## **TRANSCRIPT**

# LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

## **Inquiry into Early Childhood Engagement of CALD Communities**

Ballarat East—Thursday, 21 November 2019

#### **MEMBERS**

Ms Natalie Suleyman—Chair Ms Michaela Settle
Mr James Newbury—Deputy Chair Mr David Southwick
Ms Christine Couzens Mr Meng Heang Tak
Ms Emma Kealy

### WITNESSES

Dr Michael Akindeju, President, and

Ms Deruka Dekuek, member, Ballarat African Association.

**The CHAIR**: Good afternoon. Thank you for being here. Welcome to the Legal and Social Issues Committee's Inquiry into Early Childhood Engagement of Culturally and Linguistically Diverse Communities.

**Dr AKINDEJU**: Thank you.

**The CHAIR**: Can I ask you to state your name and position for the record.

**Dr AKINDEJU**: Dr Michael Akindeju, the President of the Ballarat African Association.

Ms DEKUEK: Deruka Dekuek, member of the African Association.

The CHAIR: Thank you. 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 et cetera, those comments may not be protected by this privilege.

All evidence given today is recorded by Hansard and you will be provided with a proof of the transcript for you to check as soon as it is available. Verified transcripts, presentations and any handouts will be placed on the Committee's website as soon as possible. I invite you now to submit, for 5 to 10 minutes, an opening statement.

**Dr AKINDEJU**: In general the early childhood engagement in Ballarat has been positive largely. But having said that, there have been few and far between incidents that have been a little bit more inappropriate. Generally speaking, I will be speaking about three items today that I deem as reportable. All of those three items are now connected into the Ballarat African Association considering over the next two years actually establishing our own early childhood centres in Ballarat. We are looking to have one childcare and nine to 10 family day cares within Ballarat.

The incidents I will be mentioning will involve one that occurred earlier this year at Wendouree Children's Centre, which was a bite, and then the two that occurred in 2014 and the other one in 2016. One to me personally, to my child, and another one to a family friend's daughter. I will give the details for those as the time goes on today. I will stop there for now.

The CHAIR: Did you want to make some additional comments?

Ms DEKUEK: I would like to add to what Dr Michael has already mentioned. So this was a real case scenario back in 2009, but it was not here in Ballarat. But it shows some of the challenges that do face CALD communities in general. It was one afternoon that I took my son—he was about six months old—to child care, and this little boy, he was a real crier. He used to cry. Something happened to me and I forgot to bring his bottle, so I went back to the car, and by the time I came back I could hardly hear where he was. But I could just hear a voice that was [inaudible]. Then I said, 'Where is my baby? Where is my son?', and the lady said, 'He is there'. On that afternoon, it was WA hot weather—about 40 degrees. He was already sweating, and he was covered in a blanket in a pram. I took him and I said, 'Why would you do this? You nearly suffocated him'. The lady said, 'I was just trying to make him sleep'. I said, 'No, this is not sleeping; it's suffocation'. I told her that I would take it down to the manager, and she said, 'I am really sorry, do not make that happen'. I could not go ahead, so what I did is I took him home and I stopped the child care.

**The CHAIR**: I might just open it up for some questions.

**Ms SETTLE**: So you are interested in setting up community child care for the African community in Ballarat?

Dr AKINDEJU: Yes, we are.

**Ms SETTLE**: Will you work within the community to find the staff? How are you going to find the staff, because obviously it is a regulated service? Have you got people within the community that you are training up?

**Dr AKINDEJU**: Yes, it is a two-year plan that we have earmarked. What we intend to do is to look in our community from now on to identify those who are interested. One, those who are already qualified, and two, those who might be interested in going into training. So as of now we have identified about seven people who are duly qualified and an additional eight people who think they might want to undergo the training. So at the moment there is a subcommittee within the Ballarat African Association that is working on that program. So the first thing they have done is to look through the regulations to identify the key areas and the key items that need to be done to be accredited. So we understand that there are two steps involved: we need to obtain the approval and then begin to go through the accreditation to actually open centres.

But in answer to your question, we have identified about 15 people within our community who are interested in pursuing a career in early childhood care: seven of who are duly qualified and eight others who have indicated that they are interested in undergoing studies. By the time we are ready to seek approval we anticipate we will have about 30 people who will work within the centres. Will that be sufficient? No. When we are ready to establish, we will expand and hopefully get outsiders as well to be involved. What we want to do is to ensure that anybody that will work in any of the centres will be duly qualified, and we will be very strict. I am a chemical engineer by profession, so I know what safety is like. I have done a lot of result and risk management, so I will be applying all of those matrixes to what will be our outcomes. We want it to be such that when we say we are opening one or we are recommending one to be opened, that the department of education will actually say, 'Oh, we do know that they would done their checks', so it will be a lot easier to be going for beyond two years.

**Ms COUZENS**: So would those childcare centres be open to all in the community or just certain multicultural groups? Have you got a view on how that is going to happen?

**Dr AKINDEJU**: Our view is that it is going to be open—anybody that wants to attend will attend. One thing we want to do is encourage social cohesion, even from the early childhood learning point. What we want—based on what we have seen, what the driver for this initiative is we have this concept of social connectedness. The way we see social connectedness back in Africa is different from what is generally seen here. It takes a whole village to raise a child. That is what we believe in. So we want to have our centres primarily as go-to points for African families in Ballarat. But of course it will be open to anybody who is interested. If there is one in Lucas, where I live, for instance, if there are other families in Lucas that want to come to that centre, they are welcome to come there, but for the African families within that environment we want it to be the first go-to point that they would choose.

