

# **TRANSCRIPT**

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

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

Melbourne—Monday, 14 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

#### **WITNESSES**

Mr John Zika, Executive Director (retired), and

Ms Janet Elefsiniotis, Manager of Programs for Children and Young People, VICSEG  
New Futures.

**The CHAIR:** Good morning. Thank you very much for being here at this Legal and Social Issues Committee Inquiry. I declare the public hearing open. As you know, the Inquiry is centred around early childhood engagement of culturally and linguistically diverse communities.

I would ask everybody with any mobile phones to turn them to silent at this point. I take this opportunity to welcome Ms Janet Elefsiniotis—hopefully that is sort of close enough—and Mr John Zika, who are presenting today. 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, those comments may not be protected.

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 available. The verified transcript, PowerPoint presentations and handouts will be placed on the Committee's website as soon as possible.

I invite you to proceed with a brief opening statement to the Committee of 5 to 10 minutes, which will be followed by questions from Committee members.

**Mr ZIKA:** If I can just say at the beginning of this Inquiry, I am here in place of Elias Tsigaras, who is the Executive Director of VICSEG New Futures. I am the Immediate Past Executive Director. I have retired, but because I have been involved with this field over almost 25 years he asked if I would attend in his place. So thank you for giving me the opportunity.

**Mr NEWBURY:** Thank you for being here.

**Ms ELEFSINIOTIS:** I also appreciate the opportunity to come and speak to you today as well. I am the Manager for Families, Children and Young People for VICSEG. VICSEG is an acronym; it is the Victorian Cooperative on Children's Services for Ethnic Groups. Our organisation has been operating in Victoria for around 40 years. I was actually the person who wrote the first submission to the Commonwealth Government to get funding for VICSEG. It was just post the Galbally inquiry and the Commonwealth had suggested that we needed some ethnic children's services workers in Victoria mainly to work with kindergartens to help kindergartens develop multicultural resources. Because you can imagine that was a long time ago—nearly 40 years ago—and there was very little happening in the early years space and we have certainly come a long way since then.

I think that the Victorian Government over many years has been very committed to children's services and has incrementally improved the quality of care, particularly for new and emerging communities. However, there is still a lot to do. You would be aware that there is still an under-representation of children from migrant and refugee and asylum seeker backgrounds—an under-representation of those children in our maternal and child health services, our playgroups, our kindergartens—and that those children very much need a lot of sometimes additional support, particularly the newly arrived children who have come from war-torn countries or have been born here but are born of parents who are traumatised because of the migration experience. So we are really delighted that the Victorian Government has announced this review and look forward to sharing with you through our submission and through our evidence today some examples of some best practice because I think we all agree that change needs to occur—otherwise we would not be sitting here today—but it is about what sort of change.

**Mr ZIKA:** Can I illustrate the point that Janet is making. In 2012, when we began a consultation process with the South Sudanese community in Melton—and some of you will know how huge that community is—at that point in time there was no South Sudanese child in any kindergarten in Melton.

**Ms ELEFSINIOTIS:** That has been redressed to a degree. We put in a little program there which was quite successful. We worked with council. The maternal and child health nurse was placed in the library, so we put in a South Sudanese bicultural worker to actually be present when the South Sudanese mums came and to work with the nurse to try to reorganise the appointment so that the South Sudanese mothers felt more comfortable about coming to maternal and child health. So we were able to start the conversation and the dialogue with those mums about the service system, how it operates and the importance of kindergarten.

So there are ways of doing things that can actually value-add to our services so long as we have obviously the resources to be able to employ the bicultural workers and the resources to be able to train them and prepare them and as long as we have the resources to be able to provide the cultural competency training that the service providers require themselves in order to understand that to engage people from a non-English-speaking background requires a little bit of extra effort.

I suppose the three main services that we have developed in our work and over the years since John first took stewardship of VICSEG is we have tried to look at the early childhood sector virtually as a continuum of care. So looking at what happens from pre-pregnancy through to pregnancy and then as children get older the need to access maternal and child health and then move into maybe a playgroup experience then a kindergarten experience and then support into school. So we realised that we needed to develop a continuum of service supports to assist parents in that trajectory—in that journey—with their new child.

