

PROJECT RATIONALE

KBPCP Culturally and Linguistically Diverse (CALD) Child and Family Working Group

Background

The Kingston Bayside Primary Care Partnership (KBPCP) is a voluntary alliance between service providers and agencies with the cities of Kingston and Bayside.

In Victoria local government, community and women's health and primary care partnerships are required by legislative or funding agreements to develop three or four year strategic public health/ integrated health promotion plans for their communities.

A unique opportunity emerged for us post June 2009 when the planning cycles in Kingston and Bayside aligned for the first time. This presented an exciting opportunity to undertake a truly collaborative planning process, to ensure common health and wellbeing priorities and effective integrated health promotion activity across Kingston and Bayside.

As a result of this collaborative planning process, the Kingston Bayside Health and Wellbeing Strategic Directions 2009-2013 were developed. The Strategic Directions state the 'Promotion of Mental Health and Wellbeing' as one of three strategic priorities for Kingston and Bayside as well as outlining key population groups and priority neighbourhoods which include children and families and the Clayton South / Clarinda area.

KBPCP recognises mental health as the embodiment of social, emotional and spiritual well being, providing individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just.¹ Mental health is an integral and essential component of health.

The aim of mental health promotion is the improvement of social, spiritual and emotional wellbeing by creating: supportive living conditions and environments that foster connectedness between people; strength in recovery from illness; and competence and resilience in individuals and communities. Prevention strategies are a core component of mental health promotion.²

Global evidence:

The World Health Organisation (WHO) constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."³ An important consequence of this definition is that mental health is described as more than the absence of mental disorders or disabilities. "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community."⁴

¹ Kingston Bayside Primary Care Partnership (2009), *Kingston Bayside Health & Wellbeing. Strategic Directions Paper 2009-2013*, Melbourne, Australia

² Kingston Bayside Primary Care Partnership (2009), *Kingston Bayside Health & Wellbeing. Strategic Directions Paper 2009-2013*, Melbourne, Australia

³ World Health Organisation (2010) *Mental health: strengthening our response*, Fact Sheet No 220

⁴ World Health Organisation (2010) *Mental health: strengthening our response*, Fact Sheet No 220

The Social Model of Health is a theoretical framework used for considering individual and population health and wellbeing. This framework operates on the belief that improved health and wellbeing is achieved by focusing on the social and environmental determinants of health, in conjunction with biological and medical factors. The benefit of working within the Social Model of Health is that it permits individuals and communities to construct their own definition of health and therefore, identify important factors that influence health depending on their specific context.⁵

The WHO publication ‘The Social Determinants of Health: The Solid Facts’ identifies ten important social factors that are amenable to reducing health inequalities. Included is early life factors, with childhood recognised as *the* crucial stage in human development- “A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime.”⁶

Communities worldwide are recognising that health promotion and prevention of mental health problems in children is the key to healthy childhood development.⁷

Research demonstrates that early life experiences shape the development of the brain and have a long-lasting influence on how the child will interact with the world throughout his or her life. Children who are rarely spoken to, who have few toys and little opportunity to explore their environment, and whose parents are preoccupied with the struggle to meet basic needs such as food and shelter, may fail to fully develop the neural connections and pathways that facilitate future learning and success in school.⁸

National evidence:

The Federal Government Pre School Policy directions have recognised the importance of the early years for child development and prevention and early intervention in improving developmental outcomes, particularly where children are at risk.⁹

The Centre for Community Child Health recognises that many children are showing worsening outcomes in health and development. These outcomes can have long lasting effects into adulthood. Research shows that prevention and intervening early in the life course is both cheaper and more effective than treatment. Quality parenting and a strong parent-child relationship are powerful determinants for long term health and wellbeing.^{10, 11}

A growing body of research supports the fundamental role of healthy social and emotional development in school readiness. Efforts to promote healthy development in young children leads to increased preparedness for achieving success in school. We now know that children who have had positive social and emotional experiences in the early years of life have a significantly

⁵ Kingston Bayside Primary Care Partnership (Oct 2009), *Kingston Bayside Health & Wellbeing. Strategic Directions Paper 2009-2013*, Melbourne, Australia

⁶ Wilkinson, R & Marmot, M. (2003), *The Solid Facts 2nd Edition*, The World Health Organisation

⁷ The Children’s Mental Health Coalition (July 2010), *Our Children Our Future*. Retrieved from <http://www.aaimhi.org/documents/Our%20children%20our%20future%20final.pdf>

⁸ Hawley, T., & Gunner, M. (2000), *Starting smart: How early experiences affect brain development. Zero to Three* Washington, DC.

