



THE EARLY CHILDHOOD ACCESS
AND PARTICIPATION PROJECT:
TALKING WITH CHIN FAMILIES
FROM BURMA ABOUT EARLY
CHILDHOOD SERVICES

A GUIDE TO THE MODEL

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NOTE

The ECAP Project was conducted from 2010 to 2011 in Brimbank by Foundation House, also known as the Victorian Foundation for Survivors of Torture (VFST) supported by the Western Metropolitan Region of the Department of Education and Early Childhood (now known as Department of Education and Training (Victoria)). This guide to the model was developed throughout the ECAP Project and was prepared by Jenny Mitchell in 2011, and published in 2016 with minor revisions. The model outlined in the guide has continued to be successfully used by Foundation House in a variety of settings, and there has been an increasing demand since 2011 to publish more information about the model.

This guide to the model was produced to support policy makers and service providers to encourage dialogue between early childhood service providers and families from refugee backgrounds. Readers are reminded that this is a guide only. Foundation House cannot be held responsible for errors or any consequence arising from the use of information contained in this guide. Foundation House disclaims all responsibility for any loss or damage which may be suffered or caused by any person relying on the information contained herein.



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ABBREVIATIONS

BPA	BPA Children's Services
CALD	Culturally and linguistically diverse
CCCH	Centre for Community Child Health
COAG	Council of Australian Governments
CSDH	Commission on Social Determinants of Health
DEECD	Department of Education and Early Childhood Development
DEEWR	Department of Education, Employment and Workplace Relations
DIAC	Department of Immigration and Citizenship
DIMA	Department of Immigration and Multicultural Affairs
ECAP	Early Childhood Access and Participation
ESL	English as a second language
FH	Foundation House
FKA	FKA Children's Services
HIPPY	Home Interaction Program for Parents and Youngsters
HSS	Humanitarian settlement services
LMERC	Languages and Multicultural Education Resource Centre
MCH	Maternal and child health
VFST	Victorian Foundation for Survivors of Torture Inc. (Foundation House)
VICSEG	Victorian Cooperative on Children's
WMR	Western metropolitan region

1. BACKGROUND

This guide describes the Early Childhood Access and Participation (ECAP) Project conducted by Foundation House, also known as the Victorian Foundation for Survivors of Torture (VFST) and supported by the Department of Education and Early Childhood Development. While the project focuses on early childhood services for Chin people from Burma who have settled in the City of Brimbank, the project model and its outcomes are useful for all communities from refugee backgrounds.

The guide is for policy makers and service providers. It describes a model that encourages dialogue between early childhood service providers and families from refugee backgrounds. Through those discussions, service providers gain advice on how to make their services more accessible to the families, who, in turn, become more knowledgeable about services.

Section 1 reviews government policies and reports that are helpful references when promoting equitable access to early childhood services for families from refugee backgrounds. This material may be useful for policy makers. Section 2 describes a strengths-based model, which encourages refugee parents and service providers to work together to overcome access issues. Section 3 reports on the dialogue between Chin advisers and service providers that identifies access barriers experienced by Chin families in Brimbank and suggests strategies to overcome those barriers. The final section highlights ways in which agencies might encourage inclusive practices across the early childhood service system.

1.1 HUMANITARIAN SETTLEMENT

Between 2006 and 2010, 3,695 people from Burma entered Victoria under Australia's refugee and humanitarian programs, predominantly from Karen and Chin ethnic groups. In that period, the City of Brimbank settled 12.5% of the humanitarian arrivals in Victoria, and by 2011 a significant cohort of the Chin group were living in the suburb of Sunshine.¹ The refugee and humanitarian programs are predominantly made up of young and often large families, and early childhood programs are important to successful settlement in Australia.

Families who arrive in Australia through the refugee and humanitarian program receive government-funded settlement services. In Victoria, humanitarian settlement services (HSS) are provided by the AMES consortium as a coordinated case management model to assist with early settlement. The HSS program aims to 'build the confidence and ability of humanitarian entrants to participate economically and socially in the wider Australian community and equip them with the knowledge and skills to access services in the future'.²

Humanitarian entrants also receive services from Foundation House. Since the late 1980s, Foundation House has provided services to refugees arriving in Victoria who experienced torture and trauma before coming to Australia. Services are provided to individuals, families, groups and communities, and include psychosocial assessments, referrals, health education, counselling, psychotherapy, advocacy, family support, group work, natural therapies and community development. Foundation House also works developmentally with those supporting humanitarian entrants: service providers, government and refugee communities. Developmental work includes professional development, policy advice, programs, resources, research and evaluation. Foundation House brings its experience of working extensively with people from refugee backgrounds to the ECAP Project.

1.2 REFUGEE EXPERIENCES

People from a refugee background come to Australia with experiences that may impact on their future lives. In general, they have been forced from their homes by persecution and violence, have fled to another country, have lived in a refugee camp, and finally been selected for settlement in Australia. In recent years, refugees from Burma are one of the largest groups to settle in Australia. A research paper prepared by the Parliamentary Library in Victoria estimates that well over 500,000 people are internally displaced in Burma, and the number taking refuge in neighbouring Bangladesh, India and Thailand is estimated to be similar (Higgins, 2009). Refugees from Burma have experienced long-term displacement. In its *Burmese Community Profile*, DIAC commented that 'The Burmese people have experienced decades of oppression under a succession of military regimes,' noting that most Burmese arriving in Australia have been living in refugee camps, many for more than a decade (DIMA, 2006).

¹ Department of Immigration and Citizenship (DIAC) settlement database (accessed 7.2.2011 and 2.3.2011).

² <https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/humanitarian-settlement-services-hss> (accessed 23.5.2011).

As a result of persecution by the Burmese government, Chin refugees have experienced great loss, including family, friends, community, familiar environment and cultural identity. They have known extreme disadvantage, lacking safety, shelter, food, water, money, education, employment and health care. These disadvantages are likely to have impacted on their physical and mental health. They may experience grief from their many losses, they may feel life has lost its meaning, they may lose trust in others, and in particular, trust in authority figures.

While people from a refugee background settling in Australia are resilient survivors of the horrors they have lived through, there are new challenges on arrival. In the main, they are likely to have limited or no English language and prior education, and few employment skills and qualifications that are useful in their new country. They are socially and economically disadvantaged, and live in rental accommodation with few possessions. They are unfamiliar with the Australian system, and may experience barriers to accessing services, including services for their children.

Settlement has other social impacts. New arrivals may be isolated from their traditional support systems of extended family and community, and family relationships may be disrupted in a number of ways. Trauma may impact on family members, some withdrawing from the family, some feeling angry and even violent. Children may have lost a parent during the refugee journey, and surviving parents have the responsibility of bringing up families alone. Family roles may change. While the man was traditionally breadwinner and household head in his country of birth, women in Australia receive financial support and experience a new independence within their family. The position of young people may also change when they learn English quicker than parents and better understand the new society and their rights in Australia. However, young people may feel disadvantaged when they attend school. As well as lacking English language and having limited education, the children find that school practices are markedly different from those in Burma. As a result, they may struggle to achieve their own and family expectations of good school results. Parents are likely to see the children as 'the future' when their own ability to control the future has been denied by their refugee experiences. The family expects the child to study hard and have a good career, whereas, in reality, children begin school in Australia with many disadvantages that may result in early school drop-out.

1.3 BENEFITS OF EARLY EDUCATION

Education is an important tool in aiding settlement, building resilience and combating the impact of past experiences and disadvantage. In talking about refugee resettlement, Ager and Strang identify education as being one of the core means of integration (Ager and Strang, 2008). For children in their early years, access to kindergarten provides the foundation for future learning and achievements. This is recognised in *Social Inclusion and Early Childhood Development* (DEEWR, 2009), which notes that early childhood education is especially beneficial to socioeconomically disadvantaged families. DEEWR comments: 'A remarkably strong and stable link exists between what pre-schoolers and early primary students know – or do not know – about words, numbers, sounds, letters and print, and later academic performance and social participation.' The Centre for Community Child Health (CCCH) suggests that 'There is consistent international evidence that children who have participated in high-quality preschool education programs gain significant long-term benefits from what has been termed the "preschool advantage"', and 'While the evidence indicates that all children benefit from high-quality preschool education, the gains are greatest for children from disadvantaged family backgrounds' (CCCH, 2008).

The importance of preschool education has been recognised globally and in Australia. In the 2008 report of the Commission on Social Determinants of Health (CSDH), Recommendation 5.3 proposed that 'Governments provide quality education that pays attention to children's physical, social/emotional, and language/cognitive development, starting in pre-primary school' (CSDH, 2008). All governments in Australia have a shared vision that 'by 2020 all children have the best start in life to create a better future for themselves and for the nation' (COAG, 2009). This vision has prompted a national early childhood development strategy which is investing in the early years at state and federal level.

In Victoria, early childhood services were incorporated into the Department of Education in 2008, when the department's five-year *Blueprint for Education and Early Childhood Development* was launched. In this, the Minister for Education and the Minister for Children and Early Childhood Development recognised that 'There is overwhelming evidence and increasing recognition that the early years of life have a profound impact on each child's future' (DEECD, 2008). One of the Blueprint's priorities is to increase access to high-quality early

childhood health, education and care services, to which the ECAP Project is contributing. As part of its strategy, the Victorian government is encouraging socioeconomically disadvantaged families to access kindergarten by providing a fee subsidy for 10 hours and 45 minutes of kindergarten each week (2011). Included in the eligibility criteria are those entering Australia on the refugee and humanitarian program.³ This eligibility recognises that Australia has a responsibility to provide for positive outcomes for those selected for the humanitarian program. It is important, therefore, that early childhood and settlement services complement this commitment by ensuring preschool education is accessible to this group.

1.4 BARRIERS TO EARLY EDUCATION

While early childhood services are available to families from refugee backgrounds, there may be cultural and service barriers that discourage use. The concept of childcare services may feel culturally unsafe to communities that have a communal and family approach to caring for children. They may not trust service providers who do not understand or reach out to their community. In addition, they may not appreciate the value of learning in the early years. For example, in *Engaging Families in the Early Childhood Development Story*, researchers found that 18.4% of refugee/CALD parents believed the first five years was not very important for children's future learning, compared with 3.7% of other parents (Winter & Luddy, 2010, p. 18).