So some very quick examples: we are working at the moment with the Murdoch Children's Research Institute and some local councils and hospitals in the north-west on a refugee pregnancy information and support program because the research indicated that a lot of babies or an over-representation of newborn babies from refugee families were being lost at birth. So we looked at trying to turn that around, and that was through information and support. We started off four years ago in Wyndham working with the Karen Burmese mothers, who were coming out of camps in Myanmar, and these mums had no concept of preventative health. Some of them had even been born themselves in the camp. So we needed to do work with those mums to help them to understand the value of going to the hospital and having their checks during the pregnancy, and over the four years we saw the stillbirth rate drop.

So that was a very good piece of work and it has subsequently been funded by the Department of Premier and Cabinet for another four years, and it has been extended. We are now working with Assyrian Chaldean mums in Hume. We are about to start working with Iraqi Muslim mums. We are opening up some more supports for them and also South Sudanese as well as Karen Burmese in Wyndham. So that is just one little example of how you can approach a very serious health problem and turn it around as long as you have got the bicultural workers to actually do the work.

In the maternal and child health space there is still a lot of work to be done, and what we try to do is work with maternal and child health nurses. We found that one way of supporting them is through the new parents groups. If possible and if the council is open to it and if funding is available, we provide bicultural workers who can run that first parenting group, which is usually an eight-week period of time after the baby is born. Often the dads will come along to that, and that is a time to actually help the nurses to engage more proactively with the families and for those families to understand the value of continuing to attend maternal and child health and particularly the various ages and stages visits. The importance obviously around that is to ensure that children do not fall through the net, particularly children who might have developmental delay and may need some help with speech therapy or mother may need some advice around nutrition. A lot more work could be done in that space in terms of resourcing maternal and child health and helping nurses to engage with organisations like ours and others, where they can access bilingual bicultural workers.

In the playgroup area—that is our flagship work—at the moment we are delivering around 40 multicultural playgroups across the north-west, mainly funded by the Department of Premier and Cabinet. We used to get money from the department of education, but there was a playgroup reform about three or four years ago and a decision was made to roll out a new model called Smalltalk to be delivered by councils in English. So both VICSEG and other community service organisations lost their access to State Government playgroup funding, and we were no longer able to deliver our bicultural, bilingual playgroups. However, thanks to the Department of Premier and Cabinet—they have bailed us out. We are into our third year of funding from the Department of Premier and Cabinet to deliver about 12 of these groups a year, and of course for the rest of the money we have

to try and find it here, there and everywhere else. So in the long-term we would like to see the Victorian Government make targeted funding available for bilingual, bicultural playgroups delivered in community languages and delivered by the community services sector, and that is a recommendation in my submission.

I might stop here for a moment because I know John wants to say a few words, and I am probably taking up too much time.

**Mr ZIKA:** Yes. I want to just put some of these things into a nutshell. Engaging with communities to access the service system is a twofold process. You have got to establish community links that are genuine and secure and trusted, and that is where the playgroups are a critical mechanism for achieving that. Then you need a mentoring system that in actual fact engages and supports the interface between professionals and families. If a family discovers that their child has developmental delay, you cannot just case manage that. You cannot simply refer that person to somebody else. You have got to link that, to be proactive in the linkage, because you know that families are entering into spaces that they have no direct knowledge of, and they are often hugely confused. That is an example of how this works. Janet talked about a continuum—engaging with families on an ongoing basis, not an incident-by-incident case. The bicultural workers that we train are able to do that. They act as facilitators with professionals and as enablers with families.

I want to add one little other thing that is not in these notes, but I think it is of benefit to you looking at this very important area. The cultural understanding and skills development of maternal and child health nurses has been something that has already been done very comprehensively at a point of time. The Victorian Multicultural Commission in around 2007–08 developed an acculturation program for maternal and child health nurses, and it ran over a period of time. This was at the time when George Lekakis was chair. Hakan Akyol is still there, and he was the person who made this thing work. So that should not be lost to the system. There is churn in all of this and things get left, but that is a critically important piece of work that was done, and it needs to be looked at and where necessary updated. I was part of the committee or the professional reference group. But the response in the service was very, very good.