⁹ City of Kingston (Sept 2005), *Municipal Early Years Plan Looking After our Children 2005-2008*. Melbourne, Australia

¹⁰ Royal Children’s Hospital, Centre for Community Child Health (2007), Policy Brief No 9, ‘*Parenting young children*’. Melbourne, Australia

¹¹ Royal Children’s Hospital, Centre for Community Child Health (2006), Policy Brief No 1, ‘*Early childhood and the life course*’. Melbourne, Australia

greater chance of achieving success in school compared with children who have not had their social and emotional needs met by their primary care-givers.¹²

Readiness for learning depends upon the nature and quality of parenting, early care experiences and the different environments in which children learn and grow prior to entering school. Research shows that children growing up in poverty often do not experience caring and stimulating experiences that facilitate learning and are disproportionately exposed to harsh physical and social environments which impact negatively on their readiness to learn.¹³

In Australia children enter school with significant differences in the cognitive, non-cognitive and social skills needed to thrive at school. The impact of arriving at school without the necessary skills for learning extends far beyond success in the initial years of school and impacts on the likelihood of successfully completing school, gaining employment and becoming a socially adjusted citizen.¹⁴

State Evidence:

The Victorian Government's Mental Health Reform Strategy 2009-2019 identifies promoting the mental health of Victoria's children as a clear priority that will produce long term positive outcomes. The building of a systematic capacity to intervene early in life is documented as a cornerstone of the reform strategy.¹⁵

Furthermore the Dept of Education and Early Childhood Development – Growing, Learning and Thriving strategy refers to the mounting body of evidence highlighting the significance of the first few years of life on a child's development and future. Parents, families and carers are described as having the most significant influence on a child's early years and families with children who are not currently accessing important services are identified as being in particular need of being connected and supported.¹⁶

The strategy presents a strong case for action, acknowledging evidence of the importance of supporting and nurturing children's learning and development from birth, especially those from disadvantaged backgrounds. Acknowledgment is also given to the increasing diversity in the way in which we work, family composition and cultural influences within society and the need to strengthen the systems that support families and children to reflect this new environment for all children to learn, grow and thrive.

¹² Onunaku, N. (July 2005), *Improving maternal and infant mental health: Focus on maternal depression*. National Centre for Infant and Early Childhood Health Policy at UCLA, Los Angeles, CA

¹³ Hilferty, F. & Redmond, G. (2009), *The Implications of Poverty on Children's Readiness to Learn*, focusing paper prepared for Australian Research Alliance for Children and Youth, Social Policy Research Centre, University of NSW, Sydney, Australia

¹⁴ Royal Children's Hospital, Centre for Community Child Health (2008) Policy Brief No 10: *Rethinking School Readiness*, Melbourne, Australia

¹⁵ State Government of Victoria (Feb 2009), *Because mental health matters, Victorian Mental Health Reform Strategy 2009-2013*. Melbourne, Australia

¹⁶ Victorian Government Dept of Education and Early Childhood Development-Growing, (Nov 2009) *Growing, Learning and Thriving, Building on Victoria's Achievements in Early Childhood Development*, Melbourne, Australia

Retrieved from <http://www.eduweb.vic.gov.au/edulibrary/public/govrel/Policy/ecgrowlearnstrategy.pdf>

Local evidence:

Mental disorders are the third main cause of disease burden in Kingston.¹⁷ Community consultation identified the following issues as negatively impacting on people's mental health and wellbeing: social isolation, family instability and family violence, alcohol abuse, access to secure and affordable housing and financial stress. Issues identified as having a positive impact included strong social connections, family cohesion, a sense of belonging, a sense of purpose and a sense of value.

The municipalities of Clayton South and Clarinda have a diverse multicultural population. Approximately 57 percent of Clayton South residents and 48 percent of Clarinda residents were born overseas. The top five countries of birth in Clayton South are; Greece, India, Vietnam, Sri Lanka and China and in Clarinda are; Greece, India, Cambodia, Sri Lanka and Vietnam.¹⁸ With this high rate of overseas place of birth, the majority of residents speak a language other than English at home with English proficiency being lower for women in the Clayton South area.¹⁹

