities:

Victoria's public libraries offer CALD communities a vast range of collections, programs, spaces and outreach opportunities to engage, support, and celebrate a culturally-aware, inclusive, and welcoming community for all. Public Libraries encourage early literacy in CALD communities by engaging with families and children at the earliest possible stage in their development, and supporting ongoing interaction and engagement with Victorian Public Libraries.¹⁰⁶⁷

PLV referred to the range of programs run by public libraries including storytime, bilingual storytime and collaborations with local community groups to host cultural events. It also noted the partnerships and community connections that libraries form,

¹⁰⁶⁴ Ms Hiranthi Perera, *Transcript of evidence*, p. 35.

¹⁰⁶⁵ State Library of Victoria, *Reading and literacy for all: Quality indicators for early years literacy programs in Victorian public libraries*, State Library of Victoria, Melbourne, 2016, p. 4.

¹⁰⁶⁶ Ibid.

¹⁰⁶⁷ Public Libraries Victoria, *Submission 12*, received 8 October 2019, p. 1.

including with health and wellbeing organisations, non-profit organisations, BSL, the Centre for Multicultural Youth, migrant resource centres, SLV, Playgroup Victoria and local playgroups.¹⁰⁶⁸ Further, PLV highlighted how libraries are particularly welcoming and inclusive spaces and can often be the location for community playgroups across the state.¹⁰⁶⁹ As an example, the City of Greater Dandenong runs a language playgroup in the library for families seeking asylum, having held 56 sessions involving 661 adults and 774 children.¹⁰⁷⁰ In another example, Deanne Verity, Manager of Children's and Youth Services at the GRLC, told the Committee of various programs that its libraries run:

Through our services, programs and resources we promote and support reading and talking in one's first language, and our libraries provide access to a range of print and digital collections, including bilingual picture books in 44 languages; access to the International Children's Digital Library, which aims to build a collection of books that represent every culture and language; magazines in languages other than English; and free online language courses. We provide access to bilingual story sessions and ensure that the resources and program content do reflect the diversity of our community.¹⁰⁷¹

Deanne Verity also discussed that its 14 specialist children's and youth services librarians provide a range of early literacy programs, which are delivered within libraries and through outreach in collaboration with local schools, kindergartens and community centres. They also work closely with the Wathaurong cooperative's Milla Milla playgroup, and partner with Diversitat.¹⁰⁷²

In the Quality indicators report, a key standard for early years literacy programs run by public libraries is that they complement other early years services. Noting the importance of collaboration, the report stated that public libraries should work with organisations such as schools, kindergartens, child care centres, community centres and welfare agencies to improve literacy outcomes. It specifically noted that such work could involve promoting other services and directing potential users to the appropriate service. The assessment criteria also stated that libraries should work 'cooperatively with other providers of early years services to actively promote and support their complementary services'.¹⁰⁷³

The Committee heard about efforts by libraries to actively complement other early years service providers. Jenny Fink, Executive Manager of the Learning and Community Hubs at the City of Ballarat, discussed that its libraries have an intercultural information place:

Ballarat libraries are quite unique in that we offer a specific service to the CALD community through our intercultural information place. That is for any family arriving in Ballarat that is actually looking for a friendly face, a welcoming place or any information

¹⁰⁶⁸ Ibid., p. 2.

¹⁰⁶⁹ Ibid., p. 1.

¹⁰⁷⁰ City of Greater Dandenong, *Submission 18*, Attachment 3, received 11 October 2019, p. 2.

¹⁰⁷¹ Ms Deanne Verity, Manager, Children's and Youth Services, Geelong Regional Library Corporation, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 23.

¹⁰⁷² Ibid.

¹⁰⁷³ State Library of Victoria, *Reading and literacy for all*, p. 11.

on other services that they can find in Ballarat. That multicultural information place is often a first stop. Often a family will come to a place like Ballarat, and they will go to the public library first. We have got a very, very large public library in the centre of Ballarat, so they will come there. We have volunteers that run that service. The intercultural services unit has a program called our Intercultural Ambassador Program.

So there will either be an intercultural ambassador or a volunteer that will meet an individual or families at that desk and talk about what Ballarat has to offer to them and why Ballarat is a great place to stay in.¹⁰⁷⁴

There was also a view that this work could be improved. For example, in Bendigo Mark Hands, Chief Executive Officer of Goldfields Library Corporation, identified that there is limited coordination with other services for culturally diverse children:

Probably for me it is a coordinated approach. I think there might be overlaps in what happens, and then there are other areas where there may be gaps. It is almost providing an opportunity for the right groups to know about each other's business enough that we can act as a kind of referral opportunity or referral agency.¹⁰⁷⁵

He also discussed the potential for libraries to be used more in this space, considering their advantages as a public space and ability to form partnerships:

I think for me libraries are a really powerful tool for both local and State Government to consider investing in from the perspective of the fact that we are open every day. There is a network of libraries that are very well connected. I will say it is a very collegiate sector, so for me we represent an opportunity. We are kind of agile as well, and we can be a little bit cutting edge, so piloting things through library services is almost like an innovation testing ground. I would see that as an opportunity for Government to think about almost on a project-by-project basis, and working with other departments—we are not the best in our community at doing this, and we do not have the best connections, but we are so willing to partner with those organisations that do. We offer that opportunity for that space that is open pretty much every day, and you can come in and it is all there.¹⁰⁷⁶

Similarly, Subha Simpson from the GRLC told the Committee how libraries could be better utilised as an information source of available services:

With all the effort and the resources that the GRLC puts into the community outreach and library resources, we sometimes still miss out on connecting with some groups. This also sees us sometimes on the back foot with planning and purchasing resources for CALD communities.

¹⁰⁷⁴ Ms Jenny Fink, Executive Manager, Learning and Community Hubs, City of Ballarat, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 8.

¹⁰⁷⁵ Mr Mark Hands, Chief Executive Officer, Goldfields Library Corporation, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 46.

¹⁰⁷⁶ *Ibid.*, p. 45.

On-time information from agencies working with newly arrived migrants would help us tailor our services to them in a more holistic way. It would help us engage with them from the start, the moment they arrive into our community. It would help us affect better outcomes for them and their young children. It would help us model a suitable early learning environment for parents to emulate and provide parents and children access to authoritative information, for us to be a great source of connection and information on other community resources and agencies and for us to provide access to traditional and digital literacy for young children and most importantly a safe and comfortable space for their learning and leisure—and a space that is free.¹⁰⁷⁷

FINDING 38: Public libraries hold significant value to Victorian communities and are well-suited to play a strong role in encouraging culturally diverse families to participate in a range of early childhood education opportunities.

The Committee was generally pleased to hear of a number of services that act as key referral points for culturally diverse families to access early childhood education opportunities including playgroup and kindergarten. However, it is clear that more work is needed to ensure these referral pathways are strengthened and part of everyday practice. The Committee considers that these soft entry points, where they have established trusting relationships with culturally diverse families, can be useful in providing accessible information about the benefits of early childhood education and the services available on a local level.

RECOMMENDATION 42: That the Victorian Government continue to work with early childhood services providers such as Maternal and Child Health services, community hubs and libraries to ensure that they act as key referral points for culturally diverse families to learn about the benefits of early childhood education and the services that they can access. Such work should include:

- reviewing all current gaps in information to create improved linkages between early childhood services providers in local areas
- standardising the provision of information about early childhood education services to families.

¹⁰⁷⁷ Ms Subha Simpson, *Transcript of evidence*, p. 24.

9 Playgroups

Following on from Chapter 8 which focused on initial entry points into early childhood education and care settings (ECEC), this chapter focuses on the essential role of playgroups in delivering early childhood education and supporting families to transition into other learning opportunities such as kindergarten. Playgroups featured heavily as a topic of discussion among inquiry participants.

9.1 Types of playgroups

Playgroups are typically described as local groups that bring together preschool-aged children and their parents/carers so that they can engage in play-based learning and social activities together. There are two types of playgroups. Community playgroups are universal in nature and are self-managed by the parents or carers who attend them. They aim to include all families and provide broad peer support, learning for children through play, opportunities for parents to develop networks, and early intervention where children are disadvantaged. Community playgroups are supported by playgroup peak bodies, such as Playgroup Victoria, which provide general assistance such as training and information, insurance and help to access venues and resources.¹⁰⁷⁸

In contrast, supported playgroups are facilitated by a paid and trained early childhood educator and target families who may need additional assistance to engage in the groups. Targeted families can include those from culturally diverse backgrounds (including migrant and humanitarian entrants), Aboriginal and Torres Strait Islanders, young parents, those who are socially isolated, disadvantaged, experiencing mental health issues or living with a disability.¹⁰⁷⁹ These families require assistance through supported playgroups due to potential vulnerabilities and the need for specific activities depending on needs. As Joanne Commerford and Elly Robinson wrote in their research paper, *Supported playgroups for parents and children: The evidence for their benefits*:

Families in these groups are often vulnerable, facing stressful life circumstances alongside low social support and economic pressures. Supported playgroups thus offer an option for families who may not be able to effectively engage with, feel included in, and benefit from parent-led community playgroups (Berthelsen et al., 2012; Warr et al., 2013; Mulcahy et al., 2010). Supported playgroups are often targeted at individual demographic groups, such as CALD families or young parent families, or they provide specially designed activities for families with a shared experience or concern, such as the federally funded PlayConnect playgroup, which is a supported playgroup for families with children with Autism Spectrum Disorder, or similar behaviours (Plowman, 2008; Playgroup Australia, 2012).¹⁰⁸⁰

¹⁰⁷⁸ Joanne Commerford and Elly Robinson, *Supported playgroups for parents and children: The evidence for their benefits*, no. 40, Australian Institute of Family Studies, Melbourne, 2016, p. 3.

¹⁰⁷⁹ Ibid.

¹⁰⁸⁰ Ibid., p. 4.

Various funding and service model arrangements exist at both federal and state and territory levels. Federally, the Department of Social Services (DSS) funds community playgroups through Playgroup Australia, as well as a range of community and supported playgroups through broader funding streams aimed at children and parents. State and territory funding is largely used for supported playgroups, with each jurisdiction determining its own funding and operational models. In Victoria, funding is provided under *Supported playgroups policy and funding guidelines* (Victorian supported playgroup guidelines). Under this, all funded supported playgroups must deliver the model, *smalltalk*, to participating families. *Smalltalk* is described as 'a set of evidence-based strategies that introduce parents to a small number of parenting essentials that lead to optimal child outcomes' and which focus on ensuring quality parent-child interactions.¹⁰⁸¹ The Committee understands that, as part of machinery of government changes following the 2018 Victorian election, supported playgroup delivery moved from the Department of Education and Training (DET) to the Department of Health and Human Services (DHHS).¹⁰⁸² The Victorian Government's *Early Childhood Reform Plan* committed \$22.3 million to roll out supported playgroups across Victoria, resulting in an additional 6,000 families being able to participate in approximately 750 additional supported playgroups.¹⁰⁸³

To be eligible to join a supported playgroup, families must meet at least one of the following eligibility criteria: hold a Health Care Card or equivalent (such as humanitarian visa holders); identify as Aboriginal and/or Torres Strait Islander; families in kinship care arrangements; referred from Child FIRST or Child Protection; or referred from Enhanced Maternal and Child Health services. These eligibility criteria reflect a focus for supported playgroups to assist families experiencing disadvantage.¹⁰⁸⁴ According to the joint DET/DHHS submission, supported playgroups capture a large number of culturally diverse families:

Refugee families are a priority group for access to Supported Playgroups. Data for 2019 indicates that for around half of the families accessing Supported Playgroups in 2019, a parent was born in a country where English was not the main language spoken.

Service providers are also required to locate Supported Playgroups in suburbs within the local government area with the highest levels of disadvantage according to Socio-Economic Indexes for Areas (SEIFA). This often means that Supported Playgroups are located in areas which have high number of families with CALD backgrounds.¹⁰⁸⁵

¹⁰⁸¹ Department of Education and Training, *Supported playgroups: Policy and funding guidelines*, Department of Education and Training, Melbourne, 2017, p. 4.

¹⁰⁸² Mr Danny Schwarz, Chief Executive Officer, Playgroup Victoria, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 28.

¹⁰⁸³ Department of Education and Training, *Early Childhood Reform Plan*, Victorian Government, Melbourne, 2017, p. 20.

¹⁰⁸⁴ Department of Education and Training, *Supported playgroups*, p. 7.

¹⁰⁸⁵ Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 12.

9.2 Evidence supporting playgroups

Playgroups are commonly identified as having a positive impact on child development outcomes. A 2017 report by the Telethon Kids Institute, *The reach of playgroups across Australia and their benefits for children's development: A comparison of 2012 and 2015 AEDC data*, found that playgroups are beneficial for all children, with benefits identified across all domains of child development. Further, children who did not attend playgroups were 1.7 times more likely to be developmentally vulnerable in one or more domains at school entry.¹⁰⁸⁶

A similar finding was also reported in a recent population-level study, which confirmed that children who attended playgroup had better development at school entry relative to those who had not attended playgroup, after adjustment for a range of factors. It also discussed specifically the implications for those from a non-English language background:

It is possible that children who speak English only are able to make the most of the playgroup environment in Australia (an English-speaking nation), relative to children with a language background other than English who may face language or cultural barriers at playgroup, and thus may not be able to engage as thoroughly.

Nonetheless, for these children it is also possible that increased exposure to the English language through attendance at playgroup can help facilitate early development. Australian State and Territory playgroup associations who help parents connect with a playgroup in their local community are aware of potential cultural and language barriers faced by families from diverse backgrounds, and as a result a number of culture or language specific playgroups have been set up across Australia (Playgroup Australia, 2016). This is an encouraging step forward in reducing barriers to accessing playgroup for families from diverse backgrounds.¹⁰⁸⁷

While research in this area is limited, a 2016 study on community playgroups, *Relationships Matter: the Social and Economic Benefits of Community Playgroups*, made a number of findings on their impact. Community playgroups were reported to contribute to community wellbeing and community capacity building, adapt to changing social and economic trends, act as a catalyst for engaging with other institutional and social settings, and made an important contribution to the informal economy.¹⁰⁸⁸ However, the report also noted that further work is required to understand and respond to cultural and socioeconomic diversity within community playgroups:

It is clear from the aggregate data that playgroup participants come from a wide range of CALD backgrounds, although as the LSAC data show, several ethnic communities have low levels of participation in playgroups. However, the degree to which this

¹⁰⁸⁶ Tess Gregory, et al., *The reach of Playgroups across Australia and their benefits for children's development: a comparison of 2012 and 2015 AEDC data*, report for Telethon Kids Institute, South Australia, 2017, p. 5.

¹⁰⁸⁷ Australian Institute of Family Studies, *Supported playgroups for parents and children*, 2020, <<https://aifs.gov.au/cfca/publications/supported-playgroups-parents-and-children/export>> accessed 31 August 2020.

¹⁰⁸⁸ Ian McShane, et al., *Relationships matter: the social and economic benefits of community playgroups*, report for Playgroup Australia, Centre for Urban Research, Melbourne, 2016, p. 7.

diversity is represented at the level of individual playgroups is unclear. The published literature and the data used in this report are equivocal on this point. It is evident that the playgroup model can be adapted to meet the needs or appeal to particular CALD communities, as the inception of a playgroup for Muslim women,... indicates. However, we have a limited view on the dynamics of inclusion and exclusion that operate at individual playgroup level. This point is not restricted to ethnic diversity, but also speaks to the socio-economic composition of playgroups.¹⁰⁸⁹

In terms of supported playgroups, there is some research that demonstrates specific benefits for parents and children, including that they can assist parents from refugee backgrounds and improve child development outcomes:

Research suggests that supported playgroups provided a strong, key source of social support for refugee and migrant mothers (La Rosa & Guilfoyle, 2013; Warr et al., 2013; Targowska et al., 2015; New et al., 2015; McLaughlin & Guilfoyle, 2013; McDonald et al., 2014; Hopkins & Barnett, 2013), facilitating their development of informal networks of support (Targowska et al., 2015). Supported playgroup members developed friendships with one another, at times referring to the supported playgroup as their “new family” (La Rosa & Guilfoyle, 2015). The social support found through supported playgroup acted as a protective factor to help enhance positive outcomes for the mothers (La Rosa & Guilfoyle, 2013). Supported playgroups promoted children’s social and physical development through providing important opportunities for socialisation (McLaughlin & Guilfoyle, 2013; Warr et al., 2013; McDonald et al., 2014) and helped to improve children’s readiness to transition to school (Targowska et al., 2015). For many children, the supported playgroup provided their first exposure to the English language and first chance to socialise with children outside the family home (Targowska et al., 2015).¹⁰⁹⁰

Research also suggests that supported playgroups can act as a soft entry point for families to access other services and information that might be relevant to them, as described in this 2013 article, *Once you’ve built some trust: Using playgroups to promote children’s health and wellbeing for families from migrant backgrounds*:

... the culturally safe environment provided by supported playgroups is important in engaging families who are unlikely to participate in ‘mainstream’ community playgroups. Supported playgroups provided critical social connection opportunities for mothers, actively promoted children’s social and physical development, and linked parents to a range of health, social and educational services. In contexts where many families may be distrustful of formal services, a critical aspect of the supported playgroups was the way they operated as intermediary spaces—what Jackson (2011, p. 36) describes as ‘a soft entry place’—that blended lay and professional approaches and knowledge related to parenting and child raising. Importantly, facilitators built links between local service providers and families.¹⁰⁹¹

¹⁰⁸⁹ Ibid., p. 51.

¹⁰⁹⁰ Commerford and Robinson, *Supported playgroups for parents and children*, p. 13.

¹⁰⁹¹ Deborah Warr, et al., ‘Once you’ve built some trust: Using playgroups to promote children’s health and wellbeing for families from migrant backgrounds’, *Australasian Journal of Early Childhood*, vol. 38, no. 1, 2013, p. 46.

Importantly, playgroups can act as a key entry point to formal early childhood education. The 2017 report, *Exploring the impact of community hubs on school readiness*, noted that playgroups operating in the community hub at the Broadmeadows Valley Primary allowed families to learn about kindergarten and the importance of early learning:

The school has also recognised that playgroups act as an important feeder to kindergarten enrolments, and in turn, to school and has actively sought to encourage playgroup and kindergarten attendance. The hub leader reported that three or four years ago, only 12 of the 28 prep students had attended kindergarten. The following year, 25 of the 36 prep students had attended kindergarten. Children and families who aren't attending kindergarten, such as particular cultural groups, are also actively targeted in hub activities.¹⁰⁹²

To ensure additional support for some children and families, the 2017 *Lifting Our Game Report of the Review to Achieve Educational Excellence in Australian Schools through Early Childhood Interventions* commended earlier education programs such as supported playgroups to ensure that services are available to parents before preschool. It recommended that investment and reform should include targeted interventions for families both prior to and during their participation in early childhood education.¹⁰⁹³

FINDING 39: There are strong links between children's attendance at playgroups and their improved development as they enter kindergarten and then move into school education. Playgroups play an essential role in assisting culturally diverse communities, including newly arrived families, to improve child development outcomes and can also act as a soft entry point to other services.

9.3 Playgroups in Victoria

Throughout the inquiry, the majority of inquiry participants spoke about playgroups as a way to engage culturally diverse communities in early childhood education and other services.¹⁰⁹⁴ Drawing from its community consultations, the Ethnic Communities' Council of Victoria highlighted the views of parents:

Programs such as playgroups assisted many parents, especially mothers, to feel less isolated and develop bonds with other mothers and children. Migrant and refugee

¹⁰⁹² Centre for Community Child Health, *Exploring the impact of community hubs on school readiness*, report prepared by Sophie Rushton, Rebecca Fry, Tim Moore, Noushin Arefadib and Sue West, report for Community Hubs Australia, Murdoch Childrens Research Institute, Melbourne, 2017, pp. 13-4.

¹⁰⁹³ Susan Pascoe and Deborah Brennan, *Lifting Our Game: Report of the Review to Achieve Educational Excellence in Australian Schools Through Early Childhood Interventions*, Melbourne, 2017, pp. 81-2.

¹⁰⁹⁴ Uniting Vic.Tas, *Submission 32*, received 21 October 2019, p. 9.; Noah's Ark Inc., *Submission 35*, received 7 November 2019, p. 7.; Foundation House, *Submission 33*, received 21 October 2019, p. 6.; Ms Hiranthi Perera, Program Manager, Community Hubs Australia, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 34.; Ms Melissa Rockes, Project Manager, Communities for Children Bendigo, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 31.; Ms Kris Pavlidis, Chair, Ethnic Communities Council of Victoria, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 29.; Southern Metropolitan Partnership, *Submission 38*, received 2 January 2020, p. 13.

mothers established connections particularly with other migrant and refugee mothers, even when they spoke different languages or came from different countries.¹⁰⁹⁵

Giving the example of a MyTime Playgroup in Caroline Springs for parents of children with a disability, the Caroline Chisholm Society noted in its submission that the playgroup is 'an opportunity to meet and form friendships with others who understand', as well as to receive information and access to important services.¹⁰⁹⁶ Discussing benefits further, Jennifer Weber, Chief Executive Officer of the Caroline Chisholm Society, told the Committee about the experiences of culturally diverse mothers in particular:

They want to better understand and make that transition to life in Australia. What is it that they need to understand? And there is a currency that comes with that. When you better understand your environment, your community, you can then actually start to navigate it. Now, we see that families, Australian families, are at risk because they do not understand or cannot figure out the systems to navigate that. So due to the fact that we have a lead practitioner on site, we are actually able to help those families navigate those sorts of systems. And particularly for the culturally and linguistically diverse, those challenges can often be greater.¹⁰⁹⁷

During an open forum that the Committee held in Bendigo, Hai Gay Hay discussed how playgroups helped her and her child (via interpreter):

Yes, it has built me up with a lot of confidence since I have come to playgroup, because other Karen family members also come along and other community members come along. There is a different skin colour. It is really good for my kid to interact and understand the Australian system. It is really good for me, and I have got to interact with other mums. I come here to release my stress. Also, it is very good because usually if we did not come to playgroup, I would probably stay home with my kid and be really isolated, and my kid would not have the confidence. I remember a time one day when we went out and my kid was not feeling confident enough and he was a bit shy. I felt really sad because I was worried that one day if he attended school and saw all of these Australian kids, he might feel intimidated and might be a bit shy and lose his confidence. But since I started coming to playgroup, my kid has been interacting more with other kids, and I am hoping that he will do the same if he starts school.¹⁰⁹⁸

Inquiry participants also discussed benefits for culturally diverse children. Max Broadley, Executive Director Client Services at Barwon Child, Youth & Family Services (BCYF), considered that exposure to early learning environments is always a positive but in particular it improves school readiness:

So there is no cap on the benefit of exposing children to early learning environments, and the reality is that this community comes with barriers, comes with deficits. The data tells us that. So we actually have to increase the dose of care and education that

¹⁰⁹⁵ Ethnic Communities' Council of Victoria, *Submission 15*, received 9 October 2019, p. 2.

¹⁰⁹⁶ Caroline Chisholm Society, *Submission 29*, received 16 October 2019, p. 3.

¹⁰⁹⁷ Ms Jennifer Weber, Chief Executive Officer, Caroline Chisholm Society, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, pp. 21-2.

¹⁰⁹⁸ Ms Hai Gay Hay, open forum hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 23.

we provide to these kids before they hit the primary school system. They have to catch up to their peers or we have a hard time beyond that. Also, that supported playgroup model allows for that graduation. So, yes, it is education based, yes, there is a social cohesion element to it, but you can actually then start to prepare and link to the next step.¹⁰⁹⁹

Jenny Fink, Executive Manager of Learning and Community Hubs at the City of Ballarat, emphasised the benefits of play-based learning through playgroups for children speaking languages other than English:

Playgroups are, I think, essential for children that speak a language other than English. Often those children will speak six languages and might speak a little bit of English as well. I love play. I love that a child can pick up a toy and will instantly know how to play with that toy, because you do not need a language to play. I think that one of the best things you can do with children is to promote play, because with play will come language. It comes in a non-threatening, easy environment and it actually just builds.¹¹⁰⁰

Playgroups also have a demonstrated impact on assisting families and children of refugee background, as noted by the Victorian Refugee Health Network in its submission:

Supported playgroups and initiatives such as 'smalltalk' are not only valuable for children but can also support parents and community connections after arrival. We commend the Victorian Government's recent expansion of supported playgroups for new arrivals. While child care is not always required, barriers to access should be considered for parents who work, who are pursuing English language classes, or who need respite, also noting child care can be an important support for child development.¹¹⁰¹

The positive role of local councils in operating supported playgroups as well as other types of playgroups was a central feature in the inquiry. This was acknowledged in the joint DET/DHHS submission which considered that embedding supported playgroups in local governments and having culturally diverse facilitators 'has contributed to the high rate of participation of those families in Supported Playgroups'.¹¹⁰² As an example, Rhona Pedretti, Manager of Family Services at the City of Greater Geelong, discussed that, in addition to 13 supported playgroups, it also runs a facilitated playgroup funded by the Council:

We also have a facilitated playgroup that council supports, so this is fully funded by council, and there are approximately 30 families enrolled in the playgroup at any given time. It assists families to make connections with their own community and at the same time assists parents and children to adapt to a new environment, encouraging play and developing strategies to assist with learning and development. It also provides an

¹⁰⁹⁹ Mr Max Broadley, Executive Director Client Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 12.

¹¹⁰⁰ Ms Jenny Fink, Executive Manager, Learning and Community Hubs, City of Ballarat, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 11.

¹¹⁰¹ Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, p. 5.

¹¹⁰² Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 12.

opportunity to talk about other early childhood programs, encouraging them to access maternal and child health, kindergarten programs, child care centres and so forth. We have found that to be really effective. That has been running for about five years, so that is a great one.¹¹⁰³

In Dandenong, Marcus Forster, Manager of Community Wellbeing and Cathie Arndt, the Maternal Child Health Coordinator, both from the City of Greater Dandenong discussed first-time parent groups, supported playgroups and community playgroups that it supports.¹¹⁰⁴ Brimbank City Council advised that over the past three years, 900 families have accessed supported playgroups, with 25% of these families having non-English speaking parents.¹¹⁰⁵

The key role of the facilitator, who is often from a culturally diverse background, in engaging culturally diverse families, was also emphasised by inquiry participants (and discussed earlier in Chapter 4). For example, the City of Casey stated in its submission:

The employment of bilingual facilitators in the Support Playgroup program has assisted with greater engagement of CALD families.

Additionally, bi-cultural support from fksCS has been imperative for participants of the program to understand the intended program outcomes. Council has engaged bi-cultural support for 64 participants of the program this year. Bi-cultural support develops the ability in facilitators to engage meaningfully with children and families for whom there is no shared language.

In Council's experience, the role of the facilitator is imperative to the successful engagement of CALD community members and trust between the participant and facilitator is essential. For some women, the privilege of education has not been afforded to them in their birth country, so the facilitator plays a dual role, educating the parent and child at the same time.¹¹⁰⁶

Similarly, Rhona Pedretti from the City of Greater Geelong discussed the adult and child learning that is facilitated through role-modelling approaches by the facilitator:

You get to be there with your child. It is not getting someone else to care for your child. You are there, there are people to role model, there are other parents to talk to, there are ways of actually understanding child development and it is a way for a facilitator to really talk about what the benefits are. No-one wants to be talked at but to be brought along. Finding situations where a child may be throwing a tantrum and talking about, 'That's pretty normal' and 'We'll give them some time. Let's just relax' and all those sorts of role-modelling opportunities are really important.¹¹⁰⁷

¹¹⁰³ Ms Rhona Pedretti, Manager, Family Services, City of Greater Geelong, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 1.

