

**EDUCATION AND HEALTH
STANDING COMMITTEE**

**AN INQUIRY INTO IMPROVING EDUCATIONAL OUTCOMES
FOR WESTERN AUSTRALIANS OF ALL AGES**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 9 NOVEMBER 2011**

SESSION ONE

Members

**Dr J.M. Woollard (Chairman)
Mr P.B. Watson (Deputy Chairman)
Mr P. Abetz
Ms L.L. Baker
Dr G.G. Jacobs**

Hearing commenced at 9.59 am

GILLETT, MS AMANDA

Community Services Manager, Association of Services to Torture and Trauma Survivors, examined:

RICHARDS, MR JOEL RYAN

Youth Programs Coordinator, Association of Services to Torture and Trauma Survivors, examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and for your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into improving educational outcomes for Western Australians of all ages. At this stage I would like to introduce myself, Janet Woollard, and other members of the committee present. Next to me is Graham Jacobs, and then Peter Abetz. Our secretariat is Brian Gordon, and we have Lucy Roberts. From Hansard, this morning we have Jacqui Allan with us. The Education and Health Standing Committee is a committee of the Legislative Assembly of the Parliament of Western Australia. This hearing is a formal procedure and therefore commands the same respect given to proceedings in the house. As this is a public hearing, Hansard will be making a transcript of proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed to the questions we have for you today, I need to ask if you have completed the “Details of Witness” form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the “Details of Witness” form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today’s hearing?

The Witnesses: No.

The CHAIRMAN: I would like to thank you both for coming along this morning. Personally, I know very little about your area. I am hoping that you will paint the picture for us. In painting the picture, try to paint that picture in terms of this inquiry’s terms of reference—how what you are doing fits in with our current inquiry, maybe the strengths that you might have in your area related to what our inquiry is about. I guess the areas that could be strengthened in your area that also fit the goals of improving educational outcomes. I am not quite sure who would like to go first. We might allow you both to make a presentation. I need to check with you: would you like to make a presentation undisturbed and then we will ask you questions afterwards, or would you be happy, as you are talking, for us to interject with questions?

Ms Gillett: I think probably we would be happy for you to interject. We have not prepared something that we wanted to just give to you. We have a list of issues or points that we thought we

would like to put forward at this committee, if we were given the opportunity. I would also like to say that I think, in terms of the terms of reference, numbers 2 and 3 are the terms of reference we are most likely to be able to give information on, which is relevant to our particular group of clients.

The CHAIRMAN: Those terms of reference are —

2. Factors influencing positive or negative childhood development from birth to year 12;
3. Facilitating greater opportunities to engage all students in year 11 and 12;

Ms Gillett: Yes. To give you a bit of an overview, the Association of Services to Torture and Trauma Survivors provides services in Western Australia to refugees or people from refugee-like backgrounds. The vast majority of our clients are people who enter Australia on humanitarian visas. As you are probably aware, there are in the vicinity of about 13 000 to 14 000 per year who enter Australia under this category. Roughly 10 per cent end up in Western Australia. We also obviously see people who have entered this country as asylum seekers. We provide services in two of the detention centres but we also see people who are in the community as asylum seekers, or people who have been given their visas and have been asylum seekers and then Australian citizens or Australian residents.

The CHAIRMAN: Of 1 300, how many of those people would be single and how many would be families with several children?

Ms Gillett: It depends on which country you are talking about. At the moment, as you know, particularly if we are talking about asylum seekers, we have a number of people coming in from Afghanistan, Iraq, Iran and Sri Lanka. The majority of them tend to be young men, although there are some families that come in. In the general humanitarian entrants, there is a fairly big mixture. There is an emphasis on getting families out of camps. There has been, as you may be aware, a proportion, about 10 per cent, of all people coming in have been under the WAR program, which is the Women at Risk program; so particularly women who have lost their husbands and partners, and who have children who will be brought out of camps. They will be given priority because of the risks involved in being a woman in a camp.

