TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Early Childhood Engagement of CALD Communities

Melbourne—Monday, 14 October 2019

MEMBERS

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WITNESS

Ms Sarah Nesbitt, Director, Maternal, Child and Family Health Branch, Department of Health and Human Services.

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The CHAIR: I declare open the public hearings for the Legal and Social Issues Committee Inquiry into Early Childhood Engagement of Culturally and Linguistically Diverse Communities. I welcome Ms Sarah Nesbitt, the Director of the Maternal, Child and Family Health Branch of the Department of Health and Human Services. 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 of those things, including on social media, those comments may not be protected by privilege. Of course all evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript of what you say today, and you will have the opportunity to check it as soon as possible. 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 opening statement of 5 to 10 minutes, and that will be followed by Committee members with some questions for you.

Ms NESBITT: Thank you very much, Chair. I would like to begin by thanking the Committee for the invitation to appear today and also by acknowledging the traditional owners of the land on which we meet and paying my respects to elders past and present.

Safe and high-quality care through the early years provides the foundation for a good start to life for our children, and this is particularly important for families and children experiencing vulnerability, including many families from different cultural backgrounds. As the Committee is aware, a number of departments and agencies from across the Victorian Government share the design, management and monitoring of Victoria's early years service system. Following the 2018 election, the maternal and child health and supported playgroup functions were moved from the Department of Education and Training to the Department of Health and Human Services. I am the Director of the newly established Maternal, Child and Family Health Branch, which was created in April this year to bring together maternal and child health functions, early parenting centres and maternity policies and programs.

We work in close partnership with the Children and Families Division within the department, which has responsibility for supported playgroups in addition to statutory and non-statutory family services. Together our focus is on improving health, wellbeing and development outcomes for all Victorian children. The 2019–20 departmental strategic plan reflects the enhanced focus on the early years through the inclusion of a new key result—which is to improve early childhood development milestones for vulnerable children. But we cannot achieve this outcome alone. Maintaining strong connections with our Department of Education and Training colleagues, including their three and four-year-old kindergarten and the delivery of the school readiness funding program, is of critical importance to ensure joined-up, seamless service delivery that works for all Victorians, including those from diverse backgrounds. Equally important is our partnership with local government and the Municipal Association of Victoria, which delivers many of our early childhood services and is well placed to identify and respond flexibly to local needs affecting diverse communities in each municipality.

Following the discussion you have just had with Kim Little, I look forward to addressing the Committee and discussing with you the engagement of culturally diverse communities with the programs and services that I am responsible for within DHHS.

Culturally diverse families' engagement with services is sometimes inhibited by multiple and interconnected barriers, including language and literacy, experiences of trauma and loss, access to transport, culturally inappropriate services and a lack of confidence. Families are sometimes isolated from their extended support networks and can be unfamiliar with Victoria's health and social care systems, leading to experiences of fear, confusion and a loss of autonomy. The ability of those from diverse backgrounds to access and use health information is crucial for them to be able to make informed decisions and preserve the health of their children and to intervene early, if required, to address children's health and development issues. As a steward of Victoria's health and social care systems, the department identifies system-level action that can help achieve the best outcomes for our communities. In order to ensure that our services are accessible, safe and responsive to all

Victorians, regardless of cultural, linguistic or religious background, all public hospitals provide free access to interpreters, either in person, over the phone or via videoconferencing.

In 2017–18 DHHS spent over $37 million on language services. The department also funds the Health Translations Directory website, which has almost 300 resources on a broad range of languages in the children's health section. Our comprehensive Better Health Channel also includes a range of translated materials, including on asthma, breastfeeding and child care, and common childhood illnesses, including things like bronchiolitis.

There are also tangible products that support all new parents, including those from culturally diverse backgrounds. For example, the recently established baby bundle supports newborn care and development from birth. The baby bundle includes a booklet of information designed to assist parents in navigating this time of change and transition with the new baby, including information on sleep and settling, safety, reading and sharing books with the baby and a list of emergency contacts. Importantly this information has been translated into eight languages and is available online. The *Victoria's Mothers, Babies and Children* report from 2017 highlights that in Victoria about one-third of women are born overseas in a country where English is not the main language spoken, and data collected for the first time in 2017 shows that 12 per cent of pregnant women not born in Australia did not speak English well or at all. The most frequent places of birth for women born in non-English-speaking countries in that year were southern and central Asia and South-East Asia.