¹¹⁰⁴ Mr Marcus Forster, Manager, Community Wellbeing, City of Greater Dandenong, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 3.; Ms Cathie Arndt, Maternal Child Health Coordinator, City of Greater Dandenong, Public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 2.

¹¹⁰⁵ Brimbank City Council, *Submission 17*, received 9 October 2019, p. 3.

¹¹⁰⁶ City of Casey, *Submission 20*, received 11 October 2019, p. 9.

¹¹⁰⁷ Ms Rhona Pedretti, *Transcript of evidence*, p. 4.

Importantly, inquiry participants also affirmed that playgroups are a key component in the continuum of care offered by the early childhood sector and play a role in ensuring families engage further in early childhood education opportunities. For example, Kate McInnes, Executive Officer of Loddon Campaspe Multicultural Services (LCMS) in Bendigo, discussed the importance of whole-of-family models such as supported playgroups that 'provide that bridge pre-kinder, pre-child care, or if children are not going into child care, so that they and the whole family are getting a positive education experience'.¹¹⁰⁸ In discussing the transition of families out of supported playgroups, the City of Casey's submission noted referrals to external agencies and into education:

The team have piloted engaging external agencies to provide facilitated playgroup to families who choose to transition out of the program, usually at the same facility where the Supported Playgroup has been held. Families are also supported to the next stage of their children's educational journey, to kindergarten or community playgroups. The program includes visits to the kindergarten service where the child has accepted a place for the following year and assistance with kindergarten enrolment processes.¹¹⁰⁹

Roxanne Higgins, Director of Services at Noah's Ark, considered that playgroups can be a primary source of information dissemination to families, particularly information relating to disability:

There have been programs developed with playgroups with CALD community backgrounds, and we believe that access to those playgroups is a primary source of referral and networking, where information could be disseminated in a culturally sensitive way, and we would encourage the further progression of playgroups across CALD communities, developed in a way that is community sensitive.¹¹¹⁰

The Committee also heard, however, that playgroups could be more prominent in assisting families through the continuum of services. Darren Youngs, Executive Officer of Early Learning at Uniting Vic.Tas, stated:

I think that there is an enormous amount of space for supported playgroups to be a bigger part of sort of that continuity of support that some families need, but it is quite difficult. Certainly from an early learning perspective, there is not any mechanism to directly fund it, so you have only got those opportunities where organisations like Uniting provide the early learning and also provide the family services where you can help that joining up occur, and you can say, 'Okay, well, we'll support this family to have a relationship with maternal and child health. They'll go through a supported playgroup. Then they can move into one of our long day care or kindergarten services'. But it is sporadic. If you do not happen to be in an area where the same organisation is providing that range of services, you might drop in and out of support at various points in time.¹¹¹¹

¹¹⁰⁸ Ms Kate McInnes, Executive Officer, Loddon Campaspe Multicultural Services, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 10.

¹¹⁰⁹ City of Casey, *Submission 20*, p. 10.

¹¹¹⁰ Ms Roxanne Higgins, Director of Services, Noah's Ark, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 7.

¹¹¹¹ Mr Darren Youngs, Executive Officer, Early Learning, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 23.

The Committee also discussed with inquiry participants whether the rollout of 3-year-old kindergarten across Victoria will change the need and demand for playgroups. Emma King, Chief Executive Officer of the Victorian Council of Social Service (VCOSS), considered that both services will still be vital:

Running both is critical...Again, particularly supported playgroups but actually all playgroups are really important in terms of looking at just embedding in community and in terms of looking at the strength of community and the strength of opportunity to come together. The reality is that you have often got quite skilled playgroup leaders, play-based learning, and actually how we connect those up better to kindergarten I think is a really strong way to go. To me it is not one or the other; it is actually both.¹¹¹²

Deb Tsorbaris, Chief Executive Officer of the Centre for Excellence in Child and Family Welfare (CECFW), considered that both might be required given levels of comfort of families with different approaches, but in the long-term there might be changes:

I think it is horses for courses. I think some families are much more comfortable with a supported playgroup because it is a bit more informal, whereas three-year-old kinder is a bit more formal. And it really depends on the circumstances of the family. But look, I would have to say I think over time—probably long after I have retired—we will see a lot of these things merge, particularly depending on where they end up. Some of the really interesting ways to think about are putting three-year-old kinder in schools. I think we will see a merging of a lot of these functions, depending on what the community needs.¹¹¹³

9.3.1 Acknowledging the value of playgroups

In considering the level of policy commitment to playgroups, Danny Schwarz, Chief Executive Officer of Playgroup Victoria, considered that playgroups should receive greater recognition for its key positive role in early child development. Pointing to the *Early Childhood Reform Plan*, he recommended that playgroups be explicitly recognised:

I have highlighted, in terms of the early years reform plan, in the green, it says 'Early Childhood Reform Plan. Ready for kinder, ready for school, ready for life'. I have talked to Minister Mikakos and now recently Minister Donnellan—actually we think it should say, 'Through playgroup, ready for kinder, ready for school, ready for life'. It is not about saying to the Government, 'You need to spend money'. It is just, in terms of policy, recognising that there are a number of things that happen along the journey in relation to children's development. We know there is a lot of research that talks about the importance of the first 1000 days in terms of children's development.¹¹¹⁴

¹¹¹² Ms Emma King, Chief Executive Officer, Victorian Council of Social Service, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, pp. 22–3.

¹¹¹³ Ms Deb Tsorbaris, Chief Executive Officer, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 38.

¹¹¹⁴ Mr Danny Schwarz, *Transcript of evidence*, p. 27.

Danny Schwarz also stated that the recent machinery of government changes had resulted in a loss of focus on the potential for community playgroups to assist culturally diverse families. This is because, while supported playgroups now appropriately sit with DHHS, other playgroup funding is more aligned with DET goals:

But there was a machinery of government change which moved the supported playgroup delivery into DHHS. We think in terms of that supported playgroup at the pointy end support it actually makes sense. It makes sense to put support into the department that is focusing on those that need more. Absolutely perfect. However, that means everybody else is missing out, because the focus is just on those that need; yes?

...

What we would like to see and we think would work well in terms of providing that more broad support is that the remit of community playgroups sits with the parliamentary secretary, because in terms of education and in terms of the early childhood reform plan that is where it all makes sense for the population in general.¹¹¹⁵

Danny Schwarz also discussed the loss of the *Great Start* grant program in Victoria in June 2019, which had helped to fund a number of community playgroups with materials and support from community development workers.¹¹¹⁶

The Committee considers that all playgroups should be adequately supported and funded by the Victorian Government, particularly given their ability to engage culturally diverse families and positively improve child development outcomes overall. It also believes that the Victorian Government expressing a strong commitment to playgroups would be a positive step. This should involve recognising the many community-led efforts to engage culturally diverse families in community playgroups, as well as acknowledging the benefits of supported playgroups that are particularly targeted towards culturally diverse communities (discussed in Section 9.4 below).

RECOMMENDATION 43: That the Victorian Government recognise the value of all forms of playgroups, including community playgroups and supported playgroups, in helping to engage culturally diverse communities in early opportunities for education and acting as a soft entry point to other services.

9.4 Playgroups targeting culturally diverse communities

A common concept raised by participants throughout the inquiry was that of proportionate (or progressive) universalism. It is particularly relevant in responding to the needs of culturally diverse communities in a playgroup setting. As demonstrated by the strong support for supported playgroups which target families experiencing

¹¹¹⁵ Ibid., pp. 28–9.

¹¹¹⁶ Ibid.

disadvantage, proportionate universalism ensures that both universal and targeted services are available based on needs:

Progressive universalism: universal services are an integral component of Australia's health and human services system and there is some evidence to indicate that states and territories in Australia that have comprehensive universal early years services coverage have lower levels of child developmental vulnerability (Brinkman et al., 2012). For families who are struggling, however, universal services may not be enough. Targeted services (those that target at-risk families) and secondary services (those that treat existing problems) are also critically important; yet often they don't reach the families who need them.

A system of progressive universalism involves a 'baseline' of universal services for all families, with additional services provided according to need. As problems for children, parents (and expectant parents) and families can occur at any level of the social gradient, it is important that intensive support is available for any family that needs it, on a flexible basis (i.e. a family that is not struggling at one point may struggle at another)...¹¹¹⁷

This concept ensures that 'services are universally available, not only for the most disadvantaged, but additional services are available for those in greater need'.¹¹¹⁸ The Committee noted support for this approach to assist culturally diverse families. In its submission, the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) discussed the need for '[p]roportional universalism offering an effective layered response to vulnerability and disadvantage in children and families from migrant and refugee backgrounds'.¹¹¹⁹

To this end, the question of specific playgroups targeting culturally diverse communities, such as bilingual playgroups, was discussed and supported by some inquiry participants. Further, the Victorian Government, through the Department of Premier and Cabinet (DPC), funds VICSEG to operate specific CALD-focused playgroups in Victoria:

As part of a \$4.5 million per annum (\$18 million over 4 years) package to support improved settlement outcomes, the Multicultural Affairs and Social Cohesion Division engaged VICSEG to deliver supported playgroups catering to a number of CALD communities. The total investment of \$870,000 over four years has supported the establishment and delivery of 13 supported playgroups in Melbourne's north, west and south east, supporting recently arrived and humanitarian background families from a number of communities, including Syrian, Iraqi, Chin and Karen Burmese, Hazara, South Sudanese, Burundian and Liberian.¹¹²⁰

1117 Dr Tim Moore, Dr Myfanmy McDonald and Harriet McHugh-Dillon, *Early childhood development and the social determinants of health inequities: a review of the evidence*, report for The Centre for Community Child Health, Murdoch Children's Research Institute, The Royal Children's Hospital, Melbourne, 2014, pp. 63-4.

1118 Dr Tim Moore, *Early childhood, family support and health care services: an evidence review*, report for City of Port Phillip, Melbourne, 2019, p. 12.

1119 VICSEG New Futures, *Submission 07 Summary*, received 27 September 2019, p. 1.

1120 Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 11.

In its submission, the Victorian Multicultural Commission (VMC) confirmed its support for investments in VICSEG playgroups, recognising that they play an important role in supporting vulnerable families and children and which are responsive to the local community context.¹¹²¹ Roxanne Higgins from Noah's Ark similarly noted the need for culturally sensitive playgroups as a first step:

So for communities who are disengaged from their broader community, commencing a playgroup that met their culturally specific needs I think is the place to start and then slowly building a transition into broader communities that are equally sensitive, though. So starting out with a very respectful playgroup that meets needs and then transitioning through to enabling access to broader services, because ultimately their children will be going to school with a broader community. So how to facilitate and support that in a culturally sensitive way I think is really important.¹¹²²

VICSEG also highlighted the importance of these playgroups as 'a stepping stone' for newly arrived communities:

Supported playgroups provided in community languages are particularly important for parents with young children in newly arrived migrant, refugee and asylum seeker communities who can easily become isolated in an unfamiliar environment. Supported playgroups conducted in parents and children's first language are an important stepping stone into the broader community.¹¹²³

As well as discussing its multicultural, bilingual and asylum seeker playgroups, VICSEG further discussed its ALL TALK bilingual playgroups:

ALL TALK is an innovative variation on culturally specific playgroups designed to support parents to build their capacity and confidence. This playgroup model combines intentional English language teaching for parents and children within a supported environment. The program encourages children's bilingualism and provides opportunities for parents to practise speaking English through play activities that support and stimulate oral language development including singing, rhymes and story telling.¹¹²⁴

A number of inquiry participants noted the need for a flexible approach depending on needs. For example, VCOSS stated:

Families need choice and flexibility in the kind of service most appropriate for their needs. The needs and solutions in supporting CALD families to engage can change depending on different stages of settlement and geographical challenges. Members reported that while some families felt a bicultural worker or culturally specific playgroup enhanced their engagement and increased attendance of their child to a service, others reported that having a multicultural playgroup fostered greater social inclusion.¹¹²⁵

¹¹²¹ Victorian Multicultural Commission, *Submission 37*, received 19 December 2019, p. 12.

¹¹²² Ms Roxanne Higgins, *Transcript of evidence*, p. 9.

¹¹²³ VICSEG New Futures, *Submission 07 Summary*, p. 2.

¹¹²⁴ VICSEG New Futures, *Submission 7*, p. 6.

¹¹²⁵ Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 17.

Similarly, Margaret Rutherford, Manager of Implementation Support at Our Place, reinforced the importance of location and the need for a flexible and open approach:

It also depends on your location. The approach of having someone who speaks the first language running the playgroup is ideal because people want to communicate and sometimes that can be achieved by having someone who speaks multiple languages or more than one leader. But in doing that you are always going to miss out on someone—what about that Korean mum? Where does she go? Because there are only three Koreans in that district and you have not got enough. So you always have to balance that. That principle of ‘Whatever it takes to make this family welcome’ is a strong one that we have to go with. We cannot just assume because I put in an ethnospecific playgroup that I am actually going to gather all of the CALD families.¹¹²⁶

Jennifer Weber from the Caroline Chisholm Society highlighted the importance of maintaining universality in some situations, including where it can act to break down barriers and reduce stigma:

In communities where we have thought that children were not doing well because of an SES and a CALD profile, there is EDI data to suggest that children are actually doing quite well. The reason for that is the community asset that is there and that has been mobilised. So the universal proportionalism is so important in terms of playgroups, whether it be a kindergarten program, because through that universal we break down those access barriers; we remove the stigma. Supported playgroups—families out in the west—are now going, ‘Loser’. That is how they describe themselves. ‘I’m being sent off to a supported playgroup because I don’t know how to parent’. Now, that is a stigma. We have just gone and tattooed that on them to say, ‘Well, you’ve got to go off to that, but everyone else is over here’, whereas if everyone is in the playgroup, we break down those barriers. We get to share culture. We get to share language. That is the experience of Little Steps here. We have seen families who do feel safe. Children do not see colour or creed or race or religion. They have that opportunity to be able to break down those barriers, and I think that is what is really important.¹¹²⁷

Similarly, Yvonne McAuliffe, Coordinator of Early Years at The Bethany Group in Geelong, outlined the value of mainstream playgroups in helping to bring people from different cultures together:

The playgroups that we offer are open to all. We actually find it really helpful to have all community groups, whether they be Anglo-Australian or multicultural. In that, it is really lovely to walk into a playgroup and see a group of mums around an activity with their children who come from all different cultures—that sharing that happens. The focus is the child and the child’s learning, so they are learning a lot from each other, they are learning about each other—that integration, that unconscious bias.¹¹²⁸

1126 Ms Margaret Rutherford, Implementation Support, Our Place, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 18.

1127 Ms Jennifer Weber, *Transcript of evidence*, p. 24.

1128 Ms Yvonne McAuliffe, Coordinator Early Years, The Bethany Group, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 21.

This was also emphasised by Kathryn Howe, Executive Manager of Practice Development and Family Connections at The Bethany Group, who discussed that it can assist to reduce social isolation:

You would like to encourage a number of people from a particular community who are there and are a part of that. Often one person might actually then bring along someone else. I am not sure how many people were there today, but in one of our playgroups we have got 32 families who go along. Our job is then to make sure that that remains a safe space and that we are resourcing that and not actually saying, ‘You can’t come’. It is dynamic, and it is not one size fits all.¹¹²⁹

While not discussing playgroups specifically, Judi Gray, Early Years Practice Lead at CECFW, discussed the need for a mix of specific and mainstream services:

We always need to get parents onto a pathway that takes them out of that social isolation, and that might mean they need an ethnic-specific activity to get them started. But usually you will find— where it comes to the duration or how long these programs are going. If they are going for a year or two years then, as Deb said, they need to be flexible to morph into a broader group. ‘Oh, can we bring our friends who aren’t Turkish?’ or ‘My neighbour is very isolated and she’s not Turkish, but can she come?’. So after that initial trust-building work you then start to rejig it. Or you say to families, ‘We’ve had a specific Iraqi-focused playgroup funding for this year, and next two years the Iranian families are going to have that funding’, to enable them to get on that first step.

But ultimately they all can then use this significant multicultural activity that is offered, so I think it is very important, in terms of the evidence base that I have seen— that you need a mix of both (culturally specific and multicultural). Sometimes people worry that these communities are going to stay just within their cultural group if you offer supported playgroups for that cultural group. We have not seen any evidence of that at all. Over five years those families start to really make lots of community connections and start to feel active in their communities. When they see their children coming into school it is amazing how the principals say ‘The children are so much more ready for school’ because their families have been able to bridge from just being in small cultural group activities into lots of bigger neighbourhood activities where everyone is welcomed.¹¹³⁰

FINDING 40: Both multicultural and culturally specific playgroups are valuable for culturally diverse communities, depending on the needs involved. Playgroups that specifically target culturally diverse communities can provide additional support and bridge the gap to encourage and help families participate in mainstream services.

¹¹²⁹ Ms Kathryn Howe, Executive Manager, The Bethany Group, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 21.

¹¹³⁰ Ms Judi Gray, Early Years Practice Lead, Centre for Excellence in Child and Family Welfare, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 39.

9.4.1 Funding

One of the key concerns that inquiry participants raised in this area related to unclear funding arrangements that support culturally specific playgroup efforts. As described by Janet Elefsiniotis, Manager of Programs for Children and Young People at VICSEG, funding in this area is inconsistent because bilingual playgroups sit outside the *smalltalk* program:

We used to get money from the Department of Education, but there was a playgroup reform about three or four years ago and a decision was made to roll out a new model called smalltalk to be delivered by councils in English. So both VICSEG and other community service organisations lost their access to State Government playgroup funding, and we were no longer able to deliver our bicultural, bilingual playgroups. However, thanks to the Department of Premier and Cabinet—they have bailed us out. We are into our third year of funding from the Department of Premier and Cabinet to deliver about 12 of these groups a year, and of course for the rest of the money we have to try and find it here, there and everywhere else. So in the long-term we would like to see the Victorian Government make targeted funding available for bilingual, bicultural playgroups delivered in community languages and delivered by the community services sector, and that is a recommendation in my submission.¹¹³¹

The City of Casey also noted in its submission that '[s]upported Playgroup funding is very specific which prevents Council from responding in flexible ways that work best for the local community'.¹¹³² Further, noting the eligibility criteria set out in the supported playgroup guidelines, the Caroline Chisholm Society expressed concern about the impact this has on access:

A growing concern is being expressed by parents that an access barrier to attend local playgroups with government funding prioritizing the provision of supported playgroups requiring participants to have a health care card to participate. For a CALD family, their access to supported playgroups designed to address vulnerability are not available where their status is not yet confirmed with their ineligibility for a healthcare card disqualifying their access.¹¹³³

Jennifer Weber from the Caroline Chisholm Society further discussed the unintended consequences of this strict eligibility, which has worked against promoting inclusion:

When we start to create funding programs and call them 'supported playgroups', which are then to the exclusion of others, you are creating, almost, this ghetto. So we lose our sense of egalitarianism and universality in terms of access to those environments, because we know—the evidence is there, whether it be anecdotal or academic research, in terms of the critical connection into community. That breaks down the barriers of social isolation. For instance, what I am going to be doing over the next little while is I

¹¹³¹ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, pp. 2–3.

¹¹³² City of Casey, *Submission 20*, p. 10.

¹¹³³ Caroline Chisholm Society, *Submission 29*, p. 4.

am now going to have to go to foundations to put proposals together to say, 'I've got a demographic here who cannot get access to this type of resource because they don't have healthcare cards. I'm going to have to go and recreate something over here where we've had this system here'.¹¹³⁴

Similarly, Margaret Rutherford from Our Place discussed the problems of this as a piecemeal approach:

...one of the big gaps—and everybody is having to sort of fund it piecemeal if you like—is the supported playgroup that has no eligibility criteria. We have had in the past these wonderful models of supported playgroups and then it gets added on, 'Well, it's actually just for the ones that really need it' or 'It's just for language development' or 'It's just for this', which is great for people who would identify by that. But what we are trying to do is have playgroups being an engagement activity and supported playgroups being something that will bring people in. We do not want to have to create that criteria. We want to just say, 'Come in and be with your child because it's good for your child', because we are trying to influence the home environment, and that was a good way to do it.¹¹³⁵

To address this, the need for ongoing and specific funding for culturally diverse communities was discussed. Janet Elefsiniotis from VICSEG discussed the potential for the ALL TALK model to sit beside the *smalltalk* program:

It is really targeting those parents, the very newly arrived, who have (a) no English whatsoever and also are a bit traumatised and not quite ready to sort of move out into the mainstream services sector...But I would like to see one of the mainstream Government departments—the Department of Health and Human Services has the responsibility to roll out playgroups now in Victoria and fund them—to say to DHHS, 'Hey, listen, you've got a responsibility to be supporting these newly arrived families, their health and wellbeing, and here's a model of playgroup delivery that is already being supported through DPC and ACFE [Adult, Community and Further Education Board]. Let's put some DHHS funds into that and let's roll a few of these out in chosen areas. The City of Casey's got a lot of newly arrived families, the north-west. Pluck it out and let us roll it out for a couple of years and see what happens. Evaluate it and develop a bit of an evidence base around it.'¹¹³⁶

The Committee also heard of an innovative approach undertaken by Uniting Goulburn North East in Shepparton to develop trauma-informed playgroup models, but it operates with limited funding. Allison Schubert, New Arrival Education Coordinator, told the Committee that it has been delivering multicultural playgroups for over six years, and in the last two years, had also provided trauma-informed playgroups to refugee and newly arrived families. Parents and their children participate in a 10-week block of supported play sessions, where parents are educated about the theories of

¹¹³⁴ Ms Jennifer Weber, *Transcript of evidence*, p. 23.

¹¹³⁵ Ms Margaret Rutherford, *Transcript of evidence*, p. 19.

¹¹³⁶ Ms Janet Elefsiniotis, *Transcript of evidence*, pp. 7–8.

attachment and Circle of Security concepts in a culturally safe environment. Allison Schubert explained the evidence base and evaluation process which supports the program:

This trauma-informed playgroup has reported an approximately 70 per cent increase in our newly arrived refugee parents' personal and parenting-related knowledge and a 61 per cent increase in their wellbeing and confidence as parents...An engaged assessment process using evaluation tools designed to best capture the unique experience of CALD families provides an ongoing evidence base and information regarding the benefit of the program and the adaptations required for the program to meet the specific needs of CALD families.¹¹³⁷

Allison Schubert also advised that due to lack of funding, the trauma-informed playgroups were only available to a limited number of parents. This is despite the role of such programs in helping prepare families from refugee backgrounds and new arrivals for mainstream life and 'strengthening early childhood engagement of culturally diverse communities'.¹¹³⁸

In terms of recommendations, the Brotherhood of St Laurence proposed that bilingual programs and resources help bridge the cultural gap, and supported investments in bicultural services such as bilingual storytime, kindergarten and playgroup models.¹¹³⁹ VRHN recommended '[o]ngoing funding for supported playgroups, with attention to local government areas with high populations of refugee-background families (Hume, Melton, Whittlesea, Greater Dandenong, Casey)'.¹¹⁴⁰ The City of Casey referred to the need for '[g]reater flexibility in the way Supported Playgroup funding can be used to enable local solutions to better meet the needs of the community'.¹¹⁴¹

Given the importance of adequate funding to support a diverse range of needs within communities, the Committee considers that the provision of ongoing and flexible funding allocations to support the implementation of culturally specific playgroups is essential. While there is existing funding to facilitate some playgroups, such as those run by VICSEG, a more targeted focus should be provided to allow for needs in different areas to be accounted for. This should also support the development of new models, such as ALL TALK bicultural playgroups and trauma-informed playgroups which are specifically tailored for refugee and asylum seeker families.

RECOMMENDATION 44: That the Victorian Government allocate specific, ongoing and flexible funding to support playgroups that target culturally diverse communities. This should include specific support for trauma-informed playgroups that assist families from refugee backgrounds.

¹¹³⁷ Ms Allison Schubert, New Arrival Education Coordinator, Uniting Goulburn North East, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 1.

¹¹³⁸ Ibid.

¹¹³⁹ Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, p. 20.

¹¹⁴⁰ Victorian Refugee Health Network, *Submission 31*, p. 6.

¹¹⁴¹ City of Casey, *Submission 20*, p. 15.

10 Early childhood education and care

Across Australia, the importance of the early childhood education and care (ECEC) system is recognised to provide all young children with opportunities for early learning in preparation for school. This was highlighted in the *Early Learning Reform Principles* issued by the former Council of Australian Governments (COAG) Education Council:

[All Australian governments] recognise the importance of the early years of life, and the significant contribution that high quality early learning makes to life-long educational achievement, productivity, wellbeing and success. This is reflected in our collective commitment to the national early childhood quality and participation agendas.

All jurisdictions acknowledge that reform and investment in early learning, which complements and builds on the strengths of the existing system, have the potential to deliver significant economic and social benefits to Australia, including improved school readiness; better opportunities; long-term productivity increases; improved workforce participation, income, financial security and health outcomes; and reductions in crime and welfare expenditure.¹¹⁴²

Building on Chapter 8, this chapter provides more detail about the ECEC system, and specifically on factors affecting the engagement of culturally diverse families and children in early childhood education. This was a heavily discussed topic during the inquiry, with ECEC services identified as a main point of interaction with families. As discussed throughout the chapter, there are numerous opportunities for improvement.

10.1 The early childhood education and care system

The early childhood education and care system provides services for children based on age and needs. As outlined by the Productivity Commission in its yearly *Report on Government Services* report, broadly the ECEC system comprises two service types, child care and preschool (known in Victoria as kindergarten):

- child care—provides education and care to children aged 0 to 12 years through services such as centre-based day care, family day care, outside school hours care and other care
- preschool—a structured, play-based learning program that is delivered by a qualified teacher. It is aimed at children in the year or two before they commence full time primary school.¹¹⁴³

An ECEC service can provide more than one type, for example a service to deliver both centre-based day care and outside school hours care, or a centre-based day care also

¹¹⁴² Council of Australian Governments, *Early learning reform principles* (n.d.), <<https://www.coag.gov.au/sites/default/files/communique/early-learning-reform-principles.pdf>> accessed 9 June 2020.

