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

WITNESSES

Ms Jessica Trijsburg, Manager, Intercultural Engagement and Support,

Ms Katherine Cape, General Manager, Prevention and System Development, and

Ms Akua Ed Nignpense, Refugee Health Nurse, Ballarat Community Health.

The CHAIR: Good morning. Welcome. I will declare open the public hearings for the Legislative Assembly Legal and Social Issues Committee's Inquiry into Early Childhood Engagement of Culturally and Linguistically Diverse Communities. All phones should be now turned to silent.

I welcome the members from Ballarat Community Health. Can I get you to state your name, beginning with Jess.

Ms TRIJSBURG: My name is Jess Trijsburg, I am the Manager of Intercultural and Engagement Support at Ballarat Community Health.

Ms CAPE: I am Katherine Cape, General Manager of Prevention and System Development at Ballarat Community Health.

Ms ED NIGNPENSE: Akua Ed Nignpense, Refugee Health Nurse with Ballarat Community Health.

The CHAIR: Thank you. All evidence today 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, those 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 or any handouts will be placed on the Committee's webpage as soon as possible.

I invite you to proceed with a brief, 5- to 10-minute opening statement, followed by questions from the Committee. Thank you.

Ms CAPE: Thank you. First of all, I would like to say we welcome this Inquiry into Early Childhood Engagement of Culturally and Linguistically Diverse Communities and the opportunity to present at this Inquiry.

Ensuring our services are accessible and affordable to all in our community, and particularly those at risk of poor health outcomes, is integral to Ballarat Community Health's mission. We believe that the community health platform, which provides a welcoming and non-stigmatised access point to a range of multidisciplinary, generalist and specialist primary health and community services, is a great platform for engaging refugee and immigrant children and their families, but that does not mean we do not have more to do to enhance engagement.

The kind of services that we offer to our refugee and immigrant communities and children: our GP clinics, which are well used by refugee and immigrant communities, including by asylum seekers. That is partly because we absorb the costs. If people do not have a Medicare card, we will see them, which is probably one of the few GP practices in the area that does that. We have a range of counselling services, and they have received training from the Victorian Foundation for Survivors of Torture so are well-skilled in working with refugees who have a history of trauma and torture. We also have specialist family violence counsellors and have just recruited a family violence counsellor who will have a particular focus on working with immigrant clients. We also provide counselling services for children. However, we do know that there are cultural barriers to taking up counselling opportunities, and we would be happy to talk more about that.

We provide a couple of specialist services that are funded by the Department of Health and Human Services, and that includes the Healthy Mothers and Healthy Babies programs that work with women during pregnancy and beyond who are at risk of not engaging with services. And a program called the Child Health program that

provides services to families where children in the family have developmental vulnerabilities and/or physical health issues. Both these services have been accessed by children and their parents from refugee and/or immigrant backgrounds, as has our youth housing program.

We offer paediatric allied health services, including speech therapy, podiatry and psychology, but the take-up has not been so strong in those services except for our psychology services. We do run a couple of specialist paediatric health clinics, including a paediatric immigrant health and vitamin D clinic.

Jess is going to provide you with a little bit of an overview of our refugee and migrant services specifically.

Ms TRIJSBURG: We have a range of other refugee and migrant specialist services, including settlement services, which we provide across a wide catchment right up to Horsham and Nhill, and the refugee health nursing program. We have run women's groups and mother and baby/toddler arts and activities programs and currently are providing a range of bicultural, peer-led parenting programs and other gender equity programs with diverse communities.

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, and we will be happy to share our experiences of what has and has not worked in that space.

Ms SETTLE: We have had a few inquiries so far, and one of the things that came out of them that we have all felt was important was the role of the settlement services areas in making sure that families then engage on. Tell us—is that a strong emphasis? Are there barriers there at that settlement process in encouraging communities to go on to use playgroups or early childhood services—kindergartens and so forth?

Ms ED NIGNPENSE: Yes, I think there are barriers, and they are mainly cultural barriers. The first thing if someone comes in and settles, maybe, in Ballarat or another area is: how do we know the person is here? That is the first thing. If the person is a refugee, with that one we get the message even before they arrive. The settlement service workers—we work with them throughout and show them everything. But then if someone comes—let us say a student or skilled migrant—we only get the referral from another service provider or at times from the school. That is the first time we meet them. So before then it means it has been a while. At times you meet the person, and they have been in Ballarat for three years or even two years and you do not know of their existence, because they have not had any issues or no-one has referred them to you, so you would not know.