Dr G.G. JACOBS: What cohort are we dealing with as far as children, because we are talking about childhood —

Ms Gillett: I can give you some figures for Western Australia. Over the last five years—these are Department of Immigration and Citizenship statistics which cover the period 1 July 2005 to 30 June 2010—of the just over 16 000 humanitarian entrants that have come into Western Australia over that five-year period, that includes family reunion people as well, about just over 5 000 of them are children or in the zero to 17 age bracket. A very small number of those, 163, were people who come in on the so-called 457 visa—the skilled category—but the vast majority are humanitarian.

Just also to give you a little bit more of a profile: the top countries that people from humanitarian entrants originated from, at the moment, in order of size or the numbers of people coming in: Burma, about 1 200 people have come in over that period; Sudan, 1 100 people or so; Afghanistan, nearly 800; Iraq, nearly 600; and Thailand, nearly 500. It goes down. You will probably find over this past year, and in the years to come, the numbers coming from Sudan will drop and the numbers from Burma, Middle Eastern countries in particular, and other South Asian countries will go up because of the shift in the arrangement. As you would know, the arrangement is made between the federal government and UNHCR in terms of how it is decided who comes in and which countries are the priority countries that we take people from.

Dr G.G. JACOBS: That is 5 000 children in the nought to 17 age group over the last few years into Australia?

Ms Gillett: No; those are Western Australian figures.

Dr G.G. JACOBS: We are looking at that for Western Australia.

Ms Gillett: Yes. ASETTS provides services to that cohort of people who are humanitarian entrants. We provide clinical counselling services. We have a consultant psychiatrist who works with us and then we have a number of counsellors who are either social worker-qualified or psychologists, et cetera. We also offer a range of community services such as our newly arrived youth specialist program, which Joel runs, that caters for young people in the 12 to 21 age bracket from refugee backgrounds. We have also started to offer some programs specifically to children. Over the last couple of years, ASETTS noticed that there was a real gap in services to children from this cohort. You would probably be aware of the Parkwood and Koondoola Primary School programs. They have intensive service centres. Those two primary schools—one north, one south of the river—have the highest numbers of children from humanitarian backgrounds. When that service first originated, ASETTS was involved in that. We provided the counselling service out of both Koondoola and Parkwood and the community liaison service out of Parkwood, and Edmund Rice was doing the community liaison out of Koondoola. That service has now been taken over by the Department of Health. We are no longer involved in that.

The CHAIRMAN: The Department of Health?

Ms Gillett: Yes.

Dr G.G. JACOBS: Can you give us a breakdown of the 5 000 children; how many in particular age groups?

Ms Gillett: No, I cannot, because DIAC does not break those figures down. The category they give is zero to 17.

Dr G.G. JACOBS: Of that number, what do you find is the greatest need of that cohort of children? Are we talking the very young ones or the 17-year-olds or —

Ms Gillett: I would be very reluctant to privilege one age group over another. I think that the needs are different across the age spans. We are working with very young children at the moment. We have a play group, and what we are really working with is attachment issues between mothers and young children zero to five. The refugee experience, which is almost always a traumatic experience, creates issues around attachment between parents and children and obviously —

Dr G.G. JACOBS: What I was getting at, Amanda, from an outsider's point of view maybe that age group that is transitioning into school might be a good area.

Ms Gillett: That is a big need.

Dr G.G. JACOBS: Another one, as an outsider, would be the 17-year-old transitioning into the workforce; I do not know.

Ms Gillett: In schooling, I will let Joel talk to you about the slightly older age range. What we are noticing is that you can assume that with a great many of the children from humanitarian backgrounds, they have had huge gaps in their schooling. They may never have been to school —

The CHAIRMAN: Shall we ask Amanda to cover zero to three, three to six, and six to 10? If you could go through each of those groups, then we will have it in a systematic form.

Ms Gillett: If you want to talk about very young children, the zero to three group, you are probably dealing with issues around attachment and general parenting-type issues, mainly because of trauma that might exist in the family and the whole resettlement process which in itself is traumatic; learning the systems; understanding how to use child health services; accessing health services. Getting any developmental issues diagnosed can be quite challenging for anybody, but it is particularly challenging for families who have had trauma themselves, who do not speak English, who do not understand the way systems work here and have a completely different cultural concept around parenting.