Government strategies recognise the importance of encouraging cultural diversity in children's services. For example, the *Victorian Early Years Learning and Development Framework for all Children from Birth to Eight Years* acknowledges that 'the families and communities in which children live are diverse, and children's learning and development is enhanced when early childhood professionals respect their culture and ways of knowing and being' (DEECD, 2009). While strategies encourage an inclusive approach to diversity, there is still a danger that people who arrive in Victoria from a refugee background may miss the opportunity of accessing early childhood services.

Families may be encouraged to enrol children in kindergarten by maternal and child health services. However, use of these services may be low. In scoping the Early Childhood Access and Participation Project, Foundation House suggested that communities from refugee backgrounds appeared to have low participation rates in these services and are therefore more likely than other groups to miss out on information about kindergarten. Foundation House also remarked on the noticeable lack of MCH translated material for the Chin community and the limited time available for MCH nurses to promote kindergartens. In her 2011 report to the Centre for Community Child Health, Bernadette Burchell commented on vulnerable families' underutilisation of maternal and child health services in Brimbank, including those from refugee backgrounds.⁴

Evidence gathered in the Foundation House scoping exercise suggested that participation rates in kindergarten were low among Chin and other new and emerging communities. This reflected Burchell's report which commented on the high cultural diversity in the area, and found that newly arrived families were unaware of the value of kindergarten and did not have the capacity to support their children's participation. The report also identified service barriers related to transport, difficult enrolment systems, inflexible hours and lack of cultural support (Burchell, 2011). When scoping the project, Foundation House found, for example, that kindergarten teachers were not using interpreter services, being uncertain of guidelines for their use. While the local cluster manager of kindergartens was aware that FKA Children's Services provided bilingual support workers to kindergartens,⁵ they were mistakenly under the impression that interpreting was part of this role and kindergartens were therefore confused about accessing both interpreters and FKA support. The amount of kindergarten information translated into Chin language was also limited, even though Action 10 of the *Victorian Blueprint for Education and Early Childhood Development* calls for 'better information and support to assist children's health, learning and development' to be made available to parents, including 'in a range of community languages' (DEECD, 2008, p. 29).

If they do not attend kindergarten, Chin children are likely to struggle with their first year in school, where there is an assumption of school readiness. This is based on the expectations of the *Victorian Blueprint for Education and Early Childhood Development*, which states: 'By the time Victorian children start school they will be ready to learn at school and schools will be ready for them' (DEECD, 2008). When scoping the project,

³ www.education.vic.gov.au/Documents/childhood/providers/funding/The%20Kindergarten%20Guide%202015.pdf (accessed 10.3.2011), note that the subsidy's availability is dependent on the kindergarten's fee structure.

⁴ The project for which the Burchell report was prepared was in response to 'the issue of low participation in state funded kindergarten of vulnerable children in Brimbank'.

⁵ At the time of writing, 3 x 3 hour sessions of bilingual support was available to kindergartens from FKA Children's Services and could be used to assist individual children, families and/or kindergarten staff.

Foundation House found that some Chin children in Sunshine were in fact not ready for school and were required to repeat prep. One school in Sunshine reported that of the children repeating prep in 2010, half were Chin. This had the potential to label and demoralise families at the start of the child's schooling. In her report, Burchell referred to another local school where 27% of children enrolled in prep in 2009 had not had early childhood education experiences, 'the vast majority being children from refugee and non-English speaking backgrounds' (Burchell, 2011).

As a result of its observations, Foundation House chose to focus the project on two areas of the early childhood sector, being maternal and child health services and kindergartens. The project was to explore access barriers to these services and encourage Chin families to make use of them. The project recognised that the model itself could benefit all people from refugee backgrounds, addressing an issue which has been identified not only in Sunshine, but throughout Australia and in other countries.

Access issues for culturally and linguistically diverse (CALD) and refugee communities are explored in a range of literature. In one of a series of policy briefs, the CCCH discusses the importance of improving access to services for marginalised and vulnerable families with young children. Included in their definition of 'vulnerable' are CALD families, low income families, sole parent families and those experiencing social problems such as housing and mental health. Some or all of these characteristics may apply to families from refugee background, whose vulnerability is exacerbated by their past experiences. The CCCH identifies 'a growing consensus that rather than thinking about certain families as being hard to reach, it is more useful to think of them as being people whom services find difficult to engage and retain' (CCCH, 2010). Similarly, in discussing support for the integration of refugee children, *Refugee Resettlement* states that 'professional development and technical assistance support will be particularly important for facilities serving preschool children' (UNHCR, 2002). This thinking guided ECAP Project aims and the processes described in Section 2 of this guide.

One of the major problems identified by the CCCH is that the formal service system has 'a culture of its own and for parents to make good use of it requires them to master the language, roles and values of that culture' (CCCH, 2010). This is particularly problematic for families from a refugee background for whom the service provider culture is alien and English language is limited. The CCCH suggests that to counter this, 'service providers need to be able to establish positive, non-judgemental, partnership-based relationships with all children and parents'. There are other barriers to be addressed in order to encourage access to services. These include practical issues such as the inability of refugee families to access information about children's services, the lack of transport to reach services, unstable accommodation, a rigid enrolment system, and a fear of services. Similar problems have been identified in the USA and the UK. In *Barriers to Inclusion and Successful Engagement of Parents in Mainstream Services*, the UK authors discuss access issues for minority ethnic families, saying: 'Parents who are most in need of services, including those who lack informal support, are often the least likely to access them' (Katz et al., 2007). Barriers were similar to those identified by the CCCH in Australia, including the fact that families saw mainstream services as not being for their ethnic group.

In *Breaking Cycles, Building Futures: Promoting Inclusion of Vulnerable Families in Antenatal and Universal Early Childhood Services*, the authors discuss access to both maternal and child health services and kindergartens (Carbone et al., 2004). They refer to nurses consulted by the Brotherhood of St Laurence Early Years Project, which identified a number of groups that were less likely to use their services. This included people from CALD communities; especially 'new arrivals and victims of trauma'. The report also refers to Australian Bureau of Statistics data, which indicates that, among other disadvantaged groups, children from non-English speaking backgrounds are 'substantially underrepresented among kindergarten users'. The report identified barriers to accessing services that were both structural (e.g. lack of publicity, costs, lack of public transport, hours of operation, lack of attention to multiculturalism) and specific to families (e.g. limited income, limited transport, transient housing, low English literacy, lack of trust, day-to-day stresses). Of interest to the ECAP Project was the report's comment: 'Surprisingly few intervention studies exist which specifically focus on improving access, engagement and inclusion in ... early childhood services. Australian studies are particularly scarce. While local initiatives are known to exist, few have been documented in the literature.'

The ECAP Project is contributing to literature and discussion about access, engagement and inclusion of families from refugee backgrounds. This guide summarises a strengths-based model that promotes dialogue between families and early childhood service providers to identify access barriers and solutions.

2. THE MODEL

This section describes how the ECAP Project was developed and implemented. It is provided as a guide for service providers who are keen to improve access to early childhood services by families from refugee backgrounds, using a strengths-based model. It encourages service providers to establish structures in which those families can participate to identify access barriers and solutions. Section 3 has case studies that illustrate how using the model and implementing the outcomes might increase engagement and retention of refugee families.

The model is guided by a strengths-based approach that places Chin community representatives at the centre of dialogue about early childhood development. Representatives are selected because of their practical experiences of project issues which make them experts while being 'average' community members. The model recognises these advisers as resilient and knowledgeable contributors rather than passive victims of the war they have experienced. The model redresses the traditional power imbalance between those receiving and providing services, and it also promotes a process that crosses boundaries such as gender, ethnicity, class hierarchies and educational backgrounds. The model establishes an environment in which Chin advisers are able to openly discuss their experiences and drive the direction and goals of the project. Their voice is central to the model and they are equal players. They are the ones who identify systemic barriers that prevent them from accessing services, and as a result, the project is able to introduce change strategies to address these obstacles. Advisers are compensated for attendance at meetings with a small sitting fee that recognises their expertise.

The process of advising the project also contributes to recovery from the refugee experience. Chin advisers gain confidence in their own abilities and find hope for their family's future. Many of the advisers in the project had never participated in a consultative process. Some had never experienced the 'culture of questioning', having been silenced by oppression in their home country. There is a pride in being able to make a contribution to agencies for the first time in their lives, and this encourages the wellbeing of the advisers. Throughout the process, the advisers also act as peer educators, developing their confidence and elevating their status within their community. Their sense of wellbeing is further increased because they can share their knowledge with members of their community, who are increasingly able to manage their children's health and entry into the education system. The peer education model encourages capacity building of community representatives as well as the settlement of their community.

The model also encourages the integration of families from refugee backgrounds into Australian society. Ager and Strang (2008) discuss key elements for successful resettlement of refugees. Two are the processes of social connection within and between groups, and structural barriers to such connections related to language, culture and the local environment. The ECAP model contributes to both building social connection and dismantling structural barriers. It links a new and emerging community with service providers, building bridges between the two. It encourages bonding within the new community as advisers reach out to give advice on children's early education and health. As community members become more involved with families outside their group in kindergartens, schools and health centres, they develop a sense of belonging and social inclusion, and bonds are strengthened with the broader Australian society.

There were a number of project stages in the ECAP Project.

1. [Scoping the project](#)
2. [Establishing project objectives](#)
3. [Establishing the project advisory structure](#)
4. [Selecting and preparing the Chin community advisory group](#)
5. [Supporting the network](#)

2.1 SCOPING THE PROJECT

In the initial months of the project, Foundation House spoke with service providers in Sunshine to identify:

- which groups from refugee backgrounds were newly arrived in the area
- how many new arrivals were accessing the early childhood services in the area
- how many new arrival children were enrolling in local primary schools
- access problems being experienced by new arrivals
- project priorities

The scoping exercise identified that a growing number of young Chin families from Burma were settling in Sunshine. The project's Chin advisory group estimated that by 2011 1,000 Chin people were living in and around Brimbank, around half being below 16 years of age. Brimbank City Council estimated that 63 of the humanitarian entrants arriving in 2010 were children in the 0–4 years age group, a good proportion of who were from Burma.⁶ In the same year, 15 babies with Chin parents were also born in Sunshine, with 27 having been born in 2008–09. An automatic system was in place to refer newborns to maternal and child health services, and 101 Chin babies born in Sunshine were registered with MCH between 2008 and 2011. However, referrals of humanitarian program arrivals to MCH services were more problematic. Settlement services were responsible for referring new arrivals to maternal and child health services, but were having difficulty accessing the MCH appointment system.⁷ The scoping exercise noted that access could be improved with, for example, the introduction of translated material, an improvement in communication between MCH clinics and settlement services, easier appointment systems and increased time for cross-cultural exchanges.