The key thing we have with those who come is that a lot of people come from cultures where you do not discuss exactly what goes on in your home with a stranger. So there needs to be that trust—you need to actually work with them right from the beginning to build that trust before they will actually follow you and go for counselling or even go elsewhere. Schools do very well when they pick up that a child has, maybe, a speech problem or a psychological problem. Some of the schools—most of the schools—will then come to us. Then we navigate it with the parents and work through it with them. But there is still a barrier because if they come in and we do not know they are here, it means they do not have our services.

Ms SETTLE: Yes, and we were saying earlier that of course there is secondary migration as well—you get notified in the first instance but not in the second. Are there ways that we could address that? Should you be advised of skilled migrant movements?

Ms ED NIGNPENSE: I think it would be helpful if, maybe, all of the support groups knew that, yes, this is what is happening. Most of the schools do very well. At the moment if they have a CALD child and there is any issue, they will call and ask, 'What do we do? The mother can't afford it'. I say, 'No problem; we'll navigate it that way, this way'. I call the psychologist who deals with children, and if it means paying a lot and the mother cannot actually pay, we find ways, and they will actually tell us, 'This organisation can pay for two sessions', and then you work through it. But if people do not tell you, it is hard.

Ms SETTLE: We were speaking earlier to someone from council about the idea of working the groups together—she was saying BCH, BRMC and CMY. I suppose that is an important link.

Ms CAPE: We facilitate a health and wellbeing action group, which probably has had a particular focus on some child and youth issues, particularly around parenting, family violence, healthy eating and mental health. Those have probably been the key areas. I think the other sort of limitation really is that our settlement services are funded for engagement with people who come here as humanitarian entrants. Refugee health nursing has a broader sort of criteria, and Akua does support people who have come here as asylum seekers. But largely, if people are coming as skilled migrants or as international students, they have access to any mainstream services, but they do not have that specialist support. For us as an organisation, we have often had to take a call if somebody is coming who has some particular vulnerabilities: how do we manage that when we are not really funded to do that? We try and provide some sort of time-limited support, but it is a really hard situation for us to manage, isn't it, Akua?

Ms ED NIGNPENSE: It is.

Ms CAPE: And Akua particularly has that because as the refugee health nurse, which is of course State Government funded, she has a little bit more flexibility, but it is still only a 0.4 position, so we have to make sure that her core work of supporting around health needs—she actually still has time to do that.

The CHAIR: I just want to add onto that. So there continues to be an issue with the funding when it comes to settlement services? And would you say the time duration—I am not too sure if it is one year of funding that you receive, to assist, and then after a certain amount of time they are sort of left to their own accord.

Ms CAPE: The Humanitarian Settlement Program is funded for up to 18 months, and if people have complexity you can ask for them to get additional time, and then settlement services—or the Settlement Engagement and Transition Support program as it is now called—is for five years. So actually I think that group of people coming as humanitarian entries probably do get really good support and a kind of fairly comprehensive orientation program that is built into that, and case management support. I think it is more the people who do not fit that criteria, and that is the largest group—

Ms ED NIGNPENSE: That is the largest group.

Ms CAPE: of people in our community—the people coming as skilled migrants or indeed as asylum seekers. In terms of Ballarat itself we have had very few humanitarian entrants in the last few years. Any sort of humanitarian entrants that we have had have more been up at the Horsham and Nhill end the region.

Ms SETTLE: Akua, do you find, if you are recommending people on to child care or playgroups, that there are barriers there? I mean, we have heard a lot about the barriers in terms of just the complexity of enrolling a child for kindergarten.

Ms ED NIGNPENSE: Yes.

Ms SETTLE: Oh, you have done that a few times, have you?

Ms ED NIGNPENSE: Well, child care has always been an issue, but fortunately there are other organisations, like the City of Ballarat, when it comes to family day care. They are absolutely my best bet, because they are able to navigate the system and send the child or the parents to some of their staff who are very good with CALD kids, so the moment you ask them, they say, 'Wait a minute; we have it. This woman has had a child before. She has managed CALD kids always and is always marvellous with people from diverse backgrounds'. So I get that from the City of Ballarat.

Then when it comes to kinder, for most of the mothers, especially those who are not driving, we want the kids to go somewhere that is within walking distance. Getting a school nearer is always an issue. But then with time they are learning that, 'Look, you need to start the application earlier'. Unfortunately, we come from areas where we do not have to plan for two years when you do not know what will happen to your child, so it becomes an issue.