The CHAIRMAN: As we go through each of the groups, can you tell us for each group who works with those mothers and those young children; then, when we go to three to six, who is —

Ms Gillett: We do. ASETTS does on a limited scale, and Save the Children also does work with that group. Obviously mainstream services do, too, but in general—I think this issue will recur—the quality or the access that our group has to those services is very, very patchy. In the next bracket up, in the three to six, there are issues around early childhood education stuff. There are issues relating again to access to that; realising the importance of it —

The CHAIRMAN: You mentioned the Koondoola and Parkwood initiatives. Could you tell the committee, apart from those initiatives for three to six-year-olds, what is out there for children of those ages? What do they do at Parkwood?

Ms Gillett: Parkwood and Koondoola, we have not been involved closely for some time now, but certainly when we were involved the aim of those services was to offer primary health care, counselling and psychosocial support to build relationships between the families, those children and the schools, and to provide other settlement-related support to those families. The understanding of the way the education system works in Western Australia is very alien to many of the families, and if they also have issues around language et cetera. Actually learning how to interact with the school, to interact with teachers, to understand the importance perhaps of reading notes that come home, of allowing their children to participate in activities, understanding that it is okay to go and say to a teacher that you are worried, that teachers are not these great big authority figures et cetera. All of those things, a lot of parents need a great deal of support with. Why is it important to help your child with homework—all of these sorts of things. Can they help their child with homework if they themselves are not literate in their first language, let alone in English? There are all those kinds of issues that the service will try and support families with, plus deal with trauma counselling for other family members, like parents or older siblings, but also for the child him or herself. They will pick up if there are signs of trauma.

The CHAIRMAN: Is that preparation for schools in the local areas, or do they then go to Parkwood Primary?

[10.15 am]

Ms Gillett: Well, some of the children are there because they live in those local areas—and there are quite a number of people from refugee backgrounds living in those areas. But a lot of them are there because they have the intensive English learning centres there. So children go into the intensive English language centres from anything from about six months to two years, depending on their level of need, and then they come out. Then the next issue can then start, because the transitioning from the intensive English language centre into a mainstream school is also very problematic for them.

The CHAIRMAN: So they have an intensive English language centre for children from six months to two years?

Ms Gillett: No, no. They are in the intensive English language centre for a period of a minimum of six months, but they can be there for up to as long as two years, depending on the level of need of that child.

Dr G.G. JACOBS: So it is all ages?

Ms Gillett: These are primary schools, but there are a number of IELCs based in high schools as well.

Dr G.G. JACOBS: So how many kids go into those two centres?

Ms Gillett: I think at the moment there are roughly 120 or so in one and 140 or so in the other.

The CHAIRMAN: So that is three to six. Can you now maybe do the primary years before we move on to Joel?

Ms Gillett: Okay. I think the primary years are really about the child's level of development and how they are able to cope with the schooling situation in Western Australia. A lot will depend on their own trauma experience; the functionality of their families, which will also depend on the trauma experience of the families; and how much gap, or not, they have had in their own education. A great many children from refugee backgrounds have sat in camps for very extended periods of time where they may have had no access to education, or very, very poor quality education or very erratic education. So there are often quite serious educational issues confronting those children, for which they need support. There are often quite serious psychosocial issues confronting those children, and there are often other issues around things like racism and discrimination that those children confront in those environments.

The CHAIRMAN: So the Health Department has taken over Parkwood and Koondoola, but there is the support that you give to all those primary kids —

Ms Gillett: We do not do that any more. We were taken out and the health department went in. Basically, the original arrangement was it was an initiative of the Office of Multicultural Interests —

The CHAIRMAN: I will just introduce Lisa Baker, who is a member of our committee, who unfortunately had another meeting that she had to attend this morning.

Ms Gillett: Originally, the project was set up as a community project. It involved the Department of Health, in that the primary healthcare part of it was always offered by the Department of Health. Then the psychosocial support—the counselling support—was offered by ourselves. The community role, which was working with the families and with the school, was offered by ourselves at Parkwood and by the Edmund Rice Centre at Koondoola. Then I think it was somewhere around mid-2009, it was handed over to the Department of Health, and the Department of Health now has overall management, that is my understanding, and they employ the counselling staff. I think Edmund Rice still has a community liaison person in the Koondoola school.

