

# **TRANSCRIPT**

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

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

Dandenong—Monday, 2 December 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 Margaret Rutherford, Manager, Implementation Support,

Ms Khadra Omar, Community Facilitator, and

Ms Julia Cornelius, Senior Adviser, Early Years, Our Place.

**The CHAIR:** Good morning. I acknowledge today the traditional owners of the land on which we are meeting. I pay my respects to their owners both past and present and to the Aboriginal elders of the communities who may be here today. Again I take this opportunity, just for protocol purposes, to say that 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 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. Any transcripts, PowerPoint presentations and handouts will be placed on the Committee's website as soon as possible. I take this opportunity to welcome Margaret Rutherford, the Manager for Implementation Support; Khadra Omar, Community Facilitator; and Julia Cornelius, Senior Adviser of Early Years at Our Place. Thank you for being here. I now invite you to proceed with a brief of 5 to 10 minutes, which will be followed by questions from the Committee. Welcome.

**Ms RUTHERFORD:** Thanks very much for the opportunity to come and present today. I want to start by acknowledging the traditional owners of the land on which we meet and paying my respects to their elders past and present. I will introduce the three of us just very quickly. I have worked with Our Place for about seven months but prior to that had about 20 years working in community development with place-based approaches. That is including managing community development projects with the Smith Family in Victoria and as the Director of the Migrant Resource Centre in the western region.

Julia is our Senior Adviser, and she has got 30 years' experience in the education and care sector, both in the government and non-government schools sector and in kindergarten and child care. She worked in the early learning centre as Education Leader for the 0 to 3-year-old program, and she has mentored a large multicultural team of educators and worked closely with Monash Health in that community. She supports Our Place at the moment in building the capacity of all of our early learning services.

Khadra has got more than 20 years' experience working in early years, community services and parenting support with a range of state-wide services and local government. She is also experienced in providing cross-cultural education advice to organisations and services and adapting established programs for CALD communities. She is currently the community facilitator at our Carlton site, and she is also a culturally and linguistically diverse parent and a past user of early years services in Melbourne.

We have been asked here to provide an overview of Our Place, and we have provided you with some presentation material. While Our Place is not designed as a culturally and linguistically diverse intervention specifically, it has been noted as a good practice example for engagement, and so in this presentation I will give an overview of the Our Place approach and also look at some reasons why this approach might actually be applicable for culturally and linguistically diverse families. Julia and Khadra are here to help us to respond to any of the questions or give clarification specifically about the approach.

To start with, Our Place is a place-based initiative. It is a partnership agreement between the Colman Foundation and DET. DET has agreed to build schools and early years services in a particular way and style that will create a family-friendly environment, and that includes space for community engagement activities. The Colman Foundation is a philanthropic organisation, and it has agreed to provide people, to coordinate and to support the implementation of the Our Place approach and to lead the research and evaluation around it. So that is the Colman Foundation's contribution. It is a 10-year commitment at each site, and it equates to around about \$30 million in total over that 10 years from the Colman Foundation.

Our Place community partnerships are partnerships between the school, the local government, an early learning service provider, the Our Place organisation and the wider community. Our aim is to enable schools to have the skills, resources and partnerships they need to make a real difference in the lives of children and their families. As a place-based project our intention is the same in every one of our 10 sites; however, the way that we do that or what is needed could differ depending on the site. We started with a question of 'How can we support the health and development and learning for all children?', and we came up with three key points: it was about investing in creating high-quality environments for all children; it was about focusing on prevention and early intervention; and it was about obtaining better outcomes from the existing service system.

The Our Place approach has come out of a lot of research along the way. Doveton started about eight or nine years ago, but what was created was built out of research. One part of the research was around the quality. The international evidence and research was consistently telling us that no matter where a child has a contact point—whether that is at home, whether it is at an early learning setting or whether it is in schools—it needs to be high-quality. It is the quality that is going to make a difference. It needs to be stimulating as well, but it is not enough to have just one high-quality and the rest not. So that is why we focus on all three. We know that the home environment is the thing that matters the most. It is also the hardest to influence, but it makes a huge difference. And so we start with the child and we want to create optimal environments for the child in every one of those touch points—the home, the school and the early learning service.