The scoping exercise also considered access to playgroups and kindergartens. A playgroup for Chin children was about to be introduced into the local primary school by a non-government organisation (VICSEG), and the school was additionally hosting a Kinda Kinder project coordinated by Victoria University. Sixty-four Chin children enrolled to start kindergarten between 2008 and 2014, one-third of who were to attend the two kindergartens involved in the ECAP Project.⁸ Enrolments appear to be low, when compared with Chin arrival and birth figures. In any case, Chin children were not ready for their first year in school. At the end of 2010, the local primary school involved in the ECAP Project reported that 70 Chin children were enrolled in the school, and of the children repeating prep in 2010 half were Chin. There was a perception that the low participation rates in kindergarten were discouraging 'school readiness', and there was a general opinion among service providers that refugee children, particularly Chin, were missing out on early childhood services. As a result, the project focused on Chin families and early childhood services in Sunshine, being two kindergartens, a primary school, and the maternal and child health service.

2.2 PROJECT OBJECTIVES

The scoping exercise noted that Chin families had limited knowledge about maternal and child health services and kindergartens. Even when the families were aware of kindergartens, the concept was new for those arriving from Burma or refugee camps in bordering countries. Kindergarten promotion strategies were not reaching Chin families, despite the *Blueprint for Education and Early Childhood Development* calling for strategies to ensure early childhood development is made available to all children regardless of cultural background (DEECD, 2008, p. 28). Kindergarten enrolment forms were not translated, and families were unable to complete them without significant assistance, which was not always available. Some Chin families attended maternal and child health services to weigh and measure their babies, but appointment systems were hard to understand, and attendance figures appeared low and inconsistent. Those who did attend often asked for help in completing the complex kindergarten enrolment forms, but there was limited time for interpreted conversations between MCH nurses and families to complete forms and promote the importance of kindergarten. In comparison with other groups in Sunshine's diverse population, there were only a small number of newly arrived Chin residents. As a result, a very limited number of promotional leaflets were translated into the Chin language, and even when translations were available not all families were literate.

⁶ Humanitarian immigration is discussed in *The Diverse Communities of Brimbank*, produced by the council's Community Planning and Development Department, and percentage arrivals in local government areas are provided in IHSS statistics produced by AMES and accessed at www.ames.net.au/settling-in-australia (21.11.2011).

⁷ The Refugee Status Report (2011) commented that refugee families are usually not linked with maternal and child health nurses until after a child is born to the family in Australia (p. 112).

⁸ Figures provided by Brimbank City Council, 26.10.2011.

Issues identified in the scoping stage of the ECAP Project guided its planning. The project aimed to increase the capacity of early childhood services in the Brimbank area to engage with refugee background communities, particularly the Chin. Foundation House's experience with new arrivals from refugee backgrounds suggested that a model for achieving such aims should build on a dialogue between service providers and key representatives from the community. This would result in the project being guided by the representatives, who would also share information with other community members. This strengths-based model was adopted for the ECAP Project, along with four main objectives to:

- identify and prioritise barriers to accessing MCH services and kindergarten
- identify strategies to address those barriers
- work on strategies that could be addressed in the project timeline and make recommendations about others
- produce a guide to inform service providers about the model, access barriers and possible solutions.

While the project spanned a year, the network met only nine times. To encourage retention of knowledge by advisers, meetings focused solely on above objectives, rather than expanding issues into broader parenting roles or services. Feedback from advisers at project end suggested that this approach did indeed result in a sound knowledge about accessing MCH services and kindergarten.

Part-time workers were allocated to the project (equivalent to five days a week), being a coordinator, a project worker and a bicultural worker who was a member of the Chin community. All staff had experience of the Foundation House model of engaging with communities.

2.3 PROJECT ADVISORY STRUCTURE

The project advisory structure brought together community representatives and service providers to encourage dialogue between the two groups. The structure consisted of:

- advisory group of key Chin community representatives
- network made up of the Chin advisory group and service providers
- reference group consisting of management representatives from key stakeholders. Reference group membership included Foundation House, WMR DEECD, BPA Children's Services and maternal and child health services in Brimbank.

2.4 CHIN ADVISORY GROUP

The Chin advisory group was established to provide the perspective of the Chin community and to tell their community about the project and its outcomes. Advisory group members were identified by the Chin project worker (male) and a leader within the community (female) who was prominent in local early childhood services. They themselves became members of the advisory group and interpreted at meetings. Advisory group members were selected because they:

- had young children
- had experience of and an interest in early childhood services
- lived locally
- were respected within the Chin community but were not necessarily identified as leaders
- were willing to advise the project
- were willing to share project information with others in their community.

When working cross-culturally, it can be difficult to assess whether group participants are representative of the target group and are able to share project messages with a range of community contacts. An outsider to the community is unlikely to know the 'spheres of influence' of those selected. The project depended on the judgement of the Chin selectors to choose people who could contribute to discussions because of their own

experiences and report back to their community. In early meetings, participants were asked to identify which community members should be provided with project information, who they were sharing information with and how they planned to ensure members of the local Chin community would receive project messages. Chin advisers reported that they knew all adults and children in the Chin community, which they estimated to be 1,000 strong.

The advisory group had 15 members, with roughly equal numbers of men and women. Meetings were well attended and members were enthusiastic contributors. Most members had arrived in Australia in the last 1–4 years, and had 2–4 young children. Educational backgrounds varied: one advisor had no opportunity to pursue schooling after primary level, while the majority had reached Year 10 in Burma, and a small number were university graduates. Some were studying in Australia, including three women who were enrolled in childcare courses. Chin advisers attended six different churches between them. Members were paid a small fee to cover their costs of attending meetings and child care was provided by a qualified Chin childcare worker who was known to advisory group members. Meetings were held at the local school attended by Chin children, with which parents were familiar. The school provided space, and staff were very supportive of the project.

A number of important points contributed to the success of the advisory group:

- A well-regarded man and woman from the Chin community identified members for the advisory group and themselves became lead advisers.
- The venue where the group met was familiar and comfortable for families with children at the primary school.
- Interpreters were available at all meetings.
- Advisory group members were called prior to each meeting by the two Chin lead advisers to encourage attendance.
- \$60 was provided to members to cover costs of attending each meeting.
- Sufficient time was given to each meeting (2.5 hours) to allow for interpreting, breastfeeding and nursing children who needed reassurance from parents.
- Child care and toys were available for young children who attended meetings with parents.
- Icebreakers encouraged members to get to know each other as well as energise the meeting.
- There were small-group discussions between community members in their own language followed by feedback plenaries with an interpreter.
- There was 'homework' for advisory group members between meetings, to keep the project upper-most in their minds. Homework included consulting with other community members about the issues to be discussed at the next meeting.
- Folders, notebooks and pens were provided to advisory group members.
- Handouts were provided, including for example, information about local early childhood services and child-rearing practices in Australia.
- Guest speakers were invited to meetings. For example, the local kindergarten cluster manager (BPA Children's Services) explained kindergarten enrolment processes in the local area and AMES spoke about settlement services.

The project aimed to give advisory group members the opportunity and confidence to participate in 'formal' structures in Australia. To this end, meetings were provided with agenda and minutes, and reflective processes were encouraged to identify issues and plan activities to address them. In supporting advisory group members in this way, the project hoped to build the capacity of the Chin community in Sunshine to contribute to other mainstream structures and processes.

2.5 THE NETWORK

The network brought together the Chin advisory group, key early childhood services in the Sunshine area and DEECD regional staff. They were asked to discuss barriers to accessing early childhood services and to find strategies to address them. Service providers were identified when scoping the project and were:

- The early years coordinator and Chin multicultural education aide from the local state primary school, which was popular with the Chin community. This school was the venue for network meetings.
- Teachers from two kindergartens that referred children into the primary school.
- A nurse from the local maternal and child health service.
- The Kindergarten Enrolment Coordinator and Administration Officer from the City of Brimbank.
- DEECD representatives including the manager of partnerships and service development (WMR); project coordinator in early childhood and youth services (WMR); Deer Park/Sunshine Network ESL refugee transition coordinator.
- A representative from a local non-government organisation working with refugee children (VICSEG).
- A representative from the settlement service consortium, AMES.

Some important points about the network's success were:

- The school was very supportive of the project. It recognised the importance of engaging with the Chin community whose children attended the school and staff were proactive in collaborating with other services. The school saw itself as a community hub, including provision of rooms for Chin church services on Sunday and other community events.
- The project compensated the kindergartens to allow teacher positions to be backfilled while attending network meetings.
- The project compensated for the time of the maternal and child health nurse to attend meetings.
- Interpreters were available at all meetings to ensure community members and service providers could understand each other's point of view.
- Meetings were well prepared and facilitated by project staff, typically being a recap of the previous meeting, small-group discussions on questions about barriers and strategies, and information about early childhood programs.
- Participants' willingness to sit with the chaotic nature of dialogue in two languages against a background of young children playing and crying.
- Participants' commitment to putting forward and respecting different points of view and working towards viable solutions.
- The sociable tea-break with home-made snacks.
- Project staff reflection sessions immediately following each network meeting to identify outcomes and prepare for the next meeting.
- Project staff's participation in other early childhood projects in the area, resulting in them being well informed on local issues.⁹

Dialogue between Chin advisers and service providers facilitated learnings on both sides and outcomes of these discussions appear in Section 3.

