City of Greater Dandenong Maternal and Child Health

Service Provision in a diverse and Multicultural Community

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Acknowledgement of Country

"We acknowledge the Traditional Owners and Custodians of the land on which we all meet across today. Dandenong is on the land of the Bunurong People, and I pay respects to their Elders past, present and emerging.

We also recognise and respect their continuing connections to Climate, Culture and Country. We also pay our respects and acknowledge all Aboriginal peoples and their Elders present here today, in acknowledging their journey."

City of Greater Dandenong (CGD) Demographics

- A population of approximately 160,171 (2021)
- Population was expected to rise by 20% over the next 10 years, however since COVID, it has remained stable over last 5 years with decrease in migration due to COVID border closures.
- the most culturally diverse locality in Australia, with residents from over 160 different birthplaces, where well over half (64%) of its population are born overseas.
- More than 4 out of 5 residents have at last one overseas born parent
- Each year, Greater Dandenong welcomes around 2,700 newly arrived people, with many of these newly arrived being refugees and people seeking asylum. (Refugee Council of Australia)

City of Greater Dandenong Demographics

Most common birth places include:

- Vietnam
- Cambodia
- China
- India
- Sri Lanka
- Pakistan
- Afghanistan

According to the 2021 census

Aboriginal and Torres Strait Islander Families represent 0.4% of the population CGD.

CGD - Demographics

- Ranked as one of the most disadvantage municipality in Victoria, and also ranked high on the government Index of Relative Socio-Economic Disadvantage (IRSED)
- In 2021 the median weekly income stood at $618
- IN 2021, 47.8% of the population in Dandenong earnt less than $649 per week.
- Income data for 2021 showed that the Nil income cohort is the most common with 17,910 people (13.7% of population)
- Six out of the 8 Suburbs in Dandenong were ranked most vulnerable on the Australian Early Development Census
- Nearly 20% of Children were vulnerable on two or more domains on the AEDI (Australian Early Development Index)


Water
safety

CGD Demographics

- Among families with children the head of the family had no paid work in 58% of single parent families
- Among couple families, 21% with children, had no parent in paid employment
- The representation of residents who are labourers, machinery operators, technicians and trade workers exceeded the state average
- The representation of residents in professional or managerial occupations is lower than the state average

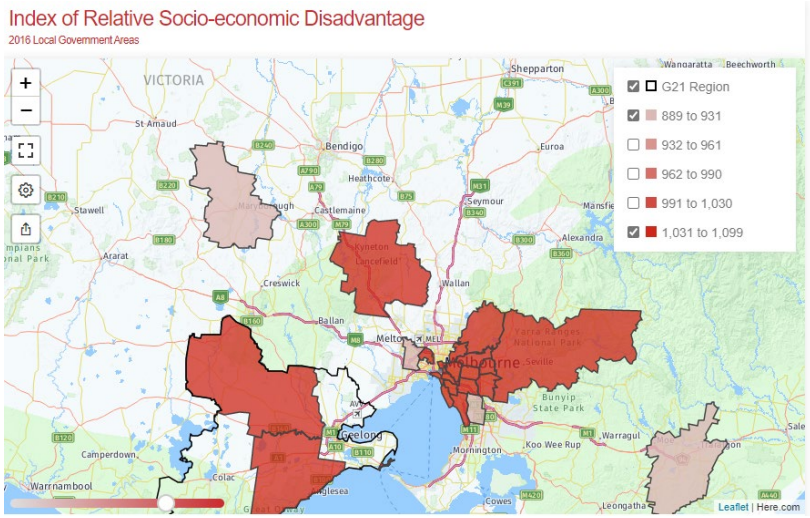

SPORTS
SOUTHPOLE

CGD Demographics

- The proportion of rental properties affordable to Centrelink recipients fell from 83% in 2001 to 4.9% in 2019
- 55% of lone person renting households and 59% of renting families were living in rent-related poverty
- Overall 38% of renting households faced poverty after paying their rent, the second highest in Victoria

