TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Early Childhood Engagement of CALD Communities

Bendigo—Wednesday, 23 October 2019

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WITNESS

Ms Andie West, Manager, Community Wellbeing, City of Greater Bendigo.

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The CHAIR: Good morning, everybody. I declare open the public hearings for the Legal and Social Issues Committee's Inquiry into Early Childhood Engagement of Culturally and Linguistically Diverse Communities. All mobile phones should be turned to silent. I welcome Andie West, the manager of community wellbeing at the City of Greater Bendigo. 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 under privilege. All evidence given today is recorded by Hansard. You will be provided with a proof version of the transcript for you to check as soon as possible. Verified transcripts, PowerPoint presentations and handouts will be placed on the Committee's website as soon as possible. I now invite Andie West to proceed with a brief 5 to 10-minute opening statement to the Committee which will be followed by questions from the Committee.

Ms WEST: Just to set the scene a little bit, I need to let you know that this is the very beginning of my fourth week in this position, so any questions that you might have that might be intricate or require me to do a little bit of research, I am just saying I might need to do that as well. In my previous role I was director of children, youth and family services at Bendigo community health, so I have had a lot of involvement in this space working with CALD families as well. I hope I can bring that experience and knowledge to the table as well.

In my current role I look after early childhood services. I look after maternal and child health—both enhanced and universal maternal and child health—and also the immunisation program, and I also have a small program called Off to an Early Start, which is funded by Communities for Children, which is a great program. I will speak to some of the positives of that one afterwards. I also look after two early childhood centres, and at the other end of the continuum we also look after home support, which is for our older community as well, helping support them to stay active in their homes and that sort of thing. That is, in a nutshell, my role at the moment.

When we knew that this Inquiry was happening there was a lot of interest from the staff. We did a lot of scoping and got some feedback from the staff around some of the challenges and some of the things that work really well for them as well. I will just talk to those dot points if that is okay.

Obviously one of the bigger ones was around the use of interpreters. One of the really good things is that maternal and child health is funded to access interpreters to be utilised in a face-to-face capacity, which is fantastic. The teams across the board talked about some of the challenges of working with interpreters over the phone, especially when you are in the home and you are working with families in the home as well.

One of the things that was highlighted or raised repeatedly by the staff, especially in the maternal and child health space and immunisation space, is getting access to interpreters that have a bit of a medical background so they can be reassured that the messages are being interpreted in an appropriate and accurate way, realising also that a lot of families that come to, say, immunisations will not have the language and there is not a direct translation for what might be happening. So having someone with that medical terminology reassures that the information is being translated correctly. A lot of these things go directly to informed consent, which I will talk about in a minute as well.

It is because of a lack of resources presumably, but sometimes using male interpreters is not appropriate in this space when we are talking about maternal and child health. We might be talking about personal care post-birth or things like that, which obviously has its challenges culturally around what is okay and not okay. If there is a family violence situation, at a four-week check we need to scope out some family violence questions, and that could have the potential to shut down the conversation and therefore we would not be able to put further supports in place if it is necessary. One of the critical times around family violence is pregnancy and post-birth, so it is an important space to be able to flag some of those issues and do a little bit of screening around whether that might be an issue for the family. Also sometimes extended family is brought along to do some of the interpreting and things like that too, and we recognise that it is not always appropriate to have the extended family member as an interpreter in that space—for lots of different reasons, but mainly it is around protecting

the people involved and that sort of thing. We do not want to shut down conversations, but we do not want to burden a family member with too much information around an issue. We have had experiences in the past where a child has been brought in as the interpreter, a 10-year-old, talking about post-birth stuff and we sort of had to go, 'Okay, we can't talk about that today'. We do not need to expose that young person to information that they should not be exposed to as well.

There was also the issue of access to translated resources relevant to medical issues, vaccines or child health and wellbeing. It seems the teams found it a little difficult to find those resources, if they are out there, but also to make sure—there are a number of different CALD communities within Bendigo—we are having the right ones translated in the right dialect and all that sort of stuff, which is sometimes tricky as well. I think the focus around the interpreters for my teams was really around the knowledge or the familiarity, I suppose, of the interpreter with medical terms—immunisation stuff, that sort of thing. Some of those things I do not even know, so it would be a challenge in any space.

