

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Early Childhood Engagement of CALD Communities

Melbourne—Monday, 28 October 2019

MEMBERS

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WITNESSES

Ms Clare Hargreaves, Manager, Social Policy, and

Ms Wendy Allan, Early Years Policy Adviser, Municipal Association of Victoria; and

Ms Sue Murray, Team Leader, Child and Family Health, Mornington Peninsula Shire.

The CHAIR: Good morning. I declare open the public hearing for the Legal and Social Issues Committee's Inquiry into Early Childhood Engagement of Culturally and Linguistically Diverse Communities. All mobile phones should be turned to silent at this point. I welcome Clare Hargreaves, the Manager for Social Policy, and Wendy Allan, Early Years Policy Adviser, from the Municipal Association of Victoria; and Sue Murray, Team Leader, Child and Family Health, Mornington Peninsula Shire. All evidence taken by this Committee is protected by parliamentary privilege; therefore you are protected against any action for what you say here today. But if you go outside and repeat the same things, including on social media, these comments may not be protected by this privilege. All evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript for you to check as soon as it is available. Verified transcripts, PowerPoint presentations and handouts will be placed on the Committee's website as soon as possible. I now invite you to proceed with a brief 5 to 10-minute opening statement to the Committee, which will then be followed by questions from the Committee. Welcome.

Ms HARGREAVES: Thank you very much for the opportunity to be here today and to present to you. The Municipal Association of Victoria, I am sure you all know—some of you have very close contact with local government, I know—is the peak body under our legislation, so we represent all of the 79 councils. It is in that context we are here, and perhaps just to say our maternal child health adviser is currently on leave and so Sue Murray has stepped in from a local government to help represent the maternal child health perspective, which we thought would be helpful.

Similar to the Commonwealth and the State Government, as you are aware, local government broadly as a sphere of government has responsibilities around diversity and social inclusion, so I guess we perhaps bring a slightly different perspective to some of the other organisations that might be speaking to you. In all of the work that local government does we are responsible in planning, development, contracting, service delivery, purchasing—every area—to think about diverse communities, which of course includes multicultural communities. I would in fact think that the thought that is put into addressing both diversity and social inclusion is at a fairly sophisticated level in many councils, as you would be aware, because of valuing all residents and how that is dealt with when there are different views between the residents and so on. This is very much a topic that is front of mind for local government in all aspects of work. I would say because of that, with our federal counterparts, the Australian Local Government Association, we have been working on resources and tools with councils I would say for more than 30 years in this space, so that councils are well across some of the challenges. Of course there is always room for improvement, but this is clearly on the local government agenda.

In the early years space—again some of you have probably got different levels of familiarity with what councils are involved with—I guess by now if you have just heard from people from Murdoch you would know that local government by legislation is responsible for following up all birth notifications, so effectively that means we see every family. Again, I think that places us in an unusual position, given that we are required to provide services to all families, and Sue might speak a bit more about that later on. Maternal and child health has now passed more than its 100-year anniversary, so this has been going on for over 100 years in Victoria, again not without its challenges of course. As I say, the universal service provision I suppose is what is in a way unique about local government, given that we have contact with every family, whereas often other state spheres are clearly picking up vulnerable children and those sorts of issues.

Some of our recommendations I guess are around the cultural inclusion strategies and best practice and what we can learn, certainly the councils from each other and from other organisations doing research and supporting in this area, working closely of course in partnership with the State on all the guidelines for our services. We have also made some suggestions around the sort of systems approach, given that we would like to be able to move on from having all families involved in maternal and child health to making sure that they are all enrolled

where they choose to be—in kindergarten and so on—and what we might do to systematise that, so that it is not left up to an individual family having to find out about services. Of course we are extremely mindful when families particularly have come from other countries which have very different systems it can take quite a while to understand in fact that there are a lot of free available services that they can be attending, neighbourhood centres and so on that are available here that they may not be familiar with, depending on what cultures they are from.

I just thought I would hand over to Wendy Allan briefly, who is our early years advisor, just to talk about councils and their municipal early years plans. Thanks, Wendy.

Ms ALLAN: Thank you, and good morning. I just wanted to perhaps give you a very quick overview of the municipal early years planning process, including its genesis and where it is at now. I am not making any assumptions about level of knowledge, so forgive me if you are familiar with them. I thought I would just start with outlining what an MEYP is: a local area plan giving strategic direction for the development and coordination of early years programs, activities and other local community development processes and how they impact on children and families. As you are probably aware, they are not a statutorily required document. However, they have been in existence for over 15 years now in a formal construct, and all councils recognise the importance of undertaking that planning for their youngest citizens as well.

MAV first worked with the Department of Human Services, as it was then back in 2004, with a broad agreement that a municipal early years plan for children and families would be a very good thing to support the policy context and that at the time. It was actually also aimed at formalising that role that local government has in that broader early years planning and coordination, if not direct service delivery. So a model was developed to support councils in order to undertake that planning with some tools, and as time has gone on the framework has perhaps become a bit more sophisticated. We had a more formal framework developed back in 2010, and more recently at the end of last year we gave our municipal early years planning resource guide a big refresh in recognition of all that has occurred over the last eight or nine years or so in terms of the significant agenda and policy context and changes that we have actually seen in terms of focusing on all children and families and obviously those from our CALD communities as well.

