

41ST PARLIAMENT



Joint Standing Committee on the
Commissioner for Children and Young People

Report 9

PATHWAYS TO THRIVING

Enhancing support for humanitarian children and young people in Western Australia

Presented by Mrs R.M.J. Clarke, MLA and Hon N. Thomson, MLC

August 2024

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Joint Standing Committee on the Commissioner for Children and Young People. Report 9)

**Joint Standing Committee on the Commissioner
for Children and Young People**

Pathways to Thriving

**Enhancing support for humanitarian children and
young people in Western Australia**

Report No. 9

Presented by

Mrs R.M.J. Clarke, MLA and Hon N. Thomson, MLC

Laid on the Table of the Legislative Assembly and Legislative Council on
15 August 2024

Inquiry Terms of Reference

The Joint Standing Committee on the Commissioner for Children and Young People has resolved to inquire into support for children and young people who have been directly or indirectly exposed to trauma associated with migration to Australia due to humanitarian crises.

The inquiry will consider:

1. The prevalence of 'migration-related trauma' among children and young people in WA.
2. Existing resources designed to provide support to this cohort of children and young people.
3. Potential adverse impacts of any inability to access support resources.
4. Models and strategies the State Government could consider to mitigate the risk of adverse impacts of migration-related trauma in children and young people.

Chair's Foreword

This inquiry has been an important one for our Committee, as we have looked at the circumstances of some of the most vulnerable children in our society. Each member of the Committee knows the humanitarian communities within our electorates, and the struggles they have faced and continue to face. But we also know their enormous strength and resilience, and the benefits and potential they bring to our communities.

We have been surprised to find how few supports are available to the children from humanitarian communities in WA, especially outside of school. We know that there are many individuals and organisations working extremely hard with a great deal of goodwill to assist these children. Yet somehow, the focus has slipped away from them. While there may be good arguments for targeting support at parents and the adults in a community, this should be in addition to support for the children, not instead of.

This report hopes to refocus the attention of government policy makers and implementers on this group of very deserving children and young people. By giving them the timely support they require to thrive, we assist them make their most of their individual potential. While this is important for the individual, it also has huge benefits for our broader community.

The report calls for action across three key areas:

- improved data collection and research on the needs of this group
- better coordination and strategic planning between WA government entities and the not-for-profit/community sector
- addressing capacity within the system, including examining project-based funding structures and the inherent instability they bring about.

The sudden and unexpected closure of the Metropolitan Migrant Resource Centre due to funding instability was a considerable loss. I am frequently involved with the activities of the Peel Multicultural Centre based in Mandurah, and I see how important having a dedicated multicultural hub is for the development of a sense of community. Witnesses also told our inquiry how important such hubs are for the delivery of mental health assistance to the multicultural community, who may hesitate to access mainstream services.

We would like to acknowledge all those who contributed to the inquiry, and extend our thanks to the witnesses, community members, individuals, and organisations who provided valuable testimonies and information. We would also like to thank the participants in the community consultation forums for their insights and willingness to share their experiences with us, and the Department of Home Affairs for providing the requested data in a timely manner.

Throughout the course of the inquiry, we have been struck by the enthusiasm and gratitude expressed by members of the community for the inquiry. We have been repeatedly thanked for investigating this issue, with many community members stating it is an area that has not

received the attention it deserves for a long time. We hope that the inquiry will help to turn the attention of government to this deserving section of our community.

I would like to thank my fellow Committee members: Deputy Chair Hon Neil Thomson MLC, and Rebecca Stephens MLA and Hon Ayor Makur Chuot MLC. I would also like to acknowledge the important role of Committee member Hon Ayor Makur Chuot MLC, whose personal experiences and insight into the humanitarian community here in WA have been valuable additions to the inquiry.

Finally, I would like to thank the Committee staff who have assisted us with this inquiry. The research officers who have assisted with the inquiry and final report are Jovita Hogan, Maddison Evans and Jamie Bourne, and our Principal Research Officers were Naomi Sherrington and Lucy Roberts.

A handwritten signature in blue ink, appearing to read 'R Clarke', with a long, sweeping tail extending to the right.

MRS R.M.J. CLARKE, MLA
CHAIR

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Executive Summary

This inquiry is a continuation of the Committee’s focus on groups of vulnerable children and young people in Western Australia. Children who have arrived in Western Australia as refugees, humanitarian entrants, or who are asylum seekers are included in the scope of the inquiry. Additionally, children from these backgrounds who have subsequently obtained citizenship, or who were born here but whose families are from these circumstances are also included, due to the impact of their family’s experiences on their own wellbeing.

The inquiry sought to understand the system of supports available to children and young people from humanitarian backgrounds who live in WA and who have suffered migration-related trauma. We focused on children from this background in the context of their lives as members of the Western Australian community. While the overall humanitarian migration program is a federally managed program, and the funding for the initial settlement services is primarily federal, the reality for these children is that once they arrive in WA, they become members of the Western Australian community. The points of contact that the children have with the world around them are primarily state-based entities: schools, medical services, community groups and activities, even policing services. While the initial program is federal, the children live their lives within the WA community. The inquiry therefore focused on the issues and services over which the WA Government has control: outside of, and after, the formal settlement program funded by the federal government.

It quickly became apparent that while there are no definitive statistics on how many humanitarian background children live in WA, experts believe that almost all of those who are here have suffered trauma of some sort. This may have resulted from events that caused the initial flight from their country of origin, from their experiences in third countries and refugee camps, or from the challenges they have faced as they settle into the Western Australian community.

Children may have been exposed to trauma either directly through their own experiences, or indirectly through the experiences of their parents. Exposure to trauma can have a profound impact upon children’s physical and mental health, which can continue through until adulthood. However, this is not a certainty. With appropriate supports amongst the family, community and service networks, children who have been exposed to adverse events and trauma can still thrive.

Equally, an inability to access support services at the appropriate time can compound the effects of trauma and negatively impact on life outcomes. This highlights why timely intervention is so crucial for preventing negative outcomes for these children.

The inquiry was told that while humanitarian families resettled as either refugees or as humanitarian entrants have access to a range of federally funded supports that assist in their initial settlement, these are largely targeted at the adults. There are very few support programs that are deliberately targeted at the needs of children and young people. This is in part due to the mistaken belief that children are resilient and can easily adapt, and that

assisting with the parents' needs will address the needs of the children. Neither of these beliefs is necessarily true. Children and young people need assistance that addresses their specific needs.

Humanitarian children and the WA schooling system

This report examines the schooling system in relation to humanitarian background children and identifies a range of areas where improvements could be made. The Intensive English Centres and Multicultural Community Centres are both vitally important support mechanisms for this cohort of children, and require ongoing and dedicated funding. School attendance and completion, and academic achievement are significant concerns for the humanitarian community, with community members telling the Committee of their worries for children who struggle with school and drop out. A further area of community concern was the transitions from primary school to high school, and from the Intensive English Centre classrooms into mainstream classrooms. Greater support is needed for humanitarian students in schools, including with addressing bullying and racism.

The Refugee Health Service

The Child and Adolescent Health Service Refugee Health Service is the only paediatric refugee health provider in WA. It is also the benchmark service for Australia, and it provides an invaluable service for humanitarian background children and young people and their families. The service received election commitment funding from the 2021 election which enabled an expansion of services, but there remain gaps in coverage. One of the most significant is the RHS' inability to provide outreach services to regional areas. This is highly problematic, given the established communities of humanitarian entrants in the South West and Great Southern areas of the state. Other gaps also exist, including in the provision of services to older teens and young adults, and in surge capacity to meet the needs of sudden influxes of people in emergency situations.

Association for Services to Torture and Trauma Survivors (ASeTTS)

ASeTTS is the only specialist service provider in this area in Western Australia. The Committee heard from many witnesses regarding how valuable the ASeTTS programs are, but that the wait times to gain access are extended. Additionally, ASeTTS has itself identified that there is a shortage of services to address the needs of children under the age of 12, which is concerning given the importance of early intervention for this group.

Other concerns identified by the community

The community raised a range of concerns with the inquiry, which included problems with the accessibility of translation and interpretation services, and the implementation of the Language Services Policy. The inquiry heard that language difficulties can pose both practical problems for families but can also upend the power relations within the family unit and exacerbate trauma.

The community also reported that the stigma that exists around mental health issues and accessing services can hamper people's ability and willingness to access treatment.

Culturally appropriate mental health awareness campaigns are therefore needed to address the needs of young people and their families.

Youth issues such as the transitions to higher education and training, and to employment are areas of concern for community members. Another area of concern is contact with the police and justice system. The inquiry was told of the significant increase in humanitarian youth involvement with the justice system in the eastern states, particularly Victoria. However, WA Police Force advised the Committee that similar trends are not evident in Western Australia. While this is reassuring, it provides a clear lesson for policy makers in Western Australia of the importance of early intervention and prevention to avoid a similar scenario here. The report makes several recommendations to address these issues, with a focus on mentoring.

Further suggestions to improve settlement outcomes

The final chapter of this report outlines a series of suggestions for improving outcomes for humanitarian children and young people in WA. Some of these include the development of engagement programs for humanitarian youth; culturally responsive parenting programs; and additional support for trauma treatment for the parents of humanitarian children and young people.

Crucially, however, the report calls for improvements to the government structures that oversee policies and practices relating to settlement and support services. The inquiry has discovered the extent to which the needs of humanitarian children and young people have gone unseen. This is not to say that there are not many organisations and individuals working very hard with enormous goodwill to try to meet these needs. But they are working in an environment with no strategic plan or coordinated approach.

This situation can be rectified by taking action across the spectrum of recommendations proposed in this report. Of particular importance are the following areas:

- better data collection and research on the needs of this group, with focus on mental health needs; improving educational outcomes; and improving transitions to higher education, training and employment.
- better coordination and strategic planning between WA Government entities and the not-for-profit/community sector through the creation of a settlement coordination group (or taskforce) that includes the community sector.
- addressing the lack of capacity within the system by increasing funding, including through structural changes to provide greater stability than allowed by project-based funding.

Given the ongoing instability and conflict in the world, there will be a continued need for settlement places in Australia. While the number of humanitarian entrants may have dropped during the years of the pandemic, there is no indication that the overall humanitarian program will be reduced, and in fact, the federal government has indicated it may increase the program to 27,000 a year. WA will continue to receive its share of humanitarian entrants, which will increase if the overall program expands. The WA Government should see the settlement of humanitarian children and young people as a chance to build opportunities for vulnerable children to thrive, and invest accordingly.

Ministerial Response

In accordance with Standing Order 277(1) of the Standing Orders of the Legislative Assembly, the Joint Standing Committee on the Commissioner for Children and Young People directs that the Premier, Ministers for Education, Citizenship and Multicultural Interests, Health, Mental Health, and Youth report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations of the Committee.

Findings and Recommendations

Chapter 1 – Introduction to the inquiry

Finding 1

Page 11

There are at least 5,500 humanitarian background children and young people residing in Western Australia. Given the scarcity of data for this cohort, this is likely to be a significant underestimate.

Recommendation 1

Page 11

The WA Government require the Office of Multicultural Interests and the Department of Communities to sponsor research into the numbers, experiences, and needs of humanitarian background children and young people residing in Western Australia.

Recommendation 2

Page 12

All WA Government agencies be required to collect and report data to OMI relating to humanitarian background children and youth with whom they come into contact.

Finding 2

Page 15

Asylum seeker children are further disadvantaged by their lack of security and inability to access support services. Prolonged visa uncertainty has a negative impact on mental health.