CGD Demographics

- SEIFA Index (2016) – 896 CGD, Brimbank 921, Hume 947, Central Goldfields 889



CGD MCH stats

Birth Notifications 2018/2019

- 2,436 this was a rise of 41% since 2001
- 13,494 Infant record cards

Birth Notifications 20/21

- 2,185*
- 12,662

Birth Notifications 21/22

- 1944*
- 12,567 Infant record cards

* Potential Impact due to decreased migration due to COVID-19 closing borders

- In 20/21 829 First Time Mothers – 38% of births
- In 21/22 701 First time mothers – 36% of births
- Over four-fifths (81%) of births were to women born overseas, from 101 identified countries including Australia, India, Vietnam, Cambodia, Sri Lanka, Afghanistan & China (2014/15)
- 2017 birth rates were higher for women 15-29 in CGD compared to Melbourne
- Number of Indigenous Clients within the service under 6 years – 63, 83.5% attendance rate for ATSI children in 21/22

CGD MCH

- 16 MCH centre's, 26 offices
- 1 MCH Coordinator
- 4 Team Leaders – 1 Admin, 1 EMCH, 2 Universal
- 22 MCHN – Universal, 4 EMCHN, 1 Outreach MCHN
- 2 Early Parenting Practitioners
- 3 Business Support Offices

What does CGD MCH do differently

Use of interpreters – for some centres interpreter use can be up to 50%, with these larger numbers we will book Sessions – an interpreter remains onsite for a morning or an afternoon, clients will then book into a session

Additional 15 minutes is added onto each consultation undertaken with an interpreter

New Parent Groups are offered in other languages, with and without interpreters

Integrated approach with Supported Playgroups to improve participation in Key Age and Stages consultations and also engagement with families newly arrived

Refugee Health Maternal and Child Health Nurse – referrals received from settlement services, initial Home Visit (or 2) undertaken to promote engagement within the service

Outreach – Early Parenting Practitioners undertake Home Visiting

Solution focussed MCH Service strategies to Identified engagement barriers

Trauma

- Current Dissent and Volatility in Country of Origin
- Refugee Camps – exploitation, lack of resources, processing issues
- Social Isolation – lack of cultural norms – being raised in a village environment
- Loss of Close Family members

Mitigating Actions

- Additional consultation time
- Close relationship with Children's Services and Supported Playgroup
- Using known interpreter
- Relationships with other local organisations
- Service Delivery development using program such as Best Start – PDSA
- Referral to counselling and support services
- Relationships with Multicultural Services

Solution focussed MCH Service strategies to Identified engagement barriers

Distrust of Government Services

- Poor health and wellbeing services
- Inability to access
- Lack of democracy within country of origin
- Class systems
- Maslow's Hierarchy of needs – what family see's an issue, may not disclose to services as they are concerned about partner being removed
- Lack of identification of FV as either an issue or of the broad range of actions that sit within FV. Cultural roles of men and women, patriarchal societies.

Mitigating Actions

- Additional Consultation times
- Flexible service delivery
- Additional Programs – EMCH, Sleep and Settling
- Community reflected in staffing of service
- Information in multiple languages
- Recognition of unconscious bias through education and reflection

Solution focussed MCH Service strategies to Identified engagement barriers

Mental Health

- Lack of Acknowledgment of Mental Health as an issue either through lack of understanding or cultural impact of disclosing
- Overall increase in Mental Health in the community
- Complexities combined with Trauma and Migration

Mitigating Actions

- Working with local services that approach Mental Health Issues with a cultural lens, acknowledging that Mental Health is seen differently across cultures eg Foundation House
- Education for staff
- Longer appointment times
- Creating stronger relationships with mainstream Mental Health Services to achieve support in a more timely manner

Solution focussed MCH Service strategies to Identified engagement barriers

Engagement with Services

- Language – unable to read or write in own language
- Navigating referrals through support services – lack of CALD resources
- Wait lists are long, having to provide story multiple times, no idea what service is due to waiting time, not an issue for family won't follow up
- Conscious Bias - presumptions

Mitigating Actions

- Use of interpreters
- Simple English or use of interpreters
- Multicultural Resource Guide Developed by Monash
- Keeping Communication open and being honest about referrals ensuring families do not have unrealistic expectations
- Attending English language speaking schools – community strengthening
- Staff make themselves known by popping into Playgroups, Community centres etc
- Intersectionality training to be able to identify complexity of each human being and how we work with individuals as a whole.