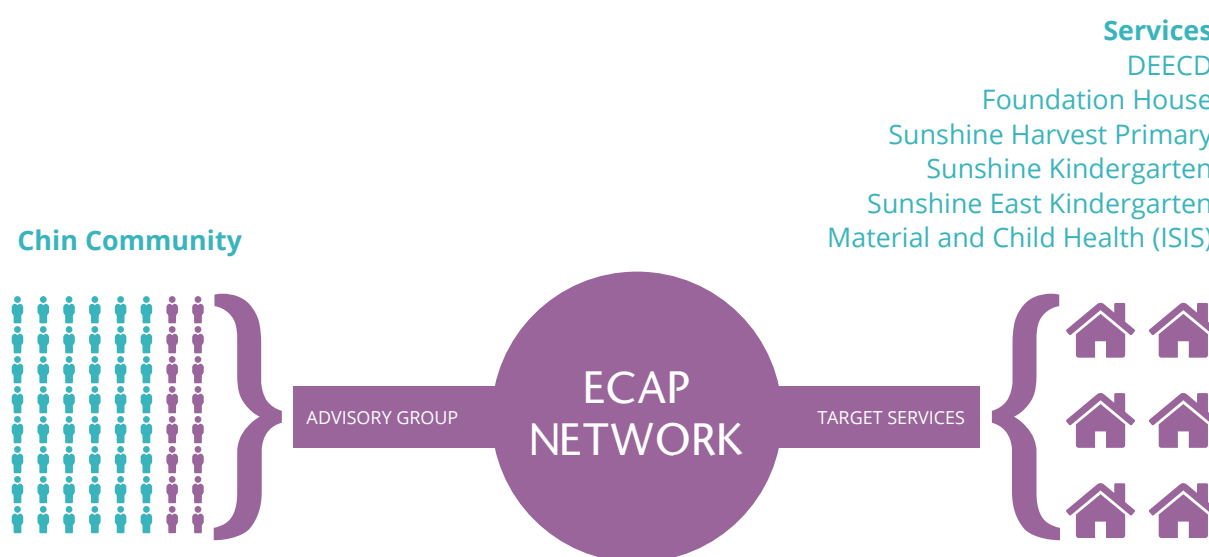
⁹ These included, for example, the Brimbank Early Years Reference Group, the Brimbank Best Start Program, the Brimbank Healthy Babies Program, the Tuning into Kids Program, FKA events, and presentation at the 'Beyond Tomorrow' Early Childhood Management Services Conference.

2.6 SUMMARISING THE STRUCTURE

This section has described a strengths-based model, which encourages dialogue between representatives of the Chin community and early childhood service providers (see Figure 2.1). The model develops a structure that brings the two groups together in a network. Careful preparation for each meeting ensures robust and meaningful dialogue on issues that are relevant to both groups. Section 3 of this guide provides outcomes of the discussions and case studies of activities prompted by the network.

Crucial to the success of network meetings are trustworthy contacts in the community, enthusiastic and relevant participants, interpreters, childcare, compensation for advisers to attend meetings, and service providers who have the capacity to influence change in their organisations. The project’s reference group is also an important part of the structure to monitor the project and encourage management discussions about systemic issues identified by the network.

Figure 2.1: Diagram of Network Structure



Process

01. Identify barriers to service use
02. Identify strategies
03. Implementation
04. Recording and documentation of the process

3. THE DIALOGUE

This section identifies barriers that discourage access to early childhood services by Chin families living in the Brimbank area, along with possible solutions. Both barriers and solutions were identified in dialogue between Chin advisers and local service providers involved in the ECAP Project. Unsurprisingly, issues raised in the dialogue mirrored those described in the Section 1 of this guide. After discussing strategies to address barriers, the Chin advisers and service providers worked together on two case studies that are also described in this section.

3.1 DIALOGUE BETWEEN CHIN ADVISERS

There were three preparatory meetings for members of the Chin advisory group prior to meeting with service providers in the network. This was to ensure that advisory group members understood project intentions and gained sufficient confidence to put forward their views to the network. After separate recruitment meetings, the first full meeting of the group gained their commitment to the project and their role as peer educators in their community. They were asked to take the messages they learnt from the project to Chin community groups and families with young children.

Before meeting with service providers in the network, the kindergarten cluster manager (BPA Children's Services) was invited to speak to the advisory group about kindergarten activities, benefits and enrolment processes. The group was also provided with a series of questions that asked about their experiences of child rearing and early childhood supports in Burma, in refugee camps and in Australia. In response, they talked about how, in Burma, caring for children and teaching domestic skills was women's work. Older children, rather than parents, played with younger children. The men provided discipline and practical survival skills, such as fishing, making items, repairing things and chopping wood. When settling in Australia, survival skills were no longer needed, reducing the men's role. One man said: 'I have no role here. I've lost my place and position.' Others said that they played sport with their children.

When talking about health services for young children in Burma, advisory group members talked about difficulties associated with malnourishment, sleeping and sickness. In the villages, there was little support from health services and no health education or advice on healthy diets. There were very occasional visits from health workers, which were not well promoted. One person spoke about the annual visit to the village by a nurse who provided injections against polio, using the needle multiple times. When babies were born, older village women gave advice and helped with the birth. There was limited sterilisation, and newborns were placed in kitchen bowls. Medication was not available, and it was common for mothers and babies to die in childbirth.¹⁰ Men were not present during births. Parents in the advisory group appreciated being able to use the maternal and child health system when in Australia, seeing their babies measured and weighed. They said they had learnt about healthy diets, developmental stages of the baby and use of nappies.

Discussing these issues shaped the group's thinking and enabled them to present their opinions to the first network meeting.

3.2 NETWORK DIALOGUE

Network meetings brought together Chin advisers and service providers to discuss both barriers and solutions to accessing early childhood services, particularly kindergartens and maternal and child health clinics. Where relevant, resources were provided, including FKA leaflets on child rearing, information about a Chin playgroup, kindergarten enrolment forms and early childhood resources produced for Sudanese refugees. The network visited the Kinda Kinder playgroup based in the school, and AMES spoke about their settlement services, including their referral processes to early childhood services.

Meetings were structured around small-group discussions on a series of pre-prepared questions. This provided the Chin advisers with the opportunity to speak with service providers about barriers to using kindergartens and maternal and child health services. Service providers spoke about some of the difficulties they had in ensuring their services were accessible to Chin families. After prioritising the barriers, Network members discussed solutions that could be introduced in the short term and within the life of the project.

Network dialogue was respectful and fruitful and discussion outcomes are described below.

¹⁰ In 2011, the United Nations Population Fund reported that the 2010 maternal mortality rate per 100,000 births for Myanmar was 240. The under-five mortality rate, per 1,000 births was 73 and the neonatal mortality as a percentage of under-fives mortality was 47. <http://countryoffice.unfpa.org/myanmar>

3.3 DIALOGUE ON BARRIERS

The Chin advisers and service providers in the network identified barriers that discouraged Chin families from accessing early childhood services. These are summarised below.

Cultural barriers

There were a number of cross-cultural barriers that discouraged Chin families from using early childhood services, particularly child care. Chin families:

- were used to sharing child care within extended families in Burma
- were used to sleeping in the same bed as their children and rarely being separated from them
- were unfamiliar with maternal and child health services, which were rarely available in villages in Burma
- were unfamiliar with the concept of early childhood services generally, because they were not provided in Burma
- believed that kindergartens were not for them, but for 'white rich people'
- mistrusted services that were not inclusive and culturally competent.

Service barriers

The network noted a number of barriers for consideration by service providers:

- Few leaflets were translated into Chin, resulting in lack of knowledge about early childhood services.
- Use of interpreters was problematic because of lack of appropriate interpreters; limited time of interpreters and service providers; lack of knowledge about use of interpreters by Chin families and service providers; and limited interpreter budgets.
- It was difficult to make appointments for maternal and child health services when booking systems included automatic answering machines and messages in English.
- Kindergarten enrolment forms were complex and in English, and it was difficult for families to get help with forms.
- Each local government area had their own systems for enrolling in early childhood services, and this confused families and settlement services.

Practical barriers

The network noted that there were practical barriers to families accessing early childhood services, particularly in the early stages of settlement in Australia. Barriers included the following:

- Limited access to cars for transporting children¹¹ and few driving licences, especially among Chin women
- Time management when there were competing family needs (e.g. adults attending English classes and children going to school and kindergarten)
- Transient accommodation during the early period of settlement resulting in families 'dropping off' government systems when services were not advised of change of address
- Lack of documentation such as birth certificates and proof of residence
- Uncertainty about when children became eligible for kindergarten because birth dates may not have been recorded or celebrated
- Inability to pay childcare fees because of poverty.¹² Families were uncertain of what services were free, particularly when there were charges for child care and three-year-old kindergarten.¹³

¹¹ The Refugee Status Report (2011) states that data from the 2006 Census of Population and Housing show 17.0% of 0–17-year-olds in the refugee-like group live in dwellings with no cars, compared to 2.9% of all 0–17-year-olds in Victoria (p. 2).

¹² The Refugee Status Report (2011) assesses that 50.1% of children and young people from refugee-like backgrounds live in poverty, compared with 14.3% of all Victorian children and young people (p. 2).

¹³ The Refugee Status Report (2011) refers to the Refugee Council of Australia finding that many humanitarian entrant families did not access kindergarten services because of cost (p. 92).

Recognising that the project was unable to address financial problems of newly arrived families, the network summarised the barriers in five categories to be considered when discussing solutions:

1. Transport
2. Information and communication difficulties
3. Child-rearing practices
4. Transient accommodation
5. Time management

3.4 DIALOGUE ON SOLUTIONS

Once barriers to accessing early childhood services had been identified, the network brainstormed possible solutions and prioritised issues that could be progressed within the life of the project. Brainstorming in small groups proposed a range of strategies to address barriers and these are summarised below.

Transport

The network suggested a number of solutions to the lack of transport, including driving lessons; tickets for public transport; a 'walking bus' to kindergarten; council-run community buses driven by Chin speakers; a volunteer program where families with cars would provide lifts to kindergarten to Chin families without cars; and more home visits by MCH nurses.