¹¹⁴³ Productivity Commission, *Report on Government Services 2019*, Productivity Commission, Canberra, 2019, pp. 3.1–3.2.

providing a preschool program. They can also deliver other services such as maternal and child health (MCH) and family support services, depending on community needs.¹¹⁴⁴

In terms of governance and funding, the ECEC system is a shared responsibility between Commonwealth, state and territory and local governments. The Commonwealth Government's key responsibilities include funding the Child Care Subsidy, which is typically paid directly to service providers; funding state and territory governments to support the *National Partnership Agreement on Universal Access to Early Childhood Education* (explained below); and providing some operational and capital funding.¹¹⁴⁵ State and territory governments have varying responsibilities including:

- funding and/or delivering preschool services and funding some child care services
- funding to support the *National Partnership Agreement on Universal Access to Early Childhood Education*
- regulating services approved under the National Quality Framework (NQF) or those not registered under the NQF
- improving the quality of ECEC programs, as well as to provide ECEC services with information, support, advice and training and development activities.¹¹⁴⁶

In 2018–2019, total expenditure on ECEC services was \$9.8 billion, with Commonwealth spending accounting for 80% of this spending (\$7.9 billion). The majority of Commonwealth spending was on child care, while funding for preschool services accounted for 85.8% of the \$2 billion funded by state and territory governments.¹¹⁴⁷

Latest figures from the Productivity Commission indicated there were 13,008 child care services approved by the Commonwealth Government in 2019 throughout Australia. In Victoria, there were 3,048 child care services, of which 53.7% were centre-based day care, 41.4% were outside school hours care and 4.6% were family day care.¹¹⁴⁸

In 2018, 11,695 ECEC services delivered preschool programs in Australia. In Victoria, 2,662 services delivered kindergarten, including private for-profit agencies, not-for-profit agencies and local councils. The majority of services providing kindergarten were centre-based day care (57.8%).¹¹⁴⁹ The Department of Education and Training (DET) is responsible for state-wide policy on kindergartens.¹¹⁵⁰

In 2019, 31.5% of children aged 0 to 12 years attended approved child care across Australia. This was similar to 2018 rates and an increase from 24.2% in 2010.¹¹⁵¹ Further,

¹¹⁴⁴ Productivity Commission, *Report on Government Services 2020: Part B, section 3*, Canberra, 2020, p. 3.2.

¹¹⁴⁵ *Ibid.*, p. 3.2.

¹¹⁴⁶ *Ibid.*, p. 3.3.

¹¹⁴⁷ *Ibid.*, p. 3.4.

¹¹⁴⁸ *Ibid.*, pp. 3.4–3.5.

¹¹⁴⁹ *Ibid.*, pp. 3.5–3.6.

¹¹⁵⁰ Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, parliamentary paper, no. 256, Melbourne, August 2017, p. 10.

¹¹⁵¹ Productivity Commission, *Report on Government Services 2020*, p. 3.14.

91% of children were enrolled in a preschool program in the year before full-time school in 2019, an increase from 90.1% in 2017 but down from 92.4% in 2016.¹¹⁵²

Preschool attendance is not compulsory in Australia, although in recognition of its positive impact on development outcomes, Commonwealth and state and territory governments have committed to increase participation through universal access to kindergarten for four-year-old children. The first *National Partnership Agreement on Universal Access to Early Childhood Education* was agreed to by COAG in 2008 and operated from 2009 to 2012. Through this and subsequent short-term agreements, all governments jointly fund universal access to a quality preschool program delivered by an early childhood education teacher in the year before full-time school, at the rate of 600 hours per child (15 hours a week). The Agreement has most recently been extended to the end of 2021 and is currently under review to determine future arrangements.¹¹⁵³

Federally, the NQF aims to improve the quality of the ECEC system through the following:

- implementation of a legislative framework
- the National Quality Standard which sets benchmarks in seven areas relating to quality
- an assessment and quality rating process
- national approved learning frameworks
- regulatory authorities, including one in each state and territory and a national body.¹¹⁵⁴

Across Australia, the approved learning framework under the NQF is *Belonging, Being and Becoming: The Early Years Learning Framework for Australia* (EYLF), which covers children from birth to five years old. Specific to Victoria, the *Victorian Early Years Learning and Development Framework* (VEYLDF) is approved.¹¹⁵⁵ It focuses on children from birth to eight years old, and is aimed at guiding early childhood professionals and families to achieve national Early Years Learning Outcomes to ensure children:

- have a strong sense of identity
- are connected with and contribute to their world
- have a strong sense of wellbeing
- are confident and involved learners
- are effective communicators.¹¹⁵⁶

¹¹⁵² Ibid., p. 3.15.

¹¹⁵³ Department of Education, Skills and Employment, *Universal access to early childhood education*, 2020, <<https://www.education.gov.au/universal-access-early-childhood-education>> accessed 10 June 2020.

¹¹⁵⁴ Productivity Commission, *Report on Government Services 2020*, p. 3.34.

¹¹⁵⁵ Australian Children's Education and Care Quality Authority, *Approved learning frameworks* (n.d.), <<https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>> accessed 10 June 2020.

¹¹⁵⁶ Department of Education and Training, *Victorian Early Years Learning and Development Framework*, Victorian Government, Melbourne, 2016, p. 3.

It also refers to the importance of ‘embracing and responding to the cultural and linguistic diversity of the Victorian community and diverse approaches to child rearing’:

In particular, the VEYLDF:

- recognises and respects Aboriginal cultures and their unique place in the heritage and future of Victoria. Learning about and valuing the place of Aboriginal people will enhance all Victorian children’s sense of place in our community
- celebrates the wealth of learning and experience that is available within local communities
- acknowledges that every child will take a unique path toward achieving the five Outcomes, and that all children will require different levels of support, some requiring significantly more than others
- draws upon the United Nations Convention on the Rights of Persons with Disabilities
- seeks to recognise all children as rights holders and full members of society, capable of participating in their social worlds through their relationship with others.¹¹⁵⁷

Further, the VEYLDF contains eight practice principles, one of which is equity and diversity, alongside others such as reflective practice, partnerships with families, and integrated teaching and learning approaches. Kim Little, Deputy Secretary of Early Childhood Education of DET, advised the Committee:

The principles of equity and diversity are enshrined within these eight practice principles, and they reflect the expectation that early childhood services such as kindergarten are inclusive and a safe place for all children and families. We want all children, including those from a CALD [culturally and linguistically diverse] background, participating in high-quality four-year-old kindergarten and, importantly, as it rolls out, three-year-old kindergarten across the state as well.¹¹⁵⁸

10.2 Participation of culturally diverse children

As discussed in Chapter 8, early childhood education plays a fundamental role in achieving positive development outcomes for children throughout their lives, and can be particularly beneficial for culturally diverse children including those from refugee backgrounds. This section sets out some indicators on the participation of culturally diverse children in formal ECEC services. However, the shortcomings of existing data and information in this area should be kept in mind, as discussed in Chapter 2.

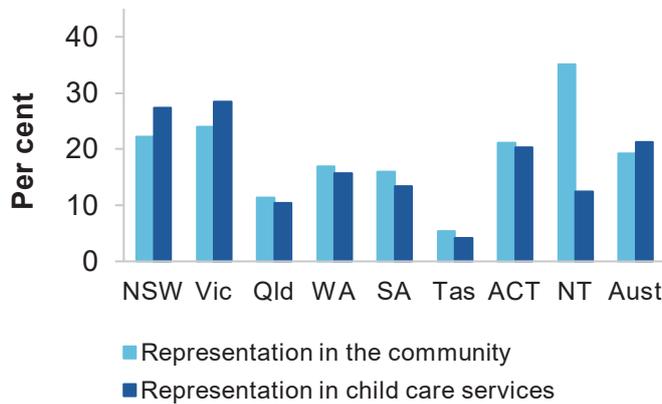
The Productivity Commission reports on ECEC participation ‘by special needs groups’, which includes children from non-English speaking backgrounds (NESB), Aboriginal and Torres Strait Islander children, children from low-income families, children with disability, and children from regional and remote areas. In 2019 for Victoria, there was

¹¹⁵⁷ Ibid., p. 4.

¹¹⁵⁸ Ms Kim Little, Deputy Secretary, Early Childhood Education, Department of Education and Training, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 21.

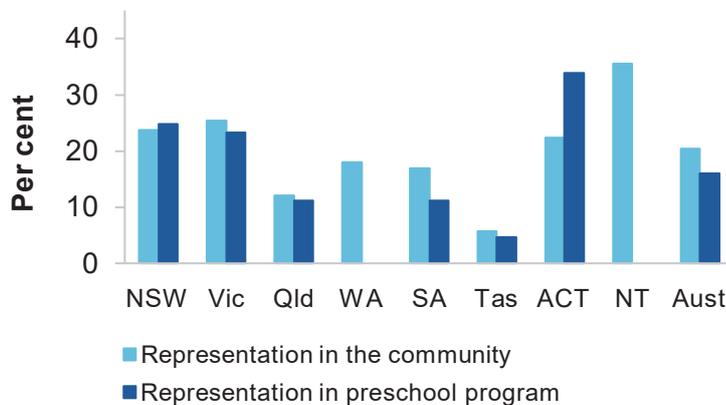
an overrepresentation of NESB children in child care and an underrepresentation of children attending preschool, compared with their representation in the community (see Figures 10.1 and 10.2).

Figure 10.1 Proportion of children aged birth to 12 years attending approved child care services who are from special needs groups, compared with their representation in the community



Source: Productivity Commission, *Report on Government Services 2019*, Productivity Commission, Canberra, 2019, p 3.12.

Figure 10.2 Proportion of children enrolled in a preschool program in the year before school who are from special needs groups, 2018, compared with children aged 4 to 5 years in the community (per cent)



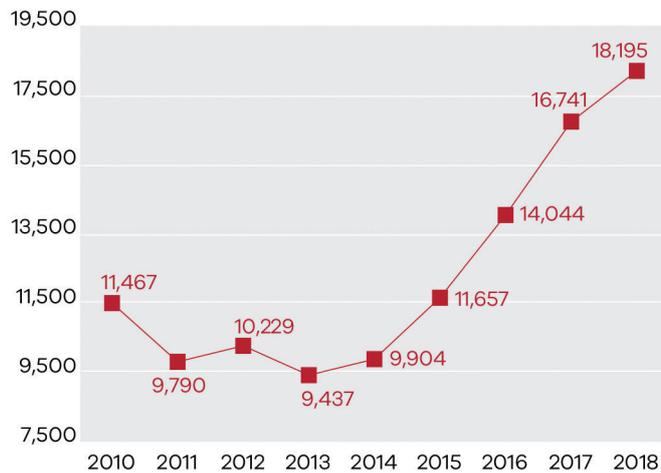
Source: Productivity Commission, *Report on Government Services 2019*, Productivity Commission, Canberra, 2019, p 3.13.

The joint DET and Department of Health and Human Services (DHHS) submission, in focusing on the benefits of kindergarten, recognised the need to ensure that as many children as possible participate regularly in such programs, ‘particularly those who have experienced trauma or neglect and/or are likely to be educationally disadvantaged because of their background or family situation’.¹¹⁵⁹ It also provided

¹¹⁵⁹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 15.

figures demonstrating yearly increases since 2013 in the number of NESB children attending kindergarten (see Figure 10.3).

Figure 10.3 Number of Victorian children from a non-English-speaking background enrolled in kindergarten^(a)



a. DET, Kindergarten Census Collection. The data is collected annually.

Note: The data represents the number of children enrolled in a funded kindergarten program and who indicated that they speak another main language at home other than English. It is not feasible to calculate a kindergarten participation rate for NESB children as there is no suitable NESB population denominator for four-year-olds.

Source: Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 17.

However, DET was also careful to caution that this data much be balanced against other evidence indicating that children from some culturally diverse communities are less likely to attend:

While this trend is very positive, it represents a growing awareness of NESB children and their needs, improved data collection and the continued growth in the total number of CALD children rather than, necessarily, an increased rate of participation by CALD children.

This data needs to be balanced with qualitative information from a range of sources that indicates that children from some CALD communities are less likely to attend a kindergarten program. It is important to note that there is significant variation between different cultural communities, including in their understanding and valuing of early childhood education and that generalisations should be avoided.¹¹⁶⁰

As an example, during the inquiry the Committee was advised about a decrease in kindergarten participation in Brimbank. Brimbank is the second most culturally diverse local government area (LGA) in Victoria, with over twice the proportion of residents speaking languages other than English (59.7% compared to 30.5% for metropolitan Melbourne).¹¹⁶¹ Brimbank City Council noted that the lack of English proficiency

¹¹⁶⁰ Ibid., p. 17.

¹¹⁶¹ Brimbank City Council, *Submission 17*, received 9 October 2019, p. 2.

among parents has impacted their ability to participate in kindergarten. Recent data showed that the rate of preschool attendance has decreased, and that in 2018 almost one-fifth (18.2%) of all 4 year olds in Brimbank did not attend. Children also continue to enter school with high levels of developmental vulnerability compared to the north-west metropolitan region and Victoria.¹¹⁶² As discussed in Chapter 2, Brimbank City Council is working in partnership with DET to address these issues at the local level.¹¹⁶³

In the joint submission, DET acknowledged that more work is required to increase kindergarten participation.¹¹⁶⁴ As noted in Chapter 8, DET advised that the Parliamentary Secretary for Early Childhood Education is developing options and providing advice on improving kindergarten participation among targeted cohorts (including culturally diverse families), understanding why enrolled children may not regularly attend kindergarten and the best way to monitor attendance in future. It stated that '[t]his project identifies that particular cohorts of children are overrepresented amongst those not attending kindergarten, including those from CALD families living in inner metropolitan areas of Melbourne'.¹¹⁶⁵

As discussed in the 2017 *Lifting Our Game Report of the Review to Achieve Educational Excellence in Australian Schools through Early Childhood Interventions* (the Lifting our Game report), barriers can include costs, transport, English proficiency, complexities of the system and many other issues, all of which may affect those from disadvantaged backgrounds more intensely:

While cost is often identified as a barrier to access, and can be a significant factor, it is not the only barrier. Other factors such as the ability to access transport to and from a service, or complex enrolment or administrative processes, can be barriers. In some cases, families do not feel welcomed by services or feel judged by them. English fluency, distance and remoteness or a child's health issues or disability are also commonly identified as barriers.

Families in disadvantaged or vulnerable circumstances often feel these barriers most acutely. When confident and well-resourced families encounter barriers or complications, they are likely to find a way around them. This is less likely with disadvantaged families; those who would benefit most from the services. Efforts must be made to reach out to these children and families, engage with their ideas and concerns, welcome them, include them and make it as easy as possible for them to fully participate.¹¹⁶⁶

Section 10.4 outlines initiatives to address barriers as they specifically relate to participation in ECEC in Victoria.

¹¹⁶² Ibid.

¹¹⁶³ Mr John MacDonagh, Manager, Community Care, Brimbank City Council, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 3.

¹¹⁶⁴ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 16.

¹¹⁶⁵ Ibid., p. 15.

¹¹⁶⁶ Susan Pascoe and Deborah Brennan, *Lifting Our Game: Report of the Review to Achieve Educational Excellence in Australian Schools Through Early Childhood Interventions*, Melbourne, 2017, p. 81.

10.3 Three-year-old kindergarten in Victoria

As discussed in Chapter 4, the Victorian Government is rolling out universal three-year-old kindergarten throughout the State, to provide access to two years of kindergarten to all children by 2029. The rollout commenced with up to 15 hours a week of kindergarten available in six rural LGAs in 2020, with a further 15 LGAs in 2021 and building up from five hours for other parts of Victoria in 2021.¹¹⁶⁷

Underpinning this policy is a strong body of research demonstrating the value of two years of kindergarten on healthy development. For example, a 2016 report by the Australian Institute of Family Studies on *A Critical Review of the Early Childhood Literature* found that disadvantaged children (including those from culturally diverse backgrounds) would have the most to gain from three-year-old preschool:

The evidence is clear that disadvantaged children have the most to gain from high quality ECEC programs, and disadvantaged children (including those from low SES, CALD, and Indigenous families) would therefore benefit from the provision of high quality three year-old preschool. Preschool programs need to be of the highest quality when they are targeted to disadvantaged children to achieve the desired long-term benefits.¹¹⁶⁸

The Lifting Our Game report recommended that Australian governments progressively implement universal access to preschool for all three-year-olds, with prioritised access for disadvantaged children, families and communities during the rollout.¹¹⁶⁹

Most inquiry participants expressed strong support for the Victorian rollout of three-year-old kindergarten.¹¹⁷⁰ The Centre for Excellence in Child and Family Welfare (CECFW) noted that this policy ‘offers an excellent opportunity to intervene early for children in families who are newly arrived and have language backgrounds other than English’.¹¹⁷¹ Emma King, Chief Executive Officer of the Victorian Council of Social Service (VCOSS), stated:

The Victorian Government has made a life-changing commitment in terms of investing in rolling out three-year-old kindergarten. I absolutely want to acknowledge that. I think

¹¹⁶⁷ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 16.

¹¹⁶⁸ Diana Warren, et al., *A Critical Review of the Early Childhood Literature*, Australian Institute of Family Studies, Melbourne, 2016, pp. 52–3.

¹¹⁶⁹ Pascoe and Brennan, *Lifting Our Game*, p. 80.

¹¹⁷⁰ Victorian Multicultural Commission, *Submission 37*, received 19 December 2019, p. 8; Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, p. 4; Uniting Vic.Tas, *Submission 32*, received 21 October 2019, p. 5; Foundation House, *Submission 33*, received 21 October 2019, p. 14; Ms Andie West, Manager, Community Wellbeing, City of Greater Bendigo, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 2; Ms Belinda Schultz, Early Years Manager, Shine Bright EYM, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 40; Ms Kathy Cooney, Communities of Practice Team Leader, Foundation House, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 7; Ms Emma King, Chief Executive Officer, Victorian Council of Social Service, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 19; Associate Professor Georgie Paxton, Victorian Refugee Health Network, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 11; Ms Samantha Kolasa, Board Member, Early Learning Association Australia, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 13; Mr Danny Schwarz, Chief Executive Officer, Playgroup Victoria, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 26.

¹¹⁷¹ Centre for Excellence in Child and Family Welfare, *Submission 26*, received 11 October 2019, p. 3.

many of us has spent much of our life in working to achieve this, so we are very thrilled that that is the case.¹¹⁷²

Samantha Kolasa, Board Member of the Early Learning Association of Australia (ELAA), similarly stated:

The early childhood sector is entering a period of major and exciting reform. The rollout of three-year-old kindergarten over the next decade clearly demonstrates that the Government is aware of the benefits that two years of high-quality play-based early learning prior to school can provide.¹¹⁷³

The Committee acknowledges this significant reform and investments being made in this area which, as advised in the joint DET/DHHS submission, also underscores that increasing kindergarten participation of culturally diverse children 'will be even more important to ensure that major, nation-leading investments in Victoria's kindergarten program are maximised'.¹¹⁷⁴

FINDING 41: The introduction of three-year-old kindergarten in Victoria is a significant investment which will have a positive impact on early childhood development for all children. Ensuring the participation of culturally diverse families will be essential.

10.4 Targeted support for kindergarten participation

Currently, DET has in place several programs and initiatives to assist families to participate in kindergarten. While not exhaustive, some of the key broad initiatives that support families from culturally diverse communities and others are described briefly below.

Kindergarten Fee Subsidy

As noted by the Victorian Auditor-General's Office (VAGO) 2017 report on *Effectively Planning for Population Growth*, kindergarten services generally charge parents fees which are set by the individual service:

The Commonwealth and states contribute to the costs of delivering funded kindergarten services, and parents may be charged fees to help meet the cost of running kindergarten programs. Individual services set the fees, which vary depending on the hours of attendance, group size and extra activities, such as excursions.¹¹⁷⁵

The Kindergarten Fee Subsidy is targeted towards low-income families to help them attend kindergarten in the year before school and applies to refugees, certain special humanitarian visa holders and asylum seekers on certain bridging visas. It also applies

¹¹⁷² Ms Emma King, *Transcript of evidence*, p. 19.

¹¹⁷³ Ms Samantha Kolasa, *Transcript of evidence*, p. 13.

¹¹⁷⁴ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 16.

¹¹⁷⁵ Victorian Auditor-General's Office, *Effectively Planning for Population Growth*, p. 10.

to: Aboriginal and/or Torres Strait Islander people; multiple birth children (triplets or more); and holders of Commonwealth Health Care Cards, Commonwealth Pensioner Concession Cards and Department of Veterans Affairs cards.¹¹⁷⁶

In the joint DET/DHHS submission, DET also noted that under the Pre-Purchased Places program, it reserves kindergarten places to enable children with a refugee or humanitarian visa (along with other cohorts) to attend kindergarten outside the normal enrolment process where they would otherwise miss enrolment.¹¹⁷⁷ Discussing this further, Kim Little from DET discussed the value of this in assisting a range of families:

So basically we go to services and we say, 'Can you please generate and set aside a set of places for families?'—whether they be new migrant families, refugee families or families who are transitory, perhaps experiencing difficulties in their life—so that if Mum and Dad and family for whatever reason cannot get themselves enrolled six months beforehand, which is not within everyone's gift to do, there are places waiting for families within that service and that they have been planned for.¹¹⁷⁸

Under the *Early Childhood Reform Plan*, \$2.3 million was allocated to make Pre-Purchased Places a permanent component of the kindergarten system. This was expected to benefit approximately 600 children each year.¹¹⁷⁹

Early Start Kindergarten

Early Start Kindergarten (ESK) gives eligible children access to free or low-cost kindergarten when they are three-years old. It is targeted at children who identify as Aboriginal or Torres Strait Islander, or where the family has had contact with Child Protection or has been referred to Child FIRST from Child Protection.¹¹⁸⁰

The *Early Childhood Reform Plan* allocated an additional \$6.3 million over two years to meet increasing demand for this program, acknowledging that uptake has increased by 127% over the past four years.¹¹⁸¹

The benefits of extending ESK to children from refugee backgrounds is discussed in Section 10.4.1.

Access to Early Learning

Access to Early Learning (AEL) is a program aimed at three-year-old children and their families experiencing vulnerability to help them participate in kindergarten, and provide additional support where ESK funding alone is not enough. It includes a key

1176 Department of Education and Training, *How much kindergarten costs*, 2019, <<https://www.education.vic.gov.au/parents/child-care-kindergarten/Pages/how-much-kindergarten-cost.aspx>> accessed 9 June 2020.

1177 Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 16.

1178 Ms Kim Little, *Transcript of evidence*, p. 24.

1179 Department of Education and Training, *Early Childhood Reform Plan*, Victorian Government, Melbourne, 2017, p. 23.

1180 Department of Education and Training, *Early start kindergarten*, 2020, <<https://www.education.vic.gov.au/parents/child-care-kindergarten/Pages/early-start-kindergarten.aspx>> accessed 9 June 2020.

1181 Department of Education and Training, *Early Childhood Reform Plan*, p. 22.

facilitation worker, family and in-home learning support, and professional development for educators. To be eligible, children must be referred from Enhanced MCH, Child FIRST or Child Protection, and must have a minimum of two of the following characteristics: known to Child Protection, intellectual or physical disability, family violence, mental health issues, sexual assault or alcohol and drug use issues.¹¹⁸² According to data provided by DET, in 2018 families where the main language spoken at home was not English made up 26.2% of total AEL enrolments (33 of 126 enrolments).¹¹⁸³

Uniting Vic.Tas considered AEL an example of best practice, noting in its submission that it currently delivers the AEL program in Dandenong.¹¹⁸⁴

School Readiness Funding

School Readiness Funding (SRF) is being rolled out across Victoria from 2019, to provide kindergartens with access to programs and supports for building the capacity of families and educators.¹¹⁸⁵ Under SRF, there are three priority areas under which kindergartens may choose to spend their funding: communication (language development), wellbeing (social and emotional) and access and inclusion. As described by Kim Little from DET, the funding is designed to be flexible to suit the needs of individual kindergartens:

One of the things that funding allows, because it is flexible funding, around participation and inclusion is not only the purchasing of various supports that are on a menu, but if services feel, for example, that they want to run community engagement programs—let us say really practical things like morning teas, afternoon teas, engaging with mums and dads and grandparents, bringing on a bicultural worker, and we have seen an example of that at a service in Dandenong where they brought on a bicultural worker to engage with a particular community—then they can use that money for that purpose in a flexible, local way to be able to engage.¹¹⁸⁶

Under SRF, kindergartens can access fka Children's Services (fkaCS) Cultural Inclusion Support Packages. These packages provide services with bilingual books and media, training for staff and orientation sessions for parents to explain the importance of early years and kindergarten.¹¹⁸⁷ Importantly, the package can also help services to develop a cultural inclusion strategy and for fkaCS to conduct a cultural inclusion audit of the service and policy and procedure reviews.¹¹⁸⁸ These packages are discussed further in Section 10.6.

¹¹⁸² Department of Education and Training, *Access to Early Learning*, 2020, <<https://education.vic.gov.au/childhood/professionals/health/Pages/access-to-early-learning.aspx>> accessed 9 June 2020.

¹¹⁸³ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 22.

¹¹⁸⁴ Uniting Vic.Tas, *Submission 32*, p. 19.

¹¹⁸⁵ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 43.

¹¹⁸⁶ Ms Kim Little, *Transcript of evidence*, p. 24.

¹¹⁸⁷ Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, p. 15.

¹¹⁸⁸ Department of Education and Training, *fka Children's Service cultural inclusion support packages*, 2020, <<https://www.education.vic.gov.au/childhood/providers/funding/Pages/program.aspx?queryid=79>> accessed 9 June 2020.

Kim Little from DET further described how SRF funding can be tailored locally and help kindergartens be better equipped to support culturally diverse populations:

... one of the things we have tried to do with the design of the School Readiness Funding, of the equity funding, certainly children from refugee backgrounds would attract—it is not an individual package, but individual children’s profiles are used to calculate the total amount of money that then goes to the service. So if you had a service, for example, that found itself catering to a new community, let us say to become the kindergarten of choice because of the location or its reputation with a particular community, then you would expect that to be then reflected in the amount of School Readiness Funding that they received. The advantage of that is that because School Readiness Funding is a funding source that has a framework around it and a menu around it of evidence-based supports but allows the service working with their local DET office to select and design the interventions which best suit their local community—rather than having a whole series of smaller programmatic interventions that, with all due respect to myself and central colleagues, are decided in central office; there will be this intervention, there will be this program—then instead we can work at our area office with that service and with that immediate local community on helping to design something that draws on the evidence certainly but that is customised to those communities. So we are trying to design system solutions that are able to be tailored locally so that they can be responsive to changes such as the change you were talking about.¹¹⁸⁹

Providing an alternative view, ELAA identified that the SRF funding model may have unintended consequences for culturally diverse families:

The amount of SRF funding for each service is based on the level of disadvantage measured through the Student Family Occupation Education (SFOE), where families are required to report on their current occupation and education. Many migrant families report the education levels they have achieved in their country of origin which may not be recognised in Australia and which is not reflected by their lower skilled occupation. The means to address this disparity need to be developed to ensure services receive what is necessary to address local disadvantage.¹¹⁹⁰

10.4.1 Continued barriers to participation

While recognising these initiatives, the Committee heard from inquiry participants that barriers still exist that prevent some cohorts within culturally diverse communities from benefiting from early childhood education. Participants suggested strategies to address these cases.

Refugees and asylum seekers—Early Start Kindergarten

A strongly supported recommendation by several inquiry participants was to extend ESK so that children of refugee and asylum seeker background can access

¹¹⁸⁹ Ms Kim Little, *Transcript of evidence*, pp. 26–7.