On all measures the SEIFA* index of relative disadvantage scores indicate significant social and economic disadvantage in the Clayton South area. Compared with the Melbourne Statistical Division (MSD), family incomes are well below the Melbourne and Kingston benchmarks and unemployment rates are well above the Kingston and Melbourne benchmarks. Employment is a key issue that impacts upon the successful settlement of migrants. Police data indicated that there has been an increase in crime rates in the Oakleigh South and Clarinda/Clayton South areas. Residents living in the Clayton South area experience a variety of issues relating to the life stage cycle, socio-economic background, or cultural or ethnic background. Health and wellbeing and family violence have also been identified as issues impacting upon culturally and linguistically diverse communities in Clayton South.²⁰

The Australian Early Development Index (AEDI) is a population measure of children's development as they enter school. The 2009 AEDI results for Kingston showed that the highest percentage of children starting school developmentally vulnerable reside in the Clarinda area and the second highest number in the Clayton South area; 36.8% of children in Clarinda and 28.3% of children in Clayton South were developmentally vulnerable on one or more domains as they entered school compared with the Kingston average of 15.2%.²¹

*Social Economic Indices for Areas: The SEIFA index is a tool constructed by the Australian Bureau of Statistics for measuring social advantage/disadvantage across Australian Postcodes

¹⁷ Kingston Bayside Primary Care Partnership (Oct 2009), *Kingston Bayside Health & Wellbeing. Strategic Directions Paper 2009-2013*, Melbourne, Australia

¹⁸ City of Kingston Community Engagement Unit (March 2009), *Clayton South Report – Past, Present and Future*, Melbourne, Australia

¹⁹ City of Kingston Community Engagement Unit (March 2009), *Clayton South Report – Past, Present and Future*, Melbourne, Australia

²⁰ City of Kingston Community Engagement Unit (March 2009), *Clayton South Report – Past, Present and Future*, Melbourne, Australia

²¹ Department of Education and Early Childhood Development, (April 2010), *2009 Australian Early Development Index*. Prepared by Data, Outcomes and Evaluation Division. Retrieved from www.rch.org.au/aedi.

Significant issues experienced by CALD families living in Australia

There are a number of factors that contribute to the stress of migrating to a new country. These include leaving behind family and friends, adapting to a new culture and different values and practices, learning a new language, past experiences (e.g. refugee trauma), with poor recognition of qualifications often resulting in a lack of employment opportunities and experiencing varying forms of racism.²² Stress also has a major impact on parents' ability to provide a positive rearing environment for their children, which can impact negatively on outcomes for their children.

When a family has experienced significant trauma before coming to Australia there are further risks. Children exposed to trauma are at risk of developmental delay. Parents themselves are also dealing with trauma and their ability to support their children and cope with additional burdens is lessened. Furthermore parents are faced with adapting to different parenting roles, values and expectations compared to their home country.²³

Social isolation is also known to be a significant problem in many communities and an even *more* potent a stressor in CALD families, since social connectedness is more important to these peoples well-being.

What the research tells us about engaging effectively with CALD families:

When working to achieve successful outcomes for children and families from CALD backgrounds the research discusses a number of recommendations which include; developing close links with communities; ensuring all staff have access to training in cultural competency; working in 'true partnership' with community members and recognising informal leaders especially women; building partnerships with other services and agencies; developing social networks within local communities as well as links and bridges between communities and outside resources; easily accessible services eg. clustering services and availability of transport.²⁴

Lessons learnt from the Deception Bay research for effective interventions for engaging CALD parents of children aged 0-5, highlight two main models that work best; outreach (going to existing programs) and home visiting. The types of approaches recommended to use within these models included making contact through universal services e.g. maternal and child health centres or preschools; making contact through trusted community leaders; building partnerships and a culture of respect; addressing 'life issues' issues rather than just issues related to parenting and providing transport, childcare and flexible hours.²⁵

²² Sims, M., Guilfoyle, A., Kulisa, J., Targowska, A., & Teather, S. (2008), *Achieving Outcomes for Children and Families from Linguistically Diverse Backgrounds*, prepared for the Australian Research Alliance for Children and Youth by Centre for Social Research, Edith Cowan University, WA, Australia

²³ Sims, M., Guilfoyle, A., Kulisa, J., Targowska, A., & Teather, S. (2008), *Achieving Outcomes for Children and Families from Linguistically Diverse Backgrounds*, prepared for the Australian Research Alliance for Children and Youth by Centre for Social Research, Edith Cowan University, WA, Australia

²⁴ Sims, M., Guilfoyle, A., Kulisa, J., Targowska, A., & Teather, S. (2008), *Achieving Outcomes for Children and Families from Linguistically Diverse Backgrounds*, prepared for the Australian Research Alliance for Children and Youth by Centre for Social Research, Edith Cowan University, WA, Australia