Kindergartens: some very important, innovative work has been done over the years in the kindergarten space, particularly around building pathways and community engagement in kindergartens. There are people in the education department still, like Anita Calore and others, who helped pioneer this in Werribee, where the Karen Burmese were settling and not using the kindergarten system. The trick is simple, but it was complex to implement. It was to in actual fact engage a bicultural assistant from that language background to act as the connector. It went beautifully. Unfortunately it was a step too far for the professionals.

Now, we were involved in Hume with a similar strategy where we trained people to be kindergarten assistants from the recently arrived language groups in the City of Hume, Arabic clearly being one of them, and others. Some of the kindergartens took that up and shared a bicultural worker. Over the course of a week that person might do one or two sessions, or might attend one or two sessions, and in that sense you create trust, you create a certain bicultural, bilingual environment that way and you build the skills. These things have been done. They are not unheard of. They were there in the education department when it took over the kindergarten area. A lot of this flourished in Hume because there was the regeneration of the schooling system where, for the first time, under Premier Brumby, the inclusion of kindergartens within schools—those new schools that were built—just became routine. The whole process then of engaging with the family was given a basis in the physical structures, and what you have got to do is provide the personnel who can build those connections. Have we talked enough now?

**Ms ELEFSINIOTIS:** Yes. I just want to say that primary schools have stepped up to the mark. I am sure you will hear at some stage from Community Hubs Australia, but we are working very closely with primary schools right across the north-west that are part of these community hub structures and really opening up the schools and hosting playgroups, which is fantastic. It means that you can deliver them quite economically because you do not have the overhead of having to hire something. And it is a great place for parents; if they can come to a playgroup in a school and they have older children in the school, it makes it far more accessible. Certainly we would like to see much more investment from the State Government in the whole community hub-school hub movement because we believe that a lot of those resources are totally under-utilised.

**The CHAIR:** Have you concluded your submission? Thank you. I will open up for questions from Committee members.

**Ms SETTLE:** I am a regional MP, so I often look at things with a regional lens. Can we carry these programs through into the regions? Just listening to you, that shared facility and so forth is a very important part and I just wonder if that is going to work when we are a little more isolated. Ballarat is not too bad, but by the time you get to Shepparton, is it harder to run those programs?

**Ms ELEFSINIOTIS:** I think the service models that we have developed—and they are all evidence based and most of them have been endorsed by the Australian Institute of Family Studies because we have been delivering these services through the Commonwealth Communities for Children program over the last, well, it must be nearly 12 years now—

**Mr ZIKA:** In Shepparton.

**Ms ELEFSINIOTIS:** Yes, so all the service models exist. What it requires obviously in regional areas is some support from the State Government, the local government and the community services sector and for them to come together and to actually introduce these services. So they exist; the work has been done to develop the models, but there have to be resources there to implement them.

**Mr ZIKA:** And sometimes piggybacking. Transport is a critical thing and piggybacking on the community bus that is only used for seniors and saying, ‘Hang on a minute, let’s broaden the capacity here’. Some of those things are set in stone and need to be unset and thought about.

**Ms SETTLE:** Yes.

**Mr NEWBURY:** You mentioned, Janet, earlier there being a need for change, and I am hoping you might unpack that a little further; and John, you talked about some of the innovative pathways and innovative work that has actually taken place, and I am specifically referring to kinder. I would be really interested if you would not mind unpacking specific examples, specific areas of need, where regionally that need occurred, so really some nuts and bolts.

**Ms ELEFSINIOTIS:** Yes, sure. I could speak to you a bit about the City of Hume in particular. You would be aware that there has been a massive influx of humanitarian entrants, mainly Syrian and Iraqi refugees coming out of camps in Jordan. We are looking at 3000 or 4000 in the last few years. Anecdotally a lot of those households are headed up by women. There is quite a high level of fathers who have either been killed or lost in the war overseas. There is a high level of disability within that community, and we are talking about congenital disorders not just post-traumatic stress or what we are used to here in Australia, which is, say, autism or spectrum stuff. So there really needs to be a concerted effort, I believe, particularly on the part of the State Government, to say, ‘Okay, what can we do to help these families?’.