All of that is really linked to informed consent. There was really a concern and a focus from both the immunisation and the maternal child health teams around informed consent. It goes back to feeling confident that the information is being interpreted correctly and accurately to make sure that informed consent is gained. As we know, with some communities they have come from a history with authority and that sort of thing, and we need to acknowledge also that we walk into that room automatically in a position of power. It would be reassuring to know that the consent that we are gaining is true informed consent. I think it is an ethical dilemma for many of our staff. So that was an issue that was raised.

They also talked about it being really hard to find the balance between providing enough information and not overwhelming families in that context. We would all be very familiar with those situations where we become under pressure and the doctor tries to give us too much information, or a nurse, and we do not retain it. So if we were to magnify that for families of a CALD background, it is tricky to find that balance. Sometimes our staff rely on providing written resources if they are available and if they are appropriate, but then we are also assuming that the family can read as well, and that is not always the case. I think the staff were talking about their intent to provide accurate and up-to-date information for families but not feeling reassured that that information was accessible, I guess, to families.

The other part was that there was a recognition within the team that they have limitations in the service that they can provide. They have only so much capacity to be able to support CALD families through our service system, and there is an acknowledgement that the service system is complex, especially when we are talking social supports, health and education. Navigating that for an Australian-born family can sometimes be really, really tricky. So if there was enough resourcing or a resource to be able to walk with families through navigating the system, that would be an ideal thing. I will speak to the Off to An Early Start program in a minute, which does do that to a small extent. It is able to sit along with families and go through that journey with them. But service navigation is definitely a tricky one, and I think the staff, again, really want to help but are limited by their funding and service agreements and what they have to do as well.

There was a comment around some families or individuals on certain visas which mean that they are not eligible for Medicare and health services, and trying to invest in exploring options for those families is time-consuming and quite limited as well. I guess our staff are very empathetic and they want to do as much as they can, but they feel like their hands are tied in that space as well about accessing services, and then having that flexibility to be able to do the warm referral process and help them to access and feel comfortable in those spaces.

There was also the comment around early start kinder. Bendigo is in view to have three-year-old kinder roll out in 2020, which is fantastic, but in the interim early start kinder is available. The eligibility requirements are for Aboriginal or Torres Strait Islanders who are three-year-olds and starting in that year or children who have had contact with the child protection system. There was a suggestion that that could be opened up for CALD children as well who are three-year-olds. They have their own unique complexities, and it would be a lovely way to help them be more school ready and acclimatise, I suppose, to Australian ways of working and all the kids and the social stuff—there is so much, isn't there. That was just a small suggestion around the early start kinder.

The staff are more coming to terms with the ethical dilemma, I suppose, around what they need to provide as a professional and a service provider versus cultural needs. There has been a lot of capacity building within the unit around cultural safety, respect for culture and all of that sort of thing, but they have a job to do too, and a great example is the co-sleeping. Our maternal and child health need to be able to explain why co-sleeping is perhaps not the greatest option and that sort of thing, and interpreting that stuff is really tricky as well. A lot of the time our professionals in Australia resource themselves from research, and the latest thing in early childhood is around brain development and all of that sort of thing. That sort of stuff is really tricky to interpret without a background or that sort of lens from the interpreter. So they are coming to terms with the fact that they need to provide the information, and then if the family makes their decision, that is their decision and they need to be respectful of that. But it is a tricky professional dilemma, I suppose, and ethical dilemma. But they are becoming more accepting of how much they can do and how much the family needs to be involved in that too. It is their right. That was just a mention as well.

So I wanted to finish on some things that are working really well as well. Immunisation sessions—we have set immunisation sessions where we have an interpreter or interpreters available. We have great links with Bendigo community health and Loddon Campaspe Multicultural Centre. We can let them know when those sessions are so people can feel more comfortable coming, and we have got somebody there to do interpreting. That is working really well. The way that our sessions are set up is there is somebody to meet all of the families that come to an open immunisation session. We have found that that is really great when a CALD family comes to an open session—that there is somebody that can walk them through the process to sit with them after the immunisation for the 15 minutes and things like that and just be that key person to help them navigate how that works. We have found that that works really, really well. The fact that—I touched on this before—face-to-face interpreters are funded and we can organise those. There are little complexities around the medical terminology and the fact that it might be a male that is allocated on the day and it could be a four-week check-in and things like that, but the fact that there is access to funded interpreters is fantastic, so we cannot deny that that is a great thing.