In terms of prevention and early intervention, we certainly feel that it is much more important to look at the prevention rather than the treatment. You know the analogy of the fence at the top of the cliff rather than the ambulance at the bottom, and that is what we certainly are looking at. And we talk about early intervention both in terms of the age of the child and also where they are in terms of a need. So if there is a potential issue, we want to deal with it at the potential stage, not wait until things become an issue. We see that if we could prevent a parent from becoming isolated either from the society or from the system, then that is what we should be doing because it is easier to work in that direction and more beneficial to work in that space rather than waiting until there is a crisis and dealing with it then, so that is what we do.

The last part is around obtaining better outcomes from the service system. Our premise is that often it is not a problem that there are not enough resources in the system, it is just that they are not being well used, not being used to the best benefit of families, and particularly not getting to the people that need it most. We do try to change that. We look to get better support from the system so people can fully participate in all of the opportunities in their community, and we also say that where the system is creating a barrier for the families, we will do what we can to fix that system. If we cannot change the system, we will want to be building people's capacity to work in it. But our first thing would be looking for that flexibility to be able to look at things from a family's perspective, if you like.

I am on slide four if you are following the graphics. One of the things that we did do is we looked at what is it that we know about building a better environment for children and families, and there were six key points. One was that early years set the foundation for lifelong learning. Our schools provide the early learning from birth, and we look at not just the traditional day care settings but it is also the quality around playgroups, the quality around the child and health support and the quality around parenting support, and we provide that all in the one place. We also know that effective education is a key indicator or ingredient in children's success, so we support, in our approach, the schools to create the best possible learning environment that they can and ensure that every child is receiving the support that they need. We also recognise that parental engagement in employment changes the intergenerational outcomes for young kids in disadvantaged environments. So we also focus on creating a range of opportunities for families to engage in formal and informal learning and linking them to employment pathways. The fourth one is that we look at families that are experiencing challenging life circumstances, so again in an Our Place site we look to make it easy for people to access those effective support services.

I have been involved in hubs for many, many years, and there are a couple of things that I would say are different about this approach, and that is that there is a breadth. We also look at engagement in enrichment activities for children and families, and that is about children being able to feel they belong and families being able to feel they belong by participating in enrichment stuff, whether it is hobbies or sports, but it is beyond the formal school or the formal early learning. It is actually just sort of getting involved.

They are, I guess, the five areas that we look at. We also recognise—and it is why Our Place has worked in the places where we have been running it—that we need to resource and facilitate the work that is needed to collaborate, so there is time, there are people, there are research and evaluation resources that are built into the model and not just an add-on or tacked in or everyone has to take a bit more of their time to be part of the partnership. There is a strong support to that as well.

You will have this document in your work, and that is basically our framework on the page. We have nine outcomes that we are looking for: three focus on children, three focus on families, and in the longer term three of those will actually get to the broader community outcomes. Essentially in a lot of the work that we do, the

schools and the early learning services are focusing on the children and we want them to be the best possible, so we partner well, but then we also provide capacity building for that, so that is the high-quality direct contact with the children. We do a lot of work in the family space because we know that if we are going to get better outcomes for the children, the families are the strongest influence. We do a lot of work with the families in terms of supporting reduction of social isolation but also their connection to adult learning. We are also making sure that the families are able to access the support that they need for their children: so early identification of developmental delay, being able to respond and actually access the referrals that people have been given and making sure there are no barriers for that kind of stuff as well. Down here are those strategies that I just described around the high-quality early learning and high-quality schooling, support for health and wellbeing, engagement in enrichment activities and the adult learning. That, I suppose, is our one-page that says, 'This is what we do'.

I think one of the key things about it is we actually do it in a school environment. So we are doing it on a location where people would normally go anyway, and generally we can build trust with that service. The reason that we do it that way is because a school is universal; you do not have to have a reason to come into a school except for the fact that you might have kids there. And in its longer term you are possibly coming in whether you have got kids or not because there is an adult educational activity or an engagement activity.