Certainly I have been on the senior partnership advisory committee for about three or four years now to the commissioner for children and young people, and of course everything has been noted but I think there needs to be a real look at how these families can be supported. Again it is problematic because it is often seen as a jurisdiction problem: ‘Okay, well, they’re the Federal Government’s responsibility; the feds brought them in. They’re not the State Government’s responsibility. We’re running mainstream services, and they can access them or not access them’. But the reality is that a lot of these families have absolutely no English whatsoever and the children are often illiterate in their own language, so there has been a real difficulty in helping these families to settle. The level of settlement service that is provided by the Federal Government is very, very limited. So we have been using our Communities for Children funding from the Commonwealth Government in our Refugee Family Mentoring Program to actually work with these new communities and to try and set up social support groups for women, playgroups for mothers and children and English language support for parents with onsite child care. I think as a case example that would be a really good place to actually put in some additional resources. In my submission I refer to—it sounds a bit jargonistic but we call it progressive universalism. In other words, you have got mainstream services—

**Mr ZIKA:** They are the universals.

**Ms ELEFSINIOTIS:** They are the universal services, but they need to be progressed. We need to be looking at what additional supports do these mainstream services need to be able to integrate these children into our service system and to help them to get into school and help them to get what they need? Because if we do not invest in these new young people who are coming into the country, in a few years time they will have problems. They will have developmental health problems and they will have social problems. They will end up costing the government more money down the track.

**Mr ZIKA:** We have bilingual workers in Parkville and in Malmsbury, so we know what happens and you know what happens if there is not an investment. If I can add to and take up the points that you are exploring, for me a very, very strong experience of how things can work occurred with the work in Wyndham and the Karen Burmese that I mentioned before: the critical role that local government played and the local government family and children's services departments and the personnel in those, as being champions and promoters of universal—what was it?

**Ms ELEFSINIOTIS:** Well, it is actually proportional universalism.

**Mr ZIKA:** We used to call it access and equity. The council was critical. It set the tone, and it also then worked effectively with local government to make sure that the targeting that had to happen was effective. So it is really important that those things are participatory and there is a community co-design but there is also a co-design between state and local government. That was some of the stunning stuff that happened in around 2001, 2002, 2003, as the Iraqis were hitting Shepparton. We watched as the primary school in Cobram, which was a small country school, suddenly changed to being 75 per cent Arabic speaking over three years. It was just immense. Because local government in Shepparton took this up positively and worked as an intermediary between community and State Government and so forth, that helped it happen. It also helped change people's attitudes because there was a lot of—you know, when you get that kind of social mix or demographic mix so quickly, of course it is going to create tensions and problems and so forth. Does that help?

**Mr NEWBURY:** Yes, it does. Thank you.

**Ms ELEFSINIOTIS:** I just had one other thing to add, James. It is something that might be worth looking at. Certainly I have not mentioned it in my submission at all, but anecdotally, my eldest daughter works for the VAEAI, the Victorian Aboriginal Education Association Inc. She is heading up that whole rollout of Aboriginal languages in kindergartens and it is an absolutely great initiative. I think in a way the Aboriginal communities are really leading the pack; they are doing the work very carefully. They are deciding on which language should be delivered in which kindergarten, depending on the language of that particular area. There are lots of consultations happening with the Aboriginal communities in each area; this is right across Victoria. They are training and preparing native speakers—speakers from the community—and it is an absolutely superb piece of work.

