

# **TRANSCRIPT**

## **LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE**

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

Shepparton —Thursday, 24 October 2019

#### **MEMBERS**

Ms Natalie Suleyman—Chair

Mr James Newbury—Deputy Chair

Ms Christine Couzens

Ms Emma Kealy

Ms Michaela Settle

Mr Meng Heang Tak

Mr Bill Tilley

#### **WITNESS**

Ms Jennifer Weber, Chief Executive Officer, Caroline Chisholm Society.

**The CHAIR:** Welcome. Thank you for being here. I declare open the public hearings for the Legal and Social Committee's Inquiry into Early Childhood Engagement of Culturally and Linguistically Diverse Communities. All phones should be turned to silent at this point. I welcome Jennifer Weber, the Chief Executive Officer of the Caroline Chisholm Society here. Thank you very much for being here. All evidence taken by this Committee is protected by parliamentary privilege, therefore you are protected against any action for what you say here today, but if you go outside and repeat the same things, including on social media, these comments may not be protected by privilege. All evidence given today is being recorded to my right 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 and handouts will be placed on the Committee's webpage as soon as possible. I invite you now to provide a very brief statement, and on concluding that, we will follow it with questions.

**Ms WEBER:** Absolutely.

**The CHAIR:** Thank you very much, Jennifer.

**Ms WEBER:** No, my pleasure. I thank you for the opportunity to be here. The Caroline Chisholm Society has a very proud history. We are actually celebrating 50 years. We were established here in Shepparton back in the 70s and likewise in Melbourne, and the two networks came together to form what we know today as the Caroline Chisholm Society. Our specialisation is at-risk, highly vulnerable mothers and children.

I would like to flag that our services here in Shepparton are unfunded and we continue to advocate and lobby for that because of the nature of the families and the mothers who are coming to our service. Only just last week we had a critical incident where a mother with a one-year-old and a two-year-old had been driving around and came across a service in New South Wales who put them straight onto us. She came into our centre. I happened to be in the office with our lead practitioner. We basically have a lead practitioner who is funded from Melbourne, from our program work up there, and a team of volunteers. We were actually able to calm mum down. I contacted Child First. I was advised that there was a 13-week wait for services for this particular mother. These are the types of instances we are working with pretty much now on a weekly basis in an unfunded service. We have put our case forward that, particularly for culturally and linguistically diverse mothers and children who are coming to our service, this is actually getting to a critical stage now of crisis intervention that we provide for mothers who do not know where to go and more often than not will finish up in our care. So that was actually a very serious matter that we were managing and supporting last week.

With regard to early learning, early childhood, as I say, because we are a specialisation from pregnancy to five, we are increasingly providing services and supports to mothers and children across the board. We do not apply criteria for those mothers. Often we are receiving support inquiries from mothers who are being turned away from other services because they do not meet funding criteria. I did cite in my proposal the case of supported playgroups. Because mothers do not necessarily get the healthcare card because of their visa status, those mothers cannot access them. This is again an unintended consequence of a very good idea in public policy. But often that is what we are actually living with and working with in our communities—to then try to navigate systems and negotiate on their behalf to get them into those types of supports, because we know from the evidence, the research, that there is strong research to support the idea that by getting mums connected into community assets like early childhood programs, playgroups, you can actually build capacity, capability, for mothers to be engaged with other services.

For Shepparton, again, a great model that we have is our partnership in the location where we are with the South Shepparton Community Church. We are located next door to them. They actually run a playgroup called Little Steps, which has become a very successful model. There are 30 families attending that service on a weekly basis. It is very rich culturally. It is a reciprocal relationship that we have, because families who are in need there can come to us, and likewise for those families who are coming to us we can get the mums into the program there. So that becomes a very important way of building that family support. Mothers are finding that

that is a very safe environment, particularly again those who are culturally and linguistically diverse. They want to better understand and make that transition to life in Australia. What is it that they need to understand? And there is a currency that comes with that. When you better understand your environment, your community, you can then actually start to navigate it. Now, we see that families, Australian families, are at risk because they do not understand or cannot figure out the systems to navigate that. So due to the fact that we have a lead practitioner on site, we are actually able to help those families navigate those sorts of systems. And particularly for the culturally and linguistically diverse, those challenges can often be greater.