The CHAIRMAN: Before we move to Joel, you have missed the early childhood primary section, Lisa, but we are going to move on in a minute to Joel, who is going to discuss 12 to 17-year-olds with the program that he runs. Do members have any questions in relation to early childhood primary before we move on?

Dr G.G. JACOBS: So when children are in the Parkwood intensive English centre, are they also doing a bit of mainstream education or are they devoting their whole time to English?

Ms Gillett: They are in the centre the whole time, but they do get, obviously, other curriculum apart from English. But in whatever learning they will be doing, whether it is maths or science or whatever, there will be an emphasis on the English language component underpinning that, because that is obviously where their major struggle is.

Dr G.G. JACOBS: Do other services go in there? What about mental health and emotional wellbeing and all those sorts of issues?

Ms Gillett: The schools have school psychologists or counsellors. Usually it is rare for a school to have one totally dedicated person. They will have somebody who moves around. But school psychologists have a pretty full mandate, and their mandate is to deal with behaviour and learning issues within the school environment, not to deal with issues around trauma. Our experience very often with children from humanitarian backgrounds is that obviously they have behavioural issues if they are traumatised. So there may be behavioural issues that are seen as behavioural issues, and the school psychologist might try to deal with that. But the school psychologist does not necessarily have the knowledge around torture and trauma or the cultural competence to deal with it, but also does not have the time, because for quite a number of these children really what they require is a

longer-term intervention, and probably a longer-term intervention that also involves the family, and school psychologists rarely get involved in counselling families.

Mr Richards. And they have no access to them. They are not allowed to visit homes while they are in the school environment, so there is an incapacity issue there.

Dr G.G. JACOBS: Since these services are now under the auspices of the health department, obviously they put services in there for their physical health and wellbeing as well?

Ms Gillett: They have a primary care nurse in both of those centres, and then the counsellors, as I said, are now on the staff of the Department of Health. They are Department of Health staff members. What they did is they just nicked our counsellor from Parkwood and put her on their payroll instead.

The CHAIRMAN: You said there are 120 students at Parkwood.

Ms Gillett: About, yes, from humanitarian backgrounds in the intensive English language centre.

The CHAIRMAN: I think earlier you said there are about 5 000 students who had arrived in WA over the past five years.

Ms Gillett: I said 5 000 children in the zero to 17 age bracket.

The CHAIRMAN: So where are they catering for those children? Where are the children going who are not getting into those two areas?

Ms Gillett: They are spread through the education system generally. There are about five primary level IELCs, and about the same at high school level. So they are spread.

The CHAIRMAN: So there are other IELCs?

Ms Gillett: Yes, and there are pockets in the south east and in the northern suburbs where there are higher concentrations. So you will have schools like Balga and Mirrabooka High Schools, and primary schools, for example, where we do quite a lot of work, where there are quite large numbers of children or young people from refugee backgrounds, and then other schools where obviously it would be quite rare to find those children; there are not too many in Cottesloe, for example.

The CHAIRMAN: So those children would be in a dedicated classroom?

Ms Gillett: Not necessarily. Well, they would if they have an IELC, but not if they do not have an IELC.

The CHAIRMAN: That is what I was asking you before. How many children who are coming in for humanitarian reasons are missing out on these special centres?

Ms Gillett: I do not know for sure, but my assessment would be—Joel can add to this—that just about every child who comes in who needs intensive English language is getting it. Whether they are getting it to the level that they need and for as long as they need it, that is another issue. But if they are assessed as not having the English language skills to participate in the general education system, they will then go into an IELC.

The CHAIRMAN: And get some assistance?

Ms Gillett: Yes.

The CHAIRMAN: If members have no more questions, we will move on to the secondary level, then, because we have only got another 20 minutes; so go ahead, please, Joel.

Mr Richards: I will carry on from there and say that the question then becomes whether, from the two years max in IELC, they sink or swim in mainstream. A lot of the time, that two years is not long enough to acquire not only a language but navigate a whole culture. So when they move into mainstream, generally they either thrive, or we are noticing more so that services such as ours are

coming in and working with the issues, which are generally around sort of dropping out, truancy, and related to those sorts of matters.

