

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Warragul — 8 December 2017

Members

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Witnesses

Ms Nicky Lappin, coordinator of family health and development, and

Ms Barb Parr, enhanced maternal and child health nurse, Latrobe City Council maternal and child health service.

The CHAIR — I welcome to these public hearings Ms Nicky Lappin, coordinator of family health and development, and Ms Barb Parr, enhanced maternal and child health nurse, from Latrobe City Council maternal and child health services. Thank you for attending here today and giving us your time. All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. These proceedings will be recorded, and you will be sent a proof copy of the transcript. Can I just begin by saying you do a great job, because I grew up here. What I might invite you to do is just give us a fairly brief explanation of where you are at with your services, and we might then start a discussion and ask you some questions if that is okay. We are on a bit of a time limit today as well.

Ms LAPPIN — That is fine. We were asked to talk about our Aboriginal maternal and child health initiative that we have just recently received funding for. It is a 12-month initiative, and it is an expansion of work we are currently doing in providing extra outreach to Aboriginal families throughout the Latrobe community.

The CHAIR — Nikki, do you mind if we solely focus on that, because we have heard from many MCH services?

Ms LAPPIN — That is fine, absolutely. Just a brief amount of background is that over the past 18 months or so two of our maternal and child health nurses have provided outreach to Koori maternity services and an Aboriginal childcare centre as well as Orana Gunya, which is a women's refuge. We provide monthly outreach sessions there. We are really working on increasing, obviously, Aboriginal children's number of key age and stage visits. They have 100 per cent participation in home visits when a child is born, but then that drops to 59 per cent when the children are two or three years old. So that is what we are working on. That has really improved our relationships with the Aboriginal community and helped to improve trust within the community; however, the numbers have still not risen to where we would like them to be, which would actually be 100 per cent.

As part of the Aboriginal maternal and health child health initiative, we have received funding to employ a universal maternal and child health nurse to work within Koori maternity services for two days per week, so actually working within the service rather than just providing outreach to that service. As well an Aboriginal health worker will be employed for four days a week, and they will work two days a week in the Koori maternity services and two days a week within the universal service and the enhanced maternal and child health service to help families engage in whatever way they need to engage with us, so giving us a choice about how they engage with the maternal and child health service.

The CHAIR — What is the workforce mix? Obviously you have got the Koori co-op in Morwell and whatnot. We have been focusing a bit today on how many people who are of Aboriginal and Torres Strait Islander descent are actually in the mix as far as the workforce goes, so what is that like for you?

Ms LAPPIN — In the workforce?

The CHAIR — Yes.

Ms LAPPIN — In the maternal and child health —

The CHAIR — Yes. Are there any nurses —

Ms LAPPIN — No, which is why we are employing an Aboriginal health worker, as well as at Koori maternity services they have one midwife who is not Aboriginal, with an Aboriginal health worker to provide that support.

The CHAIR — Barb, where do you fit in?

Ms PARR — I am the enhanced maternal and child health nurse as part of our little group that we run out of Latrobe city. We do a lot of the home visits to the clients that need extra support.

The CHAIR — We have heard a little bit about it today. Are you able to expand on that service a little bit for us?

Ms PARR — Yes. I am sorry, I am not sure what you have heard so far that I can probably expand on.

The CHAIR — Very, very little, just that there is a service and that it does provide an extra service that is well received, basically.

Ms PARR — Up until I am not sure how long now, a couple of years, we were just one maternal and child health nurse that ran the enhanced program, which meant we would do all the home visits to anybody that could not get in or was referred to us by the department — any issues that were not along the normal, I suppose you could say. We have now got our family support workers. I have got two of those. I would do the maternal and child health side of things — the weighing, the development, the basics of that — and when you have got issues around housing, Centrelink forms, a few of those other extras, the family support person will go out and she will add our extra support there.

We would do initially weekly visits for the first four weeks and then reassess my clients to see how we would go. What I would try and do is do the first couple of months with them and then try and re-engage them into the universal service to see if they can get through along the normal pathway. That would be the main aim of what we would do initially. We work with the department; we work with a lot of other services — Quantum — just to help support all these people that need the extra support they need.

The CHAIR — How many maternal and child health nurses are employed with the City of Latrobe?

Ms LAPPIN — We have about 15 nurses, but it is 7.4 EFT.

The CHAIR — Do you mind if we ask you some questions now? Not that we have not been already, but —

Ms LAPPIN — That is fine.

Ms COUZENS — So this is a new program you are about to roll out.

Ms LAPPIN — Yes.

Ms COUZENS — Is it up and running now?

Ms LAPPIN — Up and running, as in the part of it when we are employing staff. So we are about to employ an Aboriginal health worker, and we have employed a universal maternal and child health nurse. Also it is a partnership with Ramahyuck District Aboriginal Corporation, so we are working through a memorandum of understanding and things like that as well.

Ms COUZENS — So is there an aim to attract more Aboriginal people to skill up in the area at all as part of this?