Following birth or after their arrival in Victoria from overseas the maternal and child health service becomes a key part of a family's support network to guide and oversee a child's development, including providing support for parents and carers. As a universal platform, the MCH service is non-stigmatising and provides supports for families and their children with an emphasis on parenting, prevention and health promotion, developmental assessment, early detection, intervention and referral. It includes three core components to meet the needs of Victoria's diverse families, which are the universal program for all families with a child from birth to school age; the enhanced MCH program, which from June next year will provide up to 20 hours of service to families with a child from birth to three years old when they meet eligibility criteria; and the MCH line, which provides 24-hour, seven-day a week information and advice.

The department is committed to improving the accessibility and engagement of diverse communities within the MCH service through the provision of culturally safe, flexible and responsive core service delivery across the three service components. Additionally in recent years substantial efforts have been made to improve communication with, and engagement of, families from diverse backgrounds in the MCH and related services. The maternal and child health program standards require that MCH services engage all families, regardless of their cultural and linguistic background, and provide a culturally competent service, including through considering cultural diversity within the local community and engaging a workforce which reflects this diversity. To support this standard and ensure accessibility to the MCH service, the Victorian Government allocates funding for interpreters for all components of the MCH service. A flexible funding component of the universal program allows for additional support activities, such as the facilitation of group sessions, community strengthening activities and additional consultations tailored to the community's needs. Community strengthening activities can include support to socially isolated parents or parent groups such as for a particular cultural group. These assist families with additional parenting information and also support the development of social networks, which can be critical in reducing experiences of isolation in a community. As an example of how this funding can be used, the City of Greater Dandenong MCH service offers new parent groups in languages other than English for different parts of their community.

MCH service providers are encouraged to take a partnership approach with other specialised services to support families seeking asylum or from refugee communities. The Government has also invested in relevant training to support MCH practitioners. In 2018 all MCH practitioners were trained in trauma-informed care. This is particularly important for families who may have experienced trauma prior to their arrival in Australia. In order to improve the diversity of the MCH workforce the Victorian Government offers an annual MCH nursing scholarship program. Under this program, midwives from diverse backgrounds are prioritised in the distribution of scholarships, and in 2018, 5 per cent of scholarship recipients identified as being from a culturally diverse group.

Research undertaken in 2016 found that the reasons for lower participation in the MCH service largely revolved around a lack of awareness or understanding of the service. In response the Victorian Government has developed translated MCH resources and also developed a new app. To date more than 17 MCH and early childhood health promotion resources have been translated into the top 10 most common and priority languages in Victoria other than English. These include, for example, resources on safe sleeping, on use of car restraints and on dental health. The translation of materials into common languages other than English is now a core part of service delivery. The MCH app was released in 2018 and provides parents and carers with reliable evidence-based information and support regarding their child's health and development. To improve communication with families from non-English-speaking backgrounds the MCH app was translated and adapted into eight languages other than English in late 2008. Since the release of the translated app there have been 3400 selections within the app of a preferred language other than English.

The MCH service is complemented by our enhanced MCH program, which aims to promote the health and wellbeing of children and families experiencing a period of vulnerability. Families experiencing isolation due to their cultural or language background are one factor which may qualify a family for additional support through the enhanced service. In the 2017–18 budget the Victorian Government funded a significant expansion of the enhanced service. The additional funding allows families to access services up to the child's third birthday when previously access was limited to those with babies under one year. This expansion significantly increases the reach of the service for families across Victoria, including those from culturally diverse backgrounds. The MCH service also delivers the Government's nursery equipment program. This program provides safe nursery equipment for vulnerable Victorian families. The eligibility criteria include families from diverse backgrounds who may be struggling to purchase equipment for a new baby, such as cots or car restraints.

This year's budget continued to expand support for parents, including through the establishment of seven new early parenting centres and the refurbishment of two existing centres. Early parenting centres, or EPCs, specialise in early parenting, infant health and early childhood development. As secondary support services, EPCs have increasingly targeted their services to vulnerable children and families through early intervention and prevention practices and are specifically designed to address complex, chronic and highly problematic early parenting concerns, including sleep and settling issues. In 2017–18 around 21 per cent of carers who accessed EPC services were born in a non-English-speaking country. Feedback from existing EPCs suggests that families from culturally and linguistically diverse backgrounds can be reluctant to attend EPCs or struggle to use them due to practical barriers and cultural practices. As plans to refurbish existing and establish new facilities are developed, engagement with culturally diverse communities has been prioritised. Measures that will be considered include providing accommodation that is suitable for different family configurations and supporting programs that do not require residential stays for those who are not comfortable with a residential model of care.

In closing I will say that this is a really important Inquiry and I am looking forward to today's discussion. Thank you.