The CHAIRMAN: We actually learnt as a committee that 88 per cent of children who get behind never catch up. Would you like to discuss that in terms of these children?

Mr Richards: There is some literature out there about that. I will probably more so go into the recent youth consultation that we held, where the youth themselves were expressing the same thing. What came out quite clearly was that—this was between the 13 to 17-year-old range—they were saying that while they really enjoy school, they are finding it very difficult to keep up, and every year, once they are in mainstream, they are pushed along regardless of whether they are actually competent or not. They were expressing, “Why can’t they grade us and give us a grade where we can remain —

The CHAIRMAN: Repeat a year.

Mr Richards. Yes. They were saying, “We would be happy to remain there and know that we were at least given a tick before we move up”, but they are being moved up, and it is almost at an exponential rate, and they are having to then learn more and more things and they are not quite ready for those things.

The CHAIRMAN: You said that was at this conference. Is there a report from that conference that you can make available to the committee?

Mr Richards: It was an internal thing, and it was during a camp, and I thought what I would do is hold our first consultation. That was a spread of both the north and the south demographic, and as much a wide range as I could of the different populations mentioned here. Having said that, it is only around about a group of 20 young people. So it is something I would like to build on. I have made a general paper, with some notes. We have also got it documented on video, so we have got that.

The CHAIRMAN: Would be happy to provide the committee with a copy of that paper?

Mr Richards: Yes, I think that would be fine. We have also got the MYAN briefing paper here, which I will refer to. So yes, sure; no problem. So you want to know from, say, 13 to 17-year-olds?

The CHAIRMAN: We are interested in what helps people move up.

Mr Richards: The predominant program within the youth section has been the newly arrived youth support reconnect service, which is part of FaHCSIA, and that is the one that we have been running now for about five or six years. We work with 12 to 21-year-olds, which is quite a large sort of expanse, but if you consider it in terms of the UN age bracket of 12 to 25, they are considered youth. So we work with 12 to 21. From that, I generally notice a split between 12 and 17, and then 17 and onwards, because 18-year-olds are obviously leaving school or they are trying to find a job. I also find that their maturity level is often improved, and so therefore things like trauma issues and that are now starting to surface in a much different capacity. When kids are young and at school age, particularly around 12 to 17, they are trying to work out their identity and navigate systems, and I think they sort of shelve a lot of the trauma or are not quite aware of how it all rolls out in everyday life. The way I generally explain it from a first standpoint is that you have got three processes. You have got general youth issues, which we all know about, which are identity, self-actualisation and all those sorts of things. You then have cultural issues; so coming from one cultural background and having parents and communities from one cultural background, and then settling in Australia as a migrant young person, so then you have intergenerational conflict issues and things of that nature. Then of course the third one with our particular cohort is the trauma issues on top of that, which often exacerbate the other issues that I have just mentioned. So that is easy sort of general way of looking at it as far as our clients’ perspective is concerned. Then of course, along with the similar education issues that Amanda has mentioned, you have a lot of identity and self-concept issues that come out of school. You have navigating the school grounds and culture, I

suppose, and that can happen within IELC and then in mainstream, because they are not given that more intensive, one-on-one pastoral care, if you like; they are often left to survive, I suppose, and also, instead of just the one teacher throughout the whole schooling year, they have to learn to make rapport with several different teachers.

The CHAIRMAN: Do any schools have buddying for these students?

Mr Richards: Some do. I find that the more resourced and often private school will have more of those interventions. I should also say, while I remember it, that with respect to IELCs within high schools, you have also got private schools, such as the Australian Islamic College, which also runs an IELC for high school age, and you have also got the mature age campuses as well. So that would probably add to the IELCs that are available in public schools. Intergenerational conflict is usually a large one. The other one that we get all the time as far as referrals is around self-regulation issues and behavioural issues relating to trauma. But more often than not it is also the capacity, or the dance, I should say, that adults play within that child's life with the trauma issues. Trauma issues affect particular brain biology, the same as what we all have, and then when they play up, the dance occurs with the teacher, and they react the same way if they are not trained in a particular way; so often there is a bit of a dance going on there. So we intervene with the young person, but we more or less find that 90 per cent of the time it is actually working with the family holistically, or the teachers or whatever environment the adults happen to be in, and then training the adults as well and building capacity there so that we can leave them and keep on in that way.