It really is about building that approach to community strengthening. It has a very strong place-based approach, and as we recognise, across 79 councils there are different communities. There are some similar issues but also some quite significant differences as well, which is important to capture as well. But they are very much about providing that guidance and support and building the capacity of children and families within their own communities as well.

That is a quick overview of MEYPs. And some are very, very complex. A lot of them now really recognise the importance of the children's voice and certainly the family's voice in their consultation. Some of the councils actually consult with their youngest members to provide input into their MEYPs as well.

Ms HARGREAVES: Thanks very much. Just while we have got the floor I might just ask Sue to make a few introductory comments about the maternal and child health service and cover it.

Ms MURRAY: Thanks, Clare. As Clare mentioned, the maternal and child health service is a universal service that is accessible for all families with children from birth right up to six years of age, or school entry age. Under the *Child Wellbeing and Safety Act* birth notices are sent to the local council, whether a child was delivered in the hospital or delivered at home. We make contact with every child that is born in Victoria. The program supports children and families with an emphasis on health promotion, prevention, parenting. We do developmental assessments. We do early detection referral and social support. But we have a real family-centred practice that we deliver, and we come from a strengths approach, so diversity planning is part of our planning for our service that we deliver. We have 10 key age and stage consultations that we are funded for, but we also have a flexible service component of our funding. That allows us to build our service for our community's needs, so it is quite different. That flexible service component of our service is quite different at each council depending on the demographics of the council.

I think overall as a maternal and child health service we work really well with families of different cultures. We do cultural confinement home visits. 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. Lots of councils do first-time parent groups in other languages. We try and recruit staff who are bilingual. We often have multicultural workers in our enhanced maternal and child health service program. We will do supported playgroups for different cultures in different areas. We build a lot of partnerships. We work a lot with either the local Aboriginal co-ops or it might be, for example, the Southern Migrant and Refugee Centre or AMES. We try and do a lot of partnership building so we can provide great referrals and support for the families that we are working with.

We are jointly funded by local government and State Government. We are funded for translators, so interpreting services. We always book in an interpreter, whether it be in person or on the phone. We can even do video linking in with the interpreter service. We will often do things like cultural confinement homes visits. Instead of clients coming into the centre we will often go out and do home visits. So I think we are quite adept and we are quite agile with our service delivery. Our central data system we are just moving; we are nearly across. We will have all of our services on a central data system for the state, and that is also going to help us as far as gathering data on regions and local government areas around the populations that are in those areas so that we can again build our services to meet the demands in those areas.

The CHAIR: Thank you. We will open up to questions. I will begin by saying the Department of Education and Training discussed in their submission to this inquiry that the Victorian Government is supporting local governments to improve the cultural diversity of the maternal and child health workers through initiatives such as annual scholarship programs for maternal and child health nurses and encouraging the employment of bilingual, bicultural staff that better reflect our communities. Can you expand on some of the efforts that the MAV is doing to increase its diverse workforce?

Ms HARGREAVES: Specifically in terms of the planning, for instance, of maternal and child health, 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. Certainly in terms of the overall local government workforce, I think with the State we are very keen on greater work on promoting pathways into local government and for young people to be aware of them. We are in fact working on a primary school resource at the moment about local government, again just so that it is seen as a future career prospect as well in the sorts of services that we provide. You might have some comments on the workforce, Wendy.

Ms ALLAN: Yes. Obviously at the moment from an early years perspective we are looking at a significant number of early childhood educators and teachers to come into the system. 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.

Mr TAK: Thank you for your presentation. In terms of the engagement, the Municipal Association of Victoria recommends the early childhood kindergarten policy—and I would just like to know—be extended to asylum seeker and refugee children. Can you take us through a little bit on that?

Ms ALLAN: As we understand it, the current criteria for early start kindergarten is articulated by the Department of Education and Training as being applicable for children who are known to child protection or in the child protection system or Aboriginal and Torres Strait Islander children. So as a thought, we felt that if that criteria and opportunity was extended to refugee and asylum seeker families, it would then provide a focus and an emphasis on a cohort of children who could then be, for want of a better word, fast-tracked—it is not fast-tracked—focused on and referred into the system a bit earlier than perhaps they are now, coming into four-year-old kindergarten. So it is about all that evidence around two years of kindergarten, which is obviously being rolled out in Victoria now, but for that cohort it was thought that if that cohort were also made a priority cohort for early start kindergarten that would be of great benefit. Our maternal and child health nurses could then, as they currently do for early start kindergarten, really strengthen that referral for those particular children and families. As we know, the benefits of not only a child attending kindergarten but the family then becoming part of that community through the child's attendance are well evidenced.

Ms MURRAY: Could I just add I really support that because we practise with a trauma-informed lens in all of our work. We know that research tells us and certainly it is evident in our work when we are working with families who are either refugees or asylum seekers that we see in the development that there are often delays in development and the health and wellbeing of children, so we would certainly support that idea.