Locally we have Karen workers in schools and in kindergartens, and that has been fantastic. It works really well not just for the kids but for the families, to help them feel included and not socially isolated as well, increasing accessibility. We also have a maternal and child health nurse that is engaged consistently with one of our Karen women's groups here, so that is a fantastic thing too when it comes to providing information. There is already a level of trust there, so the information is provided in an informal and more accessible way hopefully. We find that that works really well.

The program that is fantastic in this space is the Off to an Early Start program. That program is funded federally through Communities for Children. It ceases funding, I think, June next year. There is talk that that might be extended, which will be a fantastic thing. The Off to an Early Start program is a program where the workers sit alongside family support workers and enhanced maternal and child health workers. Their key role is to break down barriers for families generally, but it works particularly well with CALD families. They can help them navigate the transport system. They can come to appointments. They can be that person that post an appointment can check in and check on understanding around things—that follow-up and that support—and be the person who can answer the questions, do follow-up if they do not have the answers to the questions; those sorts of things. That program also is aimed to break down the barriers in accessing supported playgroups and early childhood centres and early learning facilities as well. So, yes, that program is around building capacity of all families, but it works particularly well with CALD families as well. So, yes, that is me.

Ms COUZENS: Thank you very much for that presentation. Although you have only been in the job for four weeks, you certainly pulled it off, so I want to thank you for that and for all the work that you and your staff do. It sounds pretty amazing. I just wanted to dig down a little bit on some of the areas that you touched on. Are staff doing cultural awareness training?

Ms WEST: Yes. A lot of that, in my experience, has been facilitated or organised through Bendigo community health, and there are links with foundation health as well. And look, with most things, some are more interested and better at taking that information on board. We are really lucky that we have a nurse that oversees our immunisation program who is passionate about this, so that is where the informed consent came from within the submission.

Ms COUZENS: Is there any consideration of looking at employing some from community to help enhance that connection with those different communities?

Ms WEST: There could be. As I said, fourth week in the role. Absolutely. I think that that is an amazing opportunity across the board. For somebody to come into that role and work for the city but also for the teams that they would be supporting would be a mutually beneficial arrangement, I think. I would need to check budget of course, but yes.

Ms COUZENS: Yes. I do not expect you to commit to that. I am just curious whether that is a consideration—

Ms WEST: It certainly is.

Ms COUZENS: because often it is not thought about.

Ms WEST: Yes. The city, I know more broadly, has a diversity plan and an all-ages, all-abilities plan and things like that. So it certainly aligns with a lot of the work that the city is doing, so there would be very little opposition, I would imagine, if we could wangle it.

Ms COUZENS: Yes. And in terms of immunisation, for example, how do you get that message out to community? You talked about having interpreters there and that support, but how do you actually get them there and ensure that they have got the right information? Because I think sometimes the interpretation of what it all means is not what it should be.

Ms WEST: Absolutely. You do wonder whether family turns up with different expectations of the service that is going to be delivered and then, you know, potentially feels disempowered to be able to say, 'Oh, actually that's not what I wanted'.

Ms COUZENS: Yes, or not what they expected.

Ms WEST: Exactly. So we do utilise many of the groups and the services to let them know where there will be an interpreter on the dates and things like that. We try to build them in quite regularly so there are some regular frequencies and so some dependability about that. That is communicated through fliers and things like that as well. The open sessions anybody can come to obviously, and so they are advertised broadly within the community. I believe—four weeks in—that the ones with interpreters are identified in that. But again there is that language barrier with reading and things like that.

Ms COUZENS: And utilising community leaders, I would imagine, would be a big part of that.

Ms WEST: Yes, absolutely. My understanding is that the teams do have good links there as well and utilise them as well.

Ms COUZENS: You mentioned people who are not eligible to access services and the challenges around that, which is a pretty serious problem, I think.

Ms WEST: Yes.

Ms COUZENS: How do you and your team deal with that, given the complexities involved? We are talking about vulnerable children in a lot of cases. How do you manage that?