Recommendation 3

Page 15

The WA Government increase eligibility to support services to allow asylum seeker families with children to access necessary services while awaiting the outcome of their protection claim.

Recommendation 4

Page 15

The WA Government advocate to the Federal government for greater accessibility to support and settlement services for asylum seeker families with children, in the interests of protecting the mental health of children and young people.

Chapter 2 – Migration-related trauma and its prevalence

Finding 3

Page 19

Almost all humanitarian background children and young people in WA have been exposed to trauma.

Finding 4

Page 19

Children who have been exposed to adverse events and trauma can still thrive if supported appropriately within family, health and community networks.

Finding 5 **Page 21**
Children can be directly exposed to trauma through their own experiences, or indirectly through the ongoing impact of their parents' trauma.

Finding 6 **Page 21**
Humanitarian background children may be exposed to trauma prior to their arrival in Australia, or after their arrival as they settle into life in Australia.

Finding 7 **Page 24**
Exposure to trauma can have a profound impact upon children's physical and mental health, and these impacts can continue through to adulthood.

Finding 8 **Page 25**
Trauma can shape how parents communicate and empathise with their child in a negative way.

Finding 9 **Page 26**
Childhood adversity does not always result in trauma-related challenges in life. However, the experiences of humanitarian children put them at risk of significant trauma and associated developmental and lifelong adverse effects.

Finding 10 **Page 28**
Inability to access support services for trauma in a timely manner can compound the effects of trauma and can negatively impact life outcomes. For this reason, timely intervention is crucial to preventing these outcomes.

Chapter 3 – What supports currently exist for humanitarian children and young people in WA?

Finding 11 **Page 35**
While the recent announcement of funding for two additional Intensive English Centres is very welcome, it appears that the centres are still not adequately resourced to meet demand in WA schools.

Recommendation 5 **Page 35**
The Minister for Education review and increase resources available to Intensive English Centres, including increasing funding for specially trained teachers.

Finding 12 **Page 37**
Intensive English Centres and Multicultural Community Centres provide valuable services to families from humanitarian backgrounds. Uncertainty about the ongoing funding for the Multicultural Community Centres is hampering their ability to undertake strategic planning for longer-term outcomes and to deliver the best quality services.

Recommendation 6**Page 37**

The WA Government should resolve the question of portfolio responsibility for the Multicultural Community Centres program. Funding should be extended on the basis of a 5-year contract, and consideration should be given to co-locating two new Multicultural Community Centres with the two new Intensive English Centres.

Finding 13**Page 38**

Catholic Education Western Australia plays a significant role in providing education, support, and settlement assistance to humanitarian families, including through its Intensive English Centres.

Recommendation 7**Page 38**

The WA Government includes Catholic Education Western Australia in mechanisms to coordinate the improvement of settlement services for children in WA.

Finding 14**Page 39**

Children and young people refusing to attend school and dropping out are concerns within the humanitarian community in WA.

Recommendation 8**Page 40**

The Minister for Education commission research to investigate school attendance rates amongst all humanitarian background children and youth, and investigate methods to improve attendance.

Finding 15**Page 41**

Approximately half of year 12 humanitarian visa holder students achieved a Western Australian Certificate of Education in the last 5 years.
Approximately 10 per cent of year 12 humanitarian visa holder students participated in ATAR in the last 5 years.

Recommendation 9**Page 42**

The Minister for Education commission research into improving educational outcomes for young people from humanitarian backgrounds in Western Australia.

Finding 16**Page 42**

Existing support services such as psychology at mainstream schools are inadequate to meet the needs of humanitarian background children.

Recommendation 10**Page 42**

The WA Government continue to invest in the increased provision of support services, including psychology, across the public school system.

Finding 17**Page 44**

Significant concerns surround the support for the transitions of humanitarian students both from primary school to high school, and from Intensive English Centres to mainstream classrooms.

Recommendation 11**Page 44**

The Department of Education implement formal transition periods and support mechanisms to support humanitarian students transitioning from primary to high school, and from Intensive English Centres to mainstream classes.

Finding 18**Page 46**

The Association for Services to Torture and Trauma Survivors provides important services to humanitarian students in schools, but has encountered barriers delivering services on school premises, compromising the students' ability to receive the support needed to deal with their trauma.

Recommendation 12**Page 46**

The Department of Education require all principals of schools with humanitarian students to actively and positively engage with the Association for Services to Torture and Trauma Survivors, and facilitate their access to deliver services to the students who require them.

Finding 19**Page 48**

A consultative working group involving the Department of Education, ASeTTS, and other relevant service providers is needed to address system-wide challenges with the delivery of specialist services to humanitarian children in the public school system.

Finding 20**Page 49**

Bullying and discrimination against humanitarian children in schools is a significant concern for the community.

Recommendation 13**Page 49**

The Department of Education continue to work to address bullying and discrimination against humanitarian children in schools, including by engaging with specialist services such as Red Cross Australia and its 'In Search of Safety' program.

Chapter 4 – Refugee Health Services**Recommendation 14****Page 52**

The Minister for Health continue the 'Strengthening Community-based Multicultural Services Election Commitment' funding for the Refugee Health Service on an ongoing basis.

Finding 21	Page 53
The Child and Adolescent Health Service Refugee Health Services is the only paediatric refugee health provider in WA. It provides an invaluable service to humanitarian background children and young people, and their families, but it remains under-resourced.	
Recommendation 15	Page 54
The Minister for Health increase resources to the Child and Adolescent Health Service Refugee Health Services to enable it to adequately meet demand in WA, and to address staffing shortages and an absence of surge capacity.	
Finding 22	Page 56
There is a severe lack of services available to humanitarian entrants in regional WA, and Telehealth is not an adequate solution for the various needs of these communities.	
Recommendation 16	Page 56
The Minister for Health increase resources to the Refugee Health Service to enable outreach capability to regional areas known to have communities of humanitarian entrants.	
Finding 23	Page 56
There is a need for better coordination between the Department of Education and the Refugee Health Service regarding the DoE policy requirements for disability assessments.	
Recommendation 17	Page 57
The Department of Education liaise with the Refugee Health Service to resolve issues regarding the policy requirements for disability assessments for humanitarian children.	
Finding 24	Page 57
A significant gap exists in health services for older teenagers and young adults with humanitarian backgrounds.	
Recommendation 18	Page 57
The Minister for Health consider the expansion of the Refugee Health Service to provide services to humanitarian background young adults to the age of 21 years.	
Finding 25	Page 60
The wait times to access the Association for Services to Torture and Trauma Survivors services indicates it does not have the capacity to meet demand.	
Finding 26	Page 61
The Association for Services to Torture and Trauma Survivors is currently only able to provide limited support for children under 12, which is concerning given the importance of early intervention.	

Recommendation 19**Page 61**

The WA Government advocate with the federal government to increase funding to ASeTTS, and the WA Government increase resources to ASeTTS, to enable an expansion of services for children and young people, especially for children under 12 years.

Finding 27**Page 62**

There is a significant gap in programs and services designed to support a sense of belonging in humanitarian children and young people.

Recommendation 20**Page 62**

The WA Government seek support from the Federal government to increase the number of programs and services to support engagement programs for humanitarian children and young people.

Chapter 5 – Community concerns raised with the inquiry**Finding 28****Page 67**

The WA Language Services Policy is not being implemented uniformly across WA services and programs.

Recommendation 21**Page 67**

The WA Government increase resources for non-government organisations to be able to access high quality interpreter services when needed.

Recommendation 22**Page 67**

The WA Government review the implementation of the WA Language Services Policy to determine the extent of the gap between policy and practice, and any opportunities to improve the uptake of the policy.

Finding 29**Page 68**

Community language schools play an important role in maintaining communication within humanitarian families and communities, and in building a sense of identity in children from a young age.

Recommendation 23**Page 68**

The WA Government continue funding community language schools to ensure positive communication and relationships within humanitarian families.

Finding 30**Page 70**

Stigma is a significant barrier to CaLD communities accessing mental health services.

Recommendation 24**Page 70**

The WA Government continue to support culturally appropriate mental health awareness campaigns for the multicultural community aimed at both young people and parents.

Finding 31 **Page 72**
Transitioning to employment, higher training, or higher education is more difficult for young people from humanitarian backgrounds, and even more so for those in regional areas.

Recommendation 25 **Page 72**
The WA Government conduct research into the educational disadvantage facing humanitarian youth, including those from regional areas.

Recommendation 26 **Page 72**
The OMI to develop and implement a dedicated scholarship program for young people from humanitarian backgrounds, including those who live in regional Western Australia. The scholarship should be designed to enable their access to further training and higher education, including by meeting the additional costs of moving to Perth if required.

Recommendation 27 **Page 73**
The WA Government conduct research into and consider the provision of a dedicated service to assist humanitarian youth transitioning from high school to further training, higher education, and employment.

Finding 32 **Page 79**
Current data show that trends in humanitarian youth interactions with the criminal justice system in WA are not comparable with those in Victoria. This provides WA with a window of opportunity to better engage with families and the community to prevent similar trajectories into crime in WA.

Finding 33 **Page 79**
Early intervention, education, and mentor programs are key to preventing humanitarian youth engaging with the justice system.

Recommendation 28 **Page 79**
The Minister for Youth direct the Department of Communities to work in partnership with the Office of Multicultural Interests to develop and implement an engagement program focused on humanitarian youth and the prevention of involvement with the justice system.

Chapter 6 – What should be done to improve settlement outcomes for children and youth?

Finding 34 **Page 85**
Out-of-school clubs and programs are important supports for humanitarian children, including programs that support academic achievement, identity development and a sense of belonging. Community members emphasised the need for tailored mentoring programs for humanitarian children and young people.

Recommendation 29 **Page 85**

The OMI to oversee the coordinated development of a suite of engagement and mentoring programs for humanitarian children and young people, in consultation with community representatives and stakeholders.

Finding 35 **Page 88**

Child settlement outcomes are inextricably linked to the capacity of their caregivers to establish and maintain a secure relationship with their children. Adapting to parenting in an Australian context can be very difficult for humanitarian parents.

Recommendation 30 **Page 88**

Culturally responsive programs to assist humanitarian caregivers to adjust to life and parenting in Australia should be promoted and resourced by the WA Government.

Finding 36 **Page 89**

Insufficient support for parents with trauma-related mental health needs may mean that parents struggle to support their children. This can have a significant negative impact upon children's wellbeing.

Recommendation 31 **Page 89**

Significant additional resourcing be allocated to ASeTTS to provide culturally responsive torture and trauma counselling for parents and caregivers of humanitarian children and young people.

Finding 37 **Page 90**

Some school staff in the public system are ill-equipped to teach students with migration-related trauma.

Recommendation 32 **Page 90**

The Department of Education support and encourage school staff in public schools to complete trauma-informed practice training.

Finding 38 **Page 91**

Trauma-informed practice training to assist with breaking down service barriers for the humanitarian community is not routinely accessed by the staff of all mainstream government service providers.

Recommendation 33 **Page 91**

Trauma-informed practice training should be made available to all staff in mainstream government service provider agencies.

Finding 39 **Page 92**

Humanitarian families benefit significantly when government service providers are trained in cultural safety and trauma-informed practices.

Recommendation 34**Page 92**

The WA Government increase the level of training in cultural safety within its service provider staff, including health and education staff.

Finding 40**Page 94**

The current competitive project-based funding model for not-for-profit organisations does not provide the stability required for strategic planning to achieve long-term outcomes.