And on the other hand there has also been a lot of money given to kindergartens to develop CALD languages—languages other than English. Of course the kindergarten teachers have been scratching their heads, because what language do you teach? If you have got a kindergarten with five, six or 10 different groups, how are you going to choose the language to teach? A lot of the kinders have thought it was so difficult that they have chosen a language where there is no representation from the community—Greek or Italian or Spanish. I was up in Thornbury the other day and the kindergarten there has chosen Spanish. I reckon it would be really hard to find a Spanish-speaking person in Thornbury in this day and age. So it is a great initiative, but I wonder why are we just throwing money at kindergartens to deliver bilingual language when there is no actual demographic study or any support to help kindergartens decide what language should be taught. I would like to see, for instance, kindergartens in Melton—

**Mr ZIKA:** Sunshine.

**The CHAIR:** I have got a few that have Japanese in St Albans.

**Mr ZIKA:** Turkish?

**Ms ELEFSINIOTIS:** Yes, but in Melton I would like to see Dinka taught. I mean, given that is what we want—we want those kids to go to kindergarten—surely if there is a Dinka lesson in that kindergarten once a week, the families are more likely to send their children there.

**Mr ZIKA:** The social integration that language brings, particularly with young children, is incredible. They can say ‘Hello’ in their friend’s house and feel at home. It is all that. We know all this stuff. It is a matter of doing some targeted work.

**Ms ELEFSINIOTIS:** Targeting—that was the word I was looking for, yes.

**The CHAIR:** The Member for Clarinda has a question.

**Mr TAK:** Rather than a question, I would like to maybe join you. I thought maybe it would be better that I sit on the other side. I originally came from Cambodia and my wife came here when she was four. We have two boys: three years old and five years old.

First, I have got to say having two kids at kindergarten costs a lot of money. It costs money, let alone those who come from single income or low-income families. It is a lot. But I think my contribution, Chair, is before coming to this place I worked as a legal practitioner.

**Mr ZIKA:** As a?

**Mr TAK:** A lawyer. You can imagine in Springvale, in the City of Greater Dandenong, from time to time we have cases where potential clients just call. I got a call from police, and then when I looked at the allegation against the mother, which was reported by the older children, it was sometimes to do with cupping. You know, the traditional coins cupping, and I thought sometimes I do not know whether the mainstream—from DHS, police understand these traditional practices. I thought there are more things that maybe the mainstream should learn or need to know the practices at home, and this cupping and coins cupping has been practiced for a hundred years if not a thousand years in many communities.

Now go back to the pregnancy or during pregnancy, I also would like to put on record the supplement herbal medicine. I do not know whether it is right or wrong, but many of the people in my community would have this herbal Chinese medicine and believe that it would help in terms of delivery and all of that. I do not know, so that is maybe something—

**The CHAIR:** Different traditions?

**Mr TAK:** That is right, different practices. John, you also touched on through VMC there is a lot that has been done, but maybe it should carry on. I totally concur and agree with you on that point.

**Mr ZIKA:** Could I just comment a bit on that? Look, the issue is not whether what herbal medicine is taken is right or wrong. It is a question of having effective communication around that. The practices that make people confident and assured are useful, and it is a matter then of being able to communicate that. Now, the expectation in reality is not that the clinician is going to do that—too far away from it. We tried to run cross-cultural training at Sunshine Hospital. We got a few of the nurses; we never got a doctor, and understandably. So we moved away from that and we thought, ‘No, what we’ve got to do is build competent intermediaries—somebody from the Cambodian community who is confident and skilled enough to say to the gynaecologist, ‘Look, in our culture this is the practice. Do you see any difficulty in that?’, and in that way teach both ways’. That is what cross-cultural mentoring and mediation is all about. You are trying to communicate and at the same time educate both the providers and the people who are involved. You are right: when things become complex, that is where this kind of thing is critical. Where a child is born with—what was the wonderful case down there in Werribee?

**Ms ELEFSINIOTIS:** Down syndrome.

**Mr ZIKA:** Yes, Down syndrome. The whole cultural thing was: ‘This is horrible’, ‘This is an act of God against us’ or ‘This is the—

What is 'the eye'?