Ms WEST: Look, there is a lot of work, a lot of research that is done behind the scenes, again, to try and explore where these families can access a low-cost or no-cost health service behind the scenes. That information is then communicated, hopefully, to a family support worker or somebody who has a key worker role with the family. Having said that, because of my previous experience at Bendigo community health I know that there were a fair few CALD families that came through that health service that would fit into this category and that BCHS just did it, just provided the service, because it is in the best interests of the families. Sometimes that is access to a paediatrician, and BCHS is the only organisation in Bendigo that offers bulk-billed access to community paediatricians as well, so there is that avenue. Given the fact that I have worked at BCHS and now work for the council, we might be using that a little bit more.

Ms COUZENS: Do you see any other gaps in services for the CALD community in Bendigo?

Ms WEST: I am not sure I could put my finger on any. The gaps that were raised by staff were around early start kinder and that eligibility. Another gap—and I spoke to it before—was around the access to appropriately interpreted health information post birth and things like that, to find that stuff and then make sure that it is in the right dialect and things like that for families. It helps, but then we are making the assumption that the family can read the information as well. I think some of the gaps came up around what we talked about or what I raised. Some of the other gaps that the staff actually raised were activities that we could just do better ourselves, like signage—how to get to places and things like that. Where our maternal and child health nurses are located is tricky to find, even if you have been part of the community all your life. You walk in and you go, 'Okay, where do I go from here?'. So that signage stuff is something that we can rectify. It was actually good to go to the staff and do this brainstorming, because they actually identified some gaps that we could address as a service to be proactive in the space around accessibility and welcoming environments and things.

Ms COUZENS: Great. Thank you.

The CHAIR: I just wanted to thank you for your presentation but also thank Bendigo. I note that it was the first Australian city to be recognised as a child-friendly city by the United Nations International Children's Emergency Fund in 2007. I really appreciate the great work that it has been doing since 2016 with the increase of diversity and refugees. There clearly have been, I would imagine, numerous challenges to meet.

One thing that I would like to ask you about, and you touched on it previously, is the navigation of the system and it being complex. We have got these fantastic programs and services from zero onwards, but you are saying that the system is far too complex even for someone who was born here and not from a non-English-speaking background. I think that that is something that we need to just continue to understand—what are the challenges, why is it so complex and what do we need to do to streamline it so it is not complex and it is easy to navigate.

Ms WEST: Yes, and that is such a tricky space, I think, because we are talking about federally funded programs, State-funded programs, locally funded programs. We are talking about two State-funded programs—Department of Health and Human Services versus the Department of Education and Training as well. The links between the two are a bit hit-and-miss sometimes, I guess. There are some really good and strong links in some areas and not so much an others.

I spoke to the Off to an Early Start program, which is an amazing program that can walk alongside families irrespective of their backgrounds. It has worked particularly well with CALD families. It can walk alongside them along their journey, whatever that might be, whether they are relatively new to the country or have been here for 10 years and they need to access childcare services, early learning centres, kinders, schools and things like that. That type of a role, I think, is really good because we have a key worker, a consistent worker, in there to help.

In my previous role at Bendigo community health we had a pilot program called the Health Coordination Worker. That particular role was set up to support children and young people in out-of-home care and vulnerable people as well, and also struggling families that might have additional complexities, that might find it difficult to navigate the system but also meet the requirements of, say, five kids with five separate lots of medical appointments and things like that. That type of role has proved really promising with regard to navigating the system, supporting caseworkers to know which services to go to, but also kinship carers, around supporting them to say, 'Okay, if your paediatrician said you needed these five assessments, I can find out where we get them from, and I can help make the referral and get you to the first one, get you familiar with the space, so you know that if they are repeating, you know where to go to get back there' and things like that. That type of a role, I think, has demonstrated that it works really, really well with that cohort, and I think it is something that would be transferable to CALD families as well, to establish a relationship with the family and be the go-to person when it comes to a referral to a program, how to access programs. Quite often our GPs do a great job, but they are time restrained—

The CHAIR: Of course, yes.

Ms WEST: and they might also say, 'You need to go here and here'. Where do families go with that? So that type of a key worker role or a go-to person that is specifically around navigating the system—service navigation—would be really beneficial, I think.

The CHAIR: Just before I move on to the second question, I would like to welcome Maree Edwards, the Member for Bendigo West. Welcome, and thank you for joining us here today.

My second question is in relation to interpreters. Clearly there is a demand.

Ms WEST: Yes.