The CHAIRMAN: Do you have open access to the schools? I am trying to figure out how your role actually works. How do you get to meet with them and find out what the problems are? Can you go into the schools?

Mr Richards: Yes. We have pretty good access with schools. What we have tried to do is link in with key stakeholders within the schools. Often you will have a person appointed in a specific position in a school that may or may not be across everything, so we generally try to work with schools and in time seek out that party that actually has their ear to the ground and really understands the ecology there and what is going on. We predominantly do work in schools and then, probably in a secondary way, follow-up with work at home, and then of course we are also engaging around Corrective Services and often visiting in remand as well, more or less if they are coming out into the community again. Prior to their release date we are going in there and starting to build rapport and working with young people there.

[10.30 am]

Ms Gillett: Can I just add to that whole access to schools issue? I think from what Joel is saying, it really does depend on us as a service building a relationship with that school through the principal—through whoever—at the school and the willingness of those people to allow us in and to engage with us. In the schools where we have quite strong relationships, they are schools that have quite large numbers of young people with refugee backgrounds and they recognise the value of having some external support. But as an agency we have really struggled over a period of time—we have had meetings with very senior staff at the Department of Education—trying to persuade the Department of Education that it needs to give more support to schools around these issues, because there is very, very little—in fact, virtually none I am aware of—training being given to teachers or other staff who work with this cohort of children. When we have run training in the past, and we do not have the resources at the moment to run training, lots of teachers have come willingly, even though we are not accredited—we cannot give accredited training—it is always the converted; the ones who have worked with this group for a long period and who recognise the need to work in a particular way. I think there is a dearth of expertise in the school system of people who can work with these kinds of children from both a cultural competence point of view and in terms of understanding the impact of trauma on the family and also on the child.

The CHAIRMAN: You have just said that you have tried to negotiate with the department. Does this go in an annual report? Where do you write up the problems you are having with the requests you are making? I would like you to provide us, by way of supplementary information, with a summary of the issues you see as problems that you reported to the education department.

Ms Gillett: The way we have done it is to have meetings with senior people in the department and explain to them what we see are the issues. Of course, the Department of Education is involved on the steering committee of those Koondoola and Parkwood IECs as well.

The CHAIRMAN: Do you follow-up those meetings with a “Dear, whoever, Thank you for the meeting on such and such a day where we discussed this, this and this.”? Do you have the correspondence? If you do not have a report containing the problems, what correspondence do you have that refers to the problems, because it is very difficult to follow-up on something that is not black and white, but sounds very grey.

Ms Gillett: The last time we met was probably about 18 months ago. I do not know whether we have a report.

The CHAIRMAN: Will you check, and if you can find something, can you provide it to us by way of correspondence?

Ms L.L. BAKER: I think you just stole my question to some extent.

The CHAIRMAN: Sorry!

Ms L.L. BAKER: That is all right. One of the things I was going to say in relation to your client group is that, quite by accident—I thought it was worth putting this on the record—I was somewhere the other day where a dentist from one of the schools you guys work with was sitting quietly next to me. I was having my hair cut, and she happened to be talking about the client group she works with. She said she had been at the school for a long, long time and it is absolutely devastating to her that so many young African children come in who have very, very bad teeth, which will affect everything in their lives from that point forward of course. She said that the language issue is profound and for them to turn up for an appointment is really hard. She has no language training, and she has only one part-time receptionist, or someone or other, booking appointments for these children for all the dental treatment at the school, and they cannot speak to the parents in a language the parents understand. The parents cannot be asked to bring their child for a dental appointment because he has five rotting teeth that will be dreadfully negative for his health and learning ability into the future. She cannot get those messages across because there is no funding in the education system for that kind of service. I had not even thought about how this all plays out.

Sorry to take up your time. I want to ask: what is not working in the current arrangement? Can you put into words for the transcript now, basically what Janet asked you: what is not working and, if we can help in one area and change one area what would that be?