We want no barriers; we want no stigma attached. We are very strong around, I guess, some of our principles, and if I draw your attention to this page, page 6 in your notes, those principles on the left-hand side there are absolutely paramount for us. So it is a single entry point, so that when someone goes in no-one knows who is coming in there. There is no stigma. It is not because you are going to see the family counselling; it is not because you are going to see the paediatrician; you are just going into this space. It needs to be welcoming and friendly—and that is something that we do not just say; we actually spend a lot of time making sure that it is. It is the visual environment; it is the people environment. All of the partners that are involved in the delivery of the services are trained, and we have multiple conversations around why this is really important and what that means and what that looks like. We talk about how when someone comes in it is not 'What would you like?' or 'Have you got an appointment?' or 'What are you doing here?'; it is 'How can I help you?'—and that is a mantra that we say in every location, because that is where we should be starting from so that people feel comfortable and welcomed. 'Hello. How can I help you?'—and if I know you, I will be greeting you as a friend, because that is what it should be.

We also talk about warm referral to other services. So again, a family might come in to see the maternal and child health nurse. She realises the family is not connected to anything else. The maternal and child health nurse may take this parent on to meet the playgroup leader or say, 'Let's have a look at the playgroup room' or 'Let's have a look at the early learning service', so that it is actually a walk-through, not an 'Oh, you could join a playgroup. Go and have a look on the website'. Because you have got them all in the same location, that is something that you are capable of doing. It is also a way of thinking.

We also talk about 'no wrong doors'. We do not want families to come in and be asking about a service that is not there and someone to be saying, 'No, we don't do that; look on the website'. Our community facilitators, part of their role is actually to say, 'Don't do that. Let's sit together and work out where we can find it and how that is. Who is that? Let me make a phone call. Let me get you an appointment'. This just comes down to what we have said and what we know: it is very easy to be disheartened when you are given a 'We don't know' or 'I can't help you'. So the whole idea is that it is everybody's responsibility to help these families to connect.

Also one of the things, again, is working with the community, not 'doing to' the community. So all of our work is our community facilitators, and in each site there are the equivalent of two full-time community facilitators. Part of their role is to be listening to the community, hearing what they want. Any idea that comes up, any possibility, goes back to 'Is this what the community is seeing as their highest priority at the moment? Is this what is needed for the community at the moment?'. With hubs I guess and these kinds of things you get a lot of organisations saying, 'Well, I'd like to work with that community; can I run my program there?'. And we would come back and look at what is in it; basically, is this going to actually help the community or is this going to help that organisation run something that they want to? And we very much focus on what is going to help the community. So sometimes it is 'Yes' and sometimes it is not the right time, but it is what is going to help the community and what is going to get to those outcomes first.

The other part of it is just giving someone the space to feel that they belong. I guess on the question of why this works with CALD communities, if you are constantly surrounded by places that are unfamiliar and strange and you are not quite sure of what the rules are, if you can have one place where when you go you know you are going to be welcomed and you know that people are going to help you, then that will actually take a bit of tension away from your life and enable you to be asking the questions that you need to. So that whole feeling of belonging—people can come there and just be. They do not have to have a reason to be there. There is the design of them—as I said, the single shared entrance, but it is a large entrance. It is a space where people can sit and just take a break. They can make themselves a cup of tea or coffee or whatever; they can maybe use the computer to have a look at the local newspaper or the newspaper from home. It is a bit library, a bit school, a bit early learning service. It is trying to get all of those soft-entry features into one.

I guess the other thing I would say around the service is, again, why it is so strongly supported, so strongly responsive to the CALD community, is the relationships. Again, we value our staff building a relationship with people that are coming into that site. I guess it is our relationship, but it is also all of the services—the early learning services value that, the family support services value that. We are all coming from that same page that relationships are important, and more important than appointments, if you like. It is again looking at: what do we have to do with our systems to actually mean that we can build relationships with families? Because if there is a strong relationship, then they will come to us when they need to and they will also trust the advice that they are getting. That is probably where I am going to finish and offer you an opportunity to ask questions.

**The CHAIR:** Thank you very much for that presentation, Margaret. My question will be just in relation to CALD parents with children with a disability seeking and receiving the appropriate support, and in particular the impact of NDIS. What has been your experience and your organisation's experience with CALD families specifically?