Recommendation 35**Page 95**

The WA Government examine the current funding structures of multicultural service organisations, with a view to providing greater stability, better distribution of funds, and more strategically effective outcomes. Funding decisions should be based on the quality and effectiveness of services.

Recommendation 36**Page 96**

The WA Government should conduct a broad audit of the settlement system in Western Australia, with a focus on services for children and young people. The audit should include:

- an assessment of what programs are provided
- the accessibility and appropriateness of current services
- the sufficiency of current services, and
- the accessibility and suitability of mainstream services for humanitarian entrants.

Finding 41**Page 99**

While the SOSOG and ISG provide high-level mechanisms between federal and state government to coordinate settlement activities, there is a need for a more 'hands-on' mechanism that includes the not-for-profit and community sectors.

Recommendation 37**Page 99**

OMI be tasked with the creation of a settlement coordination group (or taskforce) that comprises WA Government service providers and the not-for-profit and community sectors. Such a group must meet regularly (quarterly) and be tasked with:

- improving settlement outcomes for humanitarian children and youth
- coordinating strategic planning for settlement needs
- oversight of the research initiatives proposed in this report
- the resolution of practical problems such as those identified in this report.

Finding 42**Page 100**

The Committee remains of the view that a child wellbeing strategy would be a valuable tool for improving the implementation of government policy aimed at the wellbeing of children and young people in WA, particularly those with increased vulnerability such as humanitarian children and young people.

Recommendation 38**Page 100**

The WA Government prioritise the development and implementation of a child wellbeing strategy, with an emphasis on vulnerable groups.

Finding 43**Page 101**

The humanitarian community in Western Australia should have a voice in the development of policies and initiatives that impact them. This is particularly so for humanitarian children and young people.

Recommendation 39**Page 101**

The Office of Multicultural Interests work with the Commissioner for Children and Young People to form an advisory group of children and young people from humanitarian backgrounds, to provide consultation and input into the development of policies that affect them.

Finding 44**Page 102**

Western Australia should have a Minister with responsibility to oversee all aspects of children's wellbeing and the policies that impact them.

Recommendation 40**Page 102**

The WA Government appoint a Minister for Children and Youth.

Chapter 1

Introduction to the inquiry

A refugee is ‘someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion’.

1951 Convention Relating to the Status of Refugees

A person in humanitarian need is someone living outside of their home country, and subject to substantial discrimination in the home country amounting to a gross violation of their human rights.

Department of Home Affairs

Where did this inquiry come from?

This inquiry arose from the Committee’s ongoing concern for vulnerable children within Western Australian society. The Joint Standing Committee on the Commissioner for Children and Young People (JSCCCYP) is required to ‘monitor, review and report to Parliament on the exercise of the functions of the Commissioner for Children and Young People’.¹ The importance of focusing on the particular situation of vulnerable children is made clear in the legislation on the role of the Commissioner. The *Commissioner for Children and Young People Act 2006* requires that in performing the Commissioner’s functions, ‘the Commissioner must:

- (a) Give priority to, and have special regard to, the interests and needs of...
- (ii) children and young people who are vulnerable or disadvantaged for any reason’.²

Like the Commissioner, the Committee has focused its attention during this Parliament on vulnerable and disadvantaged groups of children and young people. Previous areas of focus for the Committee have been children from Aboriginal and Torres Strait Islander backgrounds, and those facing food insecurity due to poverty.³

Refugee and humanitarian migrant children are another group facing significant vulnerability and disadvantage in Western Australia. Most of the members of the Committee have

1 Parliament of Western Australia, Legislative Council, *Standing Orders*, Perth, August 2023, Schedule 1(8(3)(a)), p. 130.

2 *Commissioner for Children and Young People Act 2006*, (Western Australia), s. (20)(1).

3 Joint Standing Committee on the Commissioner for Children and Young People, *Report 3: The Merits of Appointing a Commissioner for Aboriginal Children and Young People*, Parliament of Western Australia, Perth, November 2021. Joint Standing Committee on the Commissioner for Children and Young People, *Report 6: Hungry for change: Addressing food insecurity for children and young people affected by poverty*, Parliament of Western Australia, Perth, June 2023.

sizeable humanitarian migrant populations within their electorates, and are familiar with their strengths and the challenges faced by these communities.

Defining the terms of the inquiry

The Committee resolved to inquire into support for children and young people who have been directly or indirectly exposed to trauma associated with migration to Australia due to humanitarian crises. The terms of reference are included in this report at page ii.

The Committee took a broad view of what constituted ‘migration-related trauma’ and regarded the following range of events as potentially relevant:

- events in the home country that prompted the child’s departure,
- the migration journey including countries of first asylum, periods in refugee camps or third countries,
- the journey to and arrival in Australia,
- the settlement and acculturation period in Western Australia.

The terms of reference explicitly acknowledged the potential impact of ‘indirect’ migration-related trauma, in recognition that trauma suffered by parents, siblings, family and community members, and broader circles of contacts, may have an impact upon a child. This will be discussed further in Chapter 2.

The Committee also took a broad view on the visa situation for the children and families we considered relevant to the inquiry. Therefore, any child in any of the following visa circumstances is considered to be within the scope of this inquiry:

- a permanent refugee or humanitarian type visa,
- a temporary refugee or humanitarian type visa, including emergency evacuation visas,
- a bridging or other form of short-term visa while an application for asylum is finally determined (referred to as ‘asylum seeker children’).

Additionally, Australian citizen children born into families from these backgrounds are included, due to the impact of their family circumstances on their wellbeing.

The focus of the inquiry

This inquiry chose to focus on children and young people from humanitarian backgrounds in the context of their lives as members of the Western Australian community. While the overall humanitarian migration program is a federally managed program, and the funding for the initial settlement services is primarily federal, the reality for these children is that once they arrive in WA, they become members of the Western Australian community. The points of contact that the children have with the world around them are primarily state-based entities: schools, medical services, community groups and activities, even policing services. These children (and their families) may have been brought to Australia by the federal government’s programs, but they live within our state, and become members of the Western Australian community. It is therefore in the state government’s best interests to ensure that they are given the best possible opportunities to thrive within our community.

The inquiry therefore focused on the issues and services over which the state government has control: outside of, and after, the formal settlement program funded by the federal government.

This report's focus on State government services does not negate the overall responsibility of the Federal Government for the provision of settlement services, especially in the initial period of settlement after humanitarian entrants arrive in WA. The State government has an important role to play in advocating with the Federal Government for improved settlement services within the Federal program. The Committee considers that this is particularly important in relation to drawing the attention of the Federal Government to the needs of humanitarian children and young people.

The Committee would like to clearly state that nothing in this report should be taken to imply that it is not in full support of the humanitarian migration program. The people who come to Western Australia under the program bring many benefits to our community, including their resilience, diversity of experience and enormous potential. The inquiry was repeatedly told that while many children and young people in this group may have experienced considerable adverse life events and trauma, they are also incredibly resilient and have the potential to achieve so much in their new lives here in our community. We hope this report can help to give them the opportunity to achieve that potential.

Who are we talking about?

For the purposes of this report, the term 'child' is used to denote both children and young people, aged up to 18 years. This is consistent with the definition of a child used in the Convention on the Rights of the Child.⁴ When necessary to make a distinction, 'young person/people' is used to denote individuals aged between 13 and 17 years of age. 'Young adult' is used to denote individuals aged 18 to 25 years of age.

The definition of a refugee is set out in the 1951 Refugee Convention, to which Australia is a signatory. The Convention defines a refugee as:

someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.⁵

Australia has a long-standing commitment to resettle refugees identified under the Convention. Since the end of World War II, Australia has successfully settled more than 950,000 refugees and others in humanitarian need.⁶

4 *Convention on the Rights of the Child*, 20 November 1989, (United Nations), Article 1. [Convention on the Rights of the Child | OHCHR](#)

5 *1951 Convention Relating to the Status of Refugees*, (United Nations), Article 1. [Convention and Protocol Relating to the Status of Refugees | UNHCR](#)

6 Department of Home Affairs, *About the refugee and humanitarian program*, 9 February 2024, accessed 20 June 2024, [About the refugee and humanitarian program \(homeaffairs.gov.au\)](#).

Each year, the United Nations High Commissioner for Refugees (UNHCR) identifies people in urgent need of resettlement, based on their protection needs, or where there is no other durable solution available to them.⁷

Australia's refugee and humanitarian resettlement program is managed by the federal Department of Home Affairs. The program had places for 20,000 people in 2023-24. The program accepts people found to meet the definition of a refugee, as well as people found to be in humanitarian need. The program requirements define a person in humanitarian need as someone living outside of their home country, and subject to substantial discrimination in the home country amounting to a gross violation of their human rights.⁸

According to the Department of Home Affairs, the offshore component of the Humanitarian Program prioritises humanitarian entrants and refugees of nationalities from three major regions: the Middle East (eg. Iraq, Syria and Iran); Asia (eg. Myanmar and Afghanistan); and Africa (eg. Burundi, the Democratic Republic of the Congo, Eritrea, Ethiopia, Somalia, South Sudan and Sudan).⁹ In addition, visas have been made available in response to emergency evacuations from places such as Afghanistan, Ukraine, and Gaza.

The Association for Services to Torture and Trauma Survivors (ASeTTS), which has operated in Perth for 32 years, estimates that 'on average the organisation supports over 41% of all newly arrived humanitarian entrants in WA each year'.¹⁰ While the client demographics of ASeTTS vary each year depending on international circumstances, ASeTTS' client profile does provide some insight into the community here in Western Australia. In the 2022–23 year, 71.4 per cent of ASeTTS' clients came from nine countries, as follows:

UNHCR identified 2.4 million refugees as being in need of urgent resettlement in 2024. This number is expected to increase significantly when UNHCR releases its projections for 2025.

- Refugee Council of Australia

7 Refugee Council of Australia, *Key Points on Australia's Humanitarian Program 2024-25 Discussion Paper*, 4 June 2024, accessed 20 June 2024, [Key Points on Australia's Humanitarian Program 2024-25 Discussion Paper \(refugeecouncil.org.au\)](https://www.refugeecouncil.org.au/Key-Points-on-Australia's-Humanitarian-Program-2024-25-Discussion-Paper).

8 Department of Home Affairs, *The Special Humanitarian Program (SHP)*, 9 February 2024, accessed 21 June 2024, [The Special Humanitarian Program \(SHP\) \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au/special-humanitarian-program).

9 Department of Home Affairs, *Refugee and Humanitarian Program, About the program*, February 2024, accessed 28 June 2024, [About the refugee and humanitarian program \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au/refugee-and-humanitarian-program).

10 Submission 6, Association for Services to Torture and Trauma Survivors, p. 6.

Table 1.1: Country of origin of ASeTTS' clients, 2022-23

Country of origin	Percentage of clients
Afghanistan	15.4%
Iraq	12.2%
Australia	9.0%
Syria	8.2%
Iran	8.0%
The Republic of the Union of Myanmar	7.8%
Eritrea	4.9%
Sri Lanka	3.1%
Venezuela	2.8%

ASeTTS explained that while the top countries were very similar to previous years, 2022–23 saw an increase in clients who were born in Australia into refugee families and who are experiencing complex intergenerational trauma.¹¹

The circumstances of people's life experiences that have caused them to flee their home countries may range from sudden conflicts that result in displacement such as Ukraine and Gaza; to long-term, intractable conflicts and state failure. Humanitarian migrants may have experienced long periods of displacement in neighbouring countries or in refugee camps prior to being accepted for resettlement in Australia. Children may have been born after the first displacement and may have no memory of the home country or life outside of the refugee camp. It is important to acknowledge that children have had no choice in their migration to Western Australia.