Ms Gillett: Jump in any time you want Joel.

I think it would be to go back to a model we know; it is something I think we can all relate to and maybe that is a good starting point. I think the ISC system at Koondoola and Parkwood is a really good model for working with this cohort of people because it is about providing a holistic service at a school that is a hub. Everyone goes to the school. A lot of people from refugee backgrounds have enormous issues accessing mainstream services for the reasons Lisa just mentioned, such as getting access to interpreters—the whole thing—but they all know how to get to the school. One of the great advantages of working there is that it was a place where we could access the whole family and work. The problem with the model is that it is expensive to have that kind of service out of one school. At the moment you have two Rolls Royces—Koondoola and Parkwood—which are excellent models. As much as we might be very sad that we no longer run them—we would love to—the point is, they are good models and good projects. But these two schools have this wonderful

resource and there is a whole lot of other need out there. One of the things I think we should be doing, whether at high school or primary school level, is looking at how we can use that model and make it reach out and incorporate a number of different schools in an area that can be serviced by a program like that, so that it is not focussed on just one school. At the moment, the criteria is that, if you are not in that school, you do not get access to the service.

The CHAIRMAN: Would it mean bussing for half a day to a centre?

Ms Gillett: Or have staff who can go out and spend a day at this school or that school. The commitment the school would have to make would be to give some space, a room where you can sit and do counselling, and some facilities. It can be done through a non-government organisation. At the moment ASETTS has been having a conversation on and off with one of the other major mainstream NGOs that does a lot of work with children about how we might partner up and obtain some funding to do exactly that—to work in a particular area of the metro, and go into schools; employ a couple of staff such as a social worker and a bicultural worker and go in and out of schools as needed. The schools' commitment would be to help make the bookings through their office and provide some space. The schools would benefit as well because they really battle to get information out to these families and to get engagement happening between these families and children and the schools themselves, so that would be my aim. It has to be holistic; it has to be whole of family.

Ms L.L. BAKER: I am sorry I missed the bit at the beginning when you were talking about the current model. Am I right in assuming that what has changed is that the government has taken the service away from an NGO and given it to the Department of Health to administer?

Ms Gillett: Yes.

The CHAIRMAN: It is a little bit counter to what I thought the philosophy was about empowering NGOs.

Dr G.G. JACOBS: Do you think that is appropriate?

Ms L.L. BAKER: Was that appropriate, as Graham asked?

Ms Gillett: No; it was not appropriate. I am not sure what the rationale was.

Dr G.G. JACOBS: Do you know the history of that?

Mr P. ABETZ: When was the change made?

Ms Gillett: In 2009. I think part of the problem with it has been that it was a project that was initiated as a pilot. While it could hardly be called a pilot anymore because it has been going for a number of years, it has never got out of that status. It has sort of always been funded on a crunch basis: are we going to get funding for the next 12 months; are we going to get funding for the next 12 months? It has never become a stable project that we can say will exist for ever or long term so that we have to think about how we manage and deliver this program properly. It has been a bit ad hoc.

The CHAIRMAN: It has been taken over by Health, but was it previously funded by Health; who was it previously funded by?

Ms Gillett: I do not know which department the money came from. It came through a number of agencies. Education was in there; Health would have been in there. It was started up by OMI. I think, originally, it might have been discretionary through the Department of the Premier and Cabinet. I do not think it has a permanent budget place.

Dr G.G. JACOBS: Can you tell me about the resources, your funding and how much you have?

Ms Gillett: Our funding is predominantly federal government funding. Our major counselling program is the program of Assistance of Survivors of Torture and Trauma, which comes through the Department of Health and Ageing. It is a significant funder, and that is our major counselling

program. We also get funding through the health department of WA for a counselling program. We can do some long-term counselling under that. We get quite a lot of funding through FAHCSIA, which funds the NAYS program and the Good Food for New Arrivals program.

Dr G.G. JACOBS: How much money are we talking?

Ms Gillett: Over all coming into the agency each year it is probably about \$3.5 million to \$4 million a year.

Ms L.L. BAKER: How many contracts?

Ms Gillett: Fourteen or so.

