TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Early Childhood Engagement of CALD Communities

Dandenong—Monday, 2 December 2019

MEMBERS

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WITNESSES

Mr Marcus Forster, Manager, Community Wellbeing, and

Ms Cathie Arndt, Maternal Child Health Coordinator, City of Greater Dandenong

The CHAIR: Good morning. I acknowledge the traditional owners of the land on which we are meeting. I pay my respects to their elders both past and present and the Aboriginal elders of other communities who may be here today. I declare open the public hearings for the Legal and Social Issues Committee's Inquiry into Early Childhood Engagement of Culturally and Linguistically Diverse Communities. At this stage all phones should be turned to silent. I welcome here today Marcus Forster, the Manager, Community Wellbeing, for the City of Greater Dandenong, and Cathie Arndt, the Maternal Child Health Coordinator for the City of Greater Dandenong. 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 some things, including on social media and other forums, these comments may not be protected by privilege. All evidence given here 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. Any transcripts, PowerPoint presentations or 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 be followed by questions from the Committee. Welcome.

Mr FORSTER: Thank you for inviting us here today to discuss our submission to the Inquiry and the issue of early childhood engagement of culturally and linguistically diverse communities. Together with Cathie here, I work in the community wellbeing department of the City of Greater Dandenong. Dandenong is recognised as the most culturally diverse community currently in Australia. It is a vibrant, engaged municipality of over 174 000 residents from over 157 different birthplaces. Sixty-four per cent of our population was born overseas, with 61 per cent from countries where English is not the main language. Our population is projected to grow beyond 200 000 within the next 12 years. Greater Dandenong is also the second-most disadvantaged municipality in Victoria, as reported in SEIFA 2016.

The City of Greater Dandenong is a key provider of services for children and young people aged zero to 25 years as well as families from across the municipality and plays a key role in the planning and coordination of services in the community sector. Some of our services include facilitating capacity building and information sharing between community services, identifying service gaps, advocacy to state and federal governments, and mobilising key stakeholders to respond to emerging issues for children, young people and families. Within our department—the department of community wellbeing, which Cathie and I represent here today—we undertake the following specific services: maternal and child health programs, both universal care and advanced. We have children's services including family day care, supported and community playgroups, a preschool field officer program, New Directions and community advocacy and support. We undertake an immunisation program that includes a refugee catch-up program funded by the State Government; youth and family services, including family support case management, FReeZA programs, youth development programs such as Young Leaders and much more; and also community festivals and events, both council events throughout the year as well as support and approval for a myriad of community events, creating connectivity and strengthening cultural identity.

Our submission outlines our programs specific to the ages outlined by the Inquiry—zero to eight—but also our departmental structure operates with a focus on the continuum of care from birth right through to age 25. Children are an important part of our community, accounting for almost one in five residents. In total there are approximately 27 000 children and adolescents aged zero to 14 years and an annual birth rate of almost 2500. Our submission speaks to the important role engagement plays within our CALD community of children and its role in the reduction of social isolation, fostering of community connectivity and development of community, and strengthening of community identity. We thank you for the opportunity to contribute to the Inquiry and are happy to discuss our submission.

The CHAIR: Thank you. I might start with a question. I note you have got similar demographics to the City of Brimbank, which I represent, in the western suburbs, and I noted in their submission—and perhaps it might be in your submission—with all the programs and initiatives, do you see an increase in or a successful rate of kindergarten enrolments from CALD communities?

Mr FORSTER: That might be difficult for us to answer, only because our probably subject matter expert when it comes to kindergarten, Jackie Gray, was unable to be here today. But I know we have a centralised enrolment program, and enrolments continue to increase. Our main struggles with our centralised enrolment program at the moment relate more to demands for particular kinders that are seen within the community to have a really, really, really strong program. So a lot of parents are targeting that kinder and wanting their children to go there rather than perhaps the one that might be closest to their residence. As for the increase in kinder enrolments within CALD communities—

Ms ARNDT: From some of the conversations that I have had with that team, I believe that there is actually a steady rise—not significant but steady rise—with the population. I think that the difficulty for those communities is their understanding or lack of understanding of English and the complexities of the enrolment. Therefore often our staff within the maternal and child health service or the enhanced service are called upon to assist them with that application process. There is also the use of interpreters within that team as well, to assist the families. But that is about where my knowledge of that ends.