Information and communication difficulties

Chin advisers talked about the difficulties of accessing accurate information with limited English. Not everyone was literate, but where translated material was available, community members shared this information. The network suggested a number of solutions to information and communication barriers:

- Translated materials in Hakha Chin and Burmese (e.g. leaflets, promotional materials, kindergarten enrolment and acceptance forms; letters, notices, and kindergarten newsletters; information about child development, immunisation and feeding babies)
- Provision of accurate information to families and service providers on how to access interpreters
- Telephone messages in Chin language (e.g. making appointments, confirmation of appointment times)
- Access to interpreters for all appointments
- Interpreted information sessions about early childhood services conducted by the local council
- A 'shop front' providing early childhood, multilingual information located in a shopping centre
- Information tours, which identified the location of early childhood services
- A workshop on early childhood services for community representatives who could share the information with families in their community
- Information on early childhood services to be provided by settlement services and refugee health nurses three months after arrival when the initial flurry of settlement information was over
- Bicultural workers available in early childhood services, particularly those who could communicate with Chin families
- Cultural competency training for service providers

Child-rearing practices

Service providers appreciated that child-rearing practices in Burma and Australia differed in some respects, particularly as network dialogue had identified Chin practices. The service providers were keen to provide

options while ensuring that Chin families were not made to feel that their practices were wrong. In some cases, however, maternal and child health services were mandated to provide information that contradicted traditional ways of caring for small children. Safe sleeping habits, for example, were promoted by MCH nurses and differed from traditional practices where families shared a bed. The Chin community were also largely unaware of the benefits of kindergarten to a child's development, and the strong attachment to their small children made some parents reluctant to leave them with strangers. Their mistrust of government organisations in Burma also discouraged their use of government services in Australia. The network suggested a number of solutions to promoting healthy child-rearing practices:

- Translated materials in Hakha Chin and Burmese to inform parents about child development and child-rearing practices in Australia, as well as information about the benefits of kindergarten
- A parenting information program for Chin parents
- Improved orientation processes for kindergartens, including use of interpreters
- Increased dialogue with Chin families to incorporate their cultural suggestions into kindergarten practices
- Encouragement for Chin parents to attend kindergarten with their children

Transient accommodation

The network accepted that it was difficult to avoid transient housing in the early stages of settlement and that this was outside the brief of the ECAP Project. There was discussion on ways of tracking moves to ensure families did not fall through gaps in the system, including translating change of address forms. There was also a suggestion that enrolment systems for kindergarten be standardised across the state to facilitate movement between LGAs. While it was beyond the capacity of the ECAP Project to make such changes, this recommendation was made to the project's reference group. There was also a recommendation that settlement services inform local councils when families with young children move house.

Time management

The network again accepted that it was difficult to address time management issues in families, particularly when there were multiple demands on family members in the early stages of settlement. However, there was discussion on ways to support families to encourage them to access early childhood services, such as more flexible opening hours.

From these solutions, the network selected two areas to work on as case studies. In the short term, the network felt that some of the communication difficulties and lack of information on early childhood development could be addressed.

3.5 CASE STUDIES

The network discussed how information could best be provided to the community through the Chin advisers. Verbal presentations with interpreters, use of audiovisual material and translated leaflets could all reinforce messages about early childhood development. The advisers were keen to hold a forum attended by community leaders from various Chin groups and organisations, at which early childhood service providers could present their information. Leaders could then share knowledge with families in their community. In response to this suggestion, service providers prepared for a parent information forum as a finale to the project. They reviewed translated materials and decided on the forum's format, reporting back to network meetings and consulting with the Chin advisers.

3.6.1 Translated materials

When reviewing material with information about early childhood services, a number of issues were identified. While policy stated that telephone and on-site interpreters were available to kindergartens and parents, budgets were limited. In fact, there was no funding for translations, and the kindergarten cluster manager had no budget for translating written information for parents. Leaflets about early childhood services were found to be complex even in English, and the policy on what should be translated, and into which languages, was unclear. The distribution and promotion system for translated resources was also problematic and, in some

instances, translations were not being well used.

Leaflets and forms

Service providers found that there was little information translated into Hakha Chin or Burmese, which were the languages identified as most useful by the Chin advisers. If translations were available, service providers were not always aware of them. While the state government's latest promotion of the ages and stages of a young child's development had been translated, leaflets had not been distributed to the maternal and child health nurse in Brimbank, who was working with a number of Chin families. The project prompted service providers to review what leaflets were available, and produce a simple leaflet in Chin promoting kindergarten to parents. The leaflet *4 Year Old Kindergarten and Learning through Play* was produced. Photographs featured children from Chin and other refugee groups. Most importantly, the local council translated kindergarten enrolment forms, allocation letters and change of address forms into Hakha Chin. Chin advisers in the network advised the council on draft translations and identified confusing language. For example, the translation for 'How do I enrol?' translated as 'How can I write my name?', which the council was able to amend.

Visuals

While illustrations were used by service providers to convey early childhood information, these could be misunderstood if not explained. One Chin adviser spoke about first seeing the safe sleeping message, showing a baby sleeping with a mother and a large cross over it. In her culture, children slept with parents, and she understood that this was now illegal and wept because she had to separate from her child. It was clear from this that some illustrations could not stand alone but had to be supported by an explanation and education.

Recognising that illustrations are important if language is difficult to understand, service providers examined visual material that was provided at maternal and child health centres. Photographs of babies and young children mainly reflected the mainstream population, thereby encouraging Chin families to feel that services were for 'white families' only. As a result, service providers set out to photograph Chin children to incorporate them into leaflets and posters. A key DVD about kindergarten ('I love kindergarten') was translated into Chin. A short Animoto presentation was produced to summarise early childhood services, incorporating Chin music, language and illustrations. Suggestions and material from Chin advisers were incorporated into the resources throughout the production processes. Chin advisers were particularly careful to ensure that language could be understood by as many people as possible in their community when some words were difficult to translate into Hakha Chin.

Orientation processes

Kindergarten staff became aware from project discussions that they could access interpreters. They recognised that orientation packages sent to Chin families (including crucial enrolment information) were difficult to understand, being complex and in English. As a result, one of the kindergartens in the ECAP Project agreed to trial a new orientation model. Chin parents received a short translated invitation to attend an information session at which interpreters were available. On arrival, each parent received a 'show-bag' with details of individual interview times, start dates, enrolment forms, a handbook and advice on things to take to kindergarten. A parents' committee representative was introduced at the information session, and a Powerpoint presentation illustrated important aspects of kindergarten life. There were practical examples of what should be in the child's backpack, snack and lunch box, and an outline of what the child would learn at kindergarten. Slides demonstrated ways in which children learnt through activities, and learning outcomes were aligned with government frameworks. The atmosphere was warm and welcoming, and time was provided for interpreters to fully explain the information session.

3.6.2 Parent information forum

Having heard what information would be most useful to the Chin advisers, service providers prepared a whole-day parent information forum. The program and content are outlined in Appendix 1. Chin advisers were asked to nominate leaders in their community, who, like them, would carry key messages from the forum to the wider Chin community. Those nominated were leaders in church and women's groups who were regarded as 'good community volunteers'. In all, 26 Chin people attended the forum and three Chin interpreters were available.

An introductory session at the forum emphasised the importance of this peer educator and mentor role to encourage all Chin families to access kindergartens and maternal and child health services. Forum participants were provided with multiple copies of a translated card to give to community members with the words: 'To give your child a great start in life ... Remember ... Stay connected to maternal and child health ... Enrol your child in kindergarten'.

Morning sessions of the forum were held at the school in the network and afternoon sessions were at the nearby kindergarten in the network. The forum was organised around six themes:

1. Maternal and child health services, including information on check-ups, immunisations, caring for teeth, safe sleeping, road safety and maternal health
2. Nutrition, with information on healthy eating and preparing lunch boxes
3. Language development, with information on the role of parents in building a young child's skills in first language, helping children to develop an interest in books and reading, and teaching them to count
4. Local council and their role in providing information on how to access services for children
5. Kindergarten enrolment
6. Learning through play, with information on the importance of play for a child's development

All presentations were designed to be interactive for participants. In the morning, participants divided into three groups and moved around 'stations', which provided information on the first three themes. Interpreters were available at each station allowing presenters to encourage conversation about the themes. The council's presentation of local services featured a Chin mother and young child who were known to forum participants using such services as a playgroup, the library, the playground, and the customer service centre. In the afternoon, participants were encouraged to experience ways in which children learnt, by playing with puzzles, water, playdough, sand, woodwork and magnets.

Translated resources resulting from the project were available for the forum. These included leaflets, posters, forms, DVD and Animoto presentations to which the Chin advisers had contributed ideas, words, music and photographs. Leaflets with photographs of Chin families, babies and young children encouraged a sense of inclusion, and one participant was moved to tears at seeing herself on a poster displayed on the wall. Participants were provided with money to cover their expenses, a certificate of attendance and a 'show-bag' containing translated information on early childhood services, some of which had been produced as an outcome of the project. Show-bag contents are listed in Appendix 2.

The forum was evaluated in a number of ways. The Chin participants completed an evaluation form, and Chin advisers summarised their reaction to the forum at the following network meeting. At that meeting, the most notable comments about the forum included:

- I thoroughly enjoyed it. It was useful for my community.
- I could see what kindergarten was going to be like for my children and I look forward to the day they go to kindergarten.
- The things that we have learnt in this project have really given me the strength to lead more in my community.
- It was a wish come true day! Very, very satisfying. I sent a text message to the FH worker at 10.30 the night before because I was so excited that I couldn't sleep!

Evaluation forms were completed by the majority of participants. They showed satisfaction with the forum as shown by following answers:

1. What were the three most important things you learnt today?

Participants reported learning about educating children during early years by enrolment at kindergarten and, as parents, being interactive with children by playing, telling stories and singing songs. A number of

participants spoke about the value of early education in preparing children for school, thereby making them equal with other children. Messages about healthy food were well received, with many participants declaring: 'I will stop giving my child sugar' and 'soft drink is no good!' Participants had also understood the messages about healthy development in young children and the value of MCH.

2. *How will you use what you learnt today?*

Many of the participants reported that they would share what they had learnt at the forum with family, community, church groups and new arrivals. Another popular response was that parents would not give children sugar any more and feed them only healthy food.

3. *Did you want to learn anything else about early childhood?*

Participants appreciated the interactive style of the forum, and wanted to learn more, using practical techniques. Some commented on needing more time to learn more things about early childhood development (such as immunisations or cooking healthy food), as well as about Australian life and culture.

4. *Write a few words to describe today.*

In the main, participants used the opportunity to describe the forum to thank program organisers. They felt the forum had been helpful, informative and enjoyable and suggested it would also be helpful for other people. As one participant commented: 'From this workshop, the Chin and Burmese children will grow like Australian children.'

3.6 OUTCOMES

In summarising the successes of the project, the following outcomes were most important for the Chin community and, consequently, other groups from refugee backgrounds.