It is also important to acknowledge that refugee and humanitarian families, children and communities do not constitute a homogenous whole. Each community's circumstances are different, each family will have had different experiences and taken a different journey to Australia, and each child will face a variety of challenges.

Resettlement in Australia in the Refugee and Humanitarian Program

Once a person has been accepted into the refugee and humanitarian program and granted a visa to travel to Australia, their travel is often facilitated by the International Organization for Migration.¹²

Once in Australia, humanitarian entrants are able to access the Humanitarian Settlement Program (HSP) funded by the federal government. In Western Australia, this program is

¹¹ Submission 6, Association for Services to Torture and Trauma Survivors, pp. 6–7. ASeTTS commented that 'The increase in numbers in Australian born clients is attributed to targeted work that ASeTTS has undertaken alongside the Eritrean community in Perth in response to community calls for support.'

¹² International Organization for Migration, *SHP Travel to Australia, 2024*, accessed 21 June 2024, [Loans for Special Humanitarian Visa Holders | IOM Australia | IOM Australia](#).

delivered by the Australian Red Cross.¹³ The HSP is designed to help ‘new arrivals integrate into Australian life by building the skills and knowledge they need to become self-reliant and active members of the community’.¹⁴ The program involves supports such as:

- airport reception
- short-term accommodation
- referral to mainstream and specialist support services
- connections to local community groups and activities
- assistance to find long-term accommodation
- help to learn English, gain employment and access education and training
- orientation to Australia, including values and laws.¹⁵

Additional case management support is available for those with complex settlement needs, through the ‘Specialised and Intensive Services’ (SIS). According to the Department of Home Affairs, this additional short-term support is available for eligible visa holders who demonstrate ‘an inability to independently engage with appropriate supports and [who are] impacted by multiple and complex barriers’ that may include:

- disability
- health needs that are severe, critical, long term and/or unmanaged
- mental health issues
- homelessness or housing instability
- domestic and family violence
- child and youth welfare concerns
- family and/or relationship breakdown
- social isolation
- financial hardship
- legal issues.¹⁶

Eligibility for these additional support services is limited to a 5-year timeframe. The Department of Home Affairs advised ‘the length of time that a person can receive SIS is based on individual need, but will generally be up to six months’.¹⁷

How many children and young people from humanitarian backgrounds live in WA?

The focus of this inquiry is on children and young people from humanitarian backgrounds who are under the age of 18. As previously noted, this could include children on temporary

13 Department of Home Affairs, *Humanitarian Settlement Program (HSP)*, 13 March 2024, accessed 21 June 2024, [Service Providers \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au).

14 Department of Home Affairs, *Humanitarian Settlement Program (HSP)*, 13 March 2024, accessed 21 June 2024, [About the program \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au).

15 *ibid.*

16 Department of Home Affairs, *Humanitarian Settlement Program (HSP)*, 13 March 2024, accessed 21 June 2024, [Specialised and Intensive Services \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au).

17 *ibid.*

or permanent visas; who are seeking asylum; or who hold citizenship. The Committee sought information from a variety of sources to try to understand how many children within Western Australian society fit this category. This proved to be a much more difficult task than initially anticipated. No one was able to tell the Committee how many children are in this situation in WA. The lack of this crucial data has a negative impact on the government's ability to provide services and necessary supports for these children.

The Committee sought data from a range of sources at both state and federal levels to try to get an accurate picture. We submitted multiple information requests to the Department of Home Affairs, and requested statistics from state agencies such as the Office of Multicultural Interests, the Department of Communities, the Department of Education (DoE), the Refugee Health Service, and Catholic Education WA. No agency was able to give us a definitive answer, although each was able to provide some detail of the small caseload for which they were responsible.

The Committee submitted three information requests to the Department of Home Affairs (DHA), and received responses in a very timely manner. These were:

1. The number of humanitarian settlers (aged under 18 years) with a date of arrival between 1 January 2010 and 31 December 2023 who are currently recorded as residing in WA.
2. The number of temporary humanitarian and protection visa applications granted from 1 January 2010 to 31 December 2023 to applicants under the age of 18 years currently residing in WA, and the number of temporary humanitarian stay visa applications on hand by applicants under the age of 18 years, holding a bridging visa and currently residing in WA.
3. The number of entrants (who held a temporary or permanent refugee or humanitarian visa, including any emergency evacuation type of visa) sent to WA through the Humanitarian Settlement Program between 1 January 2017 and 19 June 2024 who were aged under 18 years at the date of arrival.¹⁸

Each response has been included in this report at Appendix 6. The information was subject to caveats surrounding the data, including the Department's policy of masking numbers less than 5 to protect privacy. Other numbers may also be masked where required to ensure values under 5 cannot be determined from totals.

A range of further caveats are relevant to the data received, including:

- Not all visa holders are required to register/update their address with DHA.
- Some visa holders may initially arrive in WA and then choose to move interstate without notifying DHA. Others may move to WA after initially settling in other states.
- Those who obtain citizenship will not be included in this data.

¹⁸ The Committee's request asked for details for the date range 1 January 2010 to 31 December 2023. However, we were advised that the HSP database does not contain data prior to 1 January 2017.

Evidence suggests that obtaining citizenship and the security it entails is especially attractive for this group.¹⁹ The Committee has, though, been advised that the English language requirements and other requirements of the citizenship test are more onerous for humanitarian entrants to successfully complete, and the ‘success rates for humanitarian entrants is disproportionately low’.²⁰ It is therefore difficult to estimate what proportion of humanitarian entrants would be successful in transitioning to citizenship, especially in relation to children aged under 18 years, who may be included as dependents on their parents’ applications.

Taking into account these caveats, and based on the information received from DHA, the Committee is confident to say that at least 5,335 humanitarian children and young people have been resettled in Western Australia since 2010 and remain here in WA.

The numbers received from DHA are roughly consistent with information received from the Refugee Health Service, which reported that ‘since inception (2006), over 5000 new refugee children and adolescents have been managed through the multidisciplinary tertiary hospital RHS’.²¹ It is important to note that this number does not include adolescents aged over 16 years pre-2020, or local born siblings.²²

The Department of Education was able to provide the Committee with the number of children on humanitarian visas educated in public schools for the past 3 years.

Table 1.2: The number of students holding humanitarian visas educated in the public school system in WA, 2022-2024

Year	Number of students with humanitarian visa
2022	1807
2023	1850
2024	1852

As noted above, these numbers exclude those students who may be from humanitarian backgrounds but who do not hold a humanitarian visa.

Additionally, many humanitarian background children attend private schools. Within the Catholic Education system, Aranmore Catholic College and Majella Catholic Primary School both provide an Intensive English Centre that caters almost exclusively to humanitarian entrant children. The Aranmore College Intensive English Centre has capacity for 70 students. Once the children graduate from the Intensive English Centre, many of them continue to attend these two schools or other schools within the Catholic Education

19 Refugee Council of Australia, *Migration, Pathway to Nation Building*, Submission to Joint Standing Committee on Nation Building Inquiry, 2023, p. 10.
20 *ibid.*; Western Australian Government Submission to the Multicultural Framework Review, Office of Multicultural Interests, October 2023, p. 6.
21 Submission 25, Child and Adolescent Health Service, Refugee Health Service, p. 13.
22 *ibid.*

system.²³ Other independent schools may have significant numbers of humanitarian background students, including the Australian Islamic College and other schools affiliated through the Association of Independent Schools WA.

The Committee sought advice from the Office of Multicultural Interests (OMI) but found that even OMI was unable to provide any definitive numbers. The Committee was advised that 'we do not collect and hold the data as OMI'.²⁴

OMI does receive monthly arrivals data from the Department of Home Affairs, but it was unable to share this information with the Committee. OMI advised the Committee to seek the information directly from Home Affairs.²⁵ OMI appeared to be well aware of the need for improved data to be available to government agencies and service organisations:

We do work with other agencies to ensure that data is provided to government agencies and relevant service providers...when humanitarian entrants are first being brought to Australia, through the senior officers settlement group...we...advocate for various changes to policy and for information, and...we have advocated over a number of years to improve the quality and the amount of data that is sent prior to the arrival of the humanitarian entrants...this is incredibly important for service delivery and for understanding the impacts on current services, and for the community to be able to be prepared for intakes...We have advocated for this...information in terms of mental health, but also particularly in terms of disability, so people who arrive, we can be prepared for them, and services can be prepared accordingly.²⁶

OMI advised that its role also includes advocating with government agencies and services to improve data collection:

the other part of our work is to advocate for services here to collect that data...if you are a service delivery organisation here, whether it be government or non-government, we advocate and we provide guidance and materials, and we have a guide on...what kinds of data points to collect, so we can understand the effectiveness of services and whether they are reaching people from humanitarian backgrounds. It is less about tracking individual humanitarian entrants, but more about ensuring that services are accessible and equitable, and we can only do that by ensuring that those services are being used and how they are being used.²⁷

The Department of Communities could only provide the Committee with the number of children from humanitarian backgrounds who are in contact with the Child Protection arm of the Department:

23 Melanie Postmus, Intensive English Centre, Aranmore Catholic College, Catholic Education WA, *Transcript of Evidence*, 15 May 2024, p. 2.

24 James Jegasothy, Executive Director, Office of Multicultural Interests, Department of Local Government, Sport and Cultural Industries, *Transcript of Evidence*, 8 May 2024, pp. 2-3.

25 Office of Multicultural Affairs, email, 5 June 2024, p. 1.

26 James Jegasothy, Executive Director, Office of Multicultural Interests, Department of Local Government, Sport and Cultural Industries, *Transcript of Evidence*, 8 May 2024, pp. 2-3.

27 *ibid.*

As at 31 May 2024, there were 450 children in the chief executive officer's care who had been recorded as...culturally and linguistically diverse, representing 8.45 per cent of the total number of children in care. As a department, we do not collect the refugee status of children and young people as a dataset routinely. However, for the purposes of preparation for this inquiry, I asked my staff to undertake a case review of these children and young people to see if there was any further information included on individual case files. This showed us that of these 450 children, a small percentage of about 15 per cent will come from refugee backgrounds... it would be 15 per cent of 450, which would be 60 or thereabouts. We are working with roughly 60 or thereabouts children and families in the context of the child protection system where they are currently children in care of the CEO.²⁸

The problems with ascertaining clear statistics on this cohort of children were highlighted by several submitters. ASeTTS conducted research into 'Developing services to meet the unmet needs of children under 12 from refugee-like backgrounds who are impacted by torture and trauma' in 2021.²⁹ The report makes clear that despite the best efforts of the researchers, they were unable to resolve the number of children in their population of interest (children between the ages of 3 and 12 years):

Data collated from the Department of Home Affairs...and the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) shows that there were 401 new arrivals under 12-years from the humanitarian stream in WA between 2019-2021. This is 30% of the total new arrivals in WA from the humanitarian stream during this period. This data severely underrepresents the true population of interest. It is important to note that the humanitarian stream does not include individuals on 100 visas nor those that are asylum seekers. It also does not factor in Australian-born children who have parents from a refugee background. Although these individuals may not fit the Humanitarian Settlement Program (HSP) criteria, they may still require specialist services.³⁰

The Association for Services to Torture and Trauma Survivors (ASeTTS) submitted that a quarter of their current clients are under the age of 19, but that the true population of children and young people in WA who would be eligible for ASeTTS services cannot be quantified because of 'a lack of available data from government agencies and from provider organisations alike and poor interoperability of data from different sources'.³¹

Broader population-based information sources such as the Census were not found to be useful as they do not differentiate to the extent required by this inquiry. For example, questions may be asked about the CaLD community, but not specifically about whether a

28 Mike Rowe, Director General, Department of Communities, *Transcript of Evidence*, 19 June 2024, pp. 3–4. Based on the information provided during the hearing, approximately 67 children in care are from refugee backgrounds, which is approximately 1.25 per cent of all children in care.