Ms ALLAN: It is a priority in the stated priority of access, but perhaps extending it back at least a year to three-year-old children.

Ms SETTLE: The Committee has heard from some stakeholders that one of the barriers perhaps to CALD communities engaging with kindergarten is the administrative processes to enrol, particularly if you do not have English as a first language or even access to a computer. Are there ways that you are addressing that? Do you have recommendations on what we should be doing in that space?

Ms ALLAN: The Department of Education and Training and MAV have been working in a partnership approach for a number of years on what we call the central enrolment process. You have probably heard that it is an individual council process that is ratepayer funded. It has sort of grown, if you like. It has been in recognition around trying to address some of those access and entry issues for a whole range of families, including our diverse communities. It has also been an important opportunity for councils to really get some almost better data around as well. Councils for many, many years now, as you know, have been delivering central enrolment. The point that we are at now is it is almost like we have got an opportunity to take the process further.

As you will see in our recommendation, as we have become more sophisticated over time with our data systems, information and all that sort of process, we see an opportunity in the future. It is actually stated in the program logic of our current partnership project that we have with the department of education that eventually, if there was a single system across the state, it could still be administered in a place-based manner but in a single system that joined up all the information that we are getting from maternal and child health, because as Clare said, maternal and child health sees every family at least once. If you think of that concept; if you think of the concept of the importance and the strength and approach of enrolling children in kindergarten and making sure that they are enrolled in kindergarten, and now the addition of adding three-year-old kindergarten to that; and if you think of the information available there through individual systems and the department's KIM system; if you pulled all that together you may—I believe you may—actually improve the access to all those services, but particularly kindergarten. Because you are then working on what we have talked about in terms of an exception basis. 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. There has been a whole range of different strategies and innovations that have come through that central enrolment work. It continues: we have got more and more local governments who are now delivering a central enrolment service to their communities, are exploring the idea or are about to implement it next year.

Ms HARGREAVES: Perhaps I will just comment on the role of local government generally though as well. I think it is mostly my experience in the aged care area that certainly, if you are through your work aware of any families or groups that are having difficulty, the council would be more than happy to assist them. This is with the multicultural staff that work with the council as well. So we always encourage people to come to the civic centre of the council and ask for assistance if they are not sure where to start.

As Wendy says, at least we have moved on from you having to enrol separately in several kindergartens and then find out, for instance, where you are going to land. This is the idea of having one contact point. But certainly that effort needs to be made when people are coming, especially if they are newer to the country, and they are just completely unfamiliar with the system and how it works. We would want to be using any contact with the council to assist them. You have probably got experience of that too.

Ms ALLAN: Yes, and I think that is certainly a key component of our role in the maternal and child health service. We have a key age and stage consultation at two, where we start talking about kinder enrolment. The majority of councils will enrol them from the year before, but some will start them from birth. Again at three and a half, we do the three-and-a-half-year-old developmental assessment where if a child is not already enrolled we then assist with that enrolment according to what is happening with that council. Having that central enrolment certainly makes it a lot easier. We work closely with the kinder enrolment service, the central enrolment service, at each council at council level.

The CHAIR: My final question is on interpreters used in the maternal health nurse program. What is the experience and feedback from council staff using interpreters for CALD families in relation to some of the practical experiences?

Ms MURRAY: I think with the majority of councils we tend to extend our consultation time by 15 minutes when we have an interpreter booked, and that allows us that time to make sure that all questions can be asked. The client can ask as many questions as they need. So we do tend to extend that time. That has a flow-on effect. At some really busy councils obviously that makes the diaries a little bit tighter, but it is something that is booked in at the time that that appointment is booked in.

I have worked at a number of councils where we have had quite a high multicultural population and generally we have had a reasonably good experience with—it used to be VITS, it is now Language Loop. And as I said, if we could not get someone to physically attend the centre, we could always ring up and most of the time you would be able to book an interpreter over the phone, which is not as ideal but we do prefer to do that rather than necessarily have a family member interpret for us. That is to allow the mother or the primary carer to be able to really talk in confidence with the worker. We often have family members present, but sometimes when we are talking about maternal wellbeing, having an interpreter present means the mother is a little bit more open with how she is feeling. So we find that works really well.

Some of the country areas I think have some challenges, with not a lot of workers out in the country areas. So they tend to rely on the telephone interpreter service a lot more. But overall we usually find it works quite well for us.

The CHAIR: On behalf of the Committee, I would like to thank you for presenting here today. The submission will form a part in the final deliberations of the Committee. Next year we will be tabling a report to Parliament with some strong recommendations, so your submission will take part in that final report. You can keep up to date on the Committee's webpage, but we will surely keep you up-to-date with the progress of our Inquiry. Thank you very much again to the MAV, and of course to Sue from the Mornington Peninsula shire, for being here and for all the work that you do. Thank you.

Ms HARGREAVES: Thank you very much.

Ms MURRAY: Thank you.

Ms ALLAN: Thank you.

Witnesses withdrew.