¹¹⁹⁰ Early Learning Association of Australia, *Submission 27*, received 11 October 2019, p. 5.

three-year-old kindergarten. Participants acknowledged that universal three-year-old kindergarten will take a significant amount of time to be rolled out throughout Victoria, and ESK should be an interim measure that could be put in place immediately. The Victorian Refugee Health Network (VRHN) stated:

Clinical experience within the Network suggests ESK has made an enormous difference to some of our most vulnerable refugee and asylum seeker children. Extending this program to a greater number of refugee-background families during implementation of the universal three-year-old kinder program would provide important interim support for vulnerable families.¹¹⁹¹

The Brotherhood of St Laurence (BSL) considered that such a step would result in increased English proficiency prior to school entry, prevention and management of developmental delays earlier, higher rates of attendance in four-year-old kindergarten, and a broad range of social benefits for families and communities.¹¹⁹²

Such a step was identified by several inquiry participants to have a practical and positive impact on a number of families. As noted by Sara Noori, Programs Manager of Resilient Communities at Uniting Goulburn North East in Shepparton, current fees of about \$1000 a year ‘precludes a lot of our families from attending’.¹¹⁹³ Kathy Cooney, Communities of Practice Team Leader, Education and Early Years at the Victorian Foundation for Survivors of Torture Inc. (Foundation House), also advised the Committee that the current areas where three-year-old kindergarten is being rolled out ‘will not be where our mostly refugee and asylum-seeking families are settling’, which highlights the importance of interim support.¹¹⁹⁴ Wendy Allan, Early Years Policy Adviser at the Municipal Association of Victoria (MAV), considered that MCH nurses could play a key role in strengthening referrals for these children and families to ESK, as they currently do for other families.¹¹⁹⁵

The Committee is highly supportive of the recommendation to extend eligibility criteria for ESK to include children of refugee and asylum seeker backgrounds. This will ensure that these families do not fall out of visibility during the period in which access to universal three-year-old kindergarten is rolled out across Victoria.

RECOMMENDATION 45: That the Victorian Government immediately extend eligibility criteria for Early Start Kindergarten to include children of refugee and asylum seeker backgrounds as an interim measure until the roll out of universal three-year-old kindergarten is completed.

¹¹⁹¹ Victorian Refugee Health Network, *Submission 31*, p. 4.

¹¹⁹² Brotherhood of St Laurence, *Submission 36*, p. 23.

¹¹⁹³ Ms Sara Noori, Programs Manager of Resilient Communities, Uniting Goulburn North East, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p2

¹¹⁹⁴ Ms Kathy Cooney, *Transcript of evidence*, p. 7.

¹¹⁹⁵ Ms Wendy Allan, Early Years Policy Advisor, Municipal Association of Victoria, public hearing, Melbourne, 28 October 2019, *Transcript of evidence*, p. 17.

Low income families

Inquiry participants suggested that a key issue is the ability of families with low incomes to access kindergarten, where they are not quite at the level that qualifies them for the health care concession card (and hence access to support such as the Kindergarten Fee Subsidy). As discussed by BSL in its submission:

While the Victorian Government provides subsidies for families on a health care card and specific visa types, there are still families who struggle to pay for their child's early education. BSL works with families who face difficulties, particularly if they fall just above the health care card cut-off. Many of these parents work several jobs and have multiple children.¹¹⁹⁶

Muyassar Mahmud, Tutor with HIPPY Australia at BSL, also raised with the Committee her observations of families in this situation through her work:

Most of the families that I go and visit and do HIPPY with, the majority of them are from refugee backgrounds, or English being difficult for them to understand—the English language. For some of them, because their income is just above the healthcare card cut-off, it is expensive for them to pay the amount to enrol their kids to kinder. So that is one reason that they do not enrol their kids to kindergarten.¹¹⁹⁷

Uniting Vic.Tas noted similar issues in its submission:

There are financial barriers to accessing kindergarten and child care for CALD communities, who may already be experiencing disadvantage in relation to the additional costs of setting up their home, often with limited existing savings to draw from, and may have no access to benefits. Many CALD families are working really hard, long days and not able to spend as much time with their children as they would like.¹¹⁹⁸

The Committee also heard from a member of the public who noted that families who earn slightly more than the health care concession card cut off 'are struggling to have a work-family balance financially'.¹¹⁹⁹ In terms of solutions, BSL recommended the implementation of a scaled kindergarten subsidy rate 'to mitigate the steep jump for families whose income falls just above the health care card cut-off'.¹²⁰⁰ Uniting Vic.Tas outlined a number of practical actions to improve affordability, including extending the hours for the Kindergarten Fee Subsidy and increasing incentives to attend playgroups, kindergarten and child care (such as free child care, meals, vouchers and programs). It recommended increasing financial subsidies and support.¹²⁰¹

While the Committee did not hear enough evidence on these issues to take a position on an exact strategy it agrees that actions are required to address these gaps for

¹¹⁹⁶ Brotherhood of St Laurence, *Submission 36*, p. 24.

¹¹⁹⁷ Ms Muyassar Mahmud, Tutor, HIPPY Australia, Brotherhood of St Laurence, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 20.

¹¹⁹⁸ Uniting Vic.Tas, *Submission 32*, p. 18.

¹¹⁹⁹ Name Withheld, *Submission 8*, received 27 September 2019, p. 2.

¹²⁰⁰ Brotherhood of St Laurence, *Submission 36*, p. 24.

¹²⁰¹ Uniting Vic.Tas, *Submission 32*, pp. 18–9.

culturally diverse families who struggle to meet the financial costs of their children attending kindergarten. This is particularly important given the value of kindergarten attendance in improving school readiness and addressing developmental vulnerabilities.

RECOMMENDATION 46: That the Victorian Government implement strategies to improve the participation of culturally diverse families in kindergarten where they may be experiencing cost pressures with paying fees.

Temporary visa holders

Some inquiry participants discussed particular access issues for people that reside in Victoria on a temporary basis. The Ethnic Communities' Council of Victoria (ECCV) considered that there are impacts of legal limitations and affordability for families on temporary visas including international students and those on bridging visas. It considered that such issues should be addressed as '[m]any children of 'temporary' residents actually grow up in Victoria during their early years, and may become permanent residents and Australian citizens in the future'.¹²⁰² Joanne Geurts, Chief Executive Officer of the Eureka Community Kindergarten Association in Ballarat, discussed particular issues that face international students with young children:

We have a lot of international students coming to Federation University and the hospitals and other organisations here, particularly in Ballarat. Those students often come with families and with children, and they would like to have their children come into a kindergarten program because they are of kindergarten age. There are some real challenges with that in that they are not eligible for the subsidies and therefore the cost is very prohibitive.¹²⁰³

More generally, VCOSS noted residency status is a barrier for seasonal migrant workers to attend early years services without significant cost, and proposed that the Victorian Government support them in the same way that it has supported asylum seekers:

Many rural and regional areas rely on seasonal migrant workers. For communities to thrive, their families need to be safe and healthy. Vulnerable families should be supported in accessing affordable and appropriate services. The Victorian Government has already committed funding to support asylum seekers on bridging visas who were cut off from Federal Government payments. The Victorian Government should extend funding support to other vulnerable members of the community who cannot access affordable early years services.¹²⁰⁴

The Committee understands that there are many nuanced situations for families that are not able to access free or low-cost early childhood education programs, including those such as kindergarten or playgroups. While the Committee was not able to explore these

¹²⁰² Ethnic Communities' Council of Victoria, *Submission 15*, received 9 October 2019, p. 3.

¹²⁰³ Ms Joanne Geurts, Chief Executive Officer, Eureka Community Kindergarten Association, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 1.

¹²⁰⁴ Victorian Council of Social Service, *Submission 23*, received 11 October 2019, p. 13.

issues in greater detail, and without the ability to inquire further regarding the position of Commonwealth Government in relation to such issues, the Committee recognises that barriers remain in place for families temporarily residing in Victoria. It also notes that the Victorian Government has a history of supporting people based on hardship rather than visa status.

FINDING 42: There are barriers preventing some cohorts of culturally diverse communities temporarily residing in Victoria from participating in early childhood education opportunities such as kindergarten. Support should be provided at state and federal levels to address these barriers and to allow children to participate in these services.

10.5 Enrolment processes

As discussed in Chapter 3, navigation of systems within early childhood is extremely complex and can act as a key barrier to the successful engagement of culturally diverse communities. This was emphasised in relation to the navigation of the ECEC system, particularly the enrolment processes involved. At a broad level, the complexity of the ECEC system was acknowledged in the *Lifting Our Game* report:

The diversity of early childhood settings and services, and the flexibility for services to be tailored to the circumstances of different children, communities and jurisdictions, are also strengths of the system. However, the Review also noted the lack of alignment between objectives of different levels of government, inconsistencies in relation to service eligibility and subsidies, and the complexity that parents face in navigating their way through a mixed market sector with multiple funders and settings.¹²⁰⁵

The Productivity Commission in 2014 also noted that these complexities are particularly problematic for NESB families:

Migrant and refugee families may not necessarily have an understanding of the ECEC system in Australia, including the need to place children on waiting lists and how the government subsidy system operates. For example, the Commission was advised that some migrant and refugee families with little English and trouble with reading and/or writing have difficulty dealing with Centrelink forms for child care assistance, cannot sign attendance sheets at ECEC services and do not understand the need to pay for ECEC on days booked but not used. As noted by AMES, an organisation providing settlement services, 'without this understanding of the system and often lack of wide family support it is more difficult to identify possible child care options as part of plans to enter the workforce'.¹²⁰⁶

In the joint DET/DHHS submission, DET noted recent research that showed, across some cultural groups, one of the barriers to kindergarten included 'lack of knowledge/awareness of services available, and their enrolment processes and timelines', as well

¹²⁰⁵ Pascoe and Brennan, *Lifting Our Game*, p. 7.

¹²⁰⁶ Productivity Commission, *Child care and early childhood learning: Inquiry report No. 73, volume 2*, Productivity Commission, Canberra, 2014, p. 522.

as others such as culturally appropriate services and language, costs and family-logistic issues. Across Somali, Vietnamese and Chinese communities, a lack of knowledge on enrolment processes was observed.¹²⁰⁷

The Committee was curious to learn more about the specific difficulties being faced by culturally diverse families in this area. Uniting Vic.Tas discussed that families are unsure of how to enrol, access entitlements and that they require assistance to fill out forms:

Our staff are concerned that families who are not proficient in English and lack family or community support face challenges in relation to:

- Knowing what services are available, how to access services, understanding eligibility criteria for entitlements (e.g. for approved hours) and being aware of costs.
- Understanding how to navigate early learning services and the processes involved (e.g. applying for the child care subsidy or enrolling in kindergarten).
- Completing paperwork required to enrol in services (noting that staff are not funded to help with the paperwork of CALD communities, yet this burden often falls to them).¹²⁰⁸

Transience between LGAs was highlighted as a key issue that affects the ability of families to easily enrol in kindergarten, as discussed by VCOSS:

Transience is a challenge for families in accessing early childhood education. When a family moves their place on a waiting list is not transferred to a new area, they may have moved after enrolments have finished or cut-off dates have passed, or kindergartens may be full. This becomes more complicated for CALD families who face additional barriers such as language, understanding and navigating systems, or those who need soft entry points to begin engagement. While the Government's Pre-Purchased Places go a way to ensuring some vulnerable children have access to kindergarten if they miss enrolments or move during the year, VCOSS members report vulnerable children from CALD families continue to miss out once these places are filled by other families.¹²⁰⁹

The most significant barrier identified by inquiry participants was inconsistent enrolment methods between different local areas. As described by Samantha Kolasa of ELAA:

The different enrolment processes for three- and four-year-old kindergarten can be confusing. Some municipalities offer central enrolment, some do not. Some municipalities manage both three- and four-year-old enrolments, others do not. In some areas this is the role of the individual kindergarten or early years manager. When families are struggling with their own levels of vulnerability and perhaps cannot even speak our language, it is no wonder that there is little understanding of how to access early childhood services and the benefits this can bring.¹²¹⁰

¹²⁰⁷ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 24.

¹²⁰⁸ Uniting Vic.Tas, *Submission 32*, p. 11.

¹²⁰⁹ Victorian Council of Social Service, *Submission 23*, p. 13.

¹²¹⁰ Ms Samantha Kolasa, *Transcript of evidence*, p. 13.

In its submission, BSL discussed how approaches across Victoria differ significantly and also provided a useful table describing the challenges and responses from some councils (see Table 10.1):

Early years enrolment processes can be overwhelming for families of CALD backgrounds, particularly those who have little understanding of the sector and/or limited English proficiency and literacy. Approaches across Victoria vary markedly, with different approaches used between services and in different LGA's.¹²¹¹

Table 10.1 Communication with families of CALD backgrounds—barriers and effective practice

Issue	Barriers to participation	Effective practice
Many councils do not provide translated kindergarten enrolment forms	Hume, Whittlesea, Casey and Dandenong, which have high proportions of new arrivals with limited English proficiency do not offer translated enrolment forms. Forms are often not written in 'plain English'	<ul style="list-style-type: none"> • Brimbank Council has translated kindergarten application forms in the most common languages spoken in their LGA. • Maribyrnong Council has translated videos (accessible via YouTube and their website) that explain the Central Enrolment System.
Interpreter use varies greatly between councils	Our families report varied experiences with MCH services and Kindergartens using interpreters to assist families.	<ul style="list-style-type: none"> • Upon intake, Maribyrnong Council assesses whether participants from refugee/asylum seeker background in their Smalltalks playgroups require support from an interpreter or a home visit.
Many councils use outdated and cumbersome enrolment and communication processes	Councils use letters to communicate with families at each stage of access to services. For instance, letters are sent to confirm appointment times, notify families of information evenings and confirm enrolments. Families who have moved house or do not understand these letters miss out on engagements, or an entire service.	<ul style="list-style-type: none"> • MCH services are now moving away from letters to text messages to remind families of the appointment time, date and location. Families can easily translate the text message on their smart phones. • Reaching out via text message also ensures that families in transient housing receive the appointment details of the appointment if they have moved from their last known address.
Many councils rely on enrolment processes in venues that are not easily accessible for families	Many services such as MCH and playgroups rely on families completing an initial enrolment in a provider's office. Often families face difficulties navigating their way to the unfamiliar location. Other families can feel intimidated accessing formal services for the first time, and so choose to stay home.	<ul style="list-style-type: none"> • Brimbank Council runs multicultural and bicultural playgroups in popular and accessible community spaces such as shopping centres. These locations reduce the intimidation families may feel in accessing formal services. • Hume piloted a program where MCH nurses made their initial appointment with newly arrived refugees and asylum seekers in the family's home. Families in BSL's Refugee Child Outreach program reported that this made the service approachable and easy to use. The outreach pilot has recently been suspended, owing to lack of resources.

Source: Brotherhood of St Laurence, *Submission 36*, received 12 November 2019, pp 20–21.

1211 Brotherhood of St Laurence, *Submission 36*, p. 20.

Inquiry participants in regional areas also discussed difficulties with enrolment processes. In its submission, Bendigo Community Health Services (BCHS) detailed feedback from Karen and Hazara Afghan refugee community focus groups along with staff interviews. Community members identified specific challenges with enrolment, caused in large part by language support issues:

- There is overwhelming feedback regarding poor communication with parents for information, support with enrolments, what documentation is required because no language support is used. There is little diversity in the staffing in child care and kindergartens, especially Karen, Afghan and Sudanese.

...

- Enrolment in kindergarten “is a nightmare”. If you do not read English or your own language it is challenging to know when to enrol to secure a kinder placement. “My community seek help with this from a community health case manager or their community guide or at the neighbourhood house”¹²¹²

In its submission, VCOSS provided a case study highlighting particular issues with enrolment, including scarcity of services in some areas:

There are people in the community who do not know about kindergarten, including migrants who work in the agricultural sector. Children need to be enrolled by the time they turn one and parents need to provide a birth certificate. Enrolment forms are 20 pages long and can only be completed via the internet. Bendigo now manages the kindergarten enrolments. Places are scarce and children are being placed at kindergartens in outlying towns but with no means of transport. The low rate of kinder participation means some children starting school are unable to sit still and are just not ready. These children are missing out on early education and there is a need for a special program in Prep for these children.’

(Participant—Swan Hill community consultation 2017, A tale of two cities: Resilience in Portland and Swan Hill VCOSS report)¹²¹³

Some inquiry participants outlined initiatives they are undertaking in their local areas to improve the situation. Shine Bright EYM in Bendigo, advised that its staff print online forms for families without access to technology and sit with them to work through the information required, ‘often acting as a scribe for families who are still learning English as a second language’.¹²¹⁴ Further, Belinda Schultz, Early Years Manager of Shine Bright discussed in her evidence the support provided:

Now the form is online, however, so it can also be printed. There is support in our office; they can come in. Loddon Mallee Preschool Association do central enrolment for all of Bendigo. You can come in and there are staff in there who can support families to enrol. Most of the time there are two people on the counter in there, and we have got private

¹²¹² Bendigo Community Health Services, *Submission 28*, received 15 October 2019, p. 5.

¹²¹³ Victorian Council of Social Service, *Submission 23*, p. 14.

¹²¹⁴ Shine Bright EYM, *Submission 21*, received 11 October 2019.

areas where they can take them and help them to fill in the form in the actual office. We do have access to, and are aware of, translation services on the phone too.¹²¹⁵

Sally Rose from the Greater Shepparton City Council advised that its enrolment forms has been pared back to contain only regulatory requirements. The Council is also intending to have staff available in each service for a period of time to go through the forms with families.¹²¹⁶ Joanne Geurts from the Eureka Community Kindergarten Association advised that it was updating its website so that people can choose other languages to view the website in, including for the enrolment process.¹²¹⁷

10.5.1 Kindergarten central enrolment

Given vast differences between enrolment processes at an LGA level, and the impact this can have on equitable access, the Victorian Government's *Early Childhood Reform Plan* specifically provided funding to ensure that all LGAs operate from a central enrolment process:

Central enrolment provides a single point for families to apply for multiple kindergarten services in a local government area, helping families secure a place that meets their needs. It also allows local governments to establish closer links between MCH services and kindergartens, to improve the early identification of children who need more support.

Central enrolment schemes currently operate in some local government areas but not all. The Government will invest \$5.5 million to support more local governments to adopt, expand and enhance central enrolment for kindergarten services.¹²¹⁸

In the joint DET/DHHS submission, DET advised that central enrolment allows for an accessible way for families to secure their kindergarten place, with one process for all service providers in an area. It stated that currently 47 of 79 councils operate a central enrolment scheme, and in 2017, approximately 63% of all enrolments (50,000 children) were enrolled this way.¹²¹⁹ Kim Little of DET told the Committee that the central enrolment application form 'was condensed to a few pages to reduce what was seen as a cumbersome process, an intimidating process, by families'.¹²²⁰ Matthew Lundgren, Director of the Early Learning Participation Branch, Early Learning Division at DET, also discussed that central enrolment is facilitating use of more proactive approaches to target vulnerable cohorts among LGAs:

The limitation of most central enrolment schemes at the moment is that it has relied on the parents or the carer proactively knowing that it is open and this is the due date and, 'I need to get online or get my form in and get in the queue', if you like. So we are

¹²¹⁵ Ms Belinda Schultz, *Transcript of evidence*, p. 36.

¹²¹⁶ Ms Sally Rose, Children's and Youth Services, Greater Shepparton City Council, public hearing, Shepparton, 24 October 2019, *Transcript of evidence*, p. 9.

¹²¹⁷ Ms Joanne Geurts, *Transcript of evidence*, p. 2.

¹²¹⁸ Department of Education and Training, *Early Childhood Reform Plan*, p. 26.

¹²¹⁹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 37.

¹²²⁰ Ms Kim Little, *Transcript of evidence*, p. 25.

working with local governments to make that a more proactive system for vulnerable cohorts of children, potentially linking in with maternal and child health data, which is something that we have spoken a lot to the Municipal Association of Victoria about, and other forms of information, which could obviously include information about refugee arrivals to get the kindergarten offer in front of them so they can say, ‘Okay, these are your choices, these are your local kindergartens. Can you please let us know what will work for you and what information you need?’ rather than the other way, where it is reliant on action. So as part of that project we are rolling out ongoing grants to local governments to support them to operate a system, and as part of that we will be working to expect that these are the sorts of features we would like to see, including moving towards that more proactive approach.¹²²¹

Despite these efforts, the Committee heard there continue to be some challenges. Sally Rose from the Greater Shepparton City Council discussed that central enrolment forms are not translated, although support is provided to families to fill them out.¹²²² Further, the Committee heard that there is a need for central enrolment to be more unified through a streamlined, state-wide approach (rather than one that varies based on the LGA). In its submission, BSL recommended the promotion of state-wide best practice through a Cultural Inclusiveness Toolkit which focuses on:

- providing forms and information, including kindergarten enrolment forms, in the main languages of the surrounding community
- adopting uniform enrolment processes and simplifying forms to avoid overly complex back and forth processes
- using text messages (which can be easily translated on smart phones) to disseminate information, rather than letters.¹²²³

Uniting Vic.Tas similarly recommended streamlined kindergarten enrolment processes in light of the difficulties faced by culturally diverse families in navigating them. When discussing this further, Darren Youngs, Executive Officer of Early Learning at Uniting Vic.Tas, particularly noted that the current approach leaves families vulnerable when they move between LGAs due to a lack of consistent state-wide approach:

If there were a state-wide approach to enrolments—and there are layers to that—simply, state-wide we could all just be asking for the same information in the same way and have that sort of form and template. Then obviously there are more sophisticated IT things that can go on behind the scenes, but at the very outset there is probably no reason we see why you could not still at least be able to put the local flavour, if you need to, to an enrolment process whilst still having quite a lot of efficiencies to be gained for everybody and simplicity for parents trying to enrol kids in multiple LGAs at the same time.¹²²⁴

¹²²¹ Mr Mathew Lundgren, Director, Early Learning Division, Department of Education and Training, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 25.

¹²²² Ms Sally Rose, *Transcript of evidence*, p. 8.

¹²²³ Brotherhood of St Laurence, *Submission 36*, p. 21.

¹²²⁴ Mr Darren Youngs, Executive Officer, Early Learning, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 27.

Similarly, Donna Matthews, Area Manager of Early Learning, North West at Uniting Vic.Tas, stated:

Right from the beginning of registering across local government areas or in central enrolment schemes—so right from the beginning of that to the actual enrolment procedure at the door of the kindergarten—there is the opportunity, we see, for some uniformity in that, whilst carrying the local flavour, as Darren said, and actually making that a much simplified process for families who may be in Mildura one day and in Melbourne the next and enrolling their children.¹²²⁵

As discussed in Chapter 2, the DET and MAV Central Enrolment Project is working to encourage all councils to implement their own central enrolment systems. Further to this, the Committee agrees that a state-wide approach to central enrolment should be adopted. This would include having a single, simple and accessible form that could be used across all areas of Victoria for central enrolment with the option of tailoring to local community needs. Such forms and information must also be translated into the community languages most relevant for each area and be widely available across online and paper-based platforms, including at other early childhood services. The Committee considers that adopting a uniform process will have significant benefits for culturally diverse families, and would also ensure families do not fall through the gaps if they move between LGAs. Beyond culturally diverse families, simplifying this process would also be beneficial to many other families.

RECOMMENDATION 47: That the Victorian Government adopt a state-wide approach to kindergarten enrolment, with a single, easily accessible and central enrolment process across Victoria. This should include consideration of a single enrolment form, which can be translated into relevant community languages for each local government area, and tailored to suit local community needs where appropriate.

10.6 Promoting inclusion

A consistent theme throughout the inquiry was the need for services to be an inclusive and welcoming space for culturally diverse families. In no other service type was this seen as more essential than in ECEC services, where families having a sense of belonging can be a critical step for successful engagement. As discussed in the VEYLDF, it is essential that children feel welcome in ECEC settings:

Children's identity and their family and cultural histories shape their learning and development. Children feel welcome and learn well when professionals respect and acknowledge their unique identity. Equitable opportunities for children promote their learning and development outcomes. All children have the capacity to succeed, regardless of their circumstances and abilities.¹²²⁶

¹²²⁵ Ms Donna Matthews, Area Manager, Early learning North West, Uniting Vic.Tas, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 27.

¹²²⁶ Department of Education and Training, *Victorian Early Years Learning and Development Framework*, p. 12.

The framework under the VEYLDF was also emphasised by ECCV in its submission, which stated:

The current Victorian Early Years Development Framework recognises the need for children to feel welcomed, respected and for their unique identity to be acknowledged. It also requires of educators to ‘maximise opportunities for all children to do well and learn from others, including opportunities to experience diversity and difference in ways that nurture positive attitudes, and care and respect for others’.

...

For CALD families in early childhood education settings, more than just a celebration of Harmony Day, national symbols, cuisines and individual words in languages other than English is needed in order to empower them and validate their experience.¹²²⁷

Similarly, fkaCS discussed negative impacts where a sense of belonging is not present:

Children’s sense of belonging and their learning are challenged when there is little connection between their family, their community and their early childhood setting.

When children experience disjuncture between their worlds or even the collision of their worlds, their opportunities to grow in belonging, being and becoming are limited.¹²²⁸

The Committee also heard from inquiry participants about barriers that may limit the sense of belonging for culturally diverse families within ECEC settings. Nicole Toy, a member of the public from Bendigo, discussed this in her submission:

We spent a long time choosing a kinder that had a broader cultural focus (although mostly indigenous culture). The kinder has been fantastic trying to integrate Ethiopian culture in for significant events (like Ethiopian New Year) but the reality is they are the only children with brown skin and they do notice being different.¹²²⁹

Abrar Dham, a member of the public from Ballarat, told the Committee during a public hearing:

Some educators struggle, or they do not put in enough time to know more about children from different cultural backgrounds. They do not have that awareness of certain maybe habits, traditions, rituals. So many events happen this year whether it is Chinese New Year, Indian Diwali, Muslim celebrations—two celebrations this year so far—and there was not any acknowledgement for that. I understand being in Ballarat, it is not like Melbourne where it is very diverse, like it is everywhere. But I feel children therefore, they see those children from different cultural backgrounds, I guess, differently. They cannot relate to them. They do not talk to them because, ‘They look different, we’re not going to talk to them’.¹²³⁰

¹²²⁷ Ethnic Communities’ Council of Victoria, *Submission 15*, p. 17.

¹²²⁸ fka Children’s Services Inc., *Submission 16*, received 9 October 2019, p. 5.

¹²²⁹ Mrs Nicole Toy, *Submission 5*, received 19 September 2019.

¹²³⁰ Ms Abrar Dham, Public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 23.

As part of Uniting Vic.Tas' Consumer Focus Group with 10 parents, the need for cultural connections was discussed:

Women told us that their children had grown up and understood a lot about Australian culture because it is all around them. However, they felt that there was a need for cultural learning that facilitates greater cultural connection to their country of origin. One mother expressed this as a need for bonding between parents and children through sharing their culture in social activities and events at services they already engage with.¹²³¹

Issues of real or perceived discrimination were also experienced by participants in the group:

Some mothers report feeling frustrated, confused and upset that they would be allowed 15 hours of free kindergarten (under the Victorian Government policy), only to then be turned away from a service close to their home or told to wait and then not hearing back from a service. This situation could relate to discrimination by services, perceived discrimination, or that may actually reflect inadequate communication and information provided by services to CALD communities about how services operate (e.g. waitlists), what services are available and the current context of demand for early childhood services for the entire Victorian population.

No matter whether real or perceived, discrimination impacts on people's feelings of safety, security, health, wellbeing and community connection, and has ongoing implications for individual, family and community participation in Victorian society.¹²³²

In order to improve this, Melodie Davies, Executive Director of fkaCS, discussed the need to shift mindsets around engagement of families in early learning:

We also believe that we need to shift educators' thinking from 'Families are difficult to engage with' to 'What is it in my service that is making it difficult for families to engage with me?'. We know that change is a long road. We know that really for educators, teachers and policymakers in early childhood services it really means a fundamental shift in the way they view children and families, which is why in recent years we have started to use the terms around 'strength-based' and 'rights-based'. Most of our work is underpinned by children's and families' rights to actively participate in their education and care, not just turn up, not just enrol, not just be there. It is about engaging with families so that they have a right to actively participate in their child's care and education.¹²³³

¹²³¹ Uniting Vic.Tas, *Submission 32*, p. 24.