29 ASeTTS, *Developing services to meet the unmet needs of children under 12 from refugee-like backgrounds who are impacted by torture and trauma: A qualitative exploration of the needs, challenges, and barriers to service delivery within the refugee services sector in WA*, Perth, 16 November 2021.

30 *ibid.*, p. 9.

31 Submission 6, Association for Services to Torture and Trauma Survivors, p. 7.

person is from a humanitarian background. The focus of these broader surveys is also rarely on children aged under 18.

Many of the submissions to the inquiry raised the problem of the lack of data on this group of children in WA, and called for further research to be conducted. The impact of the absence of even the most basic information about this group of children and young people was made clear in a submission from Orygen, a research and clinical services organisation working in the area of youth mental health. Orygen submitted that:

Data and research related to the mental health of young humanitarian migrants in WA is scarce. The scarcity of information limits the WA Government's ability to respond to the existing and emerging needs of young people from humanitarian backgrounds. It is important that the WA Government addresses this gap through collaboration with researchers, community organisations and young people themselves to develop a robust evidence base on the specific experiences of young humanitarian migrants. Improved data collection and research would underpin increased effectiveness of policy interventions and promote greater understanding of the mental health needs of this population.³²

Orygen recommended that the Office of Multicultural Interests and the Department of Communities be responsible for leading this task to 'improve data collection and research on the specific experiences of young people from humanitarian migrant backgrounds'.³³

The Committee is in complete agreement that further research is required to gain a much clearer idea of how many children and young people from humanitarian backgrounds are living in Western Australia, and on their specific experiences. This would be especially useful for government agencies and service organisations which attempt to provide assistance and services to this group.

Based on all of the information the inquiry has received, it is reasonable to conclude that there are at least 5,500 humanitarian background children and young people residing in Western Australia. It is also reasonable to conclude that this is likely to be a significant underestimate.

Finding 1

There are at least 5,500 humanitarian background children and young people residing in Western Australia. Given the scarcity of data for this cohort, this is likely to be a significant underestimate.

Recommendation 1

The WA Government require the Office of Multicultural Interests and the Department of Communities to sponsor research into the numbers, experiences, and needs of humanitarian background children and young people residing in Western Australia.

³² Submission 7, Orygen, p. 2.

³³ *ibid.*

Several government agencies advised the Committee that information on a child or young person's history such as whether they are from a humanitarian background is not collected on a routine basis.³⁴ Or, as in the case of the Department of Communities, can only be extracted from data stores through resource-intensive manual processes. Given what is now known regarding the particular vulnerabilities of this group of children, the Committee considers that this form of data should be routinely collected by government agencies and service providers to better inform government policy.

Recommendation 2

All WA Government agencies be required to collect and report data to OMI relating to humanitarian background children and youth with whom they come into contact.

The particularly vulnerable situation of asylum seeker children in WA

Throughout the inquiry, the Committee received evidence pertaining to the relatively unique challenges experienced by asylum seeker children.

Unlike refugee and humanitarian entrants who have already been determined to require protection, asylum seekers continue to seek protection but have not yet had their claims definitively evaluated.³⁵ Many children in this scenario may have arrived in Australia as a dependent on their parent's short-term visa (such as a tourist or student visa) before an application for protection is lodged onshore.

The continuous iterative negative sequelae related to visa uncertainty, detention experiences, lack of employment or financial security and sense of hopelessness clearly impacts on parental health and normative childhood development. Asylum-seeker children... have immense trauma-related health needs that are not being addressed... and for many, remain invisible or excluded from mainstream services.

- Refugee Health Service

The prolonged visa uncertainty experienced by asylum seeker children means that the experience of settling in Australia can present unique challenges in comparison to children who have been granted refugee status:

We know that [our refugee and humanitarian cohort] are given employment, education rights, access to temporary housing and supportive caseworkers for the main. We know that they are integrated with intensive English centres... those supports are in place. They have Medicare and they have access to tertiary, secondary and primary care... they do not have the stigma of being invisible... yet

34 City of Mandurah Youth Services, Department of Communities, Western Australia Police Force all advised that this information is not routinely collected, and/or cannot be easily extracted from data stores.

35 Australian Red Cross, *Refugee and asylum seeker facts*, accessed 24 June 2024, <https://www.redcross.org.au/>.

when you are on a temporary visa, if you are negatively determined or if you are seeking asylum, those things are taken away.³⁶

Associate Professor Sarah Cherian of the Refugee Health Service said that approximately 10 to 15 per cent of their current hospital cohort are asylum seekers but noted that many others remain 'hidden' within the population.³⁷

Despite a scarcity of comprehensive research about the impact of prolonged visa insecurity on asylum seeker children,³⁸ the Committee received evidence concerning several aspects of their unique circumstances in WA.

The impact of status uncertainty on mental health

Obtaining protection status from the federal government can take years, and sometimes decades, to achieve.³⁹

According to Save the Children, one family is now in its 11th year of waiting for refugee status,⁴⁰ and ASeTTS has submitted that so long as the visa status of asylum seeker families remains uncertain, stress levels remain high, insecurities continue, and mental health is ultimately impacted.⁴¹ Visa uncertainty is a unique mental health challenge experienced by asylum seeker children that often compounds, and is compounded by, a range of traumatic experiences.

We note that asylum-seeking families are often not eligible for any support services and their protection claims are regularly prolonged, meaning children and young people spend decades in limbo and uncertainty without having an opportunity to plan their future. This ongoing uncertainty can cause mental health to deteriorate.

- Submission 3, MercyCare

In addition to extreme anguish, the Committee received evidence that prolonged protection claims may also cause children to experience issues such as:

- bullying within the school environment by other students about their refugee status⁴²
- extreme difficulty planning for the future because of a lack of study and work rights in Australia⁴³
- a lack of access to early intervention support under the NDIS.⁴⁴

Providing evidence before the Committee, Professor of Forensic Psychology Stephane Shepherd at Deakin University noted that although humanitarian arrivals in Western

36 Associate Professor Sarah Cherian, Clinical Lead, Refugee Health Service, Perth Children's Hospital, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 6.

37 *ibid.*, p. 2.

38 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 5; Submission 7, Orygen, p. 2.

39 Submission 3, MercyCare, p. 3.

40 Submission 5, Save the Children and 54 Reasons, p. 5.

41 Submission 6, Association for Services to Torture and Trauma Survivors, p. 11.

42 *ibid.*, p. 30; Michèle Cohen, Community Services Manager, Multicultural Services Centre of WA, *Transcript of Evidence*, 13 March 2024, p. 6;

43 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 7.

44 Submission 4, Life Without Barriers, p. 6.

countries are up to 10 times more likely to have post-traumatic stress disorder (PTSD) than general populations, uncertainty about legal status is an additional post-migration stressor that may compound the mental health impact of arriving in a foreign country.⁴⁵

According to the Centre for Asylum Seekers, Refugees and Detainees (CARAD), this compounding of stress can result in cumulative trauma in children who spend most of their childhood or young adulthood without the security of permanent visa status and the services that such visa status may afford.⁴⁶

Similarly, the RHS has submitted that the protracted uncertainty related to visa status and the processes involved in seeking asylum within Australia may compound previous trauma related to flight, resettlement, and war exposures: in fact, there is now a growing number of children in this cohort who are being diagnosed with non-typical neurodevelopment.⁴⁷

Access to additional services

The situation of asylum seekers can be particularly precarious. As described by the Refugee Health Service, asylum seekers and those who have been negatively determined:

have lost all access to Centrelink, work rights and Medicare. The latter rely on predominantly non-Governmental organisations, Foodbank parcels (often only supplied weekly) and/or good will of community members for additional food, money and housing. These children and families are below the poverty line.⁴⁸

In addition, asylum seeker children with disability are not eligible for the NDIS and can only access a small amount of assistance through the Continuity of Support Arrangements system administered through the Department of Communities. This is a complicated process. As the

For that cohort of asylum seekers...we then have additional trauma...it impacts where they can go to school and it impacts on whether they can go into higher education, to TAFE, and employment options. It impacts on potential. We have had asylum seekers who have been in the leadership of their schools yet have not been able to go to university. They have attained the grades to get into a higher degree...but because of their status...they have been excluded.

*- Associate Professor Sarah Cherian,
Clinical Lead, Refugee Health Service*

45 Stephane Shepherd, Professor of Forensic Psychology, Deakin University, *Transcript of Evidence*, 20 March 2024, p. 4.

46 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 7.

47 Submission 25, Child and Adolescent Health Services Refugee Health Services, pp. 9–10.

48 *ibid.*, p. 9.

Refugee Health Service reported ‘it is taking us on average, for many of our children, up to nine months to a year to get them access to any resources’.⁴⁹

For this reason, the Migrant and Refugee Public Health Research Group at Flinders University has submitted that advocating against prolonged visa uncertainty – as well as providing appropriate mental health support for those who have suffered under contemporary immigration policies – should be a key strategy of the State Government.⁵⁰

... because of their status and where they are in our Western Australian community, they have been excluded... Why would we not want to make these young people flourish? Because of their labelling – their asylum seeker status – they are not worthy to receive those options.

*- Associate Professor Sarah Cherian,
Clinical Lead, Refugee Health Service*

Finding 2

Asylum seeker children are further disadvantaged by their lack of security and inability to access support services. Prolonged visa uncertainty has a negative impact on mental health.

Recommendation 3

The WA Government increase eligibility to support services to allow asylum seeker families with children to access necessary services while awaiting the outcome of their protection claim.

Recommendation 4

The WA Government advocate to the Federal government for greater accessibility to support and settlement services for asylum seeker families with children, in the interests of protecting the mental health of children and young people.

⁴⁹ Dr Raylene Lewis, Senior Clinical Psychologist, Refugee Health Service, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 6.

⁵⁰ Submission 21, Migrant and Refugee Public Health Research Group, Flinders University, p. 6.

Chapter 2

Migration-related trauma and its prevalence

Trauma is not just part of their past but also pervades their present, and threatens to compromise their opportunities to build a healthy and happy future.

Centre for Asylum Seekers, Refugees and Detainees

What is trauma?

Psychological trauma can be defined as an emotional response to extremely distressing experiences which overwhelm our ability to cope.⁵¹ Childhood trauma can occur when a child witnesses or experiences overwhelming negative or traumatic events, such as accidents, natural disasters, war and civil unrest, medical procedures, or the sudden loss of a parent or caregiver through death, divorce, forced adoption, separation or imprisonment.⁵²

This inquiry focuses specifically on migration-related trauma. As noted in Chapter 1, the inquiry has taken a broad view as to what constitutes migration-related trauma. Many refugees and asylum seekers have high levels of trauma from experiences before and during migration or while their refugee claims are processed. Some of the trauma that asylum seekers are escaping can result from persecution, civil war, armed conflict, disaster, economic crises, torture, loss, and abuse.⁵³ These experiences can significantly undermine mental health and wellbeing.⁵⁴

The Association for Services to Torture and Trauma Survivors (ASeTTS) is WA's sole provider of torture and trauma rehabilitation services to people from refugee-like backgrounds. It supports people who have prior experience of torture and trauma that 'many people would struggle to comprehend'.⁵⁵ The Committee heard that psychological torture, physical torture, communal violence, threat or actual harm to self or significant others, death or disappearance of significant others, and life threatening deprivation or hardship made up 65.7 per cent of the types of torture and trauma experienced by ASeTTS clients in 2022-2023,⁵⁶ (see figure 2.1).