So it is a learning process that they are in, day in and day out. In fact the first child that enters school becomes a big problem; by the second child the mother has already done it; she has learned her lesson. So it is that settling in in a new environment; you have a lot to learn, and they move slowly. So it is a slow pace depending on who that person is. If you meet a family who have had a child already in kinder, you do not worry; she knows how to—I always call it— 'play the chess very well' to move along. But the first settlements are always the big issue. And just like she said, most of them are skilled migrants—how they came in—or secondary settlements, and it takes a long time for us to see them. It is only when they have had a lot of issues and they are so frustrated—that is when we see them.

Ms SETTLE: And in terms of going in to, say, the kindergartens, do you think that we are offering culturally aware services? Is there room for work in that area?

Ms ED NIGNPENSE: I think there is a lot of room for working that out. Most of them do not have any idea. Some of the schools, the moment they have one or two CALD kids, they will call you. And that is the joy I have. It is when there are kids there and we start working with the schools, then things are then fine. But then a school who is like they said—you cannot enter a new school until you are invited. And they wait until there is an issue, then they call: 'The child is doing this; the mother didn't give this'. So wait a minute, what is it? You go and you find out and you realise that the mother did not understand or the child does not know, so then you work with the school and the mothers and then from there—just one child—and then the whole issue is solved.

Ms SETTLE: What could we do to make that better? Do you think it is about having more intercultural workers in those services?

Ms ED NIGNPENSE: Yes. I think now we have a few intercultural workers in some of the day care centres, because a lot of them have done childcare courses, and having them there makes a lot of difference. So having that one and also education, because we cannot have a lot of them everywhere, but then if the school knows and then they are educated about cultural competency and other things, it would be very helpful.

Ms CAPE: I am a little bit out of date, but my background is in early childhood. I do remember there used to be some inclusion support services that would work to support, I suppose, providing a more culturally appropriate service. Some of them are funded largely by the Commonwealth, although I think there is still FKA, that provides some services. But it is pretty limited. I think that is a great service, but it is pretty limited, and in the past there was a lot of ability for workers to actually go in and do a bit more on the ground. Now it is far more kind of paper based, do you know what I mean? It is almost like a compliance thing: 'Coming up to accreditation, what are we doing right?', rather than really coaching and supporting people, which I think is much more needed. I am not sure, Jess, whether that has been your experience at all in your previous role?

Ms TRIJSBURG: Yes, I think that the capacity building of mainstream providers is a space that certainly in Ballarat we need to further look at, and ways that we can do that through, I guess, more interaction with some of the bodies that can provide mentoring and coaching to people who have specialist skills but not necessarily in this space, or not necessarily working with diverse communities, and just helping to upskill them. Given that we are working with majority families who have come through skilled migration pathways or through secondary settlement and are not eligible for settlement services, we need to make sure the systems that they do access, that they can, and that they are culturally responsive and that people feel culturally safe accessing them and, particularly, leaving their children with them.

Ms COUZENS: Thank you all for coming along today. We really appreciate your presentation. It is fantastic that you are able to spend the time here today, so thank you. Just getting back to the settlement program, I am just curious as to whether there are enough hours funded to meet the demand of communities coming in? Is that an issue?

Ms CAPE: To be frank, it is. It is adequate in this area because our numbers are small, but if you were to talk to Bendigo, it would not be adequate; it would be a real problem. They are basically losing money and are also relying significantly on volunteers to support orientation activities. So we can manage it because we have small numbers—which has its own challenges—but where there are large numbers in certain regional areas, but also of course in metro areas, it is a problem.

Ms COUZENS: Yes, and Geelong is the same. So looking at the future, obviously multicultural communities coming into Ballarat will increase. We are fairly confident of that. Are you looking at a plan for the future on how you might address some of those issues for communities coming in, particularly in the humanitarian area?

Ms CAPE: I think a lot of the work—as Jess has explained—really that we would like to focus on, if we can attract appropriate resources, is that building up of the capacity of mainstream services. Whether it is child care, education services or kindergartens—that is I think what we can offer. And at this stage we do do a bit of that because we have got a bit of capacity within settlement services because we have not got huge numbers, but as the numbers increase (a) that will become more important because we can never expect one agency to meet everybody's needs, but secondly, we will need to be doing it because we will not have that capacity because we will be responding to newly arrived refugees and migrants. Anything else, Akua, that you want to add in there?