¹²³² *Ibid.*, p. 26.

¹²³³ Ms Melodie Davies, Executive Director, fka Children's Services, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 14.

10.6.1 Current initiatives

The Committee heard about some ways in which services aim to improve inclusion, generally at the local service provider level. Shine Bright in Bendigo discussed how it embeds cultural materials within the program, encourages children to teach educators their first language as a way to display genuine interest and consistency between home and kindergarten, and through special celebrations and familiar foods.¹²³⁴ Glenys Brereton, Nominated Supervisor/Teacher with Shine Bright, further discussed the importance of developing relationships with families and their children:

But I think the main thing that we found through our philosophy and knowing our community is to really develop those relationships so they feel comfortable enough to be involved in our program, because that is one of the things that we see can be a barrier sometimes: people sort of would see you as the teacher or the kinder—you know, you hand your child over and that is it. We work really hard to change that to say, 'We value everybody that's coming in'.¹²³⁵

Emma King from VCOSS also advised that some local councils are making successful efforts to actively target and help families:

I might look at Brimbank, and I know Maribyrnong is doing fantastic work as well in terms of a number of things. First is, rather than expecting people often to come into a service, going into communities to say, 'How can we work with you?', and looking at where some of the key influencers are and the decision-makers within families as well, which is often the mum or a grandparent, particularly given that some of the constructs they have got are very different from what people have potentially left in their own country as well. I do think there is a huge part there in the 'How can we help you?' rather than 'Aren't you lucky that you might come into our service?'. And there is a big part there that is attitudinal. I have seen examples of where people are incredibly welcomed, and I have seen examples of where they are not. That is really important.

If you were to look at Brimbank as the example, for no matter what reason that someone might come into contact with council, it is about saying 'Here's this opportunity over here' and going to where people are and making sure that people are genuinely welcomed.¹²³⁶

Michaela Saha, Early Education Adviser at Eureka Community Kindergarten Association, also reiterated the importance of establishing close relationships, which takes time:

I think staff work really closely with families, so actually at the services to make them feel welcome. They will connect children together to play together to really build their capacity to get them out in the community. And for their children I think that really helps, when we all have children and families naturally come together. So I think our staff

¹²³⁴ Shine Bright EYM, *Submission 21*.

¹²³⁵ Ms Glenys Brereton, Nominated Supervisor/Teacher, Shine Bright EYM, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 38.

¹²³⁶ Ms Emma King, *Transcript of evidence*, p. 23.

do really well in making them feel very welcome and that they can come to them if they have a question. So they feel like they can belong or they can come and ask—to build that trust.

But it does take time. For some it will be immediate; for some it will be maybe in fourth term until they are actually feeling comfortable, and then they are moving onto the school community.¹²³⁷

BOX 10.1: East Sunshine Kindergarten

As part of the inquiry, the Committee conducted a site visit to the East Sunshine Kindergarten. East Sunshine Kindergarten won a 2016 Victorian Early Years Award for their work with the Chin community, in conjunction with Foundation House. As noted in a Brimbank City Council newsletter at the time:

Foundation House worked with the East Sunshine Kindergarten in 2011–12 with Chin community advisors. This supported the kindergarten to make significant changes in their work with Chin families.

To quote the award narrative ‘This has created a welcoming, supportive environment where Chin families are now highly involved in all activities from working bees and transition days to being parent helpers. The kindergarten employs bicultural staff, provides practical support and has strong connections to many community agencies, the Chin church and feeder primary schools.

When the project started in 2011, the number of Chin children enrolled in the kindergarten was very low due to various reasons. One of the Chin advisors informed the project, “we thought kinder was for rich, white people”. The kindergarten reached out to the Chin community to establish culturally appropriate services and to remove some of the barriers to access. For example, enrolment conditions require a birth certificate, however, most of the children did not have one.

As part of the project, a report on *The Early Childhood Access and Participation Project: Talking with Chin Families from Burma about Early Childhood Service* project guide was released, and Foundation House continues to use the Early Years Project model developed in this work.

The Committee was greeted in a warm and friendly environment when it visited East Sunshine Kindergarten. There were various resources for families, as well as a food share program, and friendly staff members at the entrance. The kindergarten has formed a welcoming space for all families, and the Committee was pleased to interact with staff and children that were present on the day.

Sources: Brimbank City Council, Celebrating Learning, Newsletter, Brimbank City Council, Melbourne, March 2017.; Department of Education and Training, Supporting refugee children in early childhood, 2018, <<https://www.education.vic.gov.au/about/news/Pages/stories/2017/EarlyYearsProject.aspx>> accessed 9 June 2020.

¹²³⁷ Ms Michaela Saha, Early Education Adviser, Eureka Community Kindergarten Association, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, pp. 5–6.

Early Childhood Language Program

As a way to promote diversity and inclusion, the Victorian Government has invested \$17.9 million over four years in the Early Childhood Language Program. The program encourages children in kindergartens to learn another language through play-based learning, with up to 15 languages offered in approximately 160 kindergarten services across Victoria. In joint DET/DHHS submission, DET noted that ‘... by encouraging diverse language skills in our kindergarten services, Victorians can build stronger local communities and prepare children for an increasingly connected world later in life’.¹²³⁸ It further advised that there are two program types:

- the Bilingual Kindergarten Program—children learn in another language for up to 7.5 hours a week (10 services)
- the Learn Languages at Kindergarten Program—children learn in another language for up to three hours a week (approximately 150 services).¹²³⁹

Noting that Uniting Vic.Tas is delivering this program in 10 kindergartens in the north-west regions of Melbourne, Darren Youngs told the Committee of the long-term value in supporting diversity and inclusion:

It is not only about supporting the children to get exposure to and have interest in another language other than predominantly English, but it is also an opportunity for them to understand and learn about another culture and to really appreciate and get a real sort of richness and difference to something that they would have otherwise experienced. So I think there is a lot of merit in that, because it is not only in and of itself a valuable sort of moment for those children to learn or see something different, but it just says that, yes, this society that we live in is made up of so many perspectives and so many different ways of doing things.¹²⁴⁰

The Committee heard diverse views about some issues involved with choosing a language at an individual kindergarten level. As advised by DET, the choice is guided by communities, kindergarten interests and staff availability, taking into account:

- community diversity
- languages which are spoken by children who are newly arrived or have refugee backgrounds
- continuity with language education at nearby primary schools.¹²⁴¹

In her evidence to the Committee, Janet Elefsiniotis, Manager of Programs for Children and Young People of the Victorian Cooperative on Children’s Services for Ethnic Groups (VICSEG) New Futures told the Committee that there is a need to support kindergartens through the process:

¹²³⁸ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 38.

¹²³⁹ *Ibid.*

¹²⁴⁰ Mr Darren Youngs, *Transcript of evidence*, p. 26.

¹²⁴¹ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 38.

And on the other hand there has also been a lot of money given to kindergartens to develop CALD languages— languages other than English. Of course the kindergarten teachers have been scratching their heads, because what language do you teach? If you have got a kindergarten with five, six or 10 different groups, how are you going to choose the language to teach? A lot of the kinders have thought it was so difficult that they have chosen a language where there is no representation from the community— Greek or Italian or Spanish. I was up in Thornbury the other day and the kindergarten there has chosen Spanish. I reckon it would be really hard to find a Spanish-speaking person in Thornbury in this day and age. So it is a great initiative, but I wonder why are we just throwing money at kindergartens to deliver bilingual language when there is no actual demographic study or any support to help kindergartens decide what language should be taught.

...

... in Melton I would like to see Dinka taught. I mean, given that is what we want— we want those kids to go to kindergarten—surely if there is a Dinka lesson in that kindergarten once a week, the families are more likely to send their children there.¹²⁴²

Melodie Davies from fkaCS expressed concern about the appropriateness of some of the languages chosen by kindergartens but also considered that any language would be effective, even if it is not always representative of the community:

Just a note about the language program, and I know St Albans is doing Japanese, we have a number of other kindergartens who are part of that new language program, teaching language, and some of those kindergartens have not thought really deeply about what is the language of their community. They have thought about purchasing or delivering a language that they think will be economically viable. They are using it as promotional material, a promotional thing. So we will have some children and families in those services that may speak, for example, an African language, and they are being taught Chinese. Our view is that all language is important, and it shows respect for diversity and languages, but we cannot forget that there are children in there who now will be learning two languages, three languages: they will have their home language, they are learning English and now they are learning Japanese or another language. So we just need to remind people that all languages are important. How do we show that and celebrate that in our programs?¹²⁴³

...

To be honest, I was concerned when I saw some of the languages that the kindergartens chose. But I still think in the long run as long as we keep supporting those other languages and we do not pretend that the new languages program is going to replace the programs that we need to provide to the other languages, we will be okay. That was my concern when that language program first came out. I thought, 'Are you going to get rid of all the other programs?', because it is doing a different thing.¹²⁴⁴

1242 Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, pp. 5–6.

1243 Ms Melodie Davies, *Transcript of evidence*, p. 17.

1244 *Ibid.*, p. 18.

In discussing this issue with DET, and particularly noting concerns expressed by inquiry participants, Kim Little outlined the process further and also highlighted that the purposes served by the language program can be varied depending on circumstances:

You can imagine a situation, and perhaps this is what has happened in the case that has been referred to, where you may have a preference within the community for a particular language but it may or may not be the case that there is availability of language teachers against those languages and there might also be some competing considerations about the key language being offered in the local primary school or primary schools. So that was all considered through the process. I am sure that there would be a variety of views on whether or not the results are exactly right, but I can assure you that the community's preferences and the views of parents and children going to those services were certainly considered. I know there were efforts at all of the services to survey parents and engage with parents going to those services.

I think there are a variety of different purposes served by the language program, which goes to your question. In some cases the main purpose being served is about the language that perhaps the majority or a significant minority of children might be speaking at home and connecting with that language. In other cases it might be that the kindergarten is so diverse that there is no obvious community language, and sometimes parents might have an interest, for example, in their children learning a language that they think of as a language that will be beneficial to them in the world beyond that community—so, say, Mandarin, for example, or Hindi or Auslan. In some cases there is an interest in learning languages that only very few children, and perhaps only very few people, might be speaking in Victoria. An example would be some of the Aboriginal languages. There has been a huge interest from Aboriginal Community-Controlled services but also services that are not Aboriginal Community-Controlled in engaging with that. We have been working very closely with the traditional owners about what is appropriate and acceptable in those circumstances.¹²⁴⁵

The Committee notes the concerns raised by inquiry participants about the languages chosen by kindergartens and understands that DET is also aware of these issues. The Committee believes that overall the program promotes diversity and inclusion in kindergartens.

FINDING 43: The Victorian Government's Early Childhood Language Program promotes diversity and inclusion in kindergartens through the learning of languages.

10.6.2 Improving inclusion

Some recommendations made by inquiry participants promoted embedding inclusion and ensuring a sense of belonging and identity in ECEC settings, targeted towards broader policy level actions. This also relates to recommendations made in Chapter 4 regarding the early childhood workforce, particularly to improve cultural competency training.

¹²⁴⁵ Ms Kim Little, *Transcript of evidence*, pp. 22–3.

Inquiry participants discussed the Cultural Inclusion Support packages under SRF funding delivered by fkaCS. For example, BSL recommended promoting the uptake of these packages under SRF in kindergarten settings,¹²⁴⁶ and fka Children's Services also recommended support for kindergartens to use SRF to develop and implement cultural inclusion plans:

That kindergartens are supported in using their School Readiness Funding allocation to fund both the development and the implementation of a cultural inclusion plan, regardless of the backgrounds of the children attending the service. The plan would include a holistic approach to cultural inclusion including a recognition that culture and language are important for a sense of belonging in the service.¹²⁴⁷

The Committee agrees that SRF funding for cultural inclusion should be promoted so that kindergartens can better prepare for and be equipped with the tools to nurture a safe and welcoming space for children from culturally diverse families. As SRF funding is relatively new, the Committee considers that this is the opportune time to promote the use of cultural inclusion packages and actions, as well as to ensure that kindergartens are well supported in using their funding in this way.

Some inquiry participants also discussed practical steps that could be taken by the Victorian Government to celebrate Victoria's rich cultural diversity. ECCV suggested at a broad level that:

Children participating in early childhood services should be empowered through celebration and promotion of their individual histories, backgrounds and languages and through an integrated focus on belonging and inclusion. There needs to be a consistent and rigorous effort made within early childhood settings, particularly those promoting early years learning, to work towards the outcomes outlined within the Early Years Development Framework which are related to children feeling welcomed, respected and their unique identities being acknowledged.¹²⁴⁸

The Brotherhood of St Laurence recommended the development of a 'Best Practice Toolkit for Cultural Inclusiveness' with communication strategies and classroom activities to signify to families that culture is valued.¹²⁴⁹ Similarly, the Australian Childcare Alliance Victoria (ACA Vic) considered that a set of tools should be provided to services outlining the needs of culturally diverse communities and which include a list of culturally relevant events, general dietary requirements for particular communities, guidance on curriculum activities and teaching about diversity.¹²⁵⁰ Uniting Vic.Tas discussed practical actions undertaken by services to embed cultural activities into programs, such as inviting families to share aspects of their culture, having a multicultural and diverse program, inviting parents to participate in service events and cultural celebrations, providing foods from different cultures and respecting

¹²⁴⁶ Brotherhood of St Laurence, *Submission 36*, p. 15.

¹²⁴⁷ fka Children's Services Inc., *Submission 16*, p. 10.

¹²⁴⁸ Ethnic Communities' Council of Victoria, *Submission 15*, p. 17.

¹²⁴⁹ Brotherhood of St Laurence, *Submission 36*, p. 14.

¹²⁵⁰ Australian Childcare Alliance Victoria, *Submission 34*, received 21 October 2019, p. 7.

food choices, hosting weekly language programs, and facilitating links with local community and cultural groups. However, it noted that funding for such activities is typically taken from service budgets as it is not part of government service agreements. It recommended providing financial support to state funded services as part of their service agreements for celebrating cultural activities and events, as well as to invest in strengthening cultural connections and language acquisition for parents.¹²⁵¹ The Committee supports the various suggestions proposed by participants and it believes the Victorian Government has an important role in aiding services to embed inclusion and celebrate diversity in its practices.

RECOMMENDATION 48: That the Victorian Government promote the use of cultural inclusion support packages under School Readiness Funding, as well as other packages, that are targeted towards building inclusion for culturally diverse families and their children in early childhood education and care services.

Another area of reform proposed by inquiry participants was the ability to require the development of cultural inclusion strategies under the assessment and ratings processes of the NQF. This was suggested by MAV, which considered that cultural inclusion strategies should be seen as best practice and should be ‘included as part of the overall Assessment and Ratings processes and funding requirements’.¹²⁵² Regarding the benefits of such strategies, fkaCS stated:

A cultural inclusion strategy may help to identify and remove barriers for children and families from culturally and linguistically diverse backgrounds. A true recognition and respect for languages other than English is of prime importance as home language plays a significant role in shaping each child’s identity.¹²⁵³

It recommended mandating kindergartens to develop cultural inclusion strategies as part of national quality standards.¹²⁵⁴ Melodie Davies from fkaCS elaborated further:

... the national quality standards and the frameworks do talk about cultural inclusion, for want of a better word. But the rating and assessment system does not check. It does not ask a kindergarten, ‘Have you got a cultural inclusion strategy? What is your natural community? How are you engaging with children and families?’. At the risk of being too negative, I do know a number of services that do not enrol non-English-speaking children and families, because it is very easy to get an excellent rating in the system if you do not have any children that you have to put an additional effort into. So that is also one of the recommendations I have put in there: if teachers and services are required to talk about cultural inclusion as what their natural community is, they will think that more. Instead of thinking about, ‘I need someone to come and tell me how to deal with this child’, they might start thinking about, ‘What is it that we need to do to be welcoming and encouraging and give families a sense of belonging here?’.¹²⁵⁵

¹²⁵¹ Uniting Vic.Tas, *Submission 32*, p. 12.

¹²⁵² Municipal Association of Victoria, *Submission 30*, received 17 October 2019, p. 9.

¹²⁵³ fka Children’s Services Inc., *Submission 16*, p. 9.

¹²⁵⁴ *Ibid.*, p. 10.

¹²⁵⁵ Ms Melodie Davies, *Transcript of evidence*, pp. 15–6.

The Committee agrees that it would be a worthwhile step to consider implementing requirements around cultural inclusion for ECEC services. However, it did not receive enough information about how such processes could be mandated within the Commonwealth quality framework. This requires further consideration by the Victorian Government. The Committee also reiterates that this would complement recommendations made in Chapter 4 to mandate professional development and training activities in cultural competency and trauma-informed care at both Victorian and Commonwealth levels.

RECOMMENDATION 49: That the Victorian Government consider establishing requirements for the development of cultural inclusion strategies (or other actions aimed at inclusion) within early learning settings such as kindergartens.

10.7 Issues involving the Commonwealth Government

Various issues were raised with the Committee specifically regarding areas of responsibility of the Commonwealth Government, noting shared responsibility for the ECEC system with the Victorian Government. While not making any recommendations, the Committee wished to highlight some of the issues raised by inquiry participants.

10.7.1 Child Care Subsidy

As discussed earlier, the Child Care Subsidy is paid to services to provide assistance with the costs involved with child care. Some participants discussed a need for increases to the subsidy amount. AMES Australia considered that the current rates are hard to manage and that increases are needed to enable parents to participate in the workforce, particularly for families of refugees backgrounds and other disadvantaged groups:

Current child care subsidies (maximum of 100 hours per fortnight per child) are hard to manage for working families from CALD backgrounds. Average hourly fees for all child care service types increased by 5.8 per cent between September 2017 and September 2018 and there can be additional costs involved such as administration fees. With some families having no access to family support, the high cost of child care may therefore impact on CALD workforce participation. Our consultations have identified that this can be extremely frustrating for newly arrived migrants and refugees who want nothing more than to contribute to Australian society. Some find a way around this, for example by one parent choosing to work night shifts, so that either parent is always available to care for the children.¹²⁵⁶

¹²⁵⁶ AMES Australia, *Submission 10*, received 7 October 2019, p. 5.

Similarly, Uniting Vic.Tas considered that a larger rebate and more hours are required for culturally diverse communities, including for those who are not eligible for Health Care Cards.¹²⁵⁷ It also outlined examples provided as part of its Consumer Focus Group on how the subsidy has had flow on effects for families:

- A young mother had been studying but could not afford to continue because the cost of child care was unaffordable. She had learnt English and gone to school for the first time in Australia but experienced barriers to continuing her education because the cost of child care.
- A mother reported driving an Uber to gain an income but had to give this up this work because the child care costs for several children cost more than she was earning.¹²⁵⁸

10.7.2 National Partnership Agreement on Universal Access to Early Childhood Education

As noted earlier, there is currently no secured funding under the National Partnership Agreement after the end of 2021. Some inquiry participants discussed the need for ongoing funding in this area to ensure continued universal access to kindergarten across Australia. Brimbank City Council stated in its submission:

Early childhood education funding is currently disjointed and inconsistent across federal, state and local jurisdictions. The Commonwealth Government has only provided funding certainty for four year old kindergarten until December 2020 under the National Partnership on Early Childhood Education. This commits the Commonwealth to fund 5 hours which represents its share of the 15 hours of kindergarten for four-year-old children in the year prior to school.¹²⁵⁹

In its submission, MAV recommended that the Victorian Government should continue to advocate to the Commonwealth Government for enduring and stable funding in this area.¹²⁶⁰

10.7.3 Kindergarten placement for children of refugee background

The Victorian Refugee Health Network noted that kindergarten enrolment is not a key performance indicator (KPI) for the Humanitarian Settlement Program, and recommended that this be implemented:

Clinical experience suggests a number of refugee children miss out on kindergarten and the associated benefits. There is a strong case to join up (federal-funded) settlement support with (state-funded) early childhood education, to ensure all new arrival children have access to four-year old kindergarten in a timely manner.¹²⁶¹

¹²⁵⁷ Uniting Vic.Tas, *Submission 32*, p. 18.

¹²⁵⁸ *Ibid.*, p. 25.

¹²⁵⁹ Brimbank City Council, *Submission 17*, p. 5.

¹²⁶⁰ Municipal Association of Victoria, *Submission 30*, p. 9.

¹²⁶¹ Victorian Refugee Health Network, *Submission 31*, p. 5.

Expanding on this, Associate Professor Georgie Paxton OAM of the VRHN, stated:

The same goes for children who arrive when they are five. We should actively consider kindergarten. So there are children who are five who are doing a year of four-year-old kindergarten. It depends on when you are born, whether you are repeating and whether you have developmental delays, but we can proactively plan ahead. Kindergarten is not currently a key performance indicator of settlement, but there is an argument to join that system up with the federally-funded settlement program and to consider that kindergarten could become a KPI so we can enable kids to have the best start they can to formal schooling.¹²⁶²

In its submission, BSL also discussed the need to better accommodate children that arrive in Australia during the school year. It particularly noted issues with the Pre-Purchased Places program:

While the government's Pre-Purchased Places have ensured that some vulnerable children have access to kindergarten if they miss enrolment cut-offs, many of the families we work with still face long waiting lists or are unable to access kindergarten at all, particularly if they arrive during the school year. Some families manage to secure a place a considerable distance from home, but transport barriers render kindergarten attendance unviable. Likewise, those allocated shorter timeslots over three days (rather than two full days) can face transport, cost and other logistical barriers – with drop-off/pick-up times that conflict with work or English class. As a result, many families opt out of kindergarten or attend inconsistently.¹²⁶³

It made a number of recommendations to support children of refugee backgrounds, including to introduce a 90% kindergarten enrolment target, seeking federal agreement to require providers of Status Resolution Support Services and Settlement Services to refer families to the recommended MCH and kindergarten database, and allocating kindergarten places for those who arrive after commencement of the kindergarten year.¹²⁶⁴

¹²⁶² Associate Professor Georgie Paxton, *Transcript of evidence*, p. 12.

¹²⁶³ Brotherhood of St Laurence, *Submission 36*, p. 23.

¹²⁶⁴ *Ibid.*, p. 24.

11 School education

For the purpose of the inquiry, 'early childhood' includes children from birth to 8 years of age, in line with the *Victorian Early Years Learning and Development Framework* (VEYLDF). This includes the early years of primary school. While the Committee did not receive much evidence about specific school education issues for culturally diverse children and families, it notes that the transition to school life and the early school years are key points at which to ensure effective engagement is in place. It is also important to underscore that efforts within the early childhood education and care (ECEC) environment are designed to prepare children and families for school education. This chapter outlines some evidence received from inquiry participants on these issues.

The chapter also continues the theme throughout the report of the need for schools to promote cultural diversity and inclusion in order to welcome families and to encourage their participation in school communities.

As a starting point, a 2014 snapshot from the Australian Early Development Census (AEDC) discussed issues for children from diverse language backgrounds at school entry:

The start of full-time schooling is an important time for children and their families, and can have lasting implications on a child's educational trajectory. Australian schools typically have a strong monolingual orientation, which necessitates English language proficiency for the learning and assessment of academic content. As such, children from diverse language backgrounds entering school with limited proficiency in the language of instruction may face additional challenges in negotiating the transition to school.¹²⁶⁵

It noted that approximately one fifth of children (17.8%) speak a language other than English at home. Linguistically diverse students who were not proficient in English at school entry were more likely to be developmentally vulnerable on four AEDC domains (not just the domain relating to language and cognitive development, as might be expected). Those who were English proficient were slightly less likely to be developmentally vulnerable. It further summarised the implications of its findings:

Proficiency in the language of instruction at school (in Australia, English) appears to be a major factor in beginning school optimally prepared for learning.

Children who are proficient in a home language and English have subtle advantages in some domains, which strengthens the case for further provision of additional supports to allow children to maintain and develop their home language skills.

It is also important to consider the practice and policy implications for children who arrive at school not yet proficient in English language skills, given they are relatively small in number and geographically dispersed. Individually tailored responses from

¹²⁶⁵ Australian Early Development Census, *Research snapshot: Early developmental outcomes of Australian children from diverse language backgrounds at school entry*, Australian Early Development Census, Melbourne, 2014, p. 1.

each school will remain an essential component of intervention for these children. As well as English language and academic supports, psychosocial wellbeing can also be impacted, and therefore support is also likely to be needed to address the wellbeing of these students.¹²⁶⁶

11.1 Victorian school education

At a broad level, school education in Australia is compulsory with schools categorised into government schools, Catholic schools and independent schools. Responsibility is shared by the Commonwealth and state and territory governments in a range of areas including funding, curriculum, statistics and reporting, testing and teaching standards. Each state and territory government delivers and regulates school education within its jurisdiction, and also provides most of the funding. Responsibilities include registering schools, regulating school activities and the administration of government schools.¹²⁶⁷ In Victoria, the *Education and Training Reform Act 2006* provides the legislative framework for school education, and the Department of Education and Training (DET) is the key agency responsible for educational outcomes.

The Joint DET and Department of Health and Human Services (DHHS) submission provided data regarding the cultural diversity of the Victorian school population, particularly in the early years. The 2016 school census showed that 29% of students (172,336) from Foundation to Year 12 in mainstream government schools were from language backgrounds other than English (LBOTE). Of these, 63,367 met the criteria to receive English as an Additional Language (EAL) funding (discussed in Section 10.4). Further, approximately 95% of these eligible students were in primary school, and early years of schooling (Foundation to year two) contributed almost 50% of EAL eligible students as shown in Table 11.1.

Table 11.1 Students eligible for EAL funding in mainstream government schools, by year level, 2017

Year	Number of EAL enrolments	Total enrolments in EAL from Foundation to Year 12 (%)
Foundation	11,034	17.4
Year 1	10,428	16.5
Year 2	9,801	15.5
Total	31,263	49.4

Source: Department of Education and Training and Department of Health and Human Services, *Submission 19*, received 11 October 2019, p. 6.

¹²⁶⁶ Ibid., pp. 2–3.

¹²⁶⁷ Australian Institute of Health and Welfare, *Australia's children*, Australian Institute of Health and Welfare, Canberra, 2020, p. 177.

The DET/DHHS submission also noted DET's broad support for multicultural education:

DET is committed to multicultural education by supporting schools to celebrate Victoria's diversity and to promote inclusion and respect for cultural, linguistic and religious diversity and social cohesion. This commitment is reflected in programs such as English as an Additional Language for students from migrant and refugee backgrounds, and support for the teaching of languages other than English.¹²⁶⁸

11.2 School readiness and community hubs

Chapters 8 to 10 explored in depth the importance of school readiness that is promoted through participation in ECEC services such as playgroups and kindergarten. In the context of this inquiry, community hubs and similar models located within schools were often discussed as providing an ideal venue to promote school readiness for culturally diverse children, and for transitioning families into school life. The Centre for Community Child Health's (CCCH) 2017 report on *Exploring the impact of Community Hubs on school readiness* noted the importance of school readiness in ensuring children and families are equipped for fundamental changes:

School entry involves a key transition for all children and a time of potential challenge and stress for children and families (Hirst et al., 2011). This transition is not just to school, but from home, child care, preschool and kindergarten. It is a transition not just from early care and learning environments, but often from small-scale to large-scale interactions, from highly personalised to less personalised relationships, and from environments with a limited range of ages to an institution with children of many ages. It is a transition to a different learning, education and care paradigm. How well children are prepared for this transition is important as it impacts on their long term outcomes'.¹²⁶⁹

The report's analysis of four community hubs found that they had a range of positive impacts on a child's readiness for school, schools' readiness for children, and family environments that influence a child's learning. Common features across community hubs included having strong investments in relationship-building practices; an emphasis on family engagement; an early focus on transitioning to school; flexibility and adaptability; and coordination between services and schools.¹²⁷⁰ In supporting community hubs as a promising approach to improving school readiness among culturally diverse families and children, the report stated:

The case study hubs provided evidence of:

- Facilitating practical connections into early learning, which appeared to result in the increased participation of CALD [culturally and linguistically diverse], migrant and refugee children in playgroups and kindergarten in their communities

¹²⁶⁸ Ibid., p. 3.