**The CHAIR:** Evil eye.

**Mr ZIKA:** Yes. 'This is the evil eye'. You have to mediate; you have to have people who mediate this stuff. Now, it is very difficult for established services to develop. Community health does it to some degree. You have got to have insight in the leadership, and they will. What happened with us at Moreland community health in Brunswick is when the Somalis were hitting in huge numbers they said, 'Can we borrow your Somali worker one day a week?'. We said, 'Fantastic. You fund that person'. That means that person gets one more day's work a week and your Somali community knows that that person is there on a Tuesday. My wife started as the only Spanish speaker when all the Latin Americans hit Fitzroy and Prahran, and that changed how those services worked. But it is government that has to push the line with those services that this is a real priority issue. It is not a fifth or sixth or seventh or eighth-level issue; it is a priority issue. It is an equity issue. The role of government is not to say, 'You employ that person'. No, the role of government is to say, 'If you deliver this for the people with government funding, then there are certain priorities that you have to follow with the funding that you get'. That is in your paper too, is it?

**Ms ELEFSINIOTIS:** Yes.

**Mr NEWBURY:** I just wanted to ask, if you do not mind, you were talking before about the playgroups and the funding now covering 12 of the 40—

**Ms ELEFSINIOTIS:** Of the ones that we run?

**Mr NEWBURY:** Yes. And I read in your paper that those playgroups benefit 800 parents and roughly 1200 families a week.

**Ms ELEFSINIOTIS:** A year.

**Mr NEWBURY:** A year—well, just short. Can I ask, the funding difference—or the funding gap or the funding change; however you want to put it—what has that meant? I presume that there is a lot of scraping to make up the difference now. What effect would funding certainty have or what difference would an increased envelope, as you probably bureaucratically call it, actually make?

**Ms ELEFSINIOTIS:** Well, the thing is it would not actually cost an arm and a leg. Playgroups do not cost a lot of money to run, particularly if they are run in community facilities and particularly in school hubs. I mean, you are talking about a playgroup leader—one person—a minimum shift of 4 hours a week. Playgroups are not expensive. But there has been a little bit of a juggle, particularly whilst playgroups were under the remit of the Department of Education and Training, and that is where this reform was to try and ensure that we ran an evidence-based playgroup model that was manualised and that somehow was part of the education trajectory for children—hence the Smalltalk program was developed. When it was first developed it was very restrictive and there was a lot of lobbying to try and open it up. What I would be recommending very strongly is that we say, 'Yes, okay. Well, Smalltalk's there. It's been developed, it's evidence based and it has a role, but we need something to enhance that, something to sit beside that'. We have developed a model called, believe it or not, All Talk. We do not have many All Talk programs. An All Talk bilingual playgroup model is slightly more expensive because it has the playgroup leader but it also has an English teacher.

**Mr ZIKA:** And it is informal.

**Ms ELEFSINIOTIS:** And it is informal, and it is in a community setting. It is really targeting those parents, the very newly arrived, who have (a) no English whatsoever and also are a bit traumatised and not quite ready to sort of move out into the mainstream services sector. So we could see some funding made available through—well, I do not know where it would come from. At the moment we are getting a bit of funding from the Department of Premier and Cabinet and from ACFE, but it is not a lot of money. But I would like to see one of the mainstream Government departments—the Department of Health and Human Services has the responsibility to roll out playgroups now in Victoria and fund them—to say to DHHS, 'Hey, listen, you've got a responsibility to be supporting these newly arrived families, their health and wellbeing, and here's a model of playgroup delivery that is already being supported through DPC and ACFE. Let's put some DHHS funds into



that and let's roll a few of these out in chosen areas. The City of Casey's got a lot of newly arrived families, the north-west. Pluck it out and let us roll it out for a couple of years and see what happens. Evaluate it and develop a bit of an evidence base around it'.

**Mr ZIKA:** James, we push the envelope.

**Mr NEWBURY:** That's good.

**Mr ZIKA:** With ACFE funding, that is pre-accredited funding. It goes to vulnerable learners, a lot of them recently arrived migrants and so forth. So we know that we will get more people involved in that if we have the kids along, so we turn the ACFE classroom into a playgroup. We do a little bit of formal learning stuff, but we bring in the teacher as an informal agent that looks at a situation, repeats sentences, brings in kids' rhymes—that sort of stuff. ACFE have been very happy with it. They do not have much capacity, but they have been—because they have continued to fund us each year. If we had five times that, we could run this in a lot more places than we do now because we have the teachers, the playgroup leaders who are confident around that model, and it is a model that is a bit like a squeezebox. You can expand it; you can make it more formal. So over time you can have the same group of people who are—in actual fact you are building more formality, and you have got the program that we call Learning Together.