51 Lifeline, *Understanding trauma*, 2024, accessed 12 June 2024, <https://toolkit.lifeline.org.au/topics/trauma/about-trauma>.

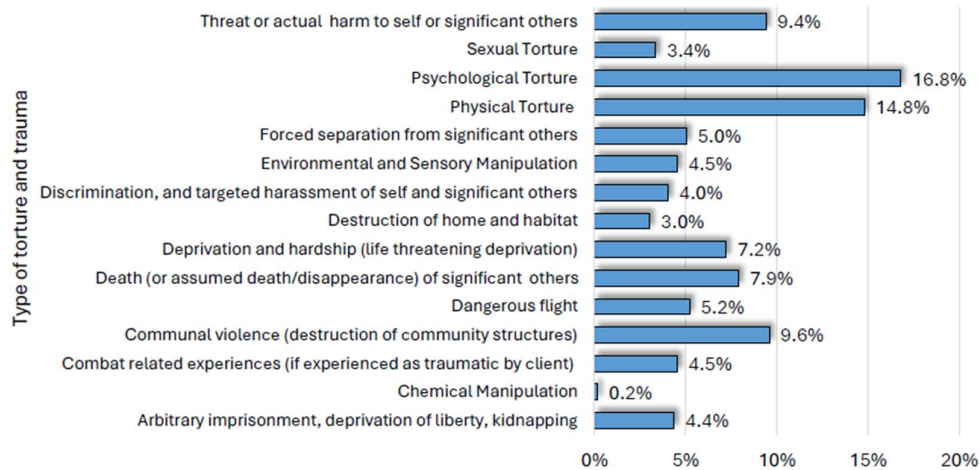
52 Blueknot, *What is Childhood Trauma*, 2021, accessed 12 June 2024, <https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-childhood-trauma/>.

53 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 5.

54 The Australian Psychological Society, *Refugees and asylum seekers*, 2024, accessed 12 June 2024, <https://psychology.org.au/for-the-public/psychology-topics/refugees-and-asylum-seekers>.

55 Submission 6, Association for Services to Torture and Trauma Survivors, p. 9.

56 *ibid.*

Figure 2.1: Types of torture experienced by ASeTTS clients in 2022-2023⁵⁷

The Refugee Health Services unit of WA’s Child and Adolescent Health Service (RHS) told the Committee that trauma related to migration can be exacerbated by other factors:

Lack of child safety, exposure to family domestic violence, child labour, abuse or neglect, early or forced marriage, substance use (parents or care givers/guardians), homelessness, malnutrition, isolation, mental or physical ill-health, disability, illiteracy, limited or no formal parental education, death of family members and/or family separation (previous and/or ongoing) can compound “migration related trauma” at any stage of flight, even in Australia.⁵⁸

Almost all humanitarian children have trauma

Given there is no official statistical data on the number of humanitarian background children and young people in WA, it is difficult to find a definitive estimate of those impacted by migration-related trauma.⁵⁹

ASeTTS has previously highlighted the fact that the true population of children and young people in WA who would be eligible for ASeTTS services cannot be accurately quantified.⁶⁰

Anecdotally however, all children and young people seen through the RHS, and their respective families, have been directly and/or vicariously exposed to trauma related to migration due to humanitarian crises.⁶¹ Save the Children concurred, stating that ‘for children who have experienced humanitarian crises, migration-related trauma is a near-universal experience’.⁶²

57 Submission 6, Association for Services to Torture and Trauma Survivors, p. 9.

58 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 11.

59 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 5.

60 Submission 6, Association for Services to Torture and Trauma Survivors, p. 7.

61 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 7.

62 Submission 5, Save the Children and 54 Reasons, p. 1.

The RHS also told the Committee that adverse childhood experiences do not have to predict adverse health outcomes.⁶³ The RHS reports that while some children and young people have experienced multiple adverse events, they are still able to function academically, maintain social connectivity and thrive if supported appropriately within family, health and community networks.⁶⁴

Finding 3

Almost all humanitarian background children and young people in WA have been exposed to trauma.

Finding 4

Children who have been exposed to adverse events and trauma can still thrive if supported appropriately within family, health and community networks.

Types of trauma

Direct trauma

Direct trauma can occur when the child is subjected to a distressing event in person or witnesses traumatic events happening to others.⁶⁵ ASeTTS told the inquiry that they regularly support people with multilayered complex post-traumatic stress disorder. This can be directly linked to their traumatic experiences mentioned previously, such as torture, death of family members, violence and destruction.⁶⁶

The contextual nature of fleeing persecution and seeking asylum as a child, and the associated negative exposures related to war, displacement, and conflict can contribute to a child's trauma.⁶⁷ For children of refugee and asylum seeker families, migration is involuntary, with little choice on how or when they flee, or who is left behind.⁶⁸ This level of uncertainty and insecurity can also lead to significant direct trauma for children and young people.

Indirect trauma

If survivors of trauma are not given the opportunity to heal from their experiences the ongoing effects of trauma can be unknowingly passed from parents to children, leading to intergenerational trauma. Parents who have experienced trauma struggle to support and engage their children while addressing their own complex needs and managing the challenges of transitioning to life in a new country.⁶⁹

63 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 8.

64 *ibid.*

65 Monash University, *World Refugee Day: Understanding the mental health challenges of refugees*, 19 June 2023, accessed 17 June 2024, <https://lens.monash.edu/@politics-society/2023/06/19/1385879/world-refugee-day-understanding-the-mental-health-challenges-of-refugees>.

66 Submission 6, Association for Services to Torture and Trauma Survivors, p. 9.

67 Submission 25, Child and Adolescent Health Service Refugee Health Services, pp. 7-8.

68 *ibid.*, p. 7.

69 Submission 6, Association for Services to Torture and Trauma Survivors, p. 11.

When children who may not have a direct migrant experience have their life experiences shaped by the historical trauma faced by their parents and families, the intergenerational trauma can extend to second and third generations.⁷⁰ The impact of intergenerational trauma can be similar to direct trauma, with children experiencing high levels of stress, challenges forming relationships, negatively impacted school performance, and disconnection from family and culture.⁷¹

As discussed previously, intergenerational trauma can also lead to power shifts in family relationships and tensions around acculturation and cultural identity. Acculturation tensions occur when children feel conflicted about adapting to the Australian culture or holding onto their family's culture and customs, and feel caught between the two. Simultaneously, parents express concerns about children losing their cultural values and beliefs and assimilating to Australian culture.⁷² They expect their children to abide by and respect their ethos and the roles that are ascribed to them, which can often be gender based.⁷³ This can lead to tensions developing within the family.

As the children of refugee families may integrate and learn English more quickly than their parents, they are often used as interpreters. When children are required to translate or interpret for their parents, they may experience indirect trauma by having to interpret their parents' trauma, and by sharing their stories.⁷⁴ This is called vicarious trauma or secondary trauma and can compound a child's direct trauma experiences. Mainstream and social media can also add to a child's indirect trauma by causing them to relive or experience other people's trauma.⁷⁵

Regardless of whether experiences of trauma are direct or indirect, ASeTTS told the Committee that children and young people under 18 often experience disorganised and inconsistent engagement with their parents or caregivers.⁷⁶

Pre-arrival trauma

Migrants, refugees, and asylum seekers can arrive with trauma from their experiences with displacement, migration journeys, and refugee camps. The Committee heard that some of this trauma includes experiencing uncertain transitions, spending years in transit camps, migrating as unaccompanied minors, or experiencing trauma from war and other atrocities.⁷⁷ In some cases, children may have been soldiers, and women may have been slaves, while some children have experienced significant loss and violence.⁷⁸ This level of

70 Submission 4, Life Without Barriers, p. 4.

71 Lifeline, *Understanding trauma*, 2024, accessed 12 June 2024, <https://toolkit.lifeline.org.au/topics/trauma/about-trauma>; Submission 6, Association for Services to Torture and Trauma Survivors, p. 11.

72 Submission 6, Association for Services to Torture and Trauma Survivors, p. 11.

73 Submission 26, Department of Communities, pp. 3-4.

74 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 5.

75 Submission 4, Life Without Barriers, p. 4.

76 Submission 6, Association for Services to Torture and Trauma Survivors, p. 11.

77 Professor Jaya Dantas, Professor of International Health, Faculty of Health Sciences, Curtin University, *Transcript of Evidence*, 21 February 2024, p. 2.

78 *ibid.*

direct trauma is then brought with the children when migrating to Australia and can directly affect their integration, development, and wellbeing.

Post-arrival trauma

Settling in and learning to live in Australia can be traumatising for migrant children as they try to navigate the education, health, and housing systems while also dealing with stigma, discrimination, language barriers, and mental health issues.⁷⁹

According to the RHS, post-settlement trauma may include exposure to:

“survivorship guilt”, racism, bullying, disability, poverty, food or housing insecurity, social isolation, educational challenges secondary to interrupted education during flight/transit/detention or acculturation stressors.⁸⁰

Children, young people, and families who are asylum seekers carry additional burdens due to their rights not being recognised, lack of work rights, having limited access to much needed services, fear of authority, and carrying a deep sense of hopelessness for the future.⁸¹

Further, many children and young people will come to Australia with only one parent or as unaccompanied minors, which presents additional unique challenges or amplifies the challenges already being faced.⁸²

Finding 5

Children can be directly exposed to trauma through their own experiences, or indirectly through the ongoing impact of their parents’ trauma.

Finding 6

Humanitarian background children may be exposed to trauma prior to their arrival in Australia, or after their arrival as they settle into life in Australia.

What is the impact of trauma?

Children, adolescents, and their families can be impacted by trauma exposures at any stage of the refugee or asylum seeker journey, including pre-flight, flight, and post-resettlement. This trauma can subsequently impact on a child’s health, education, growth, resettlement, and wellbeing outcomes.⁸³

A single traumatic experience can profoundly impact the health, psychological, developmental and/or educational trajectory of any individual.⁸⁴ It has also been shown to

79 Professor Jaya Dantas, Professor of International Health, Faculty of Health Sciences, Curtin University, *Transcript of Evidence*, 21 February 2024, p. 2.

80 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 8.

81 Submission 6, Association for Services to Torture and Trauma Survivors, p. 10.

82 Professor Jaya Dantas, Professor of International Health, Faculty of Health Sciences, Curtin University, *Transcript of Evidence*, 21 February 2024, p. 2.

83 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 7.