Solution focussed MCH Service strategies to Identified engagement barriers

External Services

- Traditional services may have religious representation – resulting in a cultural mismatch – families reluctant to engage
- Stolen Generation – trauma of children being removed by Government/Religious missionaries – carry the story which results in reluctance to engage
- Complicated nature of support services, multi-tiered, multiple story telling

Mitigating Actions

- MCH are a universal service, that presents as neutral. Providing Outreach Services that engage with families in their home, or a place that suits them best, supporting relationship development and connection with other services
- Referrals to culturally specific services
- Working with elders in the community to improve engagement
- Acknowledgment of country at all meetings
- Aboriginal plaques, mats and other materials for a welcoming environment.

A little bit about Visa's

- **Spousal Visa**
  - Have access to visa support services, only if their FV is being perpetrated by their sponsor
- **Student Visa**
  - Expires – moved to a Bridging Visa – maintain same entitlements as entry visa held. Student visa is limited – can work, some may have access to private health funds, however no medicare, no centrelink payments.
- **Tourist Visa**
  - Expires – moved to a Bridging Visa – same entitlements as entry visa – as travel Visa, unable to work, no medicare, no centrelink, any health insurance expired – can get funded support to return home. Some will seek asylum or appeal deportation, however in the interim racking up debt, can take up to 5 years – some may have a baby to increase chance of staying in country, however now have debt to hospital, cannot afford to see a GP, reliant on grants from Material Aid agencies – which is limited, can apply for a Bridging Visa that allows work, must prove financial hardship
  - Foundation House provides free support for Refugees and Asylum seekers
- **MCH Free Universal Service**
  - funded on a weighting system, as these clients are not entitled to Family Tax Benefit A, the weighting of our funding does not represent these families
  - MCH may be the only service some families are engaged with due to prohibitive costs and having no medicare – recognition of scope of practice and referral options
  - When we come across an issue for these families there are limited places to refer to them

Case Study

Vietnamese Mother 31

Came to Melbourne on a tourist via. Met a female partner, sponsored spousal visa

Family in Vietnam disowned due to same sex relationship

Had an affair with a male, got pregnant
Male did not want further contact

Female partner dissolved relationship and spousal visa

Mo remained living in share house, section of loungeroom with 3 males who were supportive, supporting self with savings

No access to Medicare
No access to Centrelink
Facing Deportation – no claim for Asylum
No money to return home
Not want to return home

Need Interpreter
Needed all material aid provisions
Connected with Support services
Advocate with regards to debts incurred - Hosp, Ultrasounds - as debt collector visited.
FOB since recognise child, child has medicare, married by migration agent.

What do we value about working in a diverse Multicultural environment?

- Learning about different cultures and countries from clients
- Understanding parenting differences from multiple cultural perspectives
- No day is the same as the next – challenges and professional development opportunities
- How appreciative clients are for the health and support that often does not exist in their country of origin
- Interesting variation of clientele
- Dynamic environment to work in
- Challenges our professional perspective of what “should” be happening – look outside the square

Plans for the future

- Revisiting after hours services in the evening and on weekends to improve engagement of families at times that suit them
- Integrated approach with Early Learning Centres to promote Key Age and Stage consultations being undertaken within their centres
- Increasing appointment time for consultations to acknowledge and address the complexities of families from the CALD, Refugee and Asylum seekers.
- Commencing Trials of both Dari and Vietnamese First Time Parent Groups
- Additional Outreach being rostered into the Maternal and Child Health Nurses diaries to support engagement with non-attenders
- Pop up Maternal and Child Health Nurse available at Dandenong Market to engage with Non-attenders
- Re-introduce group Key Age and Stage Consultations for 2 year and 3 ½ year appointments

Thank-you