Ms LAPPIN — With this initiative, it is about skilling an Aboriginal health worker. It has not been a strategy to employ an Aboriginal maternal and child health nurse, because we just do not have any available to us. However, if that was to occur in the future, that would be wonderful, because not only are there no Aboriginal maternal and child health nurses in Latrobe, but I do not think there are any within our surrounding councils either.

Ms COUZENS — Do you see this as an opportunity to focus on that and work in with the community to get —

Ms LAPPIN — Absolutely. We also employ in our team an Aboriginal lady who is an early years participation officer. She works with Aboriginal families to help them access all of our services, so preschools and child care as well, and we are supporting her to continue further study. We hope that is in nursing. It is in whatever she chooses to do.

Ms COUZENS — Yes, of course.

Ms LAPPIN — We would really like it to be nursing and preferably maternal and child health.

Ms COUZENS — So are you looking at, I would imagine, fairly intense cultural training within that program?

Ms LAPPIN — Yes, so that is a really big part about this program. It is also about the Aboriginal health worker. The reason why they are working in the universal service is to improve that cultural safety and awareness within the service. She will be working closely with our early years participation officer so that when the funding ceases this can continue in the future.

Ms COUZENS — What sort of training are you looking at for the workers?

Ms LAPPIN — We are looking at training with Gunaikurnai elders from the Latrobe area to conduct quite intense training, so not just a 2-hour training session but a series of training. We are working with the elders at the moment to work out what that could look like.

Ms COUZENS — Thank you. It sounds good — interesting to follow.

Ms McLEISH — Just continuing on from the training you were just talking about and your developing it, is there nothing that already exists or is it having to be so specific?

Ms LAPPIN — Well, there is. However —

Ms McLEISH — Because most people have been telling us they do cultural training.

Ms LAPPIN — They do, yes, and we have looked at some training in other parts of the state, but we have also co-designed another program. It is called the First 1000 Days program, where we are working through a cultural program with the Aboriginal community. Out of that co-design process, what the families told us is that they would like to have Gunaikurnai elders providing the training. There are Gunaikurnai elders that provide different parts of the training, but we need it tailored to the maternal and child health service and to our staff that are working with families with young children.

Ms McLEISH — Have these sorts of programs been rolled out in any other state?

Ms LAPPIN — The maternal and child health initiative? Not that I am aware of. It may have, but not that I am aware of.

Ms BRITNELL — Will the Aboriginal health worker that you will employ already be trained through the VACCHO RTO system?

Ms LAPPIN — If we can attract a person who is already trained, that would be wonderful. However, if we are unable to attract a person through that, we have an Indigenous employment program through Latrobe city, and we plan to employ a person who, while they are working with us, will complete those studies.

The CHAIR — Just one last question on the telephone service that you operate. How did that come about, how do you staff it and operate it and what are the outcomes?

Ms LAPPIN — That would be the maternal and child health telephone service that we do not actually staff statewide.

Ms PARR — Is that the 24-hour maternal and child health line?

The CHAIR — Yes, it is the same one. No worries.

Ms PARR — Yes, statewide.

Ms McLEISH — Are there any particular challenges that you are expecting, or the biggest challenges, because there will be some?

Ms LAPPIN — Probably one of the biggest challenges within the community is that a lot of families struggle with transport, so we are trying to improve how we work with families to connect with them. It is relationship based, so our only big challenge is that we are trusted and that we are respected within the community. What our nurses tell us is that the two nurses that are currently working with Aboriginal families are very well respected, and so one family respects them and they tell a lot of other families and then they are well respected. If they do make a child protection notification, then it is not just that one family that that affects. Many other families are affected. So they have actually worked through that, where they have actually talked to

families about it being important to them that they keep children safe, that they are mandatory reporters and that, if they do suspect that a child is unsafe, they will have to make a child protection notification. Often the families are quite respectful of that. So it is that relationship that is the biggest challenge.

Ms McLEISH — Is that a common experience, the child protection notifications in that community?

Ms LAPPIN — It is a common experience not just in the Aboriginal community; child protection notifications in Latrobe are some of the highest in the state.

Ms McLEISH — Yes, that is all I was wondering about.

The CHAIR — We have heard time and time again about some of the statewide challenges: a high proportion of women with diabetes, obesity issues, BMI and mental health issues as well. Anecdotally, I guess, have you seen that trend increase over the last five to 10 years?

Ms PARR — Yes. I can say yes. Mental health definitely and obesity across the board have been definitely increasing, yes.

The CHAIR — And I guess, just to be frank, in your opinion, are the initiatives that are being rolled out now to bring those problems to heel sufficient? Is there another issue that we are not focusing on that we should be or another channel to these communities that we are not actually using?

Ms PARR — It is really hard with the low socio-economic group that we have down in Latrobe city. A lot of them are. For obesity and that, you are looking at people that are just buying cheap food all the time. I have come across now what I think is a generation that does not know how to cook.