**Ms RUTHERFORD:** The challenges with NDIS?

**The CHAIR:** The challenges, yes.

**Ms RUTHERFORD:** Julia, did you want to go?

**Ms CORNELIUS:** I worked at Doveton in the early learning centre for four years previous to starting this role. With the rollout we had a number of children that were entitled to NDIS. Some of them had come through because they had already had support, so they transferred over fairly easily. But our community facilitators organised and supported sessions with the NDIS with people coming in. We had interpreters available. We had one session particularly for families from Afghanistan. That is one of our largest areas. That session was presented to them with an Afghani translation, and then we had other sessions that were open to the whole community. Then the community facilitators take up a role in supporting families with the paperwork. Then each of the children that have an additional need have a caseworker through our health and wellbeing team of the school; this is in the under-eights in the early learning centre. We have a paediatrician onsite that we can access to get the reports. So we sort of case manage them along and support them with that documentation, making sure that they have got relevant, up-to-date documentation and making sure that they have got some support to fill in whatever paperwork they need, and then just following the process.

Either the school, through their wellbeing team, or the community facilitator will take a lead in that and follow the family. We very much believe in the family just telling their story once and everyone working together. So it is a real team effort, and the families feel supported in that. We have had some pretty good success stories with those families accessing what they need. Because they have already been receiving services in the public domain, once they get that NDIS they have to move out of those services, so we have been able to support them to find other services too.

**Ms RUTHERFORD:** One of the things I would say is, as I said, Doveton has been going for about eight years and has a scale to be able to have the case management in the wellbeing team, and that is ideal in a school system. I guess what we have to be quite clear about is that the 10 Our Place sites that we have are in various stages of development. Doveton is our oldest; Mooroopna is our youngest. Not many of our sites would be able to do that, but that is what we would want to be able to happen in every site. If we can put the right resources

around, people will come. In our approach, the early learning service and the school would be able to work together on this, with the facilitators dipping in when they need to.

**Ms CORNELIUS:** We have started that process at Bridgewood with some families there from predominantly an Indian cultural group. Certainly the community facilitators had a big part in supporting one of the families who had a child with a global developmental delay who was not intending on coming to the school but with support and encouragement ended up at the special development school, which was really the right place for that child. The community facilitators played a very leading role in working with the family, sort of being a support person for the family there.

**Ms OMAR:** I would like to add that working in this early childhood sector as well as with parents, often parents who are fairly newly arrived are not used to the service system or not aware of the disability of their child or reading the reports. One of the first things when we recognise there is something not quite right with the child is to journey with the family, maybe take them to the paediatric appointment or the speech appointment. Once that assessment comes back, it is sitting down really quietly with the family and saying, ‘Hey, this is the report. Okay, let’s go through it. What is it saying?’, so you can advocate and they understand what disability their child has, what support the child needs—just sitting with them and understanding, so when NDIS people come to their house and do a home visit, they can advocate better, rather than just say, ‘Oh, my child doesn’t talk’, you know, or ‘They have a language issue’. Really, to understand the whole condition and to really advocate, that would mean that that child, instead of getting 10 sessions on speech—maybe they can articulate quite well. We always make sure that they have an interpreter and prior to that session really talk with them and prepare them, so that they understand that in their first language—and just journey with the family, because it is not very nice when you find out something is wrong with your child. People become overwhelmed and they are really not thinking rationally. Then you have someone that understands the language and understands the culture, who is also a professional in the field, explaining to them how it is, what is the process and where you have to go—and even advocating for the family on their behalf in the early learning centre. Sometimes there are times when services do not do the right thing by the child with additional needs and we say to the parents that they have the right to complain or they have the right to advocate for their child to get the best outcome for them.

**Ms CORNELIUS:** The other thing is explaining to parents that ‘Unfortunately it’s done in a deficit model, so you’re always saying the things that your child can’t do, and we know your child can do lots of positive things, but to get the best support for your child you actually just have to focus on the negatives’—and that is really hard, because you want your child to be normal and you want to celebrate those things. You do not want to have the long list of things that they cannot do—and that is really hard for all families to understand. So being that support person that can then, after you have done all the list of things they cannot do, you can say, ‘But I know they can do this, this and this, and we love them for that’.

**Mr TAK:** Khadra, do you think that the multicultural community is sort of aware of the benefit of early childhood education or do they have other competing sorts of priorities?

**Ms OMAR:** Are you talking early learning, like taking the child to early learning?

**Mr TAK:** That is right.

**Ms OMAR:** Certainly from where we were 10 years ago we have done a lot of information sessions to community on understanding early brain development, for them to understand what it means and that the infrastructure where they grew up where a child could play in the street and have multiple interactions throughout the day and the child would grow up happy and normal is changed through your being in a small flat and confined, making them understand that actually when they go to an early learning centre, a playgroup or a story time it is very important that you invest in that, that you are not only growing their body and giving them food and clothing; it is about growing their brain. We have been on multiple community radio information sessions for parents and one on one, advocating on behalf of the child, so parents understand and they are in a better place to give the child the right environment for them to grow. So it has changed a lot.