**Ms ELEFSINIOTIS:** Learning Together—parent and child English literacy.

**Mr ZIKA:** Where the kids have a session of child care while the mums do some more structured English learning, and then they come together in a playgroup and they sing *Twinkle, Twinkle* and they learn the English language and maintain their own. It is these kinds of flexible things that we find are very responsive, but they cut across the grain of wanting to systematise. That is the challenge.

**Mr TAK:** Just a quick one, John and Janet. I think—and you can confirm—there is a primary school in my electorate, Clarinda Primary School, whose principal said that now he is seeing an increasing number of overseas-born Australian parents—for example, Greeks that returned to Greece for work after university and all of that, and they have now come back because they have kids and want to have the benefit of education here. They would also need support, wouldn't they? I mean, language and—

**Ms ELEFSINIOTIS:** Australian Greek Welfare I know is working very closely.

**Mr TAK:** That's right, working very closely.

**Ms ELEFSINIOTIS:** They are what they call the economic migrants. So they were born here, but they are not entitled to any settlement services. They are actually Australian citizens. I know that through our training program, New Futures Training, we have been delivering some targeted training for those parents because a lot of them are—

**Mr ZIKA:** We work together with the Greek aged-care services.

**Ms ELEFSINIOTIS:** Pronia is the facility and Pronia is now the new name of Australian Greek Welfare.

**Mr ZIKA:** No, not Australian Greek Welfare—their aged-care homes.

**Ms ELEFSINIOTIS:** Yes. I thought they were called Pronia.

**Mr ZIKA:** Are they? Okay.

**Ms ELEFSINIOTIS:** Anyway, this is being recorded, John.

**Mr ZIKA:** Yes. Sorry. What we did with them is, because we are a vocational training organisation as well and we deliver aged-care training, we did one specifically for Greek speakers, knowing that some of those children had grown up speaking Greek and were now coming back here with their families. So those things are doable. You can fulfil the requirements and the conditions under which you deliver accredited training and at the same time build a bilingual component into those.

**Ms ELEFSINIOTIS:** And the Greek community has been in Australia for a very long time, so there is lots of infrastructure within the community. From VICSEG's point of view we tend to focus more on the new and emerging communities, and particularly humanitarian entrants and asylum seekers as much as possible, because for a lot of those communities, particularly the South Sudanese, it is a community in crisis.

I was at an ECCV—Ethnic Communities Council of Victoria—meeting last week, a members meeting, and the president of the South Sudanese association stood up. He was a lovely young man and he said they have lost 23 young people in the last six months—23 young people have taken their lives—and we are talking 12, 13, 14, 15 and 16-year-olds. There is an over-representation of young South Sudanese boys mainly in juvenile justice. Some of them are as young as 12, 13 and 14. We need to be doing far more work in the middle years. We talk a lot about the early years—and that is why you are here, and of course there is a lot of pressure on the education department to provide remedial support—but really our targeted work should be in those middle years, the 10s, 11s and 12s and the grades 5, 6, 7 and 8. We know that the Auditor-General did a report a couple of years ago and the number of boys in particular who are leaving school—dropping out of school in year 7 or year 8—is just shocking. We have no data in terms of ethnicity and cultural background but anecdotally we know that a lot of those kids are from newly arrived communities, and they are the kids who then are getting in trouble with the police and then ending up incarcerated. So really the work needs to start right back here with the little ones, but it needs to continue as children move through.

**The CHAIR:** Thank you. On that note we will need to conclude the submission, but I do thank you greatly for taking the time to submit today. Hopefully you will be able to keep up to date with the process of the Inquiry.

**Ms ELEFSINIOTIS:** Thank you.

**Mr ZIKA:** Thank you.

**Witnesses withdrew.**