The CHAIR: The reason why I asked you is with the City of Brimbank, as I said, that has similar demographics they had a decrease in the last financial year when it came to enrolments. But I will go to the next question. I think you outlined it in your submission in relation to deficiency in the current data collection and I suppose the importance of having correct data collection and reporting of culturally diverse and refugee backgrounds. My question would be: what can local government or the Victorian Government do to improve the situation when it comes to data collection?

Ms ARNDT: Currently we are part of the state-wide maternal and child health database, otherwise known as CDIS. This database is great because it is actually a state-wide database, so we actually have the ability to track families. We did not have that ability before because there were multiple databases used across the state. 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. I believe Brimbank is the last municipality that will be coming across to that database next year. Once that is on board, it is my understanding that DHHS are looking at putting some additional funding into that program. Perhaps that is one of the items that can be improved. That is what I would like to see, definitely.

Ms COUZENS: Thank you both very much for coming along today. We really appreciate your time. We have heard a lot during this Inquiry about the value of playgroups. Are there playgroups operating for multicultural communities, and can you explain a bit about how that is happening?

Ms ARNDT: There are a number. Again, this is where Jackie would have been fantastic, because that is her particular area. In maternal and child health we have first-time parent groups and they are run—we have got a number of multicultural first-time parent groups and we would like to actually extend that. We are just looking at ways we can do that currently. But we always encourage those first-time parent groups to then go on to playgroups. We also have specific supported playgroups that are run in a number of different languages by the team in Jackie's area. The uptake of those programs is quite high and there are a lot of benefits for those groups, so obviously that social isolation is really important. But there is an opportunity for those families then to be able to become more comfortable in English because they do obviously a lot of speaking in both languages as well. Sorry, I have forgotten the whole question.

Ms COUZENS: It was just about the playgroups.

Ms ARNDT: I would like to see our ability to support additional playgroups. One of the issues that we do have is venues. We are exploring venues. I know within maternal and child health we are currently exploring some of the venues in CGD that are not as well utilised during the day, such as our sports facilities, to see whether or not we could then offer additional groups that way and perhaps encourage families then to attend playgroups in a sports facility. That would then mean more connection with the community and encourage activity for their children too.

Mr FORSTER: Within our children's services area we have both supported playgroups run by a staff facilitator but also community playgroups. I think at last count it was more than 50 within the community that are held at venues, and we provide support to the volunteer facilitators of those programs. So we have both kinds of playgroups here.

Ms COUZENS: In some areas there are barriers to—how do families find out about the playgroups? How do they access those services?

Ms ARNDT: 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, 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. There is information available on our website, but again—

Ms COUZENS: Is that in language?

Ms ARNDT: No, it is in English unfortunately. We are in the process of developing up a new website at the moment, but it is currently in English. I know that there are some playgroups that are also linked in with schools, so if a family has arrived with older children who are attending primary schools, that information is provided through them. Kindergartens and also childcare centres, I believe, would have that information also.

Ms COUZENS: And what would you see as some of the gaps and barriers for multicultural families to access services for their children?

Ms ARNDT: I am relatively new to CGD as well—I am nearly six months in—but I have had some experience in a previous municipality in this area. A lot of families do not understand what our services are, and unfortunately my information leads me to believe they are sometimes suspect of anything that is free and that has government connected to its name. So it is a matter of us being able to have the opportunity to really engage with those families and to demonstrate what we are, who we are and why we are here and to be able to support them. Then I think you get better buy-in.

Mr FORSTER: I think that speaks to the strength the maternal and child health service plays in the development of families and children—that that often is that first point of contact that families might have with government. And certainly I can speak to Cathie's comment that a lot of our families could have good reason to be quite suspicious of providing information to the government.