**Mr TAK:** ‘Changed a lot’—so you see improvement?

**Ms OMAR:** Yes, because before when I said, ‘Come to playgroup’, 10 years ago, they were like, ‘I’m going to sit around for 2 hours? Like, I’ve got washing, I’ve got this, I’ve got that. I’m not going to go to playgroup or story time and just sit there’. Now the communities are moving to, ‘Okay, the child needs to play’. The importance of play, they need to find. Just making them be in the same shoes as the child, or in the child’s place, and to understand that, ‘When you were young—when you were three or when you were two—you ran and you went across and you did all these things’. The child also needs that but we do not have them roaming the neighbourhood, but there are services that are created for them to play and to interact with other children.

**Ms COUZENS:** Thank you for coming along today. We really appreciate your time. It is very impressive what you are doing. I want one in Geelong.

**Ms CORNELIUS:** There is one—Wexford.

**Ms RUTHERFORD:** Wexford campus.

**Ms COUZENS:** Yes, but not in my electorate. I have got a few questions. Have you got an indication, say percentage-wise, of how many in the CALD community are accessing the hub?

**Ms RUTHERFORD:** I will actually pass this around because I realise that this was not in the initial set. It is a little bit small, but out of the 10 Our Place sites we did just do a quick look at what the CALD population is in each of those schools and how that compares with the local government CALD population. Some of the high CALD-population schools are Carlton, where it is 98 per cent; in Northern Bay it is 36.5 per cent; Robinvale, 34 per cent; Doveton, 64 per cent and Bridgewood, 31 per cent. And the schools were not chosen on the basis of any culturally and linguistically diverse stats. They were chosen on the relative advantage or disadvantage. It is not surprising, because it tends to be the trend, that in a lot of the areas of high disadvantage you also have a lot of CALD population. If you were to unpack some of what we are talking about, you would want to unpack: is this around poverty or is this around diversity?

**Ms COUZENS:** You talked about the relationship with the CALD community. Obviously you do have people working there from CALD communities, but do you have a plan or a program or a vision to have people from multicultural communities working in key roles in the hub?

**Ms RUTHERFORD:** There is our workforce, there is the school’s workforce, there is the early learning service workforce; our ideal is that the people who are working in these spaces are reflective of the community.

**Ms COUZENS:** Yes, but often they are not.

**Ms RUTHERFORD:** And often they are not. We can encourage, we can nudge; they are all partners to us. So I guess part of what we would be doing is looking to model that, so where we have an opportunity to employ from the local community on something there is a bit of demonstrating. I am happy to talk about the Carlton site where they are just in the stage of opening their early learning service. They had to recruit from scratch, and they worked beautifully with us, with Khadra, with Sally and the school to promote the fact that there were vacancies and change their promotion strategy for those vacancies when they realised that local community members were not actually hearing about and discovering them. So they have been quite flexible in relation to making sure that word gets out to the community and as a result quite a number of the community members have actually got jobs in this new centre. So that centre’s staffing profile will be quite reflective of the local community.

**Ms CORNELIUS:** Doveton’s is certainly, too. When it first opened it initially sought at least 50 per cent of its employees in early learning and also in the integration support roles in the school, they tried to get 50 per cent that lived in the local community—that were parents or members of the local community. As the demographics of Doveton have changed, so when we have had new positions become available, casuals, we have sought to go into more diverse linguistic backgrounds, so we have got lots of staff that speak five or six languages. So that also helps. You do not have to always have interpreters; we can just send a message to the office or call a specific person and say, ‘Can you come and spend 5 minutes with a parent? We just need to explain this or need your support. They want to try and tell us something and we’re not getting a clear message’, so it certainly is one of the things we hope for. It is not always possible.

We have also upskilled, at Doveton, the staff. So in early learning they may have started off as a certificate III, but now nearly all the staff have at least a diploma and two staff have gone on to do bachelors. We have just employed our first bachelor. She is in her second year. She started as a cert III, from an Indian background, and has gone right through and done her bachelor. Now she is the bachelor in the three-to-five kindergarten room. They also promote. Lots of parents over time have started with us in an education support role and then moved on to other schools and things too. They started with some casual work and developed a bit of experience to go on their resume so they can then feel comfortable applying to other places.