3.7.1 The model

- A strengths-based model, which established a space for equal dialogue and information exchange between refugee families and service providers, was successfully piloted.
- A group of peer educators was established in the Chin community who had knowledge of early childhood services.
- The social capital of the Chin community was enhanced by the bridges to service providers and the bonds within the community.
- The model contributed to a healing process to combat the impact of the refugee experience, by building confidence, hope for the future and wellbeing.
- The model was promoted in the DEECD Research Elert article 'Talking with Chin families from Burma' (September 2011).
- The model was promoted at the 'Beyond Tomorrow' Early Childhood Conference.
- The model was promoted at the Foundation House Forum 'How are Refugee Children and Young People in Victoria Faring?'

3.7.2 Service provider outcomes

The service providers reported their satisfaction with the project. Their feedback indicated that they had become more familiar with the Chin community and culture, and had built relationships with Chin advisers. They also appreciated the opportunity of getting to know other service providers in the project. They were able to check that their partnership resulted in accessible services for Chin families, and they felt the relationship would increase collaboration between services in the future. In summary, as a result of the project:

- Early childhood service providers became aware of the perspective of Chin families, and through dialogue, worked out ways to address barriers that were discouraging their access to services.
- Early childhood agencies prepared and implemented a full-day parent information forum, providing key

messages about MCH, kindergarten, childhood development, healthy eating, language development and council services.

- Relationships between early childhood service providers were strengthened.
- Service providers became more aware of material that was available in Chin languages and consolidated the resources.
- DEECD's central office circulated a reminder to service providers to raise awareness of the availability of translated leaflets.
- Service providers translated leaflets about early childhood services into Hakha Chin and developed posters and audiovisual material featuring Chin families. On being asked if this material would be useful, one adviser said: 'It makes us feel alive, it's inclusive, it's overwhelming. It makes me emotional to see it!'
- Brimbank Council translated kindergarten enrolment forms into Hakha Chin, and one completed form had already been received within a month of forms becoming available.
- Brimbank MCH clinic introduced a telephone answering service to replace voicemail messages in English.
- An email referral process was set up between the settlement service (AMES) and MCH clinic to ensure appointments could be made for new arrivals.
- DEECD commenced negotiations to ensure early childhood information is included in DIAC's settlement website, settlement publications and English classes for humanitarian entrants not only in Victoria, but at a federal level.
- DEECD was alerted to the lack of focus on the early childhood years in settlement contracts and commenced discussions about providing information sessions to settlement workers who meet with new arrivals.

3.7.3 Outcomes for kindergartens

Kindergartens were the most isolated of service providers in the ECAP Project, and for this reason, felt supported by the project. They had lacked basic information, such as using interpreters or where to locate multicultural teaching aids at such places as LMERC. The kindergartens reported that the project had increased their knowledge of Chin families and ways of addressing their needs. They had gained information about refugee entitlements, and they better understood the connections with other services. Enrolments of Chin children increased. The East Sunshine Kindergarten enrolled 13 Chin children for 2012, having had half that number in the previous year.

As a result of the project, the kindergartens had changed their practices in the following ways:

- They learnt they could access interpreters and had begun to use them.
- In using interpreters for the first time, they had realised the need to book early as funding allocations for kindergartens were limited.
- They changed their orientation sessions by producing short translated invitations in the languages of families who were allocated places. They had prepared a user-friendly presentation with illustrations, and employed interpreters for the orientation session.

3.7.4 Outcomes for the Chin community

The Chin advisers reported their satisfaction with the project and their comments are provided in Appendix 3. The comments suggest that the project raised their awareness of early childhood services and more generally increased their confidence to access them.

MCH and kindergarten

As a result of the project, the Chin advisers knew how to make appointments for maternal and child health services and how important these were to children's health and development. They were aware of the caterpillar promotion for ages and stages of a child's development and other translated information. They had

understood some of the key MCH messages about regularly monitoring their child's development through the MCH clinic, safe sleeping and healthy eating habits. They also knew how and when to enrol in kindergarten and, if necessary, change their enrolment details. They accepted that kindergarten was for all cultures, not just 'white rich people' as they had earlier thought. They knew that kindergarten would help their children prepare for school so that they could be 'equal', as one mother said. Through the project, they saw the activities children were involved in at kindergarten, and understood how these helped children to learn and develop social skills. They had also understood their own role in teaching children through play and language development, replacing their belief that a child does not learn before attending school and parents need not play with children.

Service provider relationships

The Chin advisers felt confident in their dealings with the service providers they had met, contrasting with their feelings at project start. One adviser said: 'In Burma, we are not close to the government officers, but here they are so friendly. Now we have grown closer and I am full of confidence and I can approach them any time.' They also felt proud that they had been able to provide agencies with knowledge about their own culture, and advice on services for Chin families.

Peer educators

The Chin advisers understood their role in sharing the knowledge they had gained with other families in the Chin community, and had in fact begun to do so before the project ended. Some of the Chin advisers had enrolled their own children in kindergarten as a result of the project, and encouraged others to do so. One adviser said: 'I'll give you an example. Someone from the community visited me yesterday. He did not know how to enrol his child for kindergarten. I explained how there's a form to send in when the child turns two years old. I told him to contact Nguri for a form.'

Capacity building

Overall, Chin advisers demonstrated a growing confidence in 'formal' network meetings, increasingly speaking out and contributing to meetings. Brimbank Council worked with some of the mothers in the Best Start Program and the coordinator commented on their growth in confidence as a result of the ECAP Project, particularly some of the shyer ones. A facilitator in the final network meeting commented that people who had not spoken before had become vocal, feeling compelled to say something about their positive experiences.

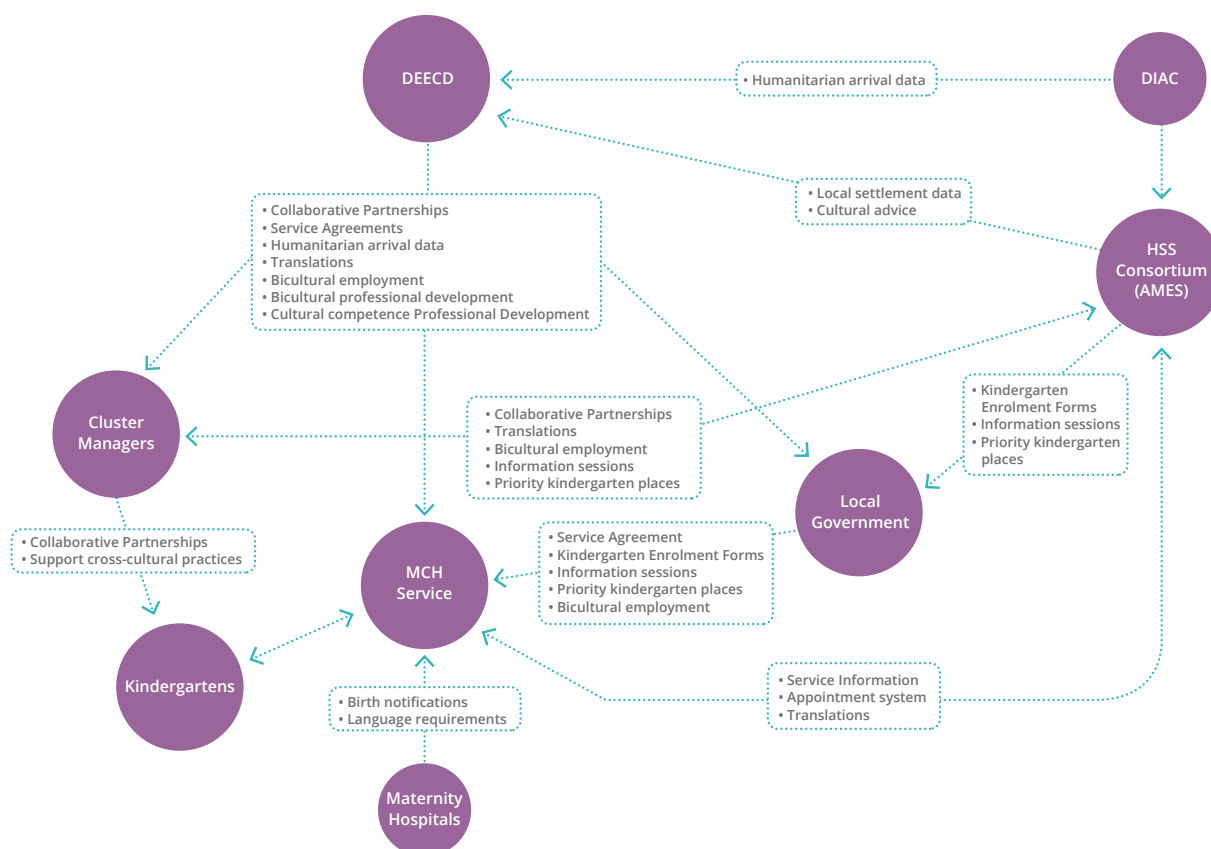
Some advisers had enhanced their skills by participating in training and events organised by the project. Four Chin advisers had attended 'Tuning into Kids' training, and one had made presentations at the 'Beyond Tomorrow' Early Childhood Conference and the Foundation House Forum 'How are Refugee Children and Young People in Victoria faring?'. One young mother reported that the project had given her confidence to do a driving course because she realised how important it was to transport her children to kindergarten and MCH. The Chin advisers had also received employment information at VicRoads and the HIPPY Program in network meetings. Two of the women studying for a Certificate III in Early Childhood Education and Care had arranged their placements at the East Sunshine Kindergarten as a result of the project.

In expressing their appreciation of the project, one adviser said: 'The project has informed us. It has been a good foundation for us and it has also built bridges to service providers.' Another said: 'Now I am born again because when we started the project I could not see, but now my eyes have been opened and I can see well.'

4. INCLUSIVE EARLY CHILDHOOD SERVICES

Dialogue in the Early Childhood Access and Participation Model suggested ways to improve access to early childhood services by families from refugee backgrounds. In the service system, robust partnerships, detailed service agreements and professional development were identified as fundamental to achieving cultural competency and inclusive practices. The framework for relationships between government departments and service providers is in place. However, dialogue in the ECAP Project identified systemic gaps where inclusive practices could be improved to better reach policy expectations. Figure 4.1 summarises the framework of relationships between government departments and service providers, and identifies areas of their work that contribute to ensuring services are accessible by families from refugee backgrounds. Organisational roles that encourage inclusive practices in kindergartens and MCH clinics are described in Appendix 4. Were these roles to be fully developed and maintained, access issues identified in the ECAP Project would be significantly reduced.