Mr P. ABETZ: I am trying to get my head around it. You have 5 000 kids who have come in the last —

Ms Gillett: That is just the last five years.

Mr P. ABETZ: I myself was a migrant. When my parents came in 1961, I could not speak a word of English. Coming from a European country I was pretty quick to pick up English. Within nine or 12 months we fitted in with all the other kids. Kids who come from Africa are of a very different language type and all that, so it obviously takes longer for those kids to learn English. You have 120 plus 140 in the two Rolls Royce models. In your perception, how many other kids are out there at this time who would benefit from access to that type of Rolls Royce model at this point in time?

Ms Gillett: I would say probably a third to a half of them would benefit from some sort of access.

The CHAIRMAN: A third to a half of?

Ms Gillett: Of those 5 000, if not more. That is a real thumb suck, though.

Mr P. ABETZ: Yes, sure.

Ms Gillett: Of course, the level of need varies enormously across the spectrum, so we have to take into account that the issue for our group, which makes it different from other migrants—I myself was a migrant from an English-speaking country—is that they are carrying that trauma and history of conflict and devastation. Very often they have suffered great losses in their families, so they have lots of grief and loss issues. We have kids in their teens now who were born in camps and knew no other life until they were 14 or 15 years old than being in some dreadful refugee camp somewhere. They have to get over years and years of deprivation to achieve academic learning. It is not just about language; a whole lot of other issues go in there.

Mr Richards: It is about culture and all the positive strengths and scaffolding that culture has. If you are born in a camp and have none of that and then you come here—your parents may have received it when they were young—you have got that division. On top of what Amanda said about individual trauma, there is collective trauma. We can probably most identify with that here in Australia with Aboriginal groups. It is the same sort of thing. Socially, all that scaffolding has been destroyed through the stolen generation here, but through displaced communities, war, genocide—all those sorts of things. That is affecting the basic education on top of everything else.

The CHAIRMAN: Unfortunately, we have to finish because someone else is coming in. Is there something maybe one of you would like to sum up in any areas we have not addressed?

Dr G.G. JACOBS: On the issue of mental health and wellbeing—basically when I had another role, there was the issue of these intensive English centres coming under the health department—how many services and how much support would the Mental Health Commission give to areas like this; are they in this mix somewhere?

[10.45 am]

Ms Gillett: It is the integrated service centres that come under them, not the IELCs. What I can say about mainstream services like CAMHS and other youth mental health services is that—one of the

school psychologists said to me the other day in this context, “I send a child there from a humanitarian background; I am lucky if they get there, and they will never go back.” That has been her experience over a number of years. The mainstream services simply do not have a clue about how to work with this cohort of people. They do not understand the issues or the cultural aspects of it. As a general rule—I am not saying there are not one or two really good people out there—our cohort does not get a decent service from mainstream mental health services, and that is the end of the story.

Dr G.G. JACOBS: If a child is referred to the child and adolescent mental health service, is that severely deficient in supplying the needs to these people?

Ms Gillett: I would say so.

The CHAIRMAN: And now you will sum up, because of time.

Ms Gillett: In summing up, as a general observation, our position is that we should provide as much support as possible to these children and young people when they arrive in the country. As soon as they arrive, they should get a lot more intensive support—as much as possible—to avoid the long-term issues that we are starting to see emerge, which is them running into the justice system in a very negative way. We have said a lot about the issues and awful things, but the final thing I will say is that you need to remember that the people we are working with have survived terrible things and are incredibly resilient. Without fail, just about all the parents we work with desperately want their children to succeed and they are extremely grateful and appreciative of the opportunity to live in Australia. They really do want to succeed.

The CHAIRMAN: I thank you for your evidence before the committee today. The transcript of this hearing will be forwarded to you for the correction of any minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to it. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on points—if you cannot find the letters or correspondence or reports, you might want to prepare for us a report to send in by way of supplementary information that details the 0–3 and 3–6 primary school years, and the secondary school years 17–23, with what needs to be done in each of those areas, in which case that can be given to us as supplementary information for the committee’s consideration when you return your corrected transcript of evidence. Thank you both very much for coming in this morning and giving us an understanding of the issues and problems in the area.

Hearing concluded at 10.48 am