**Ms COUZENS:** Great. That is fantastic. Thank you. Obviously you promote the service to bring particularly new refugees and asylum seekers into the services. How do you do that, and what are the significant gaps and barriers that you see that the communities face?

**Ms RUTHERFORD:** I think the first thing is that we are promoting it to all of the community; it happens that the communities that we are in have migrants and refugees. So part of it would be the eye that we keep on who is coming into our programs, who is not coming into our programs, so then we can separate to that degree. In some places it will be families from culturally and linguistically diverse backgrounds coming in because there are English classes there. We have heard from our consultations that is what people want. That relationship is the key thing. We start with what we call 'engagement activities' that ask nothing more than just come and be; come and be in a playgroup just because you have a child—not because you have got parenting deficits, not because your child might have additional needs, not because of anything else except that you have got a child. We see those kinds of engagement activities as the key starting point. We want no eligibility requirement for our playgroups. We want no time limit for a playgroup. We just want something that when a person comes in and they look like they would like to join we can immediately say, 'Guess what—we've got this'. Same as you will find activities like sewing groups, cooking groups and things like that. Exactly the same reason: just something that people can engage with, start to see other people, and then we can have those conversations. So I suppose our first engagement strategy is being there in the school, our second one is being welcoming and our third one is having some immediate opportunities that people can connect with that say nothing about them except they would like to join it. Does that make sense?

**Ms COUZENS:** Yes.

**Ms CORNELIUS:** I think we have got a bit of time on our hands too, because for most of our families they engage with us for quite a period of time, especially if they are starting school or starting early learning. They may start with a young baby or they may start with a child in three-year-old, or a child starting school, so they are looking for a period of time. We do have that benefit of spending time getting to know a family before we need to raise issues and things, so we can get to know them. There is a lot of sharing amongst all the partners so that we can go with a single sort of message to families and say, 'You have a child with disabilities. These are the services that we need to help support you to get access to. We've done it for lots of others'. A lot of word of mouth is really good; someone gets a great result and then their friends come and say, 'Actually, my child is showing these signs. What do I need to do now?'. And having staff that they can build relationships with; they are not having to talk to total strangers and things—so time and relationships.

**Ms COUZENS:** So you do not have CALD-specific playgroups, for example?

**Ms CORNELIUS:** Not at Doveton.

**Ms OMAR:** Not us, but there are services.

**Ms COUZENS:** There are some around.

**Ms CORNELIUS:** Yes.

**Ms RUTHERFORD:** If partners have got them we can bring them in.

**Ms CORNELIUS:** Playgroups also, like at Doveton, have a number of different cultures represented in the staff. So they are all staff, they are all supported. They have got culturally diverse staffing for that, so that is really helpful too. Language is not necessarily a barrier. But we decided to go with a broad approach.



**Ms RUTHERFORD:** It also depends on your location. The approach of having someone who speaks the first language running the playgroup is ideal because people want to communicate and sometimes that can be achieved by having someone who speaks multiple languages or more than one leader. But in doing that you are always going to miss out on someone—what about that Korean mum? Where does she go? Because there are only three Koreans in that district and you have not got enough. So you always have to balance that. That principle of ‘Whatever it takes to make this family welcome’ is a strong one that we have to go with. We cannot just assume because I put in an ethnospecific playgroup that I am actually going to gather all of the CALD families.

**Ms COUZENS:** Often communities do it themselves, though, don’t they?

**Ms OMAR:** Yes, but the other thing is providing a space and an opportunity for the community to gather—in Carlton there is a parent room—and just being available in the yard and talking with families and talking to them about what is available and what services are around. Often asking families and they have been there in that area for 10 years and have not realised that down the road maybe there is a service that will support their teenage son with employment or that there are groups that will support them.

Also the other thing is about access—people access an equity about parents having voice and saying, ‘You know, actually it’s your child and you’re a partner in this’. Often bilingual parents feel the teachers know best or the early learning knows best, and they feel a little bit down and they feel, ‘What can I contribute?’. It is about empowering them and saying, ‘Your voice actually matters; what you know is you know your child best’, and you can start from that point of view. We have got a group of parent ambassadors at the school where at each year level there is a representative, a parent representative, and they are aware of what is happening in the school and then they can actually go out and disseminate that information and empower the community. So it is about that—telling community, ‘You have a voice’, and giving them a voice.