Figure 4.1: The ECAP Service system framework established by Foundation House to encourage inclusive practices in early childhood



APPENDIX 1: PARENT INFORMATION FORUM

Morning program at Sunshine Harvester Primary School

Introduction

- Welcome by Foundation House and presentation on the concept of peer education and mentoring. The presentation emphasised participants' leadership role in passing the forum's key messages onto the wider Chin community. They were provided with a 'business card' with key messages to circulate in the Chin community.
- Overview of playgroups, kindergartens and maternal and child health services prepared by DEECD on Animoto and including Chin music, words and photographs.

Station 1: Maternal and child health

- Presenters: MCH nurses
- Summary: The presentation provided details of MCH services and how to access them, and the importance of children seeing MCH nurses 10 times between the ages of 0–6 years. The presentation emphasised the need for immunisations; caring for teeth; safe sleeping; car safety for babies; child developmental stages; and maternal health. The station had samples of leaflets and posters and a laptop presentation of Chin babies and mothers.

Station 2: Feeding habits and nutrition

- Presenter: MCH dietician
- Summary: The presentation discussed the dietician's role and services and healthy eating. It emphasised the amount of sugar in commercial drinks and the importance of replacing these with water and milk in a child's diet; and what to put in a child's lunch box for kindergarten or school, including samples of fruit, vegetables, starch, dairy and protein.

Station 3: Language Development/Maintaining First Language

- Presenter: DEECD ESL teacher
- Summary: The presentation discussed parents' role in helping children to learn at home before starting school. It emphasised the importance of talking with children from birth in the language used at home, to build vocabulary and language skills; playing with young children; reading to young children; making up stories based on illustrations in books; singing nursery rhymes and songs; counting and measuring; and using the library.

Brimbank Council

- Presenter: Brimbank Best Start community facilitator
- Summary: The presentation provided information on council services to assist families with young children, including playgroup, kindergarten, playgrounds, library story time sessions, library internet, DVDs and books, and the customer service centre. The Powerpoint presentation contained use of council services by a Chin mother and child who were known to forum participants.

Afternoon program at Sunshine East Kindergarten

Enrolling at kindergarten

- Presenters: Enrolment officer, Brimbank City Council, and teacher at East Sunshine Kindergarten
- Summary: The presentation discussed the stages involved in enrolling for kindergarten and the forms to be used at each stage. Participant questions focused on identification documents; fee concessions; enrolling late because of arriving in Australia when the child is over two years; change of details; and kindergarten hours.

Learning through play

- Presenter: Early Childhood Development, DEECD
- Summary: The presentation emphasised the importance of play in learning, and the role of family members in playing with and talking to children from birth onwards. Participants were told that play teaches children to cooperate; practice new skills; use their imagination; express feelings; be independent; and develop social skills. The presentation was followed by participants experiencing ways in which children learn through playing with puzzles, water, playdough, sand, woodwork and magnets.

Handouts

- 'Show-bag' with key forms and leaflets (details in Appendix 2)
- Certificate of attendance
- \$100 to cover expenses
- Evaluation forms (in Chin)

APPENDIX 2: SHOW-BAG CONTENTS

PLAYGROUPS	MCH	KINDER	COUNCILS	DEECD
Playgroup Victoria multilingual information (including Hakha Chin)	Key ages and stages caterpillar (in Hakha Chin)	<i>I Love Kindergarten</i> DVD (in Hakha Chin)	Brimbank Council Enrolment forms and letters (in Hakha Chin)	Literacy tips (in Hakha Chin)
'Playgroups are Fun' sticker	Cookbook: <i>Burmese Noodles</i> (in Hakha Chin)	<i>4 Year Old Kindergarten and Learning through Play</i> (in Hakha Chin)	I love Kindergarten Stickers	Numeracy tips (in Hakha Chin)
	<i>Healthy Living in Australia</i> produced by Migrant Information Centre Eastern Melbourne (in Hakha Chin)	<i>Join a Kindergarten Community</i> (in Hakha Chin)	Map of local council Services	<i>Helping your Child to Learn</i> (key words in Hakha Chin)
	Place mat with vegetable images and English words	<i>Free or Low Cost Kinder</i> (in Hakha Chin)	Brimbank Council Directory	Story book
	Junior toothbrush and toothpaste	Playdough, recipe and cutter		Box of colouring pencils
	Brushing chart and stickers	Flyers for Sunshine Kindergarten and East Sunshine Kindergarten		
	4 Year Old Kindergarten flyer			
	Baby spoon			

Parent information forum evaluation forms

'Business cards' for participants to distribute to community members

Notebook and pen

Foundation House business card (Sunshine office) and flyer

APPENDIX 3: ECAP PROJECT EVALUATION

Chin advisers provided feedback about the ECAP Project. Their comments are listed below and quoted in the body of the guide.

1. In what ways did the ECAP Project help you?

- I didn't understand about child development but now I know the different stages of development.
- When we started the project, I didn't understand what it was about. By the end I understand that parents have a role in helping children to learn before they go to kindergarten. I also know how to manage the system to make sure my child can succeed in this country.
- I was involved in playgroups but was still not convinced that early childhood is important. Kindergarten seemed like a small thing, but we realise now that it is a foundation. I know that my child can have opportunities to progress and be equal in the future.
- Previously, I thought children should be enrolled in kindergarten at four years old but because of the project, I learnt that they should enrol at two years old.
- The English and Chin kindergarten forms helped me to improve my English. It makes life much easier.
- I had no idea what kindergarten looked like or how enjoyable it was. I look forward to my child going to kindergarten because now I know how it's going to be for him.
- We understood how important it was to deliver the message to our community about how to access kindergarten, MCH and healthy food.
- The project gave me confidence to do a driving course because I knew I'd need to be able to transport my kids to kindergarten and MCH and so it was important for them.

2. What was most useful about the ECAP Project?

- Learning how to apply for kindergarten (unanimous opinion).
- Everyone knows that they can enrol for kindergarten and it is available for mixed cultures and nationalities.
- It was most important when we visited the kindergarten at the parent information forum and I could see with my own eyes what the kids do and how children can be involved in everyday activities. It showed that their involvement in kindergarten is most important.
- Learning about the role of the parent in teaching the child.
- Learning about healthy food and healthy growing.

3. What did you learn from the project about how to enrol at kindergarten?

- Enrol the child when he's two years old then he'll get a place at age four.
- If we change address, we use a different form.

What did you learn from the project about what children do at kindergarten?

- If the child just stays home with its refugee parent without education, you don't know how to teach them to speak English or to write English. It's better to send the child to kindergarten where they can learn skills and to be sociable. So when the child goes to school, she will be equal, emotionally and practically.
- I learnt how kindergarten is important. If the child stays with you at home all the time, the child won't have confidence to mix with other people. His social life will be limited. As well, the child will learn more at kindergarten, play with friends, toys, water, playdough. He'll have fresh air and he'll mature. He'll develop hand movements. I see all this now.

4. What did you learn from the project about maternal and child health services?

- Measuring a child's weight, height, etc. is important.
- Every Tuesday there'll be Chin interpreters at MCH.
- No pillow for the baby in bed, children need to be able to move freely in bed.
- Caterpillar is a good, clear display of what to do when.
- The blue record book will be changed to a green book next year.

5. What did you learn from the project about children's development?

- When a child is asking questions, you should not ignore them. Encourage children to take steps. Talk to children about what they see; e.g. if the child points to a bird, name it, talk about it (e.g. it's black, it sings, etc.)

6. What else did you learn from the project?

- I have more teaching ability for my own child from this project.
- I learnt how to look after kids, how important it is for a child to play.
- With this project, we killed more than two birds with one stone! For example, we made personal contact with the kindergarten teachers. You are building a very good foundation for us, bridging us to services (unanimous opinion).

8. How did it feel to work with service providers in network meetings?

- We heard directly from the departments who were involved in the network and we know what they do. We know they are available for us.
- Before, we were strangers and this year we feel so close, that we are friends with them. At the beginning, we were frightened to sit next to them, but now we invite them. Knowing each other personally is really good. Even if we don't know their names, if we ever see them we can say 'Hi'.
- I feel it is quite something that service providers come here and learn a lot from us, about our culture, which is new to them. They may not have known about our culture, the way we live, our families, child rearing, etc.
- Somehow you've been able to understand the issues facing our community.

9. What was your role in the project?

- Three things: (1) to participate as an adviser (2) to learn and remember (3) to share with the community.
- Now my role is to encourage other young mums to enrol in kindergartens.
- We'll share all the information we've learnt with new arrivals.
- The business card we got at the parent information forum – I've already given one to my neighbours and I will share it with others.

10. Did you share what you learnt in the project with people in your community? How many? Who were they and why did they need your advice?

- I have helped two families who do not speak English and do not know about the things in this program. I have told them how to access MCH and kindergarten, and helped them with documents. The sort of things that families need to know.
- My children are now enrolled in kindergarten because of the project, and I have helped other people by spreading the word. I knew nothing before the project, now everything is under control, and my children are enrolled.
- I shared information with neighbours and five people.
- Four fathers in Victoria and also in Adelaide. I shared with 20 people in the Chin community.

- I've told five families.
- I spoke at a meeting of a church conference.
- Every single mum I come across, I ask whether they've enrolled at kinder.

11. How could the ECAP Project have been improved?

- More information sessions for parents in the community would have been better. There were samples on the table at the parent information workshop, but we need to know about other healthy foods to pack into lunch boxes. We need more community education for parents: a parent education program on healthy foods.
- More information on the law when it comes to child rearing. In Burma, we rear children with the stick to punish and discipline them. It's different here. We cannot hit a child. We need to know how to be a parent within Australian law.
- We need more training in early childhood development for the advisers, in more depth than the information we got.
- The project has been a good one – so do it more often (like next year!)
- Probably next time we could try to involve all the different community leaders (e.g. Mara language group or Falam language group, although there are only two families here).
- I'd like to comment that if a kindergarten was available for children from one cultural background they may be more comfortable. If the kindergarten was culturally mixed, it would be useful for children and parents if someone from their culture worked there.