The CHAIR: My question is: do you have a shortage or are you meeting this demand when it comes to interpreters?

Ms WEST: The feedback from the staff was that interpreters were accessible, and the best way to do that was obviously face-to-face interpreters, whether that be at an immunisation session or at a maternal and child health appointment, but also with our enhanced program they go into the home, so that can happen too. My understanding was that they were accessible, but there was a suggestion that capacity building for them potentially around the medical stuff would be appropriate. So I think accessibility is there for them, and that is fantastic, but that confidence in and around making sure that it is an appropriate interpreter, so not a male on particular sessions where certain conversations need to be had, and also that confidence, I suppose, that the medical terminology was being translated appropriately. That again goes back to informed consent around procedures, around immunisations, around all sorts of things.

The CHAIR: And just in relation to CALD communities, has council found an increase in enrolments at kinder? I am trying to understand whether there has been successful participation of families in kinder and understanding the value of early education. Do you find that it has been successful or there is still a barrier?

Ms WEST: It is not something that came up in the brainstorming that I did with the teams. The council looks after two child care centres and then has a number of properties where kinders are run and then a different provider. Shine Bright—I think you are going to be talking to them later—provide the actual kinder services and the enrolments, so it would be tricky for me to make a call on the enrolments. One of the things that was raised from the immunisation team was that there was an increase in attendance for immunisation when there was the no jab, no play. That would suggest that somebody has talked to families around the fact that kids cannot go to child care if they do not get this. That might just be an indicator that there has been that conversation and that families are accessing.

Historically, again in my previous role, there were conversations between my children, youth and family teams and the settlement team around how we design a program for parents to help them better understand a lot of that stuff around child development—around what is appropriate parenting, the difference between the cultural stuff and what the families know and have come from compared to expectations in Australia as well, to find a happy medium around settling in, I suppose—and then helping children access early years programs, kinders, schools and that sort of stuff. We were hoping to design something that was informative, informal and an opportunity for families to feel comfortable enough to ask questions and explore things as well. I am not there anymore, so hopefully they are progressing that.

The CHAIR: My final question is—I think Christine touched on it earlier on and I will just add to it—in relation to encouraging more employment opportunities for the CALD community. I always say, 'You can't be what you can't see', and I think that continues to be challenging for various sectors. Is council looking at mentoring programs and those sorts of initiatives to encourage, I suppose, younger members of the CALD community to actually look into a future working for council or working for various departments of council?

Ms WEST: As mentioned, the diversity plans and the inclusion plans—all the plans that councils have—are all very much pro doing that sort of thing. I am not sure about the intricacies around the people and culture or HR stuff around traineeships, but it would certainly be something that I would be promoting across the board—not just for our CALD communities but also Aboriginal and Torres Strait Islanders and also disadvantaged families—around interrupting the intergenerational cycles of poverty and trauma and things like that too. So I would certainly be supporting anything like that as well. And I am aware of some traineeships that have come

through VCOSS I think around disadvantage and enhancing opportunities for disadvantaged communities and getting a qualification and access to work. So it is certainly something that we would definitely support.

Ms COUZENS: Two more quick questions. Do you think regional Victoria is at a disadvantage in terms of children's services for the CALD community, compared to metro?

Ms WEST: It would be difficult for me because I am not sure how metro looks and I would imagine the service system navigation would be just as complex in metro. I think services are probably more accessible in metro because of just the close proximity of everything. Having said that, there are a lot of benefits with being regional as well. There are pros and cons, I guess. The community is great up here on the whole, and on the whole very welcoming and accepting of capacity building, certainly in that professional space. I know that you walk into our child care centres and you have got 'Welcome' in every language you can think of, and there are lots of things around culture and differences and promoting differences and acceptance of differences and things like that. It is hard to say. But I think certainly regionally there would be transport issues and there would be access and equity issues, but not necessarily specific to CALD communities as well.

Ms COUZENS: Do you have an idea of the number of children that we are talking about in the early learning space?

Ms WEST: No.

Ms COUZENS: No, Okay.

Ms WEST: That would be a great question for Shine Bright.

Ms COUZENS: Yes. Okay. Thank you very much.

The CHAIR: Thank you very much on behalf of the Committee for presenting here today. We will keep you updated on the progress of the Committee. Again, on behalf of the Committee thank you for taking the time to present to us.

Witness withdrew.