Ms McLEISH — Despite watching TV.

Ms PARR — Despite watching TV. I can watch it and go play, but I was quite taken aback that somebody cannot boil up a potato. We feel that there is a huge need of a lot of education around that as being a quick meal over running to McDonald's.

The CHAIR — It is funny you say that. A lot of schools, especially in areas like, say, Frankston as a lower socio-economic area and the Latrobe Valley, are actually putting that in their school curriculum over other things. And even though it is a crowded curriculum, they are finding that the kids are basically teaching their parents to cook.

Ms PARR — It is, and it would be a very good —

Ms BRITNELL — I used to work in the area that you work in, and I took a chocolate cake to work once. They said, 'Don't tell me you baked it', and I said, 'Of course I did'. They thought I meant a packet, and they made me prove it. And then they said, 'You couldn't make scones, could you?', so I showed them how. It is a true story.

Ms PARR — My grandchildren are the ideal. We make from scratch cupcakes and things like that at home and bits and pieces, and they have said the same: other people make it from a packet.

Ms McLEISH — Just extending from that, with being part of the Latrobe City Council and with the maternal and child health services, you also have the kindergarten services. I have seen a number of kindergartens have started introducing this sort of stuff with the food. Do you actively feed that information across to the kindergarten group to make sure that that is something that they are tackling?

Ms LAPPIN — Yes, absolutely. We are all in the same team, so we work fairly closely together. We also are working to really improve Early Start kinder enrolments — so for children in the year before they go to preschool — so that children that are either Aboriginal or known to child protection get two years at preschool. We work with that as well as improving cooking, cooking experiences and healthy lunch boxes and things like that. We hope to see a difference.

Ms McLEISH — So are you going to be doing something different with this program than what would you be looking at doing more mainstream in that food area?

Ms LAPPIN — I do not know if there is actually a plan for that, but the fact that we are all in the same team, we work pretty closely together and our preschools are sometimes housed right next to our maternal and child health nurse service means that we have got really good relationships. So it is not actually a strategy or a project that we have worked on; it is just over the past few years it has been recognised, and we have been working together as a team on that.

Ms McLEISH — With the co-location of your services in the kindergartens, I know an example at Healesville where they had an early program for zero to two — the Boori program for the Aboriginal kids — and then they moved that program, co-located it, nearer the kindergarten and the maternal and child health service so they had access. Have you got any programs like that here — the zero-to-two-type thing? Is that something you are working on now or will your program pick up elements of that?

Ms LAPPIN — That is probably about as close to that as we have. I am assuming that if it was a zero-to-two program, it was a program that had maybe childcare elements to it. Did it?

Ms McLEISH — No, it was about engaging young parents of Aboriginal background with the babies and giving them parenting skills and the social elements and then linking them into knowing that there was more than maternal and child health that existed but also to see that kindergarten is a pathway.

Ms LAPPIN — That will probably fit in with our First 1000 Days program, which we have just only in the past couple of weeks received funding for. That is obviously about the first 1000 days. For us that is about connecting our Aboriginal families to culture and also recognising that family violence is a large issue in the Aboriginal community. But there are a number of elements to that, and that means working with families from when they are pregnant until their child is two. So there are any number of elements that would meet that. It is about helping them access universal services — preschool and maternal and child health.

Ms McLEISH — One of the other things we have heard in a couple of different areas is the challenge it is to get — in some areas, not all areas — Aboriginal women to the health services when they are pregnant. In fact when we were at LEAHA yesterday they had quite good connections and were doing quite well in that area, but not every area reports the same. How confident are you in trying to engage everybody, including those who want to fly under the radar?

Ms LAPPIN — Part of this is that we recognise that although our perinatal medical services, we understand, have good relationships with the Aboriginal community and are well respected, we still recognise there are many Aboriginal families who are very transient who may move into the area and are only there for a short amount of time. We do not always know when there is a family that has moved into the area. So as part of this, it is about connecting with other Aboriginal services who may also be aware that there are new Aboriginal families in the community or ones that are disengaged, and this is about improving that engagement with them.

The CHAIR — I have just one last question. I think we all know the trends of postnatal depression in this area. I am just wondering if you think the services that are in this region are sufficient for both men and women, and if you still would have people falling through the gaps.

Ms PARR — I think this probably needs to expand more. While we have the Agnes unit, which is a mother and baby unit that I think should be much more so, we have lost our so-called day-stay program for sleep and settling, which has seemed to come out as quite a major loss. It is a growing trend, but I think we need to have the increase anyway across the state.

The CHAIR — That is why we are here. Thank you for concurring with that. Thank you so much for your time today and for your patience in waiting. Just be aware that the information that you have imparted to us today will go towards the recommendations the inquiry makes and it will be put to the state government, and most likely you will be putting out your hand and saying, ‘We want some funding’.

Ms PARR — Thank you.

Ms LAPPIN — That is great, thank you.

Witnesses withdrew.