¹²⁶⁹ Centre for Community Child Health, *Exploring the impact of community hubs on school readiness*, report prepared by Sophie Rushton, Rebecca Fry, Tim Moore, Noushin Arefadib and Sue West, report for Community Hubs Australia, Murdoch Childrens Research Institute, Melbourne, 2017, p. 3.

¹²⁷⁰ Ibid., pp. 27–9.

- A smooth transition for children and families, enhanced by the co-location of hubs and schools
- Positive relationships between staff (both early childhood and school staff), parents and children
- Collaborative relationships between school and early childhood staff, with many positive benefits for the children's transition to school
- Action to build family capacity and the quality of the home learning environment
- Building a more integrated support system for children and families in local communities.¹²⁷¹

These benefits were discussed by a number of inquiry participants. Community Hubs Australia (CHA), which delivers the National Community Hubs Program, noted in its submission that '[e]valuations of the hubs have shown that they are achieving their goals, increasing the wellbeing and school readiness of children before they start school'.¹²⁷² Further, Janet Elefsiniotis, Manager of Programs for Children and Young People of the Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG) New Futures, told the Committee:

... we are working very closely with primary schools right across the north-west that are part of these community hub structures and really opening up the schools and hosting playgroups, which is fantastic. It means that you can deliver them quite economically because you do not have the overhead of having to hire something. And it is a great place for parents; if they can come to a playgroup in a school and they have older children in the school, it makes it far more accessible.¹²⁷³

¹²⁷¹ Ibid., p. 33.

¹²⁷² Community Hubs Australia, *Submission 13*, received 8 October 2019, p. 5.

¹²⁷³ Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG New Futures, public hearing, Melbourne, 14 October 2019, *Transcript of evidence*, p. 3.

BOX 11.1: Community hub case studies

The Committee was provided with some case studies demonstrating the value of community hubs in promoting school readiness and ensuring trusting relationships are built with schools early. Daniel Riley, Principal of Dandenong Primary School, discussed the value of its community hub in ensuring families feel safe and welcome in a particularly culturally diverse area of Victoria:

- To give you an idea of how diverse we are, around 90 per cent of children come with language backgrounds other than English, with around 40 languages spoken across the school, and our teachers and support staff alone speak around 12 different languages between them, so very culturally diverse.
- Our hub is a welcoming place where migrant families with young children come to connect, share and learn. Our hub has provided for things such as English language lessons for parents, visits from the Water Well Project to improve the health and wellbeing of our families and visits from Centrelink, the electoral authority, the energy ombudsman and other government agencies to help families navigate what can be a minefield of Australia's bureaucratic and democratic processes. It provides for referrals to much-needed support services for some of the most vulnerable members of our community. It has provided for the establishment of a Dandy Pals playgroup, which is for zero- to four-year-olds and their parents, and a free three-year-old Step into Kinder school readiness program. Both of those were part of the reason behind our being awarded the 2018 Victorian Early Years Award for supporting parents to build their capacity and confidence. The hub has also provided for parental capacity-building programs, sewing classes, a toy library, quilting, a food bank cooking program, whereby eight families come together to prepare and share a meal. One big thing is I guess the smooth transitioning of new families into the Australian and Victorian education system, the school and the wider community and the so-called 'Australian way of life'.

The Ethnic Communities' Council of Victoria also provided a case study of a hub located in an outer northern suburb of Melbourne:

- One of the hubs we visited in an outer northern suburb of Melbourne, which acted as a pilot to the National Community Hubs program, developed a rich web of community connections and established space where multicultural families met, communicated in their first languages as well as across languages. The hub partnered with other services to offer English language tuition, social service and health and wellbeing information, and training programs for parents. Childcare was also regularly offered during times when parents (the majority of them migrant and refugee mothers of CALD backgrounds) participated in training programs. The hub has been heavily supported by the school in which it runs. The programs are delivered by a bicultural worker who speaks Arabic, as do many mothers and children participating in the group. It is supported by another bicultural worker. The school also includes a kindergarten, so many parents who bring children to the hub's playgroups also bring their other children to the kindergarten and the school. In this way, transitions from playgroup to kindergarten to school are smoother for children and for parents.

Sources: Mr Daniel Riley, Principal, Dandenong Primary School, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 35.; Ethnic Communities' Council of Victoria, *Submission 15*, received 9 October 2019, p. 12.

Given the strong support for community hubs as a conduit to promote school readiness, the Committee reiterates the recommendation in Chapter 3 emphasising the need for continued funding for them across Victoria.

11.3 Transition to school

The VEYLDF discusses the transition to school in the following way:

Starting school is a major life transition for children and their families. Both challenging and exciting, it's a time of change in which children, families and educators adjust to new roles, identities and expectations, new interactions and new relationships.

The transition is not a one-off event. It is not complete at the end of the first day of kindergarten or school. Transition is a process that occurs over time. Even though groups of children may start kindergarten or school together, their individual characteristics and experiences make each transition a unique situation.¹²⁷⁴

In 2015, the Victorian Auditor-General's Office (VAGO) issued a report on *Education Transitions*, which examined how ECEC providers, schools and DET support the transitions of children when they move into the Prep year of primary school (the early-years transition) and when they move from primary into Year 7 of secondary school (the middle-years transition).¹²⁷⁵ Regarding the early years, VAGO found that DET has a robust and comprehensive approach and that outcomes are improving, with most Victorian children well prepared for their transitions. It also noted that DET has an effective approach to transfer information with children through the use of a transition statement, although it does not adequately monitor the impact of transitions, in order to support vulnerable cohorts and drive system-wide improvements.¹²⁷⁶ Vulnerable cohorts identified included children living in low-socioeconomic communities, children of refugee backgrounds or children of refugees at risk, and children from culturally diverse backgrounds. The report noted that 'DET does not set or report on targets for increasing kindergarten participation in these high priority groups'.¹²⁷⁷

Following the VAGO report, in 2017 the *Support for children and families at risk of experiencing vulnerability: practice review report* was commissioned by DET on ways to improve early years transition for those experiencing vulnerability. Its findings emphasised the importance of collaborative professional networks; identifying promising practices; the role of respectful, responsive and supportive relationships with families; building professional knowledge around transition and vulnerability; and the need for further research and evaluation on effective transitions.¹²⁷⁸ The report outlined 11 options for reform, with key ones relating to school education including:

¹²⁷⁴ Department of Education and Training, *Victorian Early Years Learning and Development Framework*, Victorian Government, Melbourne, 2016, p. 25.

¹²⁷⁵ Victorian Auditor-General's Office, *Education Transitions*, parliamentary paper, no. 24, Melbourne, March 2015, p. ix.

¹²⁷⁶ *Ibid.*, p. 9.

¹²⁷⁷ *Ibid.*, p. 19.

¹²⁷⁸ Andrea Nolan, et al., *Early years transitions: support for children and families at risk of experiencing vulnerability: Practice review report*, report prepared by Deakin University, report for Department of Education and Training, Victorian Government, Melbourne, 2017, p. 8.

- designating a key transition person at school to be aligned with each child and family experiencing vulnerability, who could be a primary school teacher or support worker
- funding to allow ECEC educators and primary school teachers appropriate time and resources to work effectively together, and with families experiencing vulnerability
- a strategy to facilitate better understanding and use of the Transition Learning and Development Statement within schools, to positively influence the transition process and build practice across ECEC and school settings.¹²⁷⁹

The Joint DET/DHHS submission emphasised the importance of families, rather than just solely focusing on children, in discussing transition to schools:

Notions of readiness and transition are often conflated, and much discussion about transition still focuses on individual children’s skills as they start school. This is in contrast to research that emphasises the importance of child, family, community and school characteristics in promoting positive transitions. Effective transition puts the child’s needs and outcomes at the centre—supported by a strong connection between the family, community early childhood service and school.

DET’s best practice approach to transition to school understands that relationships are at the core of positive transition to school experiences. When families, early childhood services, schools and communities work together in positive, strength-based and collaborative ways, a child’s capacity to achieve their learning potential is significantly enhanced and so is their general health, wellbeing, positive outlook and a sense of purpose in life.¹²⁸⁰

The submission also highlighted key transition resources that assist families. First, the *Transition to School Resource Kit* provides guidance to early childhood professionals during the transition to school process, including resources and guides in over 30 languages. DET also developed templates and guidelines to support families during this process, and delivers annual training to early childhood educators within both school and ECEC environments to develop effective transition processes.¹²⁸¹ In its submission, the Victorian Multicultural Commission supported DET’s approach which focuses on establishing trusting relationships.¹²⁸²

The Committee notes the value of place-based and integrated models, such as community hubs, to support transitions. Hiranthi Perera, Program Manager of CHA told the Committee about the benefits for schools:

What we hear from teachers and principals from host schools is that one of the outcomes of children attending early years programs in the hubs is that the school experiences a smoother transition from early years into prep: I quote, ‘Everything just flows’. Some additional comments recently shared also include that the hub played a

¹²⁷⁹ Ibid., pp. 9–10.

¹²⁸⁰ Department of Education and Training and Department of Health and Human Services, *Submission 19*, p. 29.

¹²⁸¹ Ibid.

¹²⁸² Victorian Multicultural Commission, *Submission 37*, received 19 December 2019, p. 9.

vital role in transitioning the children into school, they have got exposure to the school environment, to literacy and numeracy and other children that they might be in a classroom with.¹²⁸³

The Committee also heard about individual kindergartens working with local primary schools. For example, Shine Bright EYM discussed its efforts to ensure a smooth transition between its preschools and Bendigo primary schools. Beckie Parkinson, Educational Leader/Teacher at Shine Bright, stated:

We work with a transition program where we will go with the families to the schools. We do it with all of our families, and we will have meetings to ensure that they can move over to a new environment with as much support as possible.

...

We have been working on a transition pilot program for three years. Our funding has dipped out, so it is sort of sitting at the moment, but we are still working very closely with our most local school. It has entailed working more consistently with the school. So rather than just touching base with them at the end of the year and just doing a handover, so to speak, we are speaking to the schools for the whole year, particularly with different cultures and children from vulnerable families so that we can ensure that they get the support they need to move across.¹²⁸⁴

Further, Glenys Brereton, Nominated Supervisor/Teacher at Shine Bright, discussed:

I think part of that too was that with the school we try and get that connection going, not just at the end of the year but as we go along. They provide an experience where the children in our community go and see that this is what a school is like. And then we also have their interaction coming down to the preschool. So we have sort of worked on it all year. Part of that has been the art therapy program, which came out of the close link with them. We all did a Bastow course together, which was around developing a transition program. Out of that, with the school, we sat down and worked out what was really important for the families in our area, and that was that some of the children are vulnerable and have trauma, so we looked at how we could improve their school experience. And we decided an art therapy program would work.¹²⁸⁵

In Geelong, Barbara Hayes, Director of Early Years Services at Barwon Child, Youth and Family (BCYF), discussed that transition to school is guided by a formal process, while much more work is required for the pathways between maternal and child health (MCH) and playgroups and child care or kindergarten:

... there is a formal process for transitioning to school. The early childhood teachers actually have to complete transition statements online, and it goes to the school.

¹²⁸³ Ms Hiranthi Perera, Program Manager, Community Hubs Australia, public hearing, Dandenong, 2 December 2019, *Transcript of evidence*, p. 35.

¹²⁸⁴ Ms Beckie Parkinson, Education Leader/Teacher, Shine Bright EYM, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, pp. 34–5.

¹²⁸⁵ Ms Glenys Brereton, Nominated Supervisor/Teacher, Shine Bright EYM, public hearing, Bendigo, 23 October 2019, *Transcript of evidence*, p. 35.

So those informal networks happen, but, yes, absolutely it is too late for this client group. It needs to happen way back there.¹²⁸⁶

The Committee understands that the transition to school life is a key factor in ensuring healthy development of culturally diverse children within the school environment. While it did not receive much evidence on this issue, it is pleased to note efforts made at a policy, school and service level to bridge the gaps between ECEC and school education.

FINDING 44: Successful transition from early education and care settings to school is a key process that requires sustained efforts at policy, school and service levels.

11.3.1 Inclusion

The Committee considers that the need to promote inclusion, which is discussed in relation to ECEC services in Section 10.6, equally applies to the transition to school for culturally diverse children and families and also within school communities more broadly. It is a key way to promote diversity and provide a welcoming space for culturally diverse families. Promoting inclusion and diversity also recognises that some families, particularly those from refugee backgrounds, may require specific support to participate in school life, for example to read school correspondence, and to be involved in the school community. As noted on the DET website:

While all families have high aspirations for their children, parents and carers from refugee backgrounds may be unsure about the contribution they can make to their children's schooling. Many families from refugee backgrounds will be unfamiliar with the Australian education system and have limited knowledge of education pathways. Some families may have limited literacy skills in their first language and may have had limited access to formal schooling themselves.¹²⁸⁷

Shiree Pilkinton, Ballarat Team Leader at the Centre for Multicultural Youth (CMY), told the Committee about ongoing barriers for families from refugee backgrounds to participating in their children's educational experience. In particular, she spoke about the impact of language:

We all need to be fully aware of the barriers, whether we are in high school, early childhood or primary school, that face these families: the language barriers; sometimes low income; not having internet at home; being unable to assist with homework; transport or lack of transport. The language that is used in newsletters, for example, that goes home to children—they mostly do not get read; they get added to the pile where the Centrelink letters sit that is this high, that no-one can understand and that

¹²⁸⁶ Ms Barbara Hayes, Director, Early Years Services, Barwon Child, Youth & Family, public hearing, Geelong, 20 November 2019, *Transcript of evidence*, p. 16.

¹²⁸⁷ Department of Education and Training, *Supporting students from refugee backgrounds*, 2020, <<https://www.education.vic.gov.au/school/teachers/support/diversity/eal/Pages/ealsupportrefugee.aspx>> accessed 17 June 2020.

is daunting to look at. But at the same time do not assume that all people from diverse backgrounds are uneducated and that all people from diverse backgrounds are not able to contribute to school life.

Social activities: we know that positive social connections can go a very long way to achieving successful settlement—creating those systems. We have set up buddy systems in many primary schools for the children— why not for the parents as well so that they have support?

The very last thing is really pretty well just one word. In the 13 years that I have been working in this space I can say that the number one issue across everything is still the r-word: racism. It just does not seem to have changed much, unfortunately, in over a decade.¹²⁸⁸

Similarly, Daniel Riley of Dandenong Primary School considered that language barriers can obstruct families from feeling part of the school community:

To think of one particular barrier, I think language can be a challenge, and I guess—this is just generally— when you are looking for translated documents, say from a department agency or something, there might be five different languages whereas we have so many different languages in Dandenong that sometimes they are not even included so that can be a challenge as well. But I guess reaching out to the parents and being able to form those connections so that they want to be part of the school community is crucial, so that then the information flow can happen.

...

I think too that people need to feel like they belong, so we are always pushing the message: 'Everyone belongs at Dandenong Primary School'. We just recently did a video shoot for Beyond Blue because they wanted to have more diversity reflected in their marketing materials, and one of the parents in that shoot remarked about the fact that she was greeted in her home language at our school and how that was so powerful for her as far as feeling welcome. I think that is what can happen through things like the community hubs being place-based. We know our community really well, so I guess we hope we know some of the things that are going to engage them most so we can get them through the door and then get them as engaged as young as possible.¹²⁸⁹

In working to address these barriers, Shiree Pilkington the CMY advised the Committee of an initiative to help build inclusive school communities in Ballarat:

In my previous role at Ballarat Community Health I delivered a project called Beyond the School Gate in partnership with Mount Clear College here in Ballarat. A huge part of this was focused on creating a greater sense of belonging, helping families become more involved in the school community and activities—therefore looking at creating inclusive spaces so parents and families in these preschools and primary schools see themselves through the promotional material that schools put out through the websites, for example.

¹²⁸⁸ Ms Shiree Pilkington, Ballarat Team Leader, Centre for Multicultural Youth, public hearing, Ballarat East, 21 November 2019, *Transcript of evidence*, p. 34.

¹²⁸⁹ Mr Daniel Riley, *Transcript of evidence*, p. 37.

We worked with staff to increase their level of cultural competency and their understanding of the barriers that are faced by these families—very unique barriers. The training of the staff in this cultural or intercultural competency in these settings is absolutely crucial as well and, in my experience, lacking in many of these facilities. Simple tips like trying to use illustrative examples of how to convey messages to parents—so an image, for example, of a parent helping a child with homework. They might not have the written language skills to understand a whole lot of text given to them, but graphic representation instead. Also using interpreters where it is appropriate as well is very helpful. Also, build inclusive communities and create a culture where diversity is seen as an asset and not as a threat.

...

Beyond the School Gate again: we created a sense of belonging at Mount Clear College—there is still work to be done—by holding social and information nights for parents and extended family, gathering over multicultural food, sharing experiences, inviting ideas and suggestions, encouraging membership of school council and setting up a welcome committee where parents from diverse backgrounds welcome newcomers to the school community.

Parents were paid as facilitators to come into the school and run traditional craft sessions, as one example. The relationships were built between families and staff, including the principal, who would come in and out of these sessions as well. We created a safe environment for family members to speak up, and they knew that their contributions were valued.¹²⁹⁰

The Committee understands that the *Opening the School Gate* project was initially developed in 2006 as a pilot project involving the CMY, Reconnect Services and two Victorian secondary schools. While it was developed to support government secondary schools, it is also applicable to primary schools. In 2015, the CMY produced the *Opening the School Gate: Engaging migrant and refugee families*, a resource kit that provides school teachers and other staff various strategies to encourage participation of parents and families from migrant and refugee backgrounds in their child's educational experience.¹²⁹¹

Another resource developed to encourage greater participation of refugee families is the *Schools and Families in Partnership: A Desktop Guide to Engaging Families from Refugee Backgrounds in their Children's Learning*.¹²⁹² This was a result of the Refugee Education Support Program (RESP) (discussed in Section 11.4), a partnership between the Victorian Foundation for Survivors of Torture Inc. (Foundation House), the CMY and DET, in collaboration with the Catholic Education Commission of Victoria and Independent Schools Victoria. As part of the RESP, advisory groups comprising

¹²⁹⁰ Ms Shiree Pilkinton, *Transcript of evidence*, pp. 33–4.

¹²⁹¹ Centre for Multicultural Youth, *Opening the School Gate: Engaging migrant and refugee families*, Centre for Multicultural Youth, Melbourne, 2015.

¹²⁹² Foundation House, *Schools and families in partnership: A desktop guide to engaging families from refugee backgrounds in their children's learning*, 2015, <https://foundationhouse.org.au/wp-content/uploads/2019/12/SCHOOLS_FAMILIES_PARTNERSHIP_DESKTOP-GUIDE_WEB_cr.pdf> accessed 17 June 2020.

parents from refugee backgrounds and school staff across five Victorian schools were established and met regularly to discuss barriers and facilitators to parents' involvement in their children's learning. The desktop guide reflects the advisory groups' ongoing discussions and is designed for use by all schools at either the beginning of their journey of supporting students from refugee backgrounds or developing a whole-of-school approach to intercultural awareness.¹²⁹³

While the Committee did not receive specific evidence about these resources, it is highly supportive of their purpose and the community partnership model used to develop them, however, it strongly encourages their broad dissemination across all Victorian schools.

FINDING 45: Initiatives that promote cultural inclusion in school environments are important for ensuring culturally diverse families feel welcome and supported to participate in their children's learning and school life.

11.4 Early years of school

The Committee received some evidence about the early years of primary school for culturally diverse children, particularly where there may be language and communication issues to address. In the Joint DET/DHHS submission, DET outlined programs available including:

- EAL programs—as discussed earlier, EAL programs are provided to eligible students for up to five years after their enrolment in a school. In 2018, more than 68,000 students accessed this support. Eligible students include permanent and temporary residents of Australia, including those under migration or humanitarian programs, those born in Australia and asylum seekers.
- Newly arrived EAL students—eligible newly arrived LBOTE students can receive EAL support through a new arrivals programs which aims to improve outcomes by developing English competence and facilitating transition to mainstream education. These programs are provided through four English language schools (ELS), one in each region in a metropolitan location, and four secondary English language centres (ELC) in metropolitan locations and three regional centres (Geelong, Mildura and Shepparton). They also operate outpost programs or provide visiting teachers to schools with high concentrations of newly arrived students, as well as EAL specialists to support schools with small numbers. There is also a Virtual EAL New Arrivals Program. In 2017, Victorian government schools enrolled 6,984 newly arrived EAL students, an increase of 7.8% from 2016. This was largely attributed to increased numbers of humanitarian entrants resulting from the crisis in Syria and Iraq.

¹²⁹³ Ibid.

- Multicultural Education Aides (MEAs)—funding from DET is also provided for the employment of MEAs, who can assist with communication between students and teachers in the classroom, integrating EAL learners into school activities, informing teachers of home cultures and family expectations, and supporting newly arrived families to settle into the educational community.¹²⁹⁴

Other programs outlined include the Victorian Interpreting and Translating Service (VITS), primary school nursing, Languages and Multicultural Education Resource Centre, Community Language School Program, the Foundation House Schools Support Program, and the Centre for Multicultural Youth Learning Beyond the Bell Program.¹²⁹⁵

As discussed in the previous section, a key program developed specifically to support engagement of children and families from refugee backgrounds in Victorian schools is the RESP. This is a partnership model that establishes networks of clusters of schools and community agencies in both metropolitan and regional Victoria. Each network receives intensive support from Foundation House and CMY to identify and implement strategies that improve achievement, engagement and wellbeing outcomes for students from refugee backgrounds. The Committee is aware that since 2012, over 150 schools have participated in the program.¹²⁹⁶

The Committee was also advised of some improvements that could be made during the early school years for children from refugee backgrounds by the Victorian Refugee Health Network (VRHN). First, it noted that school readiness and grade placement are areas for attention to ensure students are placed in the appropriate grade based age, prior education, overseas experience, development, settlement, psychological factors and parent preference.¹²⁹⁷ Associate Professor Georgie Paxton OAM of VRHN further elaborated on this issue:

So within the Victorian education system we have a range of ages in any given classroom. Many children will start foundation level or prep level at five, but a large number of kids will actually start foundation or prep level at the age of six. So if we have a refugee-background child who arrives at the age of six, we should actively consider foundation as an alternative placement, not grade 1, because this kid not has not experienced prior Australian schooling or prior schooling in English. We can maximise their chances of success through careful consideration of grade placement. In part I say this because so frequently it goes wrong, and we have kids who miss levels. I have had kids who have been moved from prep to grade 3—we would not do that to a Victorian-born child—and we set them up to fail. We should think about this carefully and we can plan proactively. It is of no cost to the health system. It is in fact a cost saving and a gain for the health system.

¹²⁹⁴ Department of Education and Training and Department of Health and Human Services, *Submission 19*, pp. 30–1.

¹²⁹⁵ *Ibid.*, pp. 30–2.

¹²⁹⁶ Department of Education and Training, *Supporting students from refugee backgrounds*.

¹²⁹⁷ Victorian Refugee Health Network, *Submission 31*, received 21 October 2019, pp. 6–7.

The same goes for children who arrive when they are five. We should actively consider kindergarten. So there are children who are five who are doing a year of four-year-old kindergarten. It depends on when you are born, whether you are repeating and whether you have developmental delays, but we can proactively plan ahead.¹²⁹⁸

VRHN also outlined availability and location concerns for accessing ELS and other schools for newly arrived children:

In practice there have been challenges with accessing ELS for refugee background students. An audit of 128 Syrian and Iraqi refugee children found 46% of school aged children attended ELS, and 30% of school aged children were still not enrolled in school 3 months after arrival. Information from the sector suggests that ELS need to be at capacity before they can apply for funding for more classrooms, and ELS are not able to plan ahead for classrooms based on predicted settlement, resulting in delays and children on waitlists to access ELS. For children in the early years of school, the distance and travel-time to ELS are often barriers to attending, especially as families rely on public transport in the early stages of settlement. Outpost ELS arrangements are often more accessible for young primary age children.¹²⁹⁹

To address these issues, VRHN recommended:

- the provision of guidance on grade placement
- ensuring that ELS plan for predicted class sizes and settlement patterns, with appropriate funding allocated.¹³⁰⁰

While the Committee considers these to be useful recommendations, it did not hear enough evidence from a range of inquiry participants on these issues to make informed recommendations. However, the Committee wished to articulate these concerns in the report to ensure action can be taken where required.

¹²⁹⁸ Associate Professor Georgie Paxton, Victorian Refugee Health Network, public hearing, Sunshine, 25 November 2019, *Transcript of evidence*, p. 12.

¹²⁹⁹ Victorian Refugee Health Network, *Submission 31*, pp. 7-8.

¹³⁰⁰ *Ibid.*, p. 8.

12 COVID-19 and early childhood engagement

Throughout the drafting of this report, the Coronavirus Pandemic (COVID-19) was unfolding, resulting in stay at home directions, remote learning and social distancing restrictions. As this posed many challenges for culturally diverse communities, the Committee thought it was important to seek supplementary evidence from inquiry participants about the impact of COVID-19 and these restrictions on early childhood engagement. This evidence was sought as the first lockdown was taking place. The Committee appreciates the additional evidence provided by participants, a list of whom is detailed in Appendix 3.

Due to the evolving nature of COVID-19 and the restrictions placed on Victorians, the Committee decided against making key findings and recommendations in this chapter. Rather, the purpose of this chapter is to provide an overview of the evidence received and to highlight where there have been issues, but also strengths. The key issues raised relate to fractured access to information and quality interpreting services, challenges with facilitating remote learning, and mental health and financial vulnerabilities.

12.1 COVID-19 restrictions

On 16 March 2020, a 'State of Emergency' was declared in Victoria with stay at home directions introduced and restrictions placed on social gatherings until 13 April, which was later extended to 11 May.¹³⁰¹ On 7 April 2020, the Premier Daniel Andrews announced that all schools would transition to remote learning for Term two, with only children who could not be supervised at home and children experiencing vulnerability permitted to attend on-site. Most early childhood services, such as child care centres and kindergartens, continued to operate with additional risk mitigation measures in place.¹³⁰² Maternal and Child Health (MCH) services moved online, and during the first easing of restrictions, shorter face-to-face appointments were prioritised for families with young infants and vulnerable groups.¹³⁰³ Other services, such as playgroups, community hubs and libraries, closed due to social distancing requirements.

Restrictions were eased on 12 May 2020. This was accompanied by students in prep to grade 2, VCE and the Victorian Certificate of Applied Learning (VCAL) and specialist

¹³⁰¹ Premier of Victoria, *State of emergency declared in Victoria over COVID-19*, media release, State Government of Victoria, Melbourne, 16 March 2020.