The other barrier that I was just thinking of was transportation. We were just reading recently in a report around social isolation that transportation can be a major contributing factor to people feeling isolated within their community, and certainly that speaks to the importance that we have of providing place-based programs, so as much as possible within the neighbourhoods themselves, where families can walk if necessary or catch public transportation to access those services.

Ms COUZENS: I note in your submission you mention the refugee health program. How does that link in?

Ms ARNDT: So what happens is we have a nurse who is located at our Clow Street centre. She receives a referral from AMES—they refer directly in—and she then does a home visit to engage that family into the service. If the family are in any way reluctant or a bit unsure, she can actually do multiple visits to that family until that family feels quite comfortable with the service, and then she links that family into a local nurse so that then they can walk to the centre.

Ms COUZENS: One of the things we have been hearing quite consistently is around the workforce. Does your council have any plan to ensure that there are multicultural workers employed within those services?

Ms ARNDT: Absolutely. We have actually just employed another casual maternal and child health nurse who is multilingual. It is very exciting, and that would certainly be our preference here, but we have also got a number of our workforce who choose on their own to learn languages. They may only be able to say short sentences, but it actually makes the family feel far more welcoming. And the families then often want to

reciprocate by actually learning English as well, so it is a lovely way of really getting that connection with the families.

Ms COUZENS: And are there any plans to support training so that people from multicultural backgrounds can become child and maternal health nurses or kindergarten teachers or those sorts of things?

Ms ARNDT: Yes, absolutely. Do you want to talk about that?

Mr FORSTER: Specific to maternal and child health nurses we do struggle with workforce issues across the state. Part of our challenge here in the south-east is that the two available training programs are not located in our area. There is a lot of evidence to suggest that students that attend those programs often stay within the area in which they learned to work, so we struggle to gain a net benefit of that workforce. We are engaged in a conversation at the moment with neighbouring LGAs and a university to look at the future establishment of a course in Berwick that hopefully will start to provide a kind of funnel of workforce into the south-east. We know that a lot of students find their way into the maternal and child health profession after having worked in the hospital system in midwifery and want to kind of do that bridging work because their family circumstances have changed and they might not want to work shift work anymore. We think that is going to help us immensely in providing a workforce from our community into our community.

Ms ARNDT: We also actually are having conversations with the two universities located in Bundoora at the moment to actually have a study day for the students here in the City of Greater Dandenong next year. That will involve the education that they would have undertaken in the university. They will spend the day here. I am in the process of speaking to Language Loop, the interpreter service, about them coming out here and doing a demonstration, having a couple of clients and getting the resources that are around in Dandenong that support multicultural clients involved so that when they do come out into the sector they have got a bit more of an idea about how those things work and how to better engage and at least where to contact if they have got any questions.

Ms COUZENS: Do you have issues with the interpreter service? Are there problems related to that?

Ms ARNDT: We do at times. Certainly one of the benefits of having multilingual staff is for them to be able to say, 'You're actually not interpreting what I've just said'. That is a bit of an issue at times. Some of the issues relate to the popularity of the interpreters, because if you develop that relationship and rapport you actually want them frequently and they are often then called on and they are hard to get. We also 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. We also provide an extra 15 minutes for each of the consultations that we undertake for the interpreter service because it is far more time consuming. It probably could be an extra 20 to 30 minutes sometimes, especially if the clients have multiple issues. You then also have an issue with if the interpreter knows the family or the community, the families will not open up then, so that can be difficult. Sometimes the families do not accept an interpreter because they have that suspicion that there is going to be information leaked elsewhere, so that can be then a struggle with the nurse trying to get through a consultation with a bit of sort of gesturing and pidgin English, which is not ideal.

Mr FORSTER: It is not uncommon for families to bring family members that have good English 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.

Ms ARNDT: Which is, again, not ideal if you are talking about issues related to the woman's personal health. Often that is a topic that you cannot discuss in front of especially male relatives. You also do not know if there is a situation of family violence and therefore what is said by the staff member may not necessarily be interpreted appropriately.