We do note, in terms of some discussions I have had with our volunteers and our lead practitioner for today, that there have been some challenges in the community here where some of the playgroups have not been able to run—like the supported playgroups—due to funding issues. So the families have actually been coming across now to other, more general playgroups. They may not necessarily have the family support workers in those programs. Hence that is when we start to see them coming into our service as well.

We have also just been doing some work with regard to better understanding, in the context of 50 years of our work, the value that we provide to the community here—just in the sense of a return on investment. The service has never received government funding. As I say, we continue to make the case, because if we are in the room with a mother in that instance, we are actually able to better coordinate a home visitation and a local intake.

It is a *Sliding Doors* moment, actually. When a mother comes in needing an intervention, do you actually provide the intervention and the response straightaway or do you refer and make the report to community-based child protection? The better outcome is if we provide the intervention immediately in response to the needs that present. For instance, a mother with a one- and a two-year-old who is driving around trying to find somebody who will assist her, as opposed to her then arriving and our saying, ‘Well, sorry, we can’t help. But we’re going to pick up the phone now and report you to community child protection. That will be a local intake. You will be on an active hold system there while they determine if and when they have got the resources to allocate’. Or we can mobilise, in our instance, and provide that intervention designed around being a specialisation in the early years, but particularly with that pregnancy and the first 1000 days work that we do.

We have been looking at what the value of the organisation is, how it has contributed to this community. And we value that contribution, given our volunteers and our lead practitioner—that is close to \$400 000 a year in terms of an unfunded program that is giving back to a community, where there are funded agencies who are actually referring their clients to us.

Just last year 10 per cent of our referrals actually were made from DHHS; they sent clients to us to assist them with material aid and connecting them into our volunteer services. There are other agencies where we see 20 to 30 per cent of our clientele are actually being referred from their agencies. So it is a significant contribution now that this organisation is providing to the community.

I will pause there, draw a breath, take a drink!

**The CHAIR:** Thank you, Jennifer. I will just begin by saying thank you to the Caroline Chisholm Society for the work that you do out in Melbourne’s west—I have had a very good working relationship with the former CEO, Helen—and for the contribution that your organisation made to the Joan Kirner Women’s and Children’s Hospital. I thank you for that. Now, my first question is: we are here in Shepparton and your organisation is doing some great work here, but what is one of the biggest barriers when it comes to CALD communities accessing the service? What is it that stands out for you?

**Ms WEBER:** It is a cultural understanding. It is: where do you go? You do not know what you do not know. So when they are presenting, it is around knowledge, cultural barriers and understanding, and then where are the resources to navigate in those systems? What is it that they are actually needing?

Because what we find is that with the program that we are able to offer—as an outreach or a drop-in—a material aid program or welfare appointment is not necessarily a sexy, out-there type of program that people want to sign up to fund and things like that. However, what we are finding through an approach where, say, a mother drops in who is in need of clothing—there might be some financial stresses there—is that a lot of things start to get unpacked. We know from our understanding of the first 1000 days how important that initial contact

is and the community asset. So if we can get mothers connected into those, that is a good way to then start to build their confidence around parenting and get them connected into those really important networks in the community.

**The CHAIR:** My next question is: what does your society need to provide women in particular—because those are the services you are providing—to improve their access? What would be, for the three levels of government or for our Government—

**Ms WEBER:** Look, Natalie, I have worked in government myself, so I know it is the good, the bad and the ugly. It is not necessary always more funding; it is about how we do our funding, and I appreciate that. The last thing I know that Government representatives want is people coming in and saying, ‘We want more money’. We would actually just like to have a base funding platform, not more, because we are not receiving that.

My apologies too—I should have said from the outset that I was running late today to this presentation because I was in Melbourne discussing the needs around unborn reports. We have 1500 women in Victoria who are on the radar in terms of being reported and child protection monitoring the situation as to whether or not their children will be removed from them when the baby is born. Of those 1500 women we are in another *Sliding Doors* moment, where Centrelink Melton had a mother who presented at 36 weeks pregnant, sorting out her payments, and the Centrelink social worker said, ‘So where are you having your baby?’. Mum had never had an assessment and never been to a doctor. Her moment was: do I call community child protection or do I call the Caroline Chisholm Society, because I know that they will actually have the resources to mobilise? So in that instance what we were actually able to do was mobilise. We did not ask about postcode and we did not ask about funding criteria, but we mobilised to support the mum and got in a doula as well as one of our caseworkers. Now, as a result, mum gave birth, and there has been an attachment between mother and child, but we were also able to facilitate a family reunification where there had been a disconnect with the family from another state. The grandparents have now come in, and we have actually just saved the State Government and the system \$1 million with regard to that mum, who would have been reported to community child protection. There was a real risk that the baby would have been removed, gone into foster care and aged out at 18 years of age—as opposed to us, in communities like this, not being funded to do what we could actually be doing in a more effective way.