Ms COUZENS: And will you focus on early learning? Is it a childcare centre or a kindergarten, or both?

Dr AKINDEJU: We will start with early learning centres because the challenges we have faced have been much more in the area of early childhood engagement. For instance, if a child is crying or if a child goes hungry, how do you take cues? What do you do? What we are seeing is that because a child is of African background the stereotypes attendant to Africans, unfortunately even at that level, being kids or babies, still apply to them. I will give two instances at Goodstart Early Learning that we have seen: one, being my son, and another, a family friend's daughter. They were hungry and rather than being attended to they were stereotyped and they did not get attended to. You would go up there and the children were crying, only to find out you offer them something and as soon as they have taken a few bites there goes the crying. With such occurrences and some other items of behaviour that we saw, now what we want to do is to have our kids—children, little ones—go into the centres with the cultural value attached to being an African, to remove all those stereotype behaviours. If from there we develop to become quite established and we have kindergartens, we would not mind, but our main focus at this point is early childhood: zero to three years old.

Ms COUZENS: Thank you.

The CHAIR: I know you have spoken about some of the difficulties at the moment. Do you just want to add to that, because I know you are setting up, as you have said, the early learning childcare centres. Do you think that because the current system is just not—there are gaps and it is not catering for your community?

**Dr AKINDEJU**: Certainly so. In the current system there are a lot of gaps that we have seen. I will give you a typical example, beyond just being cultural in nature. I have got a three-year-old who attends currently the YMCA Lucas kindergarten. That centre had to be shut on two Wednesdays about two months apart. We only got notified the morning of the shutdown. If I am very, very accurate, 8.45, 8.47 am. The centre was supposed to open at 9. Imagine you had planned your day. You are going to work and at 8.45 or 8.47 am you got notification that the centre would not be opened. To my mind, that did not show any foresight or any strategic planning. So I rang the centre up and I said, 'What in your workforce planning have you put in place as backup plans to adequately cater for such incidences?

People do fall sick, we are humans, but if you had the strategic foresight and you had planned and forecasted a workforce that can actually cover those gaps, I am not sure you would have the situation whereby at 8.45 in the morning on a Wednesday morning, the same day the centre was supposed to open at 9, you would be communicating to your clients that, 'Sorry, the centre will not be opened'. We got into a little bit of a back-and-forth argument and chat. I had to say to them, 'I manage projects. I have my own business. I know how I cater and forward plan for my clients. I sit down to plan workforce demand. I sit down to make contingency plans in how I might cover my staff shortfalls'. At the end of the day we did not get anything out of it. So I thought, okay, they would have learned from it.

Two months down the line, the same thing happened, so I called them again. I said, 'If two months ago you had taken adequate steps—essentially forward planned. You were entering the flu season—people will fall sick—we would probably not be at the same point again'. But even then they still did not have an adequate response. So there is a gap. Even though there are a lot of qualified people, so to speak, we find that demand outstrips supply, and because of that you have those shortcomings occurring very, very frequently.

Ms DEKUEK: And I would like to add to Dr Michael's point. So there are gaps and there is a lack of trust at the end of the day, not trusting the system, early childhood centres. And some of the people come from a cultural background knowing that your children should be raised by your parents, not at the early childhood centre, so there is that fear of saying, 'Okay, who is this looking after my child?'. Children who are known to have been taken care of by grandparents, not just someone who finishes uni, a 20-year-old, a 25-year-old who does not know and they do not have children. So there is that fear at the end of the day and this assumption that has been going on: most of the people do not want to take their children to day care because there is that lack of trust and saying, 'Okay, if I take my child to day care, they will not be looked after', or an early childhood centre, let us say. There are ideas that, 'Children are given light sleeping drugs which affect their brain'. There are all these things, so we need to overcome them and close the gap and raise that awareness that there is nothing like that, but there is that lack of trust.

**The CHAIR**: And I suppose communicating the value of early childhood education is very important. Just one final question in relation to interpreting services. Has your association—the community—faced difficulties in relation to the interpreting services or gaining communication?

**Dr AKINDEJU**: We have not had any as such. Our membership strength at the moment is about 1200 in the entire region. We have been fortunate to have most of our people speak adequate English or understand English. When we have had the need to communicate concepts that are ordinarily not available in English or where we do not have adequate English words, we have people like Deruka who mingle well even at a subgrassroots level, at family levels, who would then go in and communicate what we are trying to do. So we have been fortunate enough to have that, so that we have that bridge. If there is something we want to discuss, we share at an adequate level and then go into families to communicate more.

**The CHAIR:** That is great. That is good to hear. Okay, there being no further questions—

**Ms DEKUEK**: On that perspective, I think I should not bring that onto this or BRMC, we do have interpreting services. I was called to come and do a presentation at an early childhood centre and interpreting services was one of the things that I did reinforce because they did not have access and they have a couple of

families from African backgrounds and their communication level was a bit difficult, but I did reinforce that they should use interpreting services like TIS National.

**The CHAIR**: No further questions? Okay, thank you very much for presenting to us today and taking the time out to share your stories and your experiences.

The next step will be that the Committee will have two more public hearings and then after that we will be consolidating all the evidence and submissions, deliberating on that and then preparing a report to Parliament next year with some strong recommendations to Government, and your evidence today will be part of those deliberations. So thank you very much and all the very best.

#### Committee adjourned.