Ms COUZENS: Thanks, Sarah, for that comprehensive presentation. We appreciate that. I know how important your work is, so thank you for what you do there.

Ms NESBITT: Thank you.

Ms COUZENS: Regional and rural Victoria is of particular interest to me and I know, probably from the last presentation too, that local government plays a critical role in the rollout of these services. Can you indicate what you think the barriers and gaps are for those communities that are not quite getting there yet—you talked about a whole range of programs, but maybe a bit more detail on how you would want to capture those families with young children?

Ms NESBITT: Of course. Specifically in regional and rural areas or in general those who might be falling through the cracks?

Ms COUZENS: Yes.

Ms NESBITT: Absolutely. So I might talk about the very earliest of early years and some of the really important work that has been done in targeted locations to help women during their pregnancy to start to connect with services. What we know is that the point between pregnancy and having a baby is a really important transition time when we actually lose a lot of families from our service system. They need to go to hospital to have their baby, but then if they are not connected back into the services, we can miss a really important opportunity for engagement. There has been some really important work done under the partnership that was established a few years ago through an NHMRC grant and the Murdoch Children's Research Institute, with both the Department of Education and Training and Department of Health and Human Services. That was called the Bridging the Gap initiative. That work led to some really important pilot projects which really started to highlight some opportunities to pick up the communities who needed additional support that perhaps could not be provided through a standard statewide program. One of those was Healthy Happy Beginnings, which began in Melbourne's west, in Werribee, to support the Burmese community, who spoke predominantly Karen.

Now, Healthy Happy Beginnings was a program which allowed midwives to partner with interpreters during pregnancy care but also brought together the maternal and child health nurse into the partnership and engaged a bicultural worker as well, to provide additional supports for those families. An evaluation of the program found that women felt more prepared and confident and reassured with benefits through storytelling with their peers, they felt they had built better trusting relationships with the professionals in charge of their health care and they also felt a greater sense of autonomy for their own health care as well. As a result, the Murdoch Children's Research Institute started a trial called the Group Pregnancy Care study, which expanded this program to other communities, in particular Afghan women living in Dandenong, Assyrian-Chaldean women living in Craigieburn and Vietnamese women living in Sunshine, and I understand there are two more communities about to be added—the Iraqi Muslim community and South Sudanese community as well. What that allows us to do is tailor care for the priorities of these communities. Some of the communities might be smaller and might not have all the resources translated into their particular languages, although if they are of a significant size we do want to do that, because we want to constantly improve. But it does allow for that additional support to be provided. There is flexibility built within our service system that allows for those partnerships to be built and for those different services to be delivered.

The CHAIR: The Committee understands that the Victorian Government is expanding the number of early parenting centres across the state. Can you tell us more in relation to these services and how they relate to, and I suppose incorporate, culturally diverse families into the parenting centres?

Ms NESBITT: Absolutely. Thank you for the question. Our early parenting centre network has three facilities at present, and they are all based in and around Melbourne. A really important part of the budget announcement was the establishment of some regional centres, which will give greater access for diverse communities and regional communities to access the important services provided by early parenting centres. I mentioned during my opening statement that some of the data suggests that around 21 per cent of clients, or client carers, were from non-English-speaking countries. Now, that sounds like a great statistic, but I think if we unpack that and look at the use of translators, it may not be as high as we want it. We want these facilities to be as accessible as possible to all communities.

The other thing that we do here—because we have done a lot of research so far—is that there might be cultural barriers to accessing these services. Some families have different views about sleeping arrangements, which may not be able to be supported within these facilities, or caring arrangements might be multigenerational and require various configurations of families to come to the centres. So the new expansion of the early parenting centres network gives us a really unique opportunity to rethink the system and work out what a statewide network of EPCs can do to better support communities.

There are two really important pieces of work underway at present which are considering the needs of culturally and linguistically diverse communities. The first is we are looking at what the model of care will be in these future centres. We do have a type of model of care in place at the moment, but we would like to see that formalised and strengthened as we expand our network. Importantly, we have consulted with 28 CALD parents who have had access to early parenting centres, and they have come from 10 different countries around the world. They have been able to give us unique insights into what they would look for in a centre going forward. We also consulted with the Centre for Culture, Ethnicity and Health on the development of that model

of care, and while it is still underway and I cannot reveal the final shape of it, one of the principles underpinning this work is that the centres will be culturally accessible and safe for all families.

There is a second piece of work underway at the moment, which is service planning. That is going to give us greater detail about the demand and need for these centres in each of our communities across Victoria. And an important piece of information which contributes to service planning is obviously a look at demographics across the state. We will be considering cultural diversity within each area to make sure that we are locating these services in centres that are accessible for people.