Ms ED NIGNPENSE: I think it was two years ago that we had a committee because we knew that with the SHEV visas we were going to get a lot of SHEV visa activity so we started planning: when they come, what needs to be done? This was not done only by community health, but it was actually a committee of the City of Ballarat and a few organisations. So we came together thinking, 'A lot of people will need jobs. How do they navigate the job atmosphere in Ballarat?'. So this is something that as a city we have actually thought about, and that is why we have that core group that always needs to navigate it. So I think it is not like we have not actually thought of it. Something has been done and we have a committee that works on it. We do not have the numbers, so it is not very active—I would use that word, yes.

Ms COUZENS: In terms of the workforce, do you have a multicultural workforce within your service, or are you working towards that?

Ms CAPE: We are working towards that. I would say that we can do a lot more to improve that. Would you agree Akua? Yes. So I think, you know, a whole level of diversity—that is really important for our organisation. To increase the diversity of ages and genders—we have a largely female workforce—as well as cultural diversity, yes, that is an area we definitely want to work with.

Ms COUZENS: There have been some discussions through the hearings around how organisations can actually contribute by employing more multicultural communities and assisting those people to get through the pathways they need to be employed. So there has been quite a bit of discussion around that as well.

Ms CAPE: And if you go to Nhill, that has really happened in Nhill because you have got, you know, nearly 10 per cent of the population that is Karen speaking and there are Karen-speaking childcare workers and there are Karen-speaking workers in the school, and you really see that across the community because the community have realised the importance of that.

Ms COUZENS: You mentioned the health nurse. Was that specifically around multicultural communities?

Ms CAPE: The refugee health nurse?

Ms COUZENS: Yes, the refugee health nurse. So how many of those are there, or is it just the one nurse?

Ms CAPE: One, Akua.

Ms COUZENS: Oh, that is you? Right. I cannot see your thing from here. So how many refugees are you actually working with at any one time?

Ms ED NIGNPENSE: At any one time—I have taken a pause because they are all at different stages, so the demand is always different. My day is a day at a time. In a week I may have four or five people with actual demand—a lot of demand that takes up my whole world. And at another time, they are all just working with other organisations—the City of Ballarat, maternal and child health—and my main role is coordinating with some of these organisations, depending on the need of that family. And if you are able to get the right organisation involved in the family, then things go smoothly and then you can just keep making sure that things are working. If they come and the family is not ready to actually open up, that is when you have a lot of issues.

You have to always make sure you actually work with them and it takes a lot of time. So at any given time I can say that I have maybe five active clients that I have to work with to make sure that we navigate things.

Ms CAPE: We run the paediatric immigrant health and vitamin D clinic, which Akua supports. You would have roughly 20 people come through to that?

Ms ED NIGNPENSE: Twenty-five.

Ms CAPE: Twenty-five people are coming through to that clinic—so that is once a month. Often for those families it might just be a touch base through the clinic. There will be intense work, as Akua said, and then there will be work for the people that are on our books. But you might just do that monthly catch-up through that process, and then they contact Akua if there are other issues.

Ms TRIJSBURG: 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. But if we do broaden the capacity of other organisations, then that will not need to be something that sort of sits with the refugee health nurse role.

Ms COUZENS: Yes. But you would be working with many cultures, wouldn't you?

Ms ED NIGNPENSE: Yes, I work with a lot of cultures.

Ms COUZENS: So do you use interpreter services?

Ms ED NIGNPENSE: Yes, I have it on my phone. It is on my phone. We try to talk and to always not use interpreters so that they will also practise their English. Then what happens is if there is an issue and I want you to understand, that is when I bring out the phone and then we use the interpreter. So I know that before I leave your house you have actually got that message right.

Ms CAPE: I think a particular thing in Ballarat is that we have a range of cultures. We have got quite a big Chinese and Indian population, but obviously they have come as skilled migrants. So a lot of both our strengths and our challenges are that we are working with a very diverse cultural community, so we have to work not with a specific focus on any particular group.

The CHAIR: Just to add on a couple of questions in relation to the paediatric health clinic, what are some of the key health issues experienced by children from refugee backgrounds who have recently arrived in Australia that you can put forward?