**Ms COUZENS:** Do you see any significant gaps in services, or do you think that what you are doing is covering off all the needs?

**Ms OMAR:** There are gaps. We have done about 87 consultations with the community: what are the issues? What do you want?

**Ms RUTHERFORD:** This is at the Carlton site.

**Ms OMAR:** The Carlton site. There are common issues and themes that are coming out, and we are finding that there are services there but the community is not aware or services are not aware of each other. But I know that there is a big gap for children with paediatric assessments and early intervention services. There is a big gap in those early years and there are children that are falling through the gap, because maybe the parents did not know or actually the need has to be so high that they miss out on that assessment and say, ‘Okay, you didn’t make the bar’.

**Ms RUTHERFORD:** I suppose if there was a wish list across the team, bulk-billing paediatric and other specialist services, because they are around but they do not bulk-bill, and that becomes a problem. Also available where people can get to them.

**Ms CORNELIUS:** Families are dependent on public transport or walking, so if you have to catch two buses and walk and you have a small child, or any child, it is really hard to get to some of the services if they are not centrally located.

**Ms COUZENS:** So how do you deal with the families that are not eligible?

**Ms RUTHERFORD:** Not eligible for what?

**Ms COUZENS:** Well, for health, education.

**Ms OMAR:** Okay. If they did not quite make—

**Ms RUTHERFORD:** The education support? The schools do it the best they can. They have got their global budget that they have to sort of work out what they spend on, so they are doing it the best they can. In terms of the Our Place approach, you would bring as many other support services as you possibly can to them, so other partners, depending on the location.

**Ms CORNELIUS:** At most of our early learning sites we staff over ratio so that we have additional staff available so that staff can spend time with families. So there are usually at least one or two above ratio across the centres.

**Ms RUTHERFORD:** The partners that are in the early learning services in each of the sites are ones that choose to do this because they value equality. So you have got Gowrie Victoria, you have got Goodstart—

**Ms CORNELIUS:** Goodstart, ECMS.

**Ms RUTHERFORD:** ECMS. You have got ones that are committed to the same approach. In terms of, I guess, that other question about the gaps, one of the big gaps—and everybody is having to sort of fund it piecemeal if you like—is the supported playgroup that has no eligibility criteria. We have had in the past these wonderful models of supported playgroups and then it gets added on, ‘Well, it’s actually just for the ones that really need it’ or ‘It’s just for language development’ or ‘It’s just for this’, which is great for people who would identify by that. But what we are trying to do is have playgroups being an engagement activity and supported playgroups being something that will bring people in. We do not want to have to create that criteria. We want to just say, ‘Come in and be with your child because it’s good for your child’, because we are trying to influence the home environment, and that was a good way to do it.

**Ms OMAR:** The gap around the school, I can just give you an idea about what is happening in Carlton. We have a large volunteer pool that work with children one on one, that are really coming to the classrooms and staying with the children and working with them one on one. The other thing is the school also advocating for the families and for the children. They have got a full-time speech pathologist now because they have applied for this funding. A lot of the children have language issues or articulation issues. The speech pathologist is quite busy. She works full time, staying with the children systematically and working with the children. As well, they have bilingual workers as integration aides at the school. For those children who did not quite make that significant department of education assessment—they just missed out—there are other avenues to support them.

**Ms CORNELIUS:** Maybe having slightly larger class groups but having an additional staff member in those groups or working across a couple of groups. The schools have predominately either been a new build or a significant redevelopment, so they have thought long and hard about how rooms have been developed and adjoining and spaces that can be closed off or big spaces. You could have 60 children and three teachers and three aides in a great big space with some quiet spaces and things so that you can break groups down into smaller groups and things like that.

**The CHAIR:** Thank you very much for presenting and taking the time to be here today. I thank you for the work that you do. The next steps will be that your evidence will be part of our deliberations and next year we will present a report to Government with some strong recommendations. If you would like to keep updated with the progress of the Committee, you may do so on the web page of the Committee. I can assure you, as I said, your evidence will be taken into consideration through the Committee’s deliberations. Thank you again, on behalf of the Committee, and thank you for all the work that you do.

**Witnesses withdrew.**