²⁵ McCredden, J. (Oct 2006) *Engaging CALD parents of children aged 0-5 to find pivotal points for designing effective interventions and improving services*. Retrieved from <http://www.moretonbay.qld.gov.au/uploadedFiles/moretonbay/living/community/Communities%20for%20children%20-%20Deception%20Bay%20CALD%20Research.pdf>

As a partner in the KBPCP Health and Wellbeing Strategic Directions 2009-2013 initiative, the CALD Child and Family Working Group aims to strengthen community connectedness and wellbeing of culturally and linguistically diverse (CALD) families in Clarinda and Clayton South. The working group intends to conduct further research in consultation with the local community to identify and seek to address issues impacting on the parent/child relationship and the social and emotional needs of children and their families.

Authors:

Jodie Lang- Paediatric Occupational Therapist, Central Bayside Community Health Services
Jane Winkler- Paediatric Speech Pathologist, Central Bayside Community Health Services
Nicole Tonn - Child Psychologist, Central Bayside Community Health Services
Andrea Wittick- Community Health Nurse, Health Promotion Worker, Central Bayside Community Health Services

February 2011

References:

1. Kingston Bayside Primary Care Partnership (Oct 2009) *Kingston Bayside Health & Wellbeing Strategic Directions Paper 2009-2013*. Melbourne, Australia
 2. World Health Organisation (2010), *Mental health: strengthening our response*. Fact Sheet No 220
 3. Wilkinson, R & Marmot, M. (2003), *The Solid Facts 2nd Edition*, The World Health Organisation
 4. The Children's Mental Health Coalition (July 2010), *Our Children Our Future*. Retrieved from <http://www.aaimhi.org/documents/Our%20children%20our%20future%20final.pdf>
 5. Hawley, T., & Gunner, M. (2000). *Starting smart: How early experiences affect brain development. Zero to Three*. Washington, DC
 6. City of Kingston (Sept 2005) *Municipal Early Years Plan- Looking After our Children 2005-2008*. Melbourne, Australia
 7. Royal Children's Hospital, Centre for Community Child Health. (2007) Policy Brief No 9, *Parenting young children*. Melbourne, Australia
 8. Royal Children's Hospital, Centre for Community Child Health (2006) Policy Brief No 1, *Early childhood and the life course*. Melbourne, Australia
 9. Onunaku, N. (2005) *Improving maternal and infant mental health: Focus on maternal depression*, National Centre for Infant and Early Childhood Health Policy at UCLA. Los Angeles, USA
 10. Hilferty, F. & Redmond, G. (2009), *The Implications of Poverty on Children's Readiness to Learn*, focusing paper prepared for Australian Research Alliance for Children and Youth, Social Policy Research Centre, University of NSW, Sydney, Australia
-

11. Royal Children's Hospital, Centre for Community Child Health (2008) Policy Brief No10, *Rethinking School Readiness*. Melbourne, Australia
12. State Government of Victoria (Feb 2009), *Because mental health matters, Victorian Mental Health Reform Strategy 2009-2013*. Melbourne, Australia
13. Victorian Government Dept of Education and Early Childhood Development (2009) *Growing, Learning and Thriving, Building on Victoria's Achievements in Early Childhood Development*. Melbourne, Australia. Retrieved from <http://www.eduweb.vic.gov.au/edulibrary/public/govrel/Policy/ecgrowlearnstrategy.pdf>
14. City of Kingston Community Engagement Unit (March 2009), *Clayton South Report – Past, Present and Future*. Melbourne, Australia
15. Department of Education and Early Childhood Development (April 2010), *2009 Australian Early Development Index*. Prepared by Data, Outcomes and Evaluation Division. Retrieved from www.rch.org.au/aedi.
16. Sims, M., Guilfoyle, A., Kulisa, J., Targowska, A., & Teather, S. (2008), *Achieving Outcomes for Children and Families from Linguistically Diverse Backgrounds*. prepared for the Australian Research Alliance for Children and Youth by Centre for Social Research, Edith Cowan University, WA, Australia
17. McCredden, J. (Oct 2006) *Engaging CALD parents of children aged 0-5 to find pivotal points for designing effective interventions and improving services*. Retrieved from <http://www.moretonbay.qld.gov.au/uploadedFiles/moretonbay/living/community/Communities%20for%20children%20-%20Deception%20Bay%20CALD%20Research.pdf>