APPENDIX 4: STAKEHOLDER ROLES FOR INCLUSIVE EARLY CHILDHOOD MODEL

STAKEHOLDER	PROPOSED ROLE
DEECD	Form and maintain partnerships:
	› Broker, formalise and monitor collaborative partnerships, partnership objectives and partner roles among early childhood service system.
	› Work closely with DIAC to receive forward planning data on humanitarian arrivals; analyse for and distribute to key stakeholders.
	› Work with local government and MCH managers to ensure relationship and communication model is established with AMES at the local level and monitor progress of this model to negotiate with DIAC if problems arise.
	› In partnership with local government, MCH services, cluster managers and kindergartens, promote a model of engaging refugee parents in early childhood services that includes advisory groups of representatives from emerging communities.
	› In partnership with local government, MCH services, cluster managers and kindergartens, and using interpreters and translated materials, hold an annual information day about early childhood services for leaders and other appropriate representatives in refugee communities, promoting their role as peer group educators.
	Develop and monitor service agreements
	› Articulate inclusive practices in service agreements with local government, MCH services and kindergarten cluster managers. This will include, for example, use of interpreters, provision of translated material, distribution systems for translated material, employment of bicultural workers, and cross-cultural training for relevant staff.
	› Monitor implementation of inclusive practices by local government, MCH services, kindergarten cluster managers and kindergartens, including identifying and addressing barriers to flow of information and tasks.
	› Through the service agreement with cluster managers, explicitly establish a model for encouraging kindergarten access by and retention of children from refugee backgrounds, including clarifying for kindergarten teachers their use of interpreters, translated materials, processes for accessing FKA bicultural workers, cross-cultural training and standardised orientation processes.
	› Through the service agreement with local government, establish a model that prioritises kindergarten places for humanitarian entrants to compensate for irregular timing of their arrival in Australia and transient housing.
	› Through the service agreement with MCH clinics, ensure that appointment systems can be understood and accessed by humanitarian entrants.

STAKEHOLDER	PROPOSED ROLE
	<p>Translate and distribute key early childhood information:</p> <ul style="list-style-type: none"> › Translate key information on kindergartens and MCH into languages of humanitarian arrivals in response to DIAC forward planning data and ensure material is succinct and easy to understand. › Provide culturally inclusive material to MCH clinics and kindergartens by amending mainstream material with illustrations and languages of humanitarian entrants (e.g. posters, DVD, leaflets, etc.) in response to DIAC forward planning data. › Distribute translated material to key stakeholders ensuring stakeholder strategies are in place to ensure humanitarian clients have access to the information. › Support cluster managers to translate key communication with humanitarian parents to ensure they are included in kindergarten orientation sessions and other activities. › Ensure sufficient funding is available for kindergarten interpreter bookings. <p>Bicultural employment:</p> <ul style="list-style-type: none"> › Through stakeholders in the model, encourage members of emerging communities to train as kindergarten teachers and ensure cluster managers are aware of availability of resulting bicultural workers. <p>Policy:</p>
	<ul style="list-style-type: none"> › Ensure policy prioritises the needs of children from refugee backgrounds to compensate for their history of displacement and disadvantage; e.g. by introducing free kindergarten places for three-year-olds from refugee backgrounds; maintaining free kindergarten places for four-year-olds.
Foundation House	<ul style="list-style-type: none"> › Support DEECD to develop, implement and evaluate a pilot model that ensures inclusive practices are established throughout the early childhood service system.
DIAC	<p>Humanitarian arrival data:</p> <ul style="list-style-type: none"> › Liaise with DEECD to provide forward planning data on humanitarian arrivals for early childhood services. <p>HSS service agreement:</p> <ul style="list-style-type: none"> › Incorporate early childhood tasks and standards into service agreement with HSS providers. › Establish processes to monitor humanitarian access to kindergartens and MCH services through HSS providers.
Local Government	<p>Partnerships and service agreements:</p> <ul style="list-style-type: none"> › Contribute to collaborative partnerships with DEECD, MCH clinics, kindergarten cluster managers, AMES and kindergartens. › Work closely with DEECD to ensure service agreements with MCH clinics explicitly establish a model for encouraging MCH access by and retention of children from refugee backgrounds, including provision of translated materials and cross-cultural training. › Form close partnership with AMES to ensure accurate early childhood information is promoted to humanitarian arrivals. › In partnership with DEECD, MCH services, cluster managers and kindergartens, promote a model of engaging refugee parents in early childhood services, which includes advisory groups of leaders and other representatives from emerging communities. › In partnership with DEECD, MCH services, cluster managers, kindergartens and using interpreters and translated materials, hold an annual information day for representatives of refugee communities, promoting their role as peer group educators.

STAKEHOLDER	PROPOSED ROLE
	<p>Translate and distribute key early childhood information:</p> <ul style="list-style-type: none"> › Translate key documents into languages of humanitarian arrivals (e.g. enrolment form, confirmation letter, change of detail form) and ensure key stakeholders receive and use them to promote access to kindergartens. › Hold periodic information sessions for new arrivals to complete forms with interpreter assistance and inform AMES and MCH clinics of schedule. › Establish a model to inform AMES about kindergarten enrolment processes and provide forms for completion by parents with assistance of AMES interpreters. › Inform MCH clinics about kindergarten enrolment processes and provide forms for completion by parents with assistance of MCH and interpreter. <p>Prioritise places for humanitarian entrants:</p> <ul style="list-style-type: none"> › Prioritise kindergarten places for humanitarian entrants to compensate for irregular timing of their arrival in Australia and transient housing.
Maternity hospitals	<ul style="list-style-type: none"> › Provide birth notifications to MCH Clinics for mother and baby's first visit, identifying language requirements.
MCH services	<p>Partnerships:</p> <ul style="list-style-type: none"> › Contribute to collaborative partnerships with DEECD, local government, kindergarten cluster managers, AMES and kindergartens. › Establish a model to inform AMES about MCH services and provide an appointment system which ensures their HSS clients have access to a preliminary appointment with the MCH clinic. › In partnership with DEECD, local government, cluster managers and kindergartens, promote a model of engaging refugee parents in early childhood services which includes advisory groups of leaders and other representatives from emerging communities. › In partnership with DEECD, local government, cluster managers, kindergartens and using interpreters and translated materials, hold an annual information day for representatives of refugee communities, promoting their role as peer group educators. <p>Interpreting and translating:</p> <ul style="list-style-type: none"> › Provide an interpreter for all sessions with humanitarian entrants. › At the initial session with humanitarian entrants, provide culturally inclusive material, with relevant illustrations and language, and emphasising the importance of continuing engagement with MCH clinics. › At the initial session with humanitarian entrants, provide translated information about kindergarten enrolments.

STAKEHOLDER	PROPOSED ROLE
AMES	Partnerships:
	<ul style="list-style-type: none"> › Work closely with MCH services, kindergarten cluster managers, local government and members of the HSS consortium to provide accurate information on early childhood services to new arrivals to ensure clients with young children enrol in kindergarten and MCH services.
	Information about local arrivals and cultural requirements:
	<ul style="list-style-type: none"> › Work closely with MCH services and kindergarten cluster managers to provide information about new arrivals in the local area and any cultural requirements.
	Information about kindergartens and MCH:
	<ul style="list-style-type: none"> › Ensure all case workers are aware of local processes related to kindergarten and MCH enrolments.
	<ul style="list-style-type: none"> › Provide translated information on kindergarten services and enrolment processes to HSS clients, including assistance to complete and lodge kindergarten enrolment forms where relevant.
	<ul style="list-style-type: none"> › Ensure all HSS clients with young children access an initial appointment at the MCH clinic. › Ensure kindergarten enrolment and access to MCH clinics is completed on the case closure checklist.
Cluster manager	Partnerships:
	<ul style="list-style-type: none"> › In partnership with DEECD, local government, MCH services and kindergartens, promote a model of engaging refugee parents in early childhood services, which includes advisory groups of leaders and other representatives from emerging communities.
	<ul style="list-style-type: none"> › In partnership with DEECD, local government, MCH services, kindergartens and using interpreters and translated materials, hold an annual information day for representatives of refugee communities, promoting their role as peer group educators.
	Support cross-cultural practices:
	<ul style="list-style-type: none"> › Remain aware of trends in humanitarian arrivals and inform kindergartens of the impact on their practice.
	<ul style="list-style-type: none"> › Ensure kindergartens provide an inclusive environment as a result of training staff in: <ul style="list-style-type: none"> • the cultures of parents settling in their area
	<ul style="list-style-type: none"> • how to work in a cross-cultural environment and with survivors of refugee experiences
	<ul style="list-style-type: none"> • an accessible orientation model, which includes a simple, translated invitation and an information session with interpreters to complete necessary paperwork and receive information about kindergarten attendance
	<ul style="list-style-type: none"> • how to book interpreters
	<ul style="list-style-type: none"> • how to use interpreters • how to access FKA bicultural workers, training and advice • how to access kindergarten teachers from emerging communities.

STAKEHOLDER	PROPOSED ROLE
Kindergarten	Partnerships:
	<ul style="list-style-type: none"> › In partnership with DEECD, local government, MCH services and cluster managers, promote a model of engaging refugee parents in early childhood services, which includes advisory groups of leaders and other representatives from emerging communities.
	<ul style="list-style-type: none"> › In partnership with DEECD, local government, MCH services, cluster managers and using interpreters and translated materials, hold an annual information day for representatives of refugee communities, promoting their role as peer group educators.
	Professional development:
	<ul style="list-style-type: none"> › Attend training in cross-cultural issues provided by cluster managers, education and settlement services and assess ways to incorporate learnings into the kindergarten.
	<ul style="list-style-type: none"> › Remain aware of trends in humanitarian arrivals.
	Enrol and retain humanitarian families:
	<ul style="list-style-type: none"> › Incorporate cross-cultural practices that welcome and retain humanitarian parents and their children.
	<ul style="list-style-type: none"> › When allocated children from families with limited English, invite parents to an orientation session by providing a simple translated invitation.
	<ul style="list-style-type: none"> › Provide interpreters at orientation sessions and ensure all necessary paperwork is completed with interpreter assistance.
<ul style="list-style-type: none"> › Employ translated material, interpreters, FKA bicultural workers and bicultural staff. 	

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