Ms ED NIGNPENSE: Most of the kids when they start at the clinic, their vitamin D level is low. Some of them are not settling in school, so it is actually not direct health but I would say mental health. At times they have been tortured and at times it is merely discrimination and bullying in school. We are fortunate to have a very good paediatrician who is very particular about that, so we try to find out from the child how they are settling in school. Most of them are not settling. The parents will tell you or the teachers will report that they are always fighting or other things, but then if you go to the ground and if you dive in much more, you realise that the child is being bullied because of an accent or because the child brings their local food as lunch to school and so the child stops eating and the child does not even want to open the food pack at all. These are some of the things we pick out, and then at the clinic we try to address it with the mother to find out whether the child can go to school with a sandwich. Some of the children have never taken milk, so they do not like any milk products. So what else can the child have for lunch if the child does not like milk? Because if the child does not like milk, it does not mean the child cannot eat any healthy food. So you have to navigate this with the parents. Most of the children when they come for the first time are not settled in school because either their friends are laughing at them or they are always fighting. The parents start by saying, 'Oh, he is always fighting in school'. That is the key thing, and then you find out from the child, 'Why are you always fighting at school?'. He says,

'Oh, they started laughing at me, and I said this'. So it is the first thing that we actually address, because mentally the child is not sound because the child is not happy.

Ms CAPE: Catch-up immunisations?

Ms ED NIGNPENSE: With catch-up immunisations, we do those before they come to the vitamin D clinic. That way, the first time you arrive we find out what you have on your immunisation card and what you have done, and with your GP we make sure you have all the catch-up immunisations with maternal and child health. But when they come to the vitamin D clinic, that one is a preventative measure. The paediatrician makes sure—is that child happy in school? Is that child settled in Australia? That is where we pick up on— 'She's always fighting in schools; the teachers are always reporting her'. Then you know that child is being bullied and is not fighting for anything. We try to address it, and a lot has absolute weight.

The CHAIR: Just one question in relation to CALD parents of children with disability. Do you believe that they are receiving the appropriate support for their children? What could be improved? And thirdly, what has been the impact of the NDIS scheme?

Ms CAPE: I might talk to the NDIS. 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. So that is a real issue, yes. They are starting to fall back on our child health program, which is State Government funded—which can provide that support—or Medicare funded. That is a real problem, isn't it?

Ms ED NIGNPENSE: It is a real problem.

Mr TAK: It is for noting only. In terms of interpreting services, I understand that migrants who come under skilled migration and all of that would not need an interpreting service—I assume. But do you find it difficult in terms of access, especially for the newly emerging communities—the Karen community and all of them—to get access to interpreting services?

Ms ED NIGNPENSE: I normally do not have problems with interpreting services. The main thing is the other organisations that they go to. That is the issue we have here. Sometimes they go to hospital and they do not use an interpreter. If you do not use them, they call and go, 'She never comes to her appointments. We told her to do this'. I say, 'How did you tell her? Did you use an interpreter?'. 'We said it, and she said, "Yes, yes"'. I say, 'The moment you talk to someone who says "Yes, yes, yes", it means that person has no idea'. We use it, but then most organisations do not see that there is a real need. All I can tell my clients is, 'Tell them you need an interpreter', and they will always ask for one. It is a big issue.

Ms CAPE: I think it is not well used at all in Ballarat. It is part of this work we have been talking about—capacity building. Having worked in metro, everybody is used to working with interpreting services and they use them, but there is still a bit of a cultural shift that we need to make in regional communities. In those areas in metro I know they are constantly hanging out for interpreting services. I am sure you would have come across that in Melton, wouldn't you?

Ms TRIJSBURG: Yes. Until recently I was working in the western metro, which is why she keeps looking at me when she says 'metro'! 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. I know there is the scholarship program now to train up more interpreters, which I think is a fantastic initiative. It would be great to see that connect in with early childhood as well. Also I think there are some assumptions made around skilled migrants—that people do not need interpreters because they have come through a skilled migration pathway. Often that means that the primary applicant has met the English-speaking criteria, but that does not mean anything about the rest of the family or the parents or anyone who comes with them. So we do have a lot of

people from China and from India who go out and have professional careers, often in the hospital and things like that, and their parents or spouse or children might not actually have the language skills but do not necessarily immediately feed into a service that can help them to develop those skills.

The CHAIR: Thank you again on behalf of the Committee for presenting today and taking the time from your busy work. The next step will be that the committee will deliberate and consider all the submissions and the evidence that has been gathered. We have two more public hearings, and next year we will be presenting a report to the Parliament with some strong recommendations to government. Your submission will also be part of those deliberations. Again, thank you very much for taking the time to be here for your recorded presentation.

Ms CAPE: Thank you for the opportunity.

Ms ED NIGNPENSE: Thank you very much.

Witnesses withdrew.