**The CHAIR:** Thank you. That is great. Can I pass on to Christine, because I know we are time constrained.

**Ms WEBER:** I am conscious of that, yes.

**The CHAIR:** We could talk about this.

**Ms WEBER:** Yes, I need to come and have a chat!

**The CHAIR:** Yes, we do.

**Ms COUZENS:** Thank you for coming today and giving your presentation. We really appreciate it. We have heard a lot during this Inquiry around the value of playgroups. You mentioned playgroups as well. Do you see this as being a critical aspect to engaging multicultural families, particularly with children, which is what we are talking about?

**Ms WEBER:** Yes. Look, I think it is. Having worked in Canada for several years myself with the Government of Alberta, I was always quite chuffed when I was approached by government people—Canadians—to say, ‘Can you tell us more about the playgroup model in Australia?’, because it has such a reputation for universality. However, what we are seeing are, again, unintended consequences. When we start to create funding programs and call them ‘supported playgroups’, which are then to the exclusion of others, you are creating, almost, this ghetto. So we lose our sense of egalitarianism and universality in terms of access to those environments, because we know—the evidence is there, whether it be anecdotal or academic research, in terms of the critical connection into community. That breaks down the barriers of social isolation. For instance, what I am going to be doing over the next little while is I am now going to have to go to foundations to put proposals together to say, ‘I’ve got a demographic here who cannot get access to this type of resource because they don’t have healthcare cards. I’m going to have to go and recreate something over here where we’ve had this system here’.

I did not flag this as much in the proposal because, again, I was so desperately trying to write something up, but having said that, another area is the connection of early childhood and home. We are in discussions with the University of Melbourne at the moment with regard to the three As—the Abecedarian model, which is a model that has been used, basically if anyone looks at early childhood, that a \$1 investment saves us so much, whether it be \$7 or \$13 down the track, because we make that investment earlier. That is based on the work of Heckman. Those models, and we have lost that a little bit here in Australia, but we need to bring it into the picture, are based on doing early childhood and home together. You bring the two together. So for a family who immigrates here to Australia, how do you know that to get into this world—because we see the benefit of it, the strategies that are used in an early childhood program are then provided to the family in the home, so you build up that capacity across the two environments.

The early childhood development data, the EDI, and the census data that is now being used—again, my work in this area in Canada; I did my PhD in this area. One of the key components of the early childhood development data is the community asset. In communities where we have thought that children were not doing well because of an SES and a CALD profile, there is EDI data to suggest that children are actually doing quite well. The reason for that is the community asset that is there and that has been mobilised. So the universal proportionalism is so important in terms of playgroups, whether it be a kindergarten program, because through that universal we break down those access barriers; we remove the stigma. Supported playgroups—families out in the west—are now going, ‘Loser’. That is how they describe themselves. ‘I’m being sent off to a supported playgroup because I don’t know how to parent’. Now, that is a stigma. We have just gone and tattooed that on them to say, ‘Well, you’ve got to go off to that, but everyone else is over here’, whereas if everyone is in the playgroup, we break down those barriers. We get to share culture. We get to share language. That is the experience of Little Steps here. We have seen families who do feel safe. Children do not see colour or creed or race or religion. They have that opportunity to be able to break down those barriers, and I think that is what is really important.

**The CHAIR:** Jennifer, thank you very, very much for your presentation. Again, I thank the society for all the work that you do, and I look forward to keeping in contact with you.

**Ms WEBER:** Yes, thank you, Natalie. It would be lovely to catch up with you.

**The CHAIR:** You have made that trip from Melbourne to be here, so we really appreciate it.

**Ms WEBER:** I am very grateful. I would do it—

**The CHAIR:** Your submission, just to let you know, will be part of our deliberations, and we will be making strong recommendations to Government in the new year and we will update you on that progress. Thank you.

**Ms WEBER:** Great. Thank you very much.

**Witness withdrew.**