84 *ibid.*, p. 8.

disrupt parenting capacity and relationships.⁸⁵ Due to their trauma experiences, refugees and asylum seekers do not easily trust unfamiliar people, and typically rely on people, organisations, and workers that they know to navigate service systems.⁸⁶

When exposed to multiple or prolonged trauma experiences, the impact can extend to adult health outcomes both physical and emotional, non-communicable disease prevalence, justice encounters and mortality.⁸⁷

On children and young people

Trauma can lead to an over-activity of the part of the brain called the amygdala, resulting in hypervigilance and hyperarousal. As a result, individuals with trauma react to small triggers in the same manner as if they were experiencing or re-experiencing the initial trauma. This hypervigilance can lead to difficulties sleeping and relaxing.⁸⁸ The hippocampus and pre-frontal cortex parts of the brain are also impacted by trauma. This can lead to difficulties recalling memories, altered social and emotional processing, immature development, hypersensitivity to emotional stimuli, and impulsive behaviour and engagement in high-risk activities.⁸⁹

The RHS told the Committee that trauma can manifest in children in many ways, including:

physical symptoms, psychological distress (internalising or externalising symptoms), poor concentration, withdrawal, neurodevelopmental regression or delay, failure to thrive, sleep disturbance, socialisation concerns, academic concerns, school avoidance, risk taking behaviours, substance use or restrictive eating.⁹⁰

MercyCare reported that trauma is regularly overlooked in young people as it is misconstrued as teen behavioural issues or delinquency.⁹¹ Issues can also arise within the Australian schooling system, including school avoidance, truancy, disengagement with education, antisocial behaviour, and poor performance.⁹² The Committee heard that other symptoms experienced by asylum seeker children can include nightmares, paranoia, compulsiveness, bedwetting, and hair loss.⁹³

85 Submission 26, Department of Communities, p. 3.

86 Submission 6, Association for Services to Torture and Trauma Survivors, p. 10.

87 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 7.

88 Association for Services to Torture and Trauma Survivors, *Developing services to meet the unmet needs of children under 12 from refugee-like backgrounds who are impacted by torture and trauma*, Perth, 16 November 2021, p. 8.

89 *ibid.*

90 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 11.

91 Submission 3, MercyCare, p. 1.

92 *ibid.*

93 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 5.

Table 2.1: Symptoms in children affected by trauma⁹⁴

0-2 years	2-4 years	5-12 years
<ul style="list-style-type: none"> • Alarmed by cues • Behaviour changes • Changes in appetite • Clinginess to anyone (including strangers) • Decrease in responsiveness • Decrease in vocalisation • Excessive clinginess • Heightened arousal • Inconsolable crying • Regression in acquired developmental skills 	<ul style="list-style-type: none"> • Aggression, and anger towards themselves • Attention seeking, defiance, aggressive behaviours • Avoidance of reminders • Decrease in responsiveness • Development of new fears unrelated to trauma • Difficulty concentrating • Increased physical complaints • Loss of confidence • Regression in acquired developmental skills • Relationship difficulties with caregiver, siblings, peers • Reliving of trauma • Sad and withdrawn • Sleep problems 	<ul style="list-style-type: none"> • Anxiety and fear for their loved ones' safety • Appetite changes • Avoidance • Behaviour changes • Changes in arousal and reactivity • Changes in mood and thinking • Decline in school performance • Emotional distress • Increase in physical complaints • Intrusion • Withdrawal from family and friends

The complex and diverse impacts of trauma experienced by ASeTTS clients aged 12 to 18 include:

- instability in their homes
- developmental and cognitive delays
- avoidant or disorganised attachments
- aggressive and antisocial behaviours
- eating disorders
- risk of homelessness or street presence
- unhealthy interpersonal relationships and family domestic violence
- in some cases, presenting with serious psychiatric illness.

For children under 12, autistic traits, emotional dysregulation, and developmental delay are commonly observed.⁹⁵

⁹⁴ Association for Services to Torture and Trauma Survivors, *Developing services to meet the unmet needs of children under 12 from refugee-like backgrounds who are impacted by torture and trauma*, Perth, 16 November 2021, p. 9.

⁹⁵ Submission 6, Association for Services to Torture and Trauma Survivors, p. 12.

Evidence from ASeTTS reveals the majority of symptoms in their clients under 18 are family dysfunction, interpersonal difficulties, anxiety, traumatic grief and stress, and depression.⁹⁶ ASeTTS told the Committee that after a period working with these young people, staff typically identify a ‘complex web of unmet psychosocial needs and unresolved traumas’.⁹⁷

Finding 7

Exposure to trauma can have a profound impact upon children’s physical and mental health, and these impacts can continue through to adulthood.

On families

Trauma can shape the way in which parents communicate and empathise with their child.⁹⁸ Evidence shows that traumatised parents may use extreme parenting styles, with some implementing restrictive and unreasonable boundaries and rules, and others providing no discipline or structure.⁹⁹

Research has shown that parents suffering from PTSD may experience behavioural changes which can impact their parenting style and subsequent attachment to their child. Parents may become less sensitive, more avoidant, and in some instances may suffer from anger and frustration difficulties which can lead to harsher parenting, increased hostility, and overprotectiveness.¹⁰⁰ The impact on the child can include problems with conduct, hyperactivity, socialising, and emotion.¹⁰¹

Refugee families may also see a shift in power dynamics during the resettlement process. This stems from multiple factors, with one being women having increased opportunities to earn an income, which can result in men feeling disempowered and emasculated.¹⁰² Another factor causing a shift in power dynamics is children being able to learn English faster than their parents, which can lead to children becoming translators for their parents. This can result in parents resenting their children, and children seeing their parents as ‘stupid’ or ‘dumb’ for not being able to speak English.¹⁰³ Changes to power dynamics and family relationships can compound the trauma already experienced by these families.

Migration-related trauma can be further compounded due to the lack of education within refugee communities about the impact of trauma on mental health, and how to identify and respond to mental health difficulties.¹⁰⁴ According to the Department of Communities, this can be attributed to the taboo or stigma associated with trauma and mental health within some communities, as well as the limited availability of specialist services, especially in

96 Submission 6, Association for Services to Torture and Trauma Survivors, p. 12.

97 *ibid.*

98 Association for Services to Torture and Trauma Survivors, *Developing services to meet the unmet needs of children under 12 from refugee-like backgrounds who are impacted by torture and trauma*, Perth, 16 November 2021, p. 27.

99 *ibid.*

100 *ibid.*, p. 7.

101 *ibid.*

102 *ibid.*, p. 26.

103 *ibid.*

104 Submission 26, Department of Communities, p. 4.

regional WA.¹⁰⁵ The length and complexity of the period of transition and resettlement can also amplify these challenges further.

Finding 8

Trauma can shape how parents communicate and empathise with their child in a negative way.

Trauma is only one of the factors at play

Professor Shepherd told the Committee that while some young people may have experienced direct trauma or inherited vicarious trauma from their parents, what may be more impactful is experiencing challenges that arise from broader stressors:

... for most of the young people in custody, their trajectories into the system are a result of a lot of social challenges combined—family breakdown, financial difficulties, unstable environments, school disengagement, social alienation and discrimination.¹⁰⁶

People from refugee backgrounds, including young people, already experience higher rates of negative health outcomes, particularly mental health, than the general population.¹⁰⁷ This combined with the impacts of trauma exposure, like violence and insecurity, have enduring adverse impacts on children’s physical and mental health.¹⁰⁸ These impacts highlight the importance of timely, effective, targeted, and culturally safe support services.

The adverse impacts of an inability to access support services

As several submitters to the inquiry made clear, not all children from humanitarian backgrounds will experience trauma-related challenges in life. Save the Children emphasised that ‘childhood adversity does not always result in trauma’.¹⁰⁹ Professor Shepherd commented that:

105 Submission 26, Department of Communities, p. 4.

106 Professor Stephane Shepherd, Professor of Forensic Psychology, Deakin University, *Transcript of Evidence*, 20 March 2024, p. 4.

107 Ziersch, A, et al., 'Health and wellbeing impacts of experiences of public spaces for young people from refugee backgrounds in Australia', *Wellbeing, Space and Society*, published online, 5 October 2023, p. 2.

108 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 5.

109 Submission 5, Save the Children and 54 Reasons, p. 1.

From what I have seen, the narrative of the communities who are humanitarian arrivals is predominantly one of stoicism, one of resilience, and there is an immense pride around that.¹¹⁰

When children experience trauma due to adverse experiences and do not have the support they require, a range of negative outcomes can result. As Save the Children made clear:

the nature of the experiences of children in this group – and the inadequacy of the supports available to them – puts them at exceptionally high risk of significant trauma and associated developmental and lifelong adverse effects.¹¹¹

I think overall the identity of such communities is one of navigating hardship and adversity through resilience and recovery, rather than viewing themselves as a distressed group.

*- Professor Stephane Shepherd,
Professor of Forensic Psychology,
Deakin University*

Finding 9

Childhood adversity does not always result in trauma-related challenges in life. However, the experiences of humanitarian children put them at risk of significant trauma and associated developmental and lifelong adverse effects.

Life Without Barriers explained that these outcomes are likely to be similar to those experienced by people with other forms of trauma:

the long-term adverse impacts for children and young people and the cost to the community are likely to mirror those experienced by any child and young person who has experienced trauma. These include family dysfunction, poor educational outcomes, engagement in statutory and youth justice services, poor mental health, drug and alcohol issues and unemployment.¹¹²

Mercycare noted similar issues, and highlighted the particular impact of trauma on cognitive development:

Potential adverse impacts as a result of an inability to access support resources include: anti-social behaviours, health and mental health issues, higher risk of family and domestic violence and disengagement from the education system, with flow-on effects to participation in employment. Refugee children who have experienced traumatising events in their home country, and possibly during their refugee journey as well, are at high risk for developing serious cognitive and socio-emotional disorders and even permanent developmental impairments.¹¹³

The Australian Red Cross outlined both short- and long-term potential adverse impacts of an inability to access support (see Table 2.2).

110 Professor Stephane Shepherd, Professor of Forensic Psychology, Deakin University, *Transcript of Evidence*, 20 March 2024, p. 4.

111 Submission 5, Save the Children and 54 Reasons, p. 1.

112 Submission 4, Life Without Barriers, p. 4.

113 Submission 3, MercyCare, pp. 2-3.

Table 2.2: Potential adverse impacts of any inability to access support resources for children¹¹⁴

Short-term outcomes	Long-term outcomes
Difficulty making friends and integrating into their new school and community environments	Poor educational outcomes, school disengagement and potential long-term unemployment
Difficulty separating from parents, complicating the school transition process, particularly for children aged 0 to 5	Lack of attainment of early childhood milestones critical for long-term mental health and wellbeing; educational delay
Difficulty accepting and embracing change or adjusting expectations of their new lives in Australia; difficulty “moving forward”	Delay in attainment of settlement outcomes related to education, English and employment; social and economic exclusion
Interrupted sleep and behaviour problems	Poor school outcomes, poor mental wellbeing
Increased stress in the family household, leading to an increase in conflict and potentially family violence	Breakdown of the family unit, engagement with the justice system; intergenerational trauma; loss of cultural identity
Financial and housing instability due to parents being impacted by their own trauma and unable to stabilise the family unit by securing a home and/or employment	Long-term financial instability, poor mental health, social and economic exclusion
Fear of losing cultural identity in new and unfamiliar environment, acculturative stress manifesting in potential to hold to rigid ideas of cultural identity, such as gender roles and forced marriage	Continuation of practices, identified by groups as critical to their cultural identity, that are illegal or problematic in Australia, such as forced marriage and female genital cutting. Both have the potential for significant, long-term harm and additional trauma for those impacted.

As these submissions make clear, the impact of not being able to access adequate support resources is significant for the individual. It is worth noting the ongoing impact on state government services. Individuals who are significantly impacted by trauma will be high users of health and mental health services; they may be un- or under-employed and therefore reliant on government financial assistance; and they may have interactions with the social housing, police and justice systems. All of these services are expensive for governments to provide, especially across a lifetime. Prevention and early intervention to address issues for children and young people can lead to significant improvements in life outcomes, and a related reduction in the reliance on government services.