Mr TAK: Thank you, Cathy and Marcus. Thank you for your time. As you know, I was formerly a councillor here for six years, so I know that council has done a lot of things, especially with migrants from emerging refugee backgrounds. We have heard in previous hearings about the complexity in terms of

administration, from knowing the information to completing the application form. Do you find the same thing here?

Ms ARNDT: Very much so. It is very difficult. Some of the fields on the forms they do not really understand. Some of the information they do not understand. I know that especially for refugees date of birth is often a real issue for them; they do not know the year that they were born. I think that a lot of the words are not the same or they do not even have a word in their language for the particular field you are asking them to fill out.

Mr FORSTER: Or they might only have one name.

Ms ARNDT: That is exactly it, yes.

Mr TAK: From the same village.

Ms ARNDT: Yes, that is exactly right.

Mr FORSTER: The form requires two names and a surname.

Ms ARNDT: Yes.

Mr TAK: From your point of view then, what can be done in order to mitigate that issue?

Mr FORSTER: I think for us, just speaking broadly across our services, the one thing that we find continually is that dealing with the complexities of a CALD community requires more administrative time. As Cathy mentioned, 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. Certainly having done that and having that resource internally at council we have discovered that our existing translated documents are not up to scratch and in some cases are actually unintentionally misleading or confusing to the families, including automated SMS messaging reminding them to show up to a session. That is confusing to them and not giving them good information. We have been able to rectify that, but without having that resource we would never have known.

Ms ARNDT: Absolutely. One thing I would like to commend the library on is they have a session that families can attend where they can get assistance with their online forms. I think that is a fantastic resource, and it would be great if that was available more often, more frequently.

Mr TAK: Just a subsequent question, Chair. Thank you, and I concur with you completely about the relationship with the interpreter. I have found it very hard, I think, Chair, myself at some points in previous occupations working as an interpreter. Sometimes I think clients from the CALD community rely on the interpreter to help make a decision, and sometimes it can be difficult. Again my question is: do you think that, for example, social media or printed translated material would help, or doesn’t it really help?

Mr FORSTER: It is a difficult thing, isn’t it? I think internally at council our policy is not to translate material but to use simple English, and that is probably a policy that we break consistently in services like maternal and child health and immunisation, where we are just not in a position to be able to do that, given the complexity of the service we are trying to provide. So, I suppose the short answer to that question is that we are always trying to improve the communication and find ways to mitigate the time required so that we can adequately service the community, and if that means translating stuff, then that is what we do.

Ms ARNDT: And the other difficulty is that some families do not actually read or write in their own language either. We try and pictograph where we can, but that does not actually make up for the multitude of forms that actually need to be completed. So it is one of those extensive issues that I think is going to continue.

We try and put a lot of focus on the parents being able to read and write to be able to support their children as they get older, and if we get them early enough in maternal and child health they will see how much their knowledge of reading and writing can actually promote their children's development and then you get a lot better uptake of that. But then it is still going to be an ongoing issue because we are still going to get families coming out who have those issues, so it is very difficult.

Mr TAK: Yes, it is quite challenging, but thank you for the service that you provide to the community.

The CHAIR: Thank you. Just a final question, and I think you did touch on it previously: with families that do arrive in this area, in particular children that are older, so between two or three and beyond, how do they link into the maternal and child health program?

Ms ARNDT: Again, we can see children up to six years of age, and often the settlement services will contact us and let us know that there is a new family in the area. Sometimes if they have family members already living in the area or they have got a strong community they will actually direct them to contact the maternal and child health service. Again, if they have got older children, they will often end up at kindergarten or school and then they are directed back to maternal and child health. So GPs sometimes are very good at directing families through to maternal and child health as well, but again it varies, depending on the service out there. Did I answer that?

The CHAIR: Yes, that was fine. Thank you. There are no further questions. Thank you very much for taking the time to present to us on behalf of the Committee, Marcus and Cathie. This is our last public hearing. Next year we will put forward a report with some strong recommendations to Government in the Legislative Assembly, and of course your submission will be part of those deliberations. So thank you again for submitting here today.

Ms ARNDT: It was a pleasure. Thank you for having us.

Witnesses withdrew.