¹³⁰² Ms Joanne Gately, Manager, Early Years Management and Partnerships Department of Education and Training, correspondence, 9 July 2020, p. 3.

¹³⁰³ Mr Victor Vella, Executive Briefing Officer, Department of Health and Human Services, correspondence, 7 July 2020, p. 2.

schools returning to school on 26 May. On 9 June 2020, all remaining students returned.¹³⁰⁴

Following a spike in community transmission, particularly family-to-family transmissions, the Victorian Government re-tightened restrictions on household gatherings on 20 June 2020. Then on 30 June, the Victorian Government enforced local lockdowns across 10 different Melbourne postcodes, with two more postcodes added on 4 July. Nine public housing towers in North Melbourne and Flemington housing 3,000 residents were placed under 'hard' lockdown with residents unable to leave the towers for at least five days. Residents in one tower were unable to leave for 14 days due to the risk of coronavirus spreading. Many of the residents in these towers were from culturally diverse communities.¹³⁰⁵

On 7 July 2020, metropolitan Melbourne and the Shire of Mitchell re-entered Stage Three restrictions for an initial period of six weeks. On 12 July, Premier Andrews announced the return to remote learning for Victorian schools in these areas, which began on Monday 20 July.¹³⁰⁶

On 2 August 2020, the Premier announced a 'State of Disaster' until 13 September and that metropolitan Melbourne would enter a Stage Four lockdown at 6pm that evening, with regional Victoria re-entering Stage Three from 11:59 pm on 5 August.¹³⁰⁷ All Victorian schools returned to remote learning, with the exception of vulnerable students and students of essential workers. As part of Stage Four, child care centres and kindergartens in metropolitan Melbourne were closed, again with the exception of vulnerable children and children of 'permitted workers'. Childcare centres and kindergartens in regional Victoria remained open.¹³⁰⁸

12.2 Impact on culturally diverse communities

COVID-19 has had an enormous impact on the economy, employment and the financial resources of many people. Many culturally diverse families, including asylum seekers and those on temporary visas, such as international students and those on working holiday visas, have not been eligible for the Federal Government's coronavirus stimulus package such as coronavirus supplements and JobKeeper supplements. Many have

¹³⁰⁴ Public Accounts and Estimates Committee, *Inquiry into the Victorian Government's response to the COVID-19 pandemic: Interim report*, Victorian Government, Melbourne, 2020, p. 148.

¹³⁰⁵ Royal Australian College of General Practitioners, *Tower lockdown 'confusion and distress' could have been prevented: GP*, 2020, <<https://www1.racgp.org.au/newsgp/clinical/tower-lockdown-confusion-and-distress-could-have-b>> accessed 10 August 2020.; Ashlyne McGhee and Andrew Dickson, 'Public housing tenants caught out by Victoria's sudden COVID-19 lockdown of tower blocks', *ABC News*, 7 July 2020, <<https://www.abc.net.au/news/2020-07-07/covid-19-lockdown-catches-tower-public-tenants-by-surprise/12426804>> accessed 10 August 2020.

¹³⁰⁶ Premier of Victoria, *Return to flexible and remote learning*, media release, State Government of Victoria, Melbourne, 12 July 2020.

¹³⁰⁷ Premier of Victoria, *Statement on changes to Melbourne's restrictions*, media release, State Government of Victoria, Melbourne, 2 August 2020.

¹³⁰⁸ Premier of Victoria, *Free kinder for families through coronavirus*, media release, State Government of Victoria, Melbourne, 9 August 2020.

been relying on community goodwill and community organisations.¹³⁰⁹ COVID-19 has created significant stress and uncertainty for families.

In its supplementary submission, the Victorian Council of Social Service (VCOSS) advised there has been a significant increase in presentation of families from refugee backgrounds with children to emergency relief support services due to heightened financial vulnerability during the pandemic.¹³¹⁰ VCOSS wrote:

Being ineligible for the Commonwealth's JobKeeper subsidy meant many asylum seeker and refugee workers were amongst the first to be laid-off when businesses closed, and without access to appropriate government income support, many families have relied on community service organisations to meet basic needs like covering the costs of housing and purchasing food.

Increased financial vulnerability had significant flow-on affects including exacerbating the digital divide and therefore ability of families to engage in services or gain appropriate supports (for example telehealth, remote learning), which then in turn had impacts on isolation and wellbeing.¹³¹¹

The Municipal Association of Victoria (MAV) referred in its supplementary evidence to the impact of COVID-19 on culturally diverse communities in Wyndham, some of whom were affected by the outbreak of the virus at Cedar Meats. It also discussed the response of Wyndham City Council, and in particular the MCH service, to support those families:

The Wyndham community and families were also impacted significantly by the Covid-19 outbreak in the neighbouring Brimbank municipality when one of the major employers Cedar Meats reported over 111 staff infected with the disease, many of whom were from CALD communities. This had a significant impact on family stress levels, in an already vulnerable community – both clinically and financially as many workers were laid-off or forced into self-isolation. The MCH workforce were at the coalface of this as they continued working with families and children. Referrals to other support agencies within the municipality were critical in ensuring these families were linked in and supported by a range of services such as Foodbank, financial counselling, family violence agencies etc. Council redeployed staff to create and maintain a database which includes current information about Council and non-Council services that are being provided in Wyndham as well as referral information. Council also opened up a kitchen to provide hot meals for families and broadened the reach of its foodbanks.¹³¹²

Inquiry participants expressed concern over the mental health of culturally diverse families during the pandemic, noting that these communities have been particularly vulnerable due to potential underlying mental health issues, the resurfacing of trauma,

¹³⁰⁹ City of Casey, *Submission 20 supplementary evidence*, received 19 June 2020, p. 20.; Victorian Council of Social Service, *Submission 23 supplementary evidence*, received 19 June 2020, p. 6.

¹³¹⁰ Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 6.

¹³¹¹ Ibid.

¹³¹² Municipal Association of Victoria, *Submission 30 supplementary evidence*, received 17 June 2020, p. 5.

social isolation and dislocation.¹³¹³ VCOSS indicated that newly arrived members of the community with limited English and limited understanding or engagement with services and support systems are at a heightened risk of social isolation.¹³¹⁴ This has led to further disadvantages as they have been unable to access broader supports, including telehealth or online playgroups.¹³¹⁵ VCOSS highlighted that the barriers arising from the shut-down of services reflected the 'importance of families already being engaged in a range of early years services to support connection and wellbeing throughout times of crisis'.¹³¹⁶

Some communities also experienced increased racism and discrimination in the wake of COVID-19.¹³¹⁷ Concern was also expressed over access to health and mental health care for families, such as those on international student visas, persons seeking asylum and those on working holiday or temporary working visas who may not have access to Medicare or private health cover.¹³¹⁸ The Committee notes that the Victorian Foundation for Survivors of Torture Inc. (Foundation House) continued to receive referrals and provide counselling and advocacy, mostly by phone and video-conference during this time to many of these groups.¹³¹⁹

VCOSS included a flow chart (see Figure 12.1) in its supplementary submission to illustrate the impacts experienced by families from refugee backgrounds during COVID.¹³²⁰ It noted that while many of these impacts have also been experienced by the broader population, including other culturally diverse families, these impacts 'are more severe' for people of refugee background, especially as they have limited or no access to government income support and more precarious employment.

¹³¹³ City of Casey, *Submission 20 supplementary evidence*, p. 18.; Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 7., Ms Joanne Gately, correspondence, p. 11.

¹³¹⁴ Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 4.

¹³¹⁵ *Ibid.*, p. 5.

¹³¹⁶ *Ibid.*

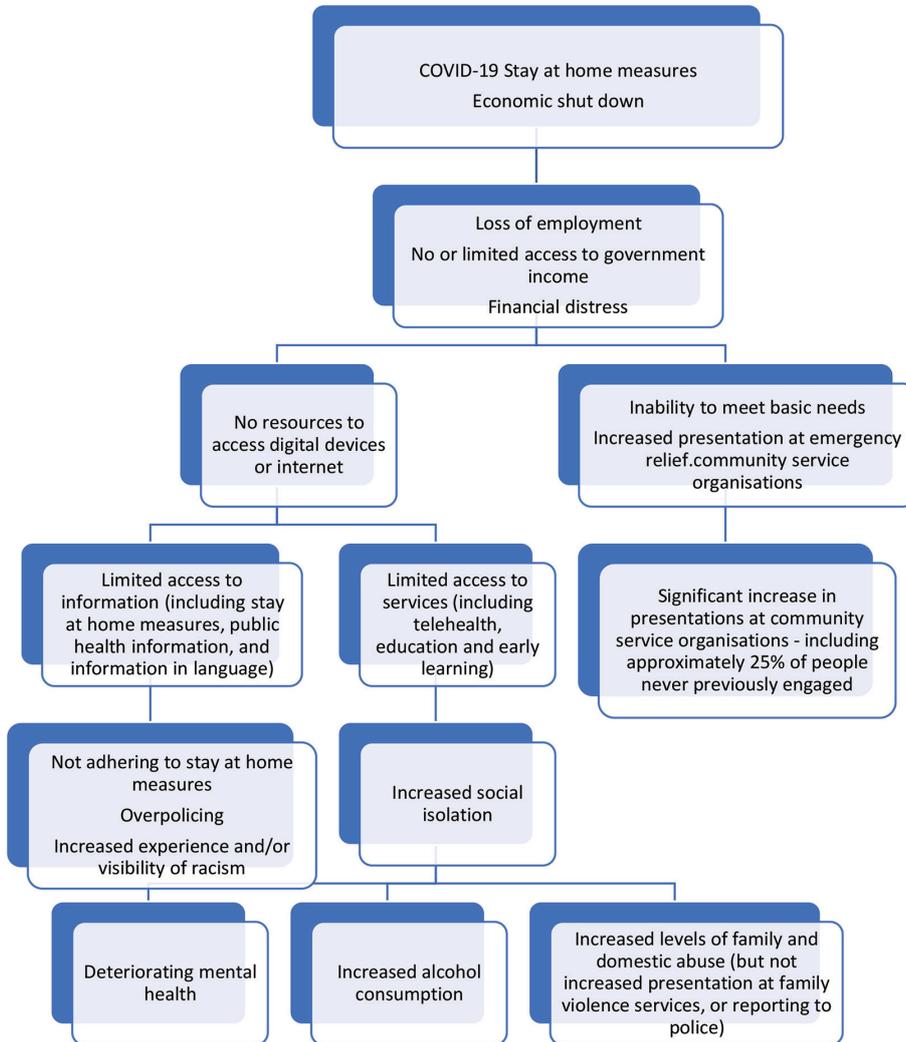
¹³¹⁷ City of Casey, *Submission 20 supplementary evidence*, pp. 16, 20.; Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 7.; Ms Joanne Gately, correspondence, p. 11.

¹³¹⁸ City of Casey, *Submission 20 supplementary evidence*, p. 18.

¹³¹⁹ Foundation House, *Important COVID-19 update*, 2020, <<https://foundationhouse.org.au/news/important-covid-19-update-8-july-2020>> accessed 10 August 2020.

¹³²⁰ *Ibid.*, p. 7.

Figure 12.1 VCOSS Flowchart of impacts experienced by asylum seekers and refugees during COVID-19 pandemic



Source: Victorian Council of Social Service, *Submission 23 supplementary evidence*, received 19 June 2020, p. 7.

12.3 Access to information and language services

A key concern throughout COVID-19 has been access to information for culturally diverse communities, especially due to the rapidly evolving nature of the pandemic and the frequency of media releases, updates and the changing nature of restrictions. Culturally diverse communities have been obtaining information about the pandemic through a variety of formal and informal sources and may not always receive the most up-to-date, consistent and accurate public health advice and information.¹³²¹

Inquiry participants raised a number of concerns around access to information, including low levels of internet connectivity, a lack of translated, visual or easy English

¹³²¹ AMES Australia, *Submission 10 supplementary evidence*, received 19 June 2020, p. 2.; Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 3.

information, and information overload.¹³²² The City of Casey noted there was often a significant time lag in the production of translated resources and only limited translations were produced.¹³²³

Further, VCOSS advised it is important to not assume literacy among the target audience and that people should not have to navigate webpages in English to reach translated information.¹³²⁴ It pointed out that new and emerging communities have struggled to access updated and relevant information about COVID-19, particularly during the early stages of the stay-at-home directions when information was changing regularly.¹³²⁵

AMES Australia drew attention in its supplementary submission to the confusion among culturally diverse communities 'due to language barriers and/or inconsistent information being shared through word-of-mouth and online'. It also advised that 'information overload' meant some people 'struggled to keep up with the changing nature of the restrictions'.¹³²⁶ AMES Australia proposed:

There is a need for community-orientated information regarding the coronavirus pandemic that accounts for variances in language ability and/or digital literacy. For example, for the many CALD community members who do not have access to internet or do not know how to use social media, they do not have access to in-language videos that are being produced about the coronavirus. Translated material also doesn't account for people who may not be literate in their first language, so translated text should be supplemented with visual images. There are also a number of topic areas that more practical and reliable information is being sought including access to government services, new laws and penalties, and stress prevention, especially for refugees who may be vulnerable in circumstances of extreme stress.¹³²⁷

The City of Casey reported a close parallel between suburbs with a higher proportion of no internet connection and suburbs with a higher percentage of culturally diverse communities. This is concerning for those communities, as it not only impacts their access to information but also their ability to socially connect to their family and friends, networks and the broader community.¹³²⁸ VCOSS also explained that when information is changing regularly, 'it needs to flow through trusted and legitimate channels and through communities directly'. It advised of the need to engage community leaders who are trusted sources of information to distribute advice, particularly given the distrust of governments and the media by some cohorts within culturally diverse communities.¹³²⁹

¹³²² AMES Australia, *Submission 10 supplementary evidence*, p. 2.; City of Casey, *Submission 20 supplementary evidence*, pp. 18-9.; Victorian Council of Social Service, *Submission 23 supplementary evidence*, pp. 2-3.; Mr Victor Vella, correspondence, p. 4.

¹³²³ City of Casey, *Submission 20 supplementary evidence*, p. 18.

¹³²⁴ Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 3.

¹³²⁵ *Ibid.*, p. 2.

¹³²⁶ AMES Australia, *Submission 10 supplementary evidence*, p. 2.

¹³²⁷ *Ibid.*

¹³²⁸ City of Casey, *Submission 20 supplementary evidence*, p. 18.

¹³²⁹ Victorian Council of Social Service, *Submission 23 supplementary evidence*, pp. 2-3.

The Committee was encouraged to hear that many inquiry participants were innovative in adapting their services during these challenging times. For example, the City of Greater Geelong created YouTube videos aimed at supporting families to understand official health advice, which were translated into four languages.¹³³⁰ The City of Casey highlighted that DHHS has 63 language translations on its website. DHHS also engaged with SBS community radio and launched a communications campaign across multicultural and in-language radio, print and social media.¹³³¹

12.3.1 Interpreters

In correspondence to the Committee, DHHS stated that Language Loop has continued to provide telephone and video interpreting services for MCH services, including the MCH Line, during COVID-19:

In April 2020, Language Loop interpreters assisted with 201 calls for Arabic translation (Hume City Council), 160 calls for Dari translation (City of Casey), 108 calls for Dari translation and 90 calls for Khmer translation (Greater City of Dandenong) and 84 calls for Vietnamese translation (Brimbank City Council).¹³³²

The Department also provided a factsheet providing guidance on engaging interpreters during COVID, which was distributed to local councils and MCH services.¹³³³

Regarding disability services, Noah's Ark stated that problems with interpreting services have been exacerbated since COVID-19. It identified issues relating to fractured access to interpreting services and decreased quality in the delivery of interpreting services. This included technological problems with videoconferencing, phone calls being disconnected, background noise, cancellation of appointments at short notice, and the inability to request specific interpreters which has 'resulted in families ongoing frustration and decision to cease services'.¹³³⁴ These issues around access were having a significant impact on families at a time when they are experiencing disruption to informal networks and formal supports. Noah's Ark stated:

We have noted a worrying number of Non-English speaking families cease engagement with ECI services over the past several months. This is reported to be in relation to the need to focus on managing additional stressors during the lock-down phase, such as attending to their children's home learning program and disconnection from extended family and friends. However, the primary reason for disengagement is reported to be due to access to appropriate interpreting services and the quality of service they provide.¹³³⁵

While the impact of COVID-19 on culturally diverse children with disabilities is still to be realised and understood, the Committee is concerned that many families will become

¹³³⁰ Municipal Association of Victoria, *Submission 30 supplementary evidence*, p. 4.

¹³³¹ City of Casey, *Submission 20 supplementary evidence*, p. 18.

¹³³² Mr Victor Vella, correspondence, p. 3.

¹³³³ Ibid.

¹³³⁴ Noah's Ark Inc., *Submission 35 supplementary evidence*, received 17 June 2020, p. 3.

¹³³⁵ Ibid., p. 2.

increasingly disengaged with early childhood and support services, including specific disability-related support services.

12.4 Maternal and Child Health services

Throughout the pandemic, MCH services have continued to provide support to families. On 20 March 2020, DHHS recommended that face-to-face contact be reduced where possible to manage risks for families and MCH staff. This resulted in replacing face-to-face home visits and centre appointments with telephone and/or electronic consultations. Group sessions, including First Time Parent Groups, were suspended to avoid the risk of cross infection. The MCH Line has continued to operate 24 hours a day, seven days a week.¹³³⁶

With the easing of restrictions following the first lockdown, face-to-face appointments were offered to priority clients from 15 May, such as those with young infants from birth to eight weeks, Aboriginal and Torres Strait Islander parents and their infants and children, and anyone with additional needs, including those in the Enhanced MCH program (which may include families from culturally diverse backgrounds).

The Committee was encouraged to see how quickly the MCH workforce across Victoria adapted from providing a traditionally face-to-face service to a telehealth service.¹³³⁷ While each area differed, the Committee heard that MCH services in some locations experienced no change in the number of consultations with culturally diverse families and other locations reported an increase in the number of families engaging with telehealth service delivery modes. A number of benefits have arisen from the flexibility of telehealth, including that extended family members are able to be present for appointments and parents stranded overseas due to COVID-19 travel restrictions can participate in consultations.¹³³⁸

MAV reported that Wyndham City Council conducts video consultations with Coviu, a secure telehealth software system, which enables the interpreter, client and nurse to see each other and communicate more effectively than over the phone.¹³³⁹ Wyndham City Council also increased the hours of work of its CALD Support Worker to provide additional support for culturally diverse families with young children.¹³⁴⁰

Inquiry participants also advised of challenges with delivering telephone consultations, with some MCH services reporting difficulties in contacting and engaging with culturally diverse families due to their limited access to technology, lack of data and bandwidth, and/or lack of technology proficiency. DHHS, in collaboration with MAV, is undertaking a more detailed review into the introduction of telehealth to MCH services and families as a result of the COVID-19 pandemic.

¹³³⁶ Mr Victor Vella, correspondence, p. 2.

¹³³⁷ Municipal Association of Victoria, *Submission 30 supplementary evidence*, p. 4.

¹³³⁸ Mr Victor Vella, correspondence, pp. 3–4.

¹³³⁹ Municipal Association of Victoria, *Submission 30 supplementary evidence*, p. 5.

¹³⁴⁰ Ibid.

12.5 Playgroups and community hubs

Due to social distancing requirements, playgroups and community hubs are unable to meet. Some supported playgroups have facilitated online digital playgroups,¹³⁴¹ and many others continue to support and engage with families throughout this period. For example, DHHS noted that the City of Hume maintained high rates of engagement with its supported playgroups, of which up to 90% are newly arrived families. The City of Hume contacted all families each week during the first round of restrictions and provided them with a 'play pack' which included translated playgroup resources and suggestions to parents.¹³⁴²

The Committee was also pleased to hear that as part of the Community Hubs Program, Hub Leaders adapted by offering virtual English classes, coffee and chat sessions and compiling packs for families with craft activities or worksheets to do at home. The goal has been to ensure that all hub participants, regardless of their access to the internet or English proficiency, can take care of themselves and their family during COVID-19. The National Community Hubs Program also created Hub Central, an online site with resources to help hub leaders run programs across the four key areas of English, Early Years, Health and Wellbeing, and Coffee and Chat.¹³⁴³

12.6 Early childhood education and care

Since the beginning of the pandemic, the early childhood education and care sector has received support packages from the Commonwealth and Victorian Governments.

During the Stage Three restrictions, most child care services and kindergartens continued to operate, although some parents chose to keep their children at home. Attendance rates at early childhood services were lower, with typical attendance rates of 30% or less of enrolments reported at many sessional kindergarten services during the pandemic.¹³⁴⁴ As noted earlier, child care centres and kindergartens in metropolitan Melbourne closed in Stage Four lockdown, except for vulnerable children and those of permitted workers.

From 6 April until 12 July 2020, the Commonwealth Government's Early Childhood Education and Care Relief Package was in place which provided free child care to families of enrolled children.¹³⁴⁵ From 13 July until 4 October, the activity test requirements were eased for the Child Care Subsidy to allow parents to access up to 100 hours of subsidised child care, per child, per fortnight, where they now have

¹³⁴¹ Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 8.

¹³⁴² Mr Victor Vella, correspondence, p. 6.

¹³⁴³ Community Hubs Australia, *Submission 13 supplementary evidence*, received 29 May 2020, p. 1.

¹³⁴⁴ Ms Joanne Gately, correspondence, p. 3.

¹³⁴⁵ Department of Education, Skills and Employment, *Early childhood education and care COVID-19 Information*, 2020, <<https://www.dese.gov.au/covid-19/child-care>> accessed 10 August 2020.

a reduced number of hours of work, training, study or other recognised activity, compared to their activity level prior to COVID-19.¹³⁴⁶

Regarding child care fees during the second lockdown, the Commonwealth Government committed to provide an extra 30 days of allowable absences and provisions to enable waiver of gap fees for families in Stage Four affected metropolitan Melbourne.¹³⁴⁷ Families in Stage Three affected regional Victoria can also access an additional 30 days of allowable absences.¹³⁴⁸

From 13 July until 31 December 2020, services open and located in an area of Stage Three or higher restrictions in Victoria are permitted to waive families' out of pocket fees where a child is not attending due to COVID-19, and an absence is recorded.¹³⁴⁹ Since 13 July, the regular Child Care Subsidy and Additional Child Care Subsidy have applied to parents who are sending their children to child care, meaning that families are required to pay the gap fee. In its supplementary evidence, AMES Australia stated that there is a 'significant risk that many families will no longer be in a position to afford the co-contribution'.¹³⁵⁰ The Committee is also aware of public commentary supporting the continuation of fee-free child care. This is due to benefits such as the potential to reduce vulnerability among children most at risk and improve participation rates of children from lower socioeconomic backgrounds.¹³⁵¹

During Term two, the Victorian Government also provided funding to enable not-for-profit kindergarten services to offer a free 15 hour per week program to all families enrolled in an eligible funded program for the duration of Term two.¹³⁵² The Victorian Government also provided funding to enable kindergartens to provide a free 15-hour program in metropolitan Melbourne and Mitchell Shire in Term three, with fees capped at half the cost for kindergartens in regional areas.¹³⁵³

In correspondence to the Committee, DET detailed the range of supports it was providing to early childhood services, including specific supports for culturally diverse families during the pandemic.¹³⁵⁴ In particular, DET engaged Foundation House to provide specialist advice about ways to support families, including the importance of consistent messaging to communities, the continued need to emphasise the value of

¹³⁴⁶ Ibid.; Department of Education, Skills and Employment, *Information for families: Child care subsidy from 13 July 2020*, fact sheet, Canberra, 7 July 2020.

¹³⁴⁷ Department of Education, *Early childhood education and care COVID-19 Information*; Jordan Hayne, 'Childcare changes are coming under Victoria's stage 4 coronavirus restrictions: Here are the details', *ABC News*, 5 August 2020, <<https://www.abc.net.au/news/2020-08-05/victoria-coronavirus-child-care-funding-dan-andrews-government/12526678>> accessed 10 August 2020.

¹³⁴⁸ Department of Education, *Early childhood education and care COVID-19 Information*.

¹³⁴⁹ Ibid.

¹³⁵⁰ AMES Australia, *Submission 10 supplementary evidence*, p. 3.

¹³⁵¹ Celina Ribeiro, 'Free child care has been amazing': Australian parents hope pandemic may pave way for reform', *The Guardian*, 11 May 2020, <<https://www.theguardian.com/australia-news/2020/may/11/free-child-care-has-been-amazing-australian-parents-hope-pandemic-may-pave-way-for-reform>> accessed 9 June 2020.

¹³⁵² Ms Joanne Gately, correspondence, p. 4.

¹³⁵³ Department of Education and Training, *Funding for not-for-profit sessional kindergarten programs, 2020*, <<https://www.education.vic.gov.au/childhood/Pages/sessional-kinder-programs-funding.aspx>> accessed 10 August 2020; Premier of Victoria, *Return to flexible and remote learning*, media release.

¹³⁵⁴ Ms Joanne Gately, correspondence, p. 7.

kindergarten and play-based learning, and the need to reassure parents about their child's education and health.¹³⁵⁵ In May 2020, Foundation House and fka Children Services were confirmed as direct contact points for early childhood services requiring advice around engaging and maintaining connections with culturally diverse families. DET advised that an agreement was made 'that these organisations would coordinate with - and refer to - each other to ensure a cohesive response for the sector and for multicultural communities'.¹³⁵⁶

The Committee was encouraged to hear about how child care services and kindergartens are continuing to engage with families. Many services are regularly checking in with families and providing home learning support, activity packs and resources, and 'embedding language, literacy and numeracy into the activities'.¹³⁵⁷ MAV reported that Banyule's Early Childhood Education and Care made weekly contact with families to talk through any issues, explain changes and procedures, and how to support the children's learning and development - whether they were learning from home or attending the centre.¹³⁵⁸

In its supplementary submission, the Early Learning Association of Australia (ELAA) discussed initiatives of various services. One early learning centre was holding parent events via Zoom and 'connecting people in break out rooms with topics to discuss or just an opportunity to engage with each other as they would at the 'school gate'.¹³⁵⁹ Children who were not attending 'were invited to zoom into group times to see their peers and to support peer engagement'.¹³⁶⁰ Another service reported providing training for families to use communication tools, such as App and Zoom, and translated phone calls to keep them engaged.¹³⁶¹ Some families expressed concern that their children would lose opportunities to speak English during the pandemic, therefore [e]ducators responded with links to video content and pre-recorded stories of either themselves or another child reading a story book to share with their peers at home'.¹³⁶²

The Committee heard from several inquiry participants that it would be difficult to re-engage culturally diverse families with kindergarten after a period of non-attendance.¹³⁶³ Correspondence received from DET stated that the reintroduction of COVID-19 restrictions, particularly in areas with high proportions of culturally diverse communities, could further delay re-engagement in kindergarten.¹³⁶⁴ On the other hand, VCOSS indicated that some services reported 100% re-engagement of culturally diverse families back to their services following the easing of the first round of restrictions. It suggested that services with staff from a diversity of cultural backgrounds who

¹³⁵⁵ Ibid.

¹³⁵⁶ Ibid.

¹³⁵⁷ Early Learning Association of Australia, *Submission 27 supplementary evidence*, received 19 June 2020, p. 3.

¹³⁵⁸ Municipal Association of Victoria, *Submission 30 supplementary evidence*, p. 4.

¹³⁵⁹ Early Learning Association of Australia, *Submission 27 supplementary evidence*, p. 3.