The CHAIR: Just one more. Would you be able to brief us on what some of the incentives are to encourage much more multicultural workforces?

Ms NESBITT: Sure. That is a really important part of the conversation. So it is one of the standards that services deliver a multicultural service with a diversity among their workforce, and what the Government has committed is a very significant program of scholarships for people to enter the maternal and child health nursing profession, which is wonderful. So in 2018 we provided 82 scholarships, and I mentioned earlier that 5 per cent of those scholarships went to culturally and linguistically diverse communities. But if you look at the statistics, 5 per cent is quite a lot smaller than the population share of culturally and linguistically diverse communities, so going forward we have developed a partnership with RMIT and La Trobe universities to help us deliver those scholarships. What we are going to do is work with them to help us identify and target the culturally and linguistically diverse students to apply for the scholarships in the first place. Because we are at arms length from universities and students it is harder for us to target those students as part of their study, but we will be partnering with those universities to try to build that profile.

The CHAIR: So is this an area that is still a bit challenging and has a lot of barriers?

Ms NESBITT: Yes, I think so. I think in every area in this space there is opportunity for improvement and certainly this is true of the diversity of workforce. Nurses are employed by local councils, obviously, so most of the ability to influence that does rest with local government. But where we can, we want to work with local governments and support them to have the greatest choice available in terms of having as culturally diverse a workforce as we can, and the scholarships are a great initiative to do that. The value of the scholarships, I should also say, was increased in the 2017–18 budget from $5000 per scholarship up to $10 000 per scholarship, which is pretty significant.

The CHAIR: Excellent, thank you.

Mr TAK: In terms of incentives for the CALD community to use a service, would you say it is due to economic reasons, or is it more about accessing language?

Ms NESBITT: The studies have shown it is more about language. Where economics comes into it, I think, is if there is a long distance to travel. Families might be reliant on public transport, and that can be challenging. That is challenging for culturally diverse communities as well as a range of other communities. Nurses do respond to that and alter their practices so that they can attend families within their home, if they need to do a home visit to help support families in accessing the service. So there are a range of ways that the service can be delivered differently to overcome those barriers. But given it is a free service, it does appear that the biggest barrier is people being aware of it in the first place and feeling comfortable to attend, which is where some of those programs I mentioned that begin in pregnancy can be really helpful because the trust has been built, the knowledge is there and then those relationships continue into that really difficult transition period in the early years, or early weeks.

Ms SETTLE: It was interesting to hear from the department of education that they see maternal health as the gateway to get people into kindergarten.

Ms NESBITT: Yes.

Ms SETTLE: So is there much work between the two departments at that level? The healthcare nurses talk a lot about the value of—

Ms NESBITT: Yes, and that is the really important and valuable contribution of having local government involved: they are the best placed to form those linkages within the community. So we talk at department level all the time, and certainly in the rollout of three-year-old kinder we are very conscious of the importance of having maternal and child health nurses promoting three-year-old kinder at those two and three-and-a-half-year-old key age and stage visits. So we have a lot of involvement in the kind of policy setting stage, and then it is at the local government level and the local community level that those conversations can really take off. So I think that is a real value that local government brings to the table in that space.

Ms COUZENS: You mentioned the baby bundle earlier.

Ms NESBITT: Yes.

Ms COUZENS: Are they designed so that they are culturally sensitive, or is it just the same everywhere?

Ms NESBITT: They are the same everywhere. There was an expert panel established to select the items included, and the key considerations in that were primarily safety—so we wanted safety—and then also development and the key things that parents needed in those early months for their child's development and growth. The books are fantastic. Some of them are just picture books, which is going to be great for communities that do not have English language, but also the books are quite simple so they will be accessible to a broader cohort who do not necessarily speak English as a first language. But it is a universal product. And, as I mentioned, the booklet has been translated, so it does provide advice and support which I think is very useful for all communities.

Ms COUZENS: When you spoke about the scholarships, is there access for people in regional and rural areas?

Ms NESBITT: I believe so. I do not know the specifics of what that is, but I believe that there is. I am happy to take that as a question on notice. Would you like me to follow that up?

Ms COUZENS: Yes. That would be great, thank you, Sarah. I appreciate it.

Ms NESBITT: Thanks very much.

The CHAIR: I thank you on behalf of the Committee for taking the time to present to us today and thank you for all that you do. Hopefully you will keep updated with the progress of this Inquiry.

Ms NESBITT: Yes, I would love to see the final report. Thanks very much, Chair and Committee members.

Committee adjourned.