¹³⁶⁰ Ibid.

¹³⁶¹ Ibid., p. 2.

¹³⁶² Ibid., p. 3.

¹³⁶³ Ms Joanne Gately, correspondence, pp. 5-7; Early Learning Association of Australia, *Submission 27 supplementary evidence*, p. 4.; Noah's Ark Inc., *Submission 35 supplementary evidence*, p. 3.

¹³⁶⁴ Ms Joanne Gately, correspondence, p. 6.

speaking numerous languages have contributed to building trust, cultural safety and understanding between services and families.¹³⁶⁵

12.7 Remote learning

One of the biggest challenges for many families over this period has been facilitating remote learning with preschool and school aged children. Families from culturally diverse backgrounds routinely face additional barriers in engaging with learning from home. Concerns were raised that during the first round of restrictions, some families were denied access to onsite learning despite not having an appropriate learning environment at home.¹³⁶⁶ The Committee also heard that parents with limited English were finding it ‘incredibly challenging’ to assist their children with schoolwork, and that remote learning was leading to tension at home.¹³⁶⁷ AMES Australia stated:

In big families, children may need to share devices or be competing with siblings to hotspot off one phone at a time, and it can be hard for some children to find a quiet place to learn within their home environment. Families living in public housing can have multiple children in different grade levels learning in the same room.¹³⁶⁸

The pandemic has also highlighted huge disparities in access to resources to facilitate remote learning. In April 2020, the Victorian Government had made available 48,000 laptops and tablets, 26,000 SIM cards and dongles to support remote learning, with priority initially given to senior secondary students, students in bushfire-affected areas and families who could not afford an internet connection at home.¹³⁶⁹ However, some inquiry participants raised concerns about the digital exclusion of culturally diverse communities who do not have access to devices and technology to support remote learning. This was identified as potentially creating further inequalities and educational disadvantage.¹³⁷⁰ VCOSS advised that culturally diverse communities were ‘not in the government’s ‘priority cohort’ for receiving devices, sim cards or dongles’.¹³⁷¹

Further, due to financial vulnerability, some communities have been unable to purchase devices or internet. Families were also reluctant to request devices for remote learning as they worried that they would have to pay.¹³⁷² AMES Australia advised of the need for greater investment in digital literacy and remote learning training for parents accessing early childhood services.¹³⁷³

¹³⁶⁵ Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 6.

¹³⁶⁶ *Ibid.*, p. 4.

¹³⁶⁷ Community Hubs Australia, *Submission 13 supplementary evidence*, p. 1.; AMES Australia, *Submission 10 supplementary evidence*, p. 2.; Victorian Council of Social Service, *Submission 23 supplementary evidence*, pp. 4–5, 8.; Ms Joanne Gately, correspondence, p. 9.

¹³⁶⁸ AMES Australia, *Submission 10 supplementary evidence*, p. 2.

¹³⁶⁹ Premier of Victoria, *Extra devices and internet delivered for remote learning*, media release, State Government of Victoria, Melbourne, 23 April 2020.

¹³⁷⁰ City of Casey, *Submission 20 supplementary evidence*, p. 14.; AMES Australia, *Submission 10 supplementary evidence*, pp. 1–2.; Victorian Council of Social Service, *Submission 23 supplementary evidence*, pp. 6–8.; Ms Joanne Gately, correspondence, p. 11.

¹³⁷¹ Victorian Council of Social Service, *Submission 23 supplementary evidence*, p. 4.

¹³⁷² *Ibid.*, p. 8.

¹³⁷³ AMES Australia, *Submission 10 supplementary evidence*, p. 2. See also: City of Casey, *Submission 20 supplementary evidence*, pp. 15, 7.

The Committee also wishes to highlight the numerous adaptations made by DET to support students from culturally diverse backgrounds during the period of remote learning, including the following adaptations in Box 12.1 below.

BOX 12.1: School adaptations

- Arranging for key resources to be translated into a wide range of community languages. This includes information sheets on 'Talking to your child about Coronavirus' (translated into 20 languages), 'Learning From Home' (translated into 23 languages) and 'Staged Return to On-Site Teaching' (translated into 28 languages). These resources have been regularly promoted to/through schools, communities, service providers and other stakeholders at all stages of COVID-19.
- Increasing the number of languages that resources are translated into based on EAL and Likely Refugee Background student data, feedback from Department staff (SEILS, EAL Unit), feedback from peak community organisations (Foundation House, Centre for Multicultural Youth) and feedback from CALD community leaders (via the Victorian Multicultural Commission).
- Promoting key translated resources to schools via the Schools Update and the intranet, as well as regular emails to key internal and external stakeholders who have utilised their networks and communication platforms to circulate translated resources throughout Victoria, including directly to students, families and community leaders.
- Updating internal procedures to ensure that TIS telephone interpreting services were available for CALD parents and carers who called the DET COVID-19 Parent Hotline.
- Promoting the availability of telephone interpreting services available to schools via VITS LanguageLoop.
- Updating the guidelines on interpreting and translation services in schools to expand the range of categories and permitted word-count limits for document translations available via LanguageLoop.
- Creating a new EAL resource package on FUSE, to support teaching and learning arrangements for EAL students; and added new translated resources on E-Safety, in response to concerns raised by peak community organisations that CALD parents were worried about online safety during the transition to remote learning.
- Creating a Multicultural Campaign to promote key messages regarding the staged return to onsite schooling. This campaign included social media content (translated into Arabic, Chinese (Simplified), Punjabi and Vietnamese) and audio recordings (translated into Arabic, Cantonese, Mandarin, Punjabi and Vietnamese).

Source: Ms Joanne Gately, Manager, Early Years Management and Partnerships, Department of Education and Training, correspondence, 9 July 2020.

This report was adopted by the Legislative Assembly Legal and Social Issues Committee at its meeting held on 7 September 2020 via teleconference.

Appendix 1

Easy English guide



Victorian Legislative Assembly Legal and Social Issues Committee

An important study. About immigrant families with young children.



October 2019						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Tell us your story by

Friday 11 October 2019.



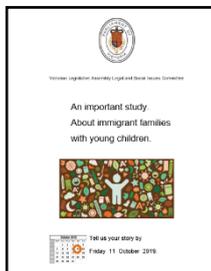
What is a Parliamentary Inquiry?

The Victorian Parliament wants to hear about

- things that work
- things to change.

They call it a Parliamentary Inquiry.

We will call it a study.



The name of this study is the
Parliamentary Inquiry into early childhood
engagement of culturally and linguistically
diverse communities.



Who will do this study?

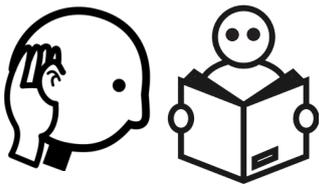


There are 7 people on a committee.

They are from the Victorian Parliament.

They want to listen to

- your story
- stories of other families new to Australia.



They will listen to experts from

- Australia
- around the world.

They will read lots of reports.



They will write a report at the end.

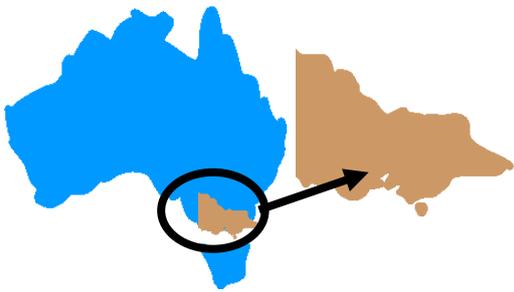


Who is this study about?



This study is about

- young children and
- their families.



It is for people that live in Victoria.

But



You come from different countries.

You were born in a different country.



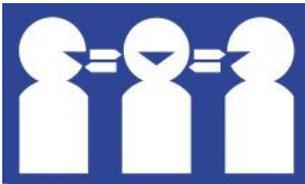
This can be called

- a different background
- culturally diverse
- a culturally and linguistically diverse community

or

- an immigrant family.

We will use the word **immigrant**.



You speak a different language.

You may read a different language.

and



You may speak or read

- **no** English
- **a little** English.

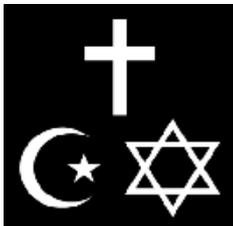


You may be a migrant.

or

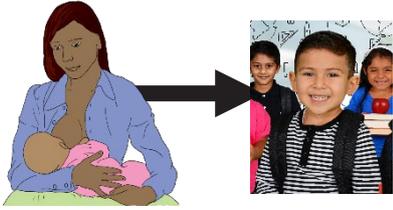


You may be an asylum seeker or refugee.



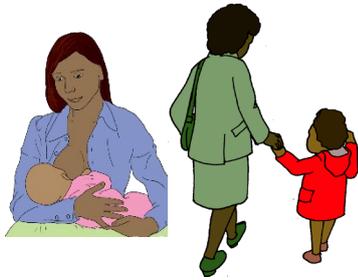
You may have different religions, like

- Buddhist
- Christian
- Jewish
- Muslim.



What age groups do we want to hear about?

We want to hear about services you used when your child



- was a baby
- was a small child
- went to childcare
- went to kindergarten.



We also want to hear about when your child

- starts school
- until they are 8 years old.



What things do we want to hear about?



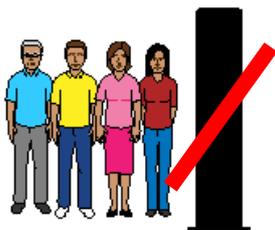
There are lots of things we want to hear.

Like



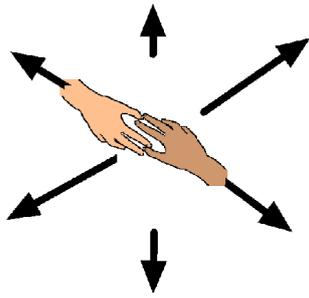
- what are important things for your child
- what services work
- what services do **not** work
- how to give you information about services

and



We want to make sure you do **not** feel cut off

- from other people
- from the community.



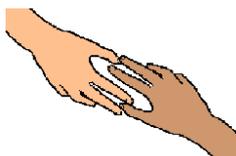
We want to hear how you

- find the help you need
- use the services you need

and



- what needs to change.



We want to know what helps you to take part in
the community.



You can tell us

- things that are good

or



- things that are **not** good. Like
 - the services cost too much
 - there are too many forms
 - information is only in English.

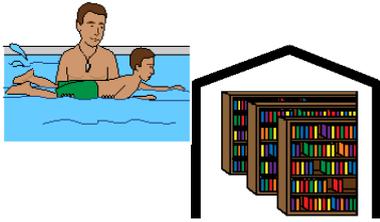


We want to hear about places where your child learns and plays. Like

- childcare
- kindergarten
- playgroups
- playgrounds
- community centres



or



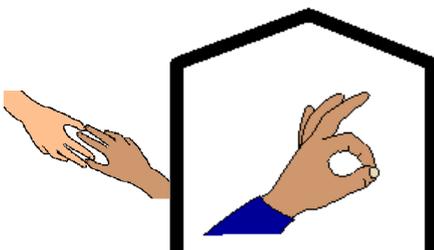
- sport. Like swimming or ball games
- library.



We want to hear about help you get as a parent.

Like

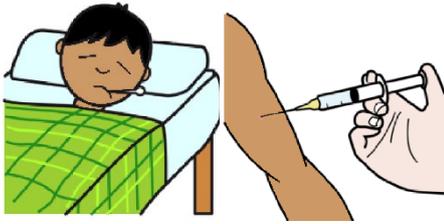
- how to get your baby to sleep
- what parent groups you join.



We want to hear about help you get for your child

to be safe and ready for

- childcare
- kindergarten
- school.



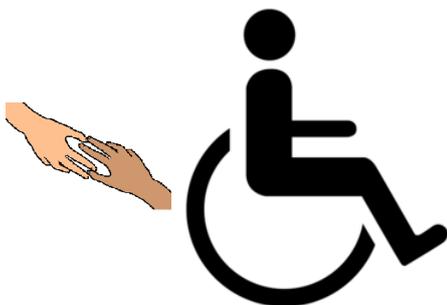
We want to hear about help you get for health things for your child. Like

- childhood vaccinations
- when do you need to see a doctor.



We want to hear about help and information for

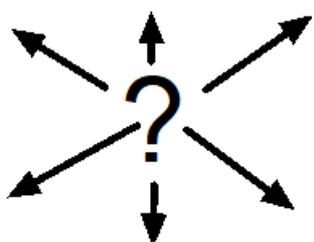
- your own mental health
- your child's mental health.



We want to hear about help and information you get when your child has a disability.



It can be about help for your child to learn English.



What places do we want to hear about?



We want to hear about any place in Victoria.

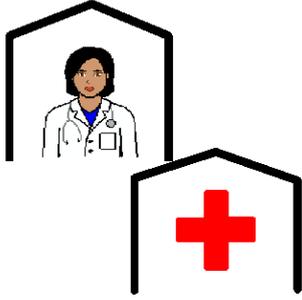


It may be

- playgroups
- baby services. Like Maternal and Child Health Services



- kindergarten
- childcare.



It may be

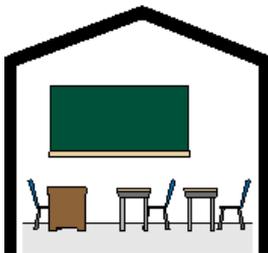
- your doctors office
- hospital



- groups near where you live



- library near where you live

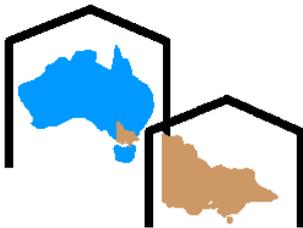


- primary school.



You may use services from

- your local council.



- the Victorian Government
- the Australian Government

or



- any other place you go with your family.



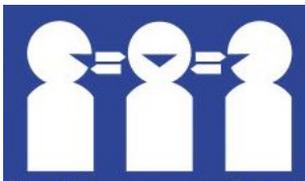
Tell us your story

October 2019						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
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20	21	22	23	24	25	26
27	28	29	30	31		

Tell us your story or ideas by
Friday 11 October 2019.



You can write a letter.



Do you need help to write your letter?

We can help you write in English.

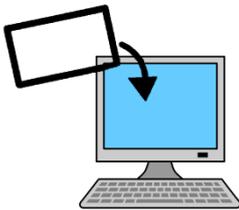


Call us 03 8682 2843



Send your letter to
Parliament of Victoria.
Legislative Assembly
Legal and Social Issues Committee.
Parliament House, Spring Street
East Melbourne VIC 3002

or



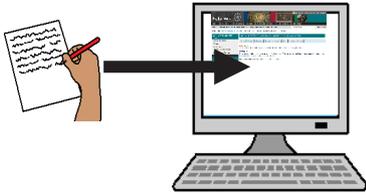
Email your letter to
CALDchildinquiry@parliament.vic.gov.au



The Committee will read your letter.

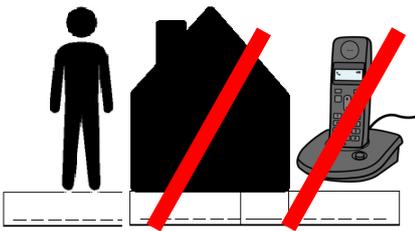


Then



We put all letters on our website.

Other people can



- see your name
- **not** see where you live
- **not** see your phone number.

But



You can also say you do **not** want your letter on the website. Write this in your letter.

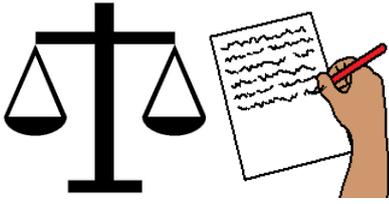
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



You can do a survey on the website.

Go to

<https://www.parliament.vic.gov.au/lsc-la/article/4231>



Rules about the information



This study is done by people in the parliament.

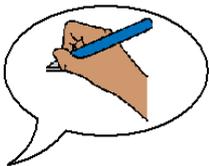
There are **rules** for the study.

They are called Parliamentary Privilege.



You tell us your story.

Your story is covered by the rules.



The rules say

- you can tell us **anything**
- you will **not** get into trouble from the law.

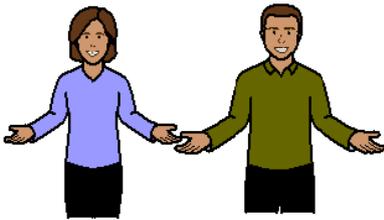


Come to a meeting

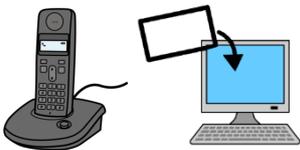


We will have meetings in

- **Melbourne**
- **other** places in Victoria.



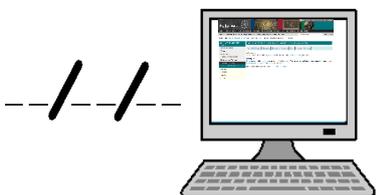
Do you want to come to a meeting?



You need to tell us.

Call us 03 8682 2843

Email CALDchildinquiry@parliament.vic.gov.au



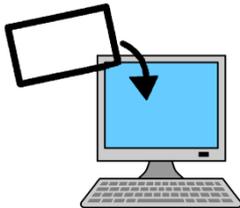
We will put the dates on our website.



More information



Phone 03 8682 2843



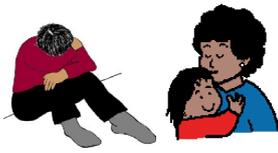
Email

CALDchildinquiry@parliament.vic.gov.au



<https://www.parliament.vic.gov.au/l sic-la>

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This booklet is based on the terms of reference for the Legislative Assembly Legal and Social Issues Committee Inquiry into early childhood engagement of CALD communities. 28 May 2019.



Access Easy English wrote the Easy English. July 2019.

Appendix 2

CALD child inquiry poster



The Victorian Parliament is conducting an inquiry into early childhood engagement of culturally diverse families.

Early childhood engagement is from 0 to 8 years and could involve programs and services relating to health, learning, childcare, play groups, family centres, sport and recreation, and local libraries.

We would like to hear your experiences and ideas about:

- What services do you use? (Some examples are maternal health nurses, kinder, playgroups)
- How do they benefit your child and your family?
- How could they be improved?
- Do you get enough information about these services?

- What stops you from participating in these services?
- What other support do you need while your children are young?
- How does your child and family feel connected to the local community?

Submissions can cover any or all of these questions.

For more information on making a submission, go to: parliament.vic.gov.au/caldchildinquiry

Submissions can be made until **11 October 2019**.

If you need help to write in English or have any other questions, please contact us by email caldchildinquiry@parliament.vic.gov.au or phone **(03) 8682 2846**.

All submissions are treated as public documents unless confidentiality is requested and granted.

Appendix 3

About the inquiry

A3.1 Submissions

Submission no.	Name of individual or organisation
1	Kellie Harris
2	Amany Akkad
3	Kristy Edmonds
4	Attitude Books Foundation Inc.
5	Nicole Toy
6	Harpreet Kaur
7	VICSEG New Futures
8	Name withheld
9	Royal Institute for Deaf and Blind Children (RIDBC)
10	AMES Australia
10A	Supplementary submission
11	Mr Posao Taveesupmai
12	Public Libraries Victoria
13	Community Hubs Australia
13A	Supplementary submission
14	Mr Zahir Azimi
15	Ethnic Communities' Council of Victoria
16	Fka Children's Services
17	Brimbank City Council
18	City of Greater Dandenong
19	Department of Education and Training and Department of Health and Human Services
20	City of Casey
20A	Supplementary submission
21	Shine Bright EYM
22	Berry Street
23	Victorian Council of Social Service
23A	Supplementary submission
24	Melbourne Children's Campus
24A	Supplementary submission

Submission no.	Name of individual or organisation
25	Moonee Valley City Council
26	Centre for Excellence in Child and Family Welfare
27	Early Learning Association of Australia
27A	Supplementary submission
28	Bendigo Community Health Services
29	Caroline Chisholm Society
30	Municipal Association of Victoria
30A	Supplementary submission
31	Victorian Refugee Health Network
32	Uniting Vic.Tas
33	Foundation House
34	Australian Childcare Alliance Victoria
35	Noah's Ark
35A	Supplementary submission
36	Brotherhood of St Laurence
37	Victorian Multicultural Commission
38	Southern Metropolitan Partnership
39	Migrant Information Centre Multicultural Playgroup

A3.2 Public hearings and domestic site visits

Monday 14 October 2019—Meeting room G.7 and G.8, 55 St Andrews Place, East Melbourne

Name	Title	Organisation
John Zika	Ret. Executive Director	VICSEG New Futures
Janet Elefsiniotis	Manager of Programs for Children and Young People	
Dr Melika Yassin Sheikh-Eldin	International and Community Development Manager	AMES Australia
Carissa Gilham	Research Officer	
Melodie Davies	Executive Director	fka Children's Services
Barbara Romeril	President	
Kim Little	Deputy Secretary, Early Childhood Education	Department of Education and Training
Mathew Lundgren	Director—Early Learning Participation Branch, Early Learning Division	
Sarah Nesbitt	Director, Maternal Child, Health and Family Branch	Department of Health and Human Services

Wednesday 23 October 2019—Old Church on the Hill, 36 Russell St, Quarry Hill, Bendigo

Name	Title	Organisation
Andie West	Manager, Community Wellbeing	City of Greater Bendigo
Kate McInnes	Executive Officer	Loddon Campaspe Multicultural Services
Martine Street	Manager, Settlement Services	Bendigo Community Health Service
Sue Ghalayini	Humanitarian Settlement Program Case Manager	
Open Forum Session		
Melissa Rockes	Project Manager	Communities for Children Bendigo
Julia Feiss	Home-Start Worker/Supported Playgroup Facilitator	Baptcare
Belinda Schultz	Early Years Manager	Shine Bright EYM
Janelle Wanden	Early years Advisor	
Beckie Parkinson	Educational Leader/Teacher	
Glenys Brereton	Nominated Supervisor/Teacher	
Mark Hands	Chief Executive Officer	Goldfields Library Corporation

Thursday 24 October 2019—La Trobe University, Learning Space 3, 210 Fryers St, Shepparton

Name	Title	Organisation
Sara Noori	Programs Manager, Resilient Communities	Uniting Goulburn North East
Allison Schubert	New Arrival Education Coordinator	
Sally Rose	Manager, Children's and Youth Services	Greater Shepparton City Council
Lisa McKenzie	Executive Officer	Greater Shepparton Lighthouse Project
Lisa Morey	Support Coordinator	
Site visit to Wilmot Road Primary School Community Hub		
Jennifer Weber	Chief Executive Officer	Caroline Chisholm Society
David Tennant	Chief Executive Officer	FamilyCare
Amy Jones	Practice Manager, Child and Family Services	

Monday 28 October 2019—Meeting rooms G.7 & G.8, 55 St Andrews Place, East Melbourne

Name	Title	Organisation
Dr Greg Gow	Program Leader, Education and Early Years	Foundation House
Kathy Cooney	Communities of Practice Team Leader, Education and Early Years	
Professor Stephanie Brown	Intergenerational Health Research Group	Murdoch Children's Research Institute
Dr Elisha Riggs		
Clare Hargreaves	Manager Social Policy	Municipal Association of Victoria
Wendy Allan	Early Years Policy Advisor	
Sue Murray	Team Leader, Child and Family Health	Mornington Peninsula Shire
Emma King	Chief Executive Officer	Victorian Council of Social Service
Kris Pavlidis	Chair	Ethnic Communities Council of Victoria
Deb Tsorbaris	Chief Executive Officer	Centre for Excellence in Child and Family Welfare
Judi Gray	Early Years Practice Lead	
Dr Adele Murdolo	Executive Director	Multicultural Centre for Women's Health

Wednesday 20 November 2019—Corio Library, Cox Rd (cnr Moa St), Norlane, Geelong

Name	Title	Organisation
Site visit to Northern Bay College Community Hub		
Rhona Pedretti	Manager Family Services	City of Greater Geelong
Max Broadley	Executive Director Client Services	Barwon Child, Youth and Family
Barbara Hayes	Director Early Years Services	
Zorica Dasic	Family and Community Services	
Kathryn Howe	Executive Manager Practice Development & Family Connections	The Bethany Group
Yvonne McAuliffe	Coordinator, Early Years	
Deanne Verity	Manager, Children's and Youth Services	Geelong Regional Library Corporation
Subha Simpson	Area Manager North	

Thursday 21 November 2019—Barkly Square, Training Room 1, 25-39 Barkly St, Ballarat

Name	Title	Organisation
Joanne Geurts	Chief Executive Officer	Eureka Community Kindergarten Association
Michaela Saha	Early Education Adviser	
Jenny Fink	Executive Manager, Learning and Community Hubs	City of Ballarat
Jessica Trijsburg	Manager, Intercultural Engagement and Support	Ballarat Community Health
Katherine Cape	General manager, Prevention and System Development	
Akua Ed Nignpense	Refugee Health Nurse	
Deruka Dukuek	Migration and Settlement Coordinator	Ballarat Regional Multicultural Council
Susan Dallas	-	
Abrar Dham	-	
Shiree Pilkinton	Ballarat Team Leader	Centre for Multicultural Youth
Lamourette Folly	Youth Facilitator	
Nyagak Yang	Youth Adviser	
Dr Michael Akindeju	President	Ballarat African Association
Deruka Dekuek	Member	

Monday 25 November 2019—Council Chamber, Brimbank City Council, 301 Hampshire Road, Sunshine

Name	Title	Organisation
Cr Georgina Papafotiou	Mayor	Brimbank City Council
Cr Victoria Borg	Councillor	
John MacDonagh	Manger, Community Care	
Rene Burke	Early Education and Care Coordinator	
Associate Professor Georgie Paxton	OAM	Victorian Refugee Health Network
Meg Quartermaine	Coordinator	
Rachel Unwin	Sector Development and Policy Adviser	
Samantha Kolasa	Board member	Early Learning Association Australia
Lisa Minchin	Advocacy and Grants Lead	
Site visit to East Sunshine Kindergarten		
Hutch Hussein	Senior Manager, Diversity Unit	Brotherhood of St Laurence
Zeinab Hosseini	Family Services Practitioner	

Name	Title	Organisation
Muyassar Mahmod	Tutor, HIPPY Australia	Brotherhood of St Laurence
Stephanie Johnson	Refugee Child Outreach Coordinator	
Danny Schwarz	Chief Executive Officer	Playgroup Victoria

Monday 2 December 2019—Drum Theatre, Cnr Lonsdale and Walker Streets, Dandenong

Name	Title	Organisation
Marcus Foster	Manager, Community Wellbeing	City of Greater Dandenong
Cathy Arndt	Maternal Child Health Coordinator	
Roxanne Higgins	Director of Services	Noah's Ark
Margaret Rutherford	Manger, Implementation Support	Our Place
Khadra Omar	Community Facilitator	
Julia Cornelius	Senior Advisor, Early Years	
Tracey Gibson	General Manger, Disability & Mental Health Services (Interim) and Disability and Mental Health Services and Early Learning	Uniting Vic.Tas
Darren Youngs	Executive Officer, Early Learning	
Donna Matthews	Area Manager, Early Learning, North West	
Leanne Roberts	Head of Public Policy and Media	Berry Street
Abigail Lewis	Policy and Project Officer	
Hiranthi Perera	Program Manager	Community Hubs Australia
Daniel Riley	Principal	Dandenong Primary School