The significance of the adverse life outcomes stemming from an inability to access support resources cannot be overstated. Early intervention is key to preventing trauma from impacting humanitarian children as they grow up and become adults. The Committee believes that timely intervention is vital in preventing these life outcomes and ensuring a positive future for humanitarian children.

Trauma has many effects on humanitarian families and can manifest in many ways, highlighting the importance of accessing support services upon arrival in Australia. The Committee acknowledges the range of stressors that impact upon the lives of humanitarian young people. Their own trauma, trauma experiences of their families and communities, and the challenges of everyday life here in Australia are all significant. Trauma is one of many

¹¹⁴ Submission 19, Australian Red Cross, p. 8.

factors that impact upon children’s wellbeing, but access to appropriate services can significantly remediate its impact on their long-term wellbeing.

Finding 10

Inability to access support services for trauma in a timely manner can compound the effects of trauma and can negatively impact life outcomes. For this reason, timely intervention is crucial to preventing these outcomes.

Chapter 3

What supports currently exist for humanitarian children and young people in WA?

The parents get a settlement experience – the kids just get sent off to school.

Edmund Rice Centre Community Forum

Services for children

The evidence received by the inquiry makes clear that the initial humanitarian settlement services funded by the federal government are primarily aimed at meeting the needs of the parents and the family group as a whole, with few services specifically aimed at the needs of children.

Schools are high stress environments for new arrivals

- Edmund Rice Centre Community Forum

Reflecting on the overall service system in WA, the Board Chair of ASeTTS stated that:

We do not actually have a lot of services for children. I think Red Cross and other places like that have services for families, but it tends to focus on the adults, and the children get the secondary time and effort, because I guess people think if you fix the parents, then you have got more chance with the children, but often the children need their own services.¹¹⁵

Community members at the Edmund Rice Centre (ERC) community forum said that the ‘kids just get sent off to school’.¹¹⁶ Community members expressed frustration with having to repeat a message they felt they had been sending government for years, which is that the belief that ‘kids are resilient, send them off to school, they’ll be fine, it’s the parents that need the services’ is incorrect.¹¹⁷ In reality, children have disclosed experiences they ‘should not have seen’, and appeared traumatised, but they have not received the assistance they require.¹¹⁸

Of the various state government services the inquiry was told about, two areas stood out as being an almost universal contact point for humanitarian children and young people: schools, and the Refugee Health Service of the Child and Adolescent Health Service. Both are extremely important to the settlement experience of humanitarian children. Schools are

115 Gail Green, Board Chair, Association for Services to Torture and Trauma Survivors, *Transcript of Evidence*, 18 October 2023, p. 3.

116 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

117 *ibid.*

118 *ibid.*

discussed in this chapter. Chapter 4 addresses the Refugee Health Service, and other funded services, including not-for-profit and community organisations.

Schools

The importance of schools to the settlement experience of humanitarian migrant children and young people cannot be overstated. Generally, the perception is that the faster children are enrolled in school the better, with the Red Cross describing how difficult it is for parents to participate in the settlement process when children are still at home and not attending school.¹¹⁹

We absolutely understand that these are some of our most vulnerable students.

- Milanna Heberle, A/g Deputy Director General, Department of Education

The Committee was told that when humanitarian entrants first arrive, they are provided with short-term accommodation, often in motels or similar facilities, while arrangements are made for longer-term accommodation. In the past, efforts were made to ensure that rental accommodation was found in areas with access to services relevant to humanitarian entrants, and particularly, close to schools with Intensive English Centres. However, the current housing crisis in Perth has meant that families are now being accommodated wherever an affordable house can be found:

Most of our humanitarian entrants will be resettled in the metropolitan area, noting that we have a significant challenge around our housing and rental market and our short-term rental market is less than one per cent, which bears impact on Red Cross temporary housing. Many of our families are just living in hotel accommodation for months because they cannot get a rental in Perth. They are moving to the outer suburbs, Yanchep and Falcon, which is problematic for accessing schools and services.¹²⁰

As community representatives made clear, while this may be a pragmatic solution to the housing issue, it has a negative flow-on effect on schooling:

Recently, there has been less emphasis on kids going to IEC, 'it's easier to just enrol in the local primary school, they'll catch up'. They don't catch up, they don't get the extra support, they sink. An ordinary primary school can't cope with the challenges for these kids.¹²¹

While parents and other adults receive a 'settlement experience' on arrival, children are just enrolled in school. This is either into a mainstream school, or into a school with an Intensive English Centre. These are discussed further below.

119 Dr Liza Beinart, State Manager, Migration, Australian Red Cross, *Transcript of Evidence*, 8 May 2024, p. 4.

120 Associate Professor Sarah Cherian, Clinical Lead, Refugee Health Service, Perth Children's Hospital, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 4.

121 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

Schools with Intensive English Centres (IEC)

There are 14 public schools with Intensive English Centres in Perth. These are listed in table 3.1 below:

Table 3.1: Schools with Intensive English Centres

<p>Pre-Primary – year 6 Eddystone Primary School (Heathridge) Koondoola Primary School Nollamara Primary School</p>	<p>Year 1 – 6 Beaconsfield Primary School Dianella Primary College Highgate Primary School Parkwood Primary School Thornlie Primary School</p>
<p>Year 7 – 10 Balga Senior High School Greenwood College Lynwood Senior High School Melville Senior High School</p>	<p>Year 11 – 12 Cyril Jackson Senior Campus North Lake Senior Campus</p>

The Committee initially had some concerns regarding the geographic spread of the IEC schools, given the size of the Perth metropolitan area, the locations where humanitarian migrants are settling, and the concerns raised by community members. For example, the Committee was told of a sizeable African community around Butler: the nearest primary school with an IEC is Heathridge (18.4kms), and the nearest high school is Greenwood College (25.3kms). There are only two IEC schools for year 11 and 12 students, one in Bassendean (Cyril Jackson) and one in Kardinya (North Lake).

The Committee asked the Department of Education about this situation, and received the following explanation:

We do have 14 IECs across the system, and their location has evolved historically...once a community establishes in the city, we are able to respond by providing intensive English centre support as close as possible to those families. But over time, the centres are established and then new communities come in and it gets a little bit harder to respond in the local area for students. As a result, we have a quite extensive bus service, where students receive door-to-door transport from home to the intensive English centre. That applies to primary school students. We believe that secondary school students benefit enormously from gaining the life skill of transporting themselves by bus to school and that seems to work quite effectively. We do have issues sometimes where, for example, students will be placed in temporary accommodation when they arrive in Western Australia and then they will disperse and go to other places when their more permanent accommodation is established. Sometimes it is in that initial accommodation phase that the problems occur, and we do everything that we can to ensure that every single student that is entitled to an IEC is able to get to one. The transport system is quite comprehensive, and it is our belief that that is the best way that we can support students in getting them to an IEC every day.¹²²

¹²² Pam Moss, Director, Public Schools Planning, Department of Education, *Transcript of Evidence*, 15 May 2024, p. 6.

The Department of Education also reported that the recent state budget included funding for two additional IECs, and that planning is underway for these centres.¹²³ The Committee was pleased to hear of this initiative, and hopes that the two new centres will help to address some of the concerns regarding the accessibility of the IECs.

Further information from the Department of Education advised that the DoE contracts School Bus Services to provide transport for primary aged students to attend Intensive English Centres. There are currently 35 buses transporting 564 students to eight primary Intensive English Centres. The annual budget for these services is approximately \$4.5 million but costs can vary each year as there is a per kilometre charge for each bus.¹²⁴

Table 3.2: Students attending IECs via the bus service¹²⁵

Schools	No. of buses	No. of students
Beaconsfield IEC	4	49
Eddystone IEC	5	94
Highgate IEC	5	53
Koondoola IEC	5	91
Mirrabooka IEC	3	57
Nollamara IEC	3	47
Parkwood IEC	4	41
Thornlie IEC	6	132
Total	35	564

It is important to note that not all students who attend the IECs are humanitarian students, with migrants on other types of visas making up the majority of students. In 2024, there are a total of 1,319 students in the IECs in the public system, of which 427 are on humanitarian visas (approximately 32 per cent of IEC students).¹²⁶

The criteria for entry to the IECs requires that the student must:

- need intensive English language support
- be identified as English as an additional language or dialect (EALD) Stage 1
- be in their first year of schooling in WA or entering year 1 following participation in a pre-primary program
- be an Australian citizen, permanent resident or meet federal visa conditions.¹²⁷

To be eligible for the pre-primary program, the student must meet the other requirements and hold a humanitarian visa.¹²⁸

123 *ibid.*

124 Supplementary Information, Department of Education, 24 June 2024, p. 6.

125 *ibid.*

126 Pam Moss, Director, Public Schools Planning, Department of Education, *Transcript of Evidence*, 15 May 2024, p. 3.

127 Supplementary Information, Department of Education, 24 June 2024, p. 1.

128 *ibid.*

Students may also be eligible if they were born in Australia, and have returned to Australia after a period greater than 6 months. Students who do not meet the eligibility criteria for an IEC program 'may be considered for enrolment on a case-by-case basis'.¹²⁹ Students who do not require language support are directed to mainstream schooling from the beginning.¹³⁰

Staff in IECs may be EALD teachers or Ethnic Education Assistants: the latter speak a variety of languages (which may include the first language of the IEC students), and the former have expertise to deliver age-appropriate EALD programs in line with the Western Australian Curriculum.¹³¹

The Department of Education advised that the main issues and challenges for humanitarian students arriving in an IEC classroom include that they may:

*The Intensive English Centres
do a good job.*

*- Community member, Edmund Rice
Centre Community Forum*

- come from traumatic and disrupted backgrounds
- have different beliefs on what is important in life, due to past trauma
- be managing loss, separation and family upheaval
- have limited or no English and require intensive language learning support
- be starting school for the first time
- come from different social and cultural backgrounds
- need high levels of social, cultural and emotional support
- be unfamiliar with school routines including deadlines, dates and time management
- need extra time to understand classroom routines, concepts and language
- be unfamiliar with digital technologies
- be learning a new culture at school and in the community.¹³²

Catholic Education Western Australia (CEWA) told the Committee about the impact of trauma on a student's readiness to learn when they arrive in a classroom:

We are really conscious of the impact of trauma on neurobiology and on cognition...they are not ready to learn...they are either, from their trauma...hyper-aroused—and in a flight-fight response in which their resting heart rates are higher, or they are in a hypo, where it might present as disengagement...70 of our schools are doing the Berry Street education model, which is a trauma-informed positive education approach, which is really creating the conditions in the classroom in which we know students then can help self-regulate...we would say...that there is a lot of not-readiness to learn because of the biology of what has happened to them.¹³³

129 *ibid.*

130 Pam Moss, Director, Public Schools Planning, Department of Education, *Transcript of Evidence*, 15 May 2024, p. 3.

131 Department of Education, *Intensive English Centres for primary and secondary students*, accessed 12 July 2024, <https://www.education.wa.edu.au/dl/1jg8q6d>.

132 Supplementary Information, Department of Education, 24 June 2024, p. 5.

133 Dr Laura Allison, Chief Psychologist, Catholic Education Western Australia, *Transcript of Evidence*, 15 May 2024, p. 5.

The additional supports that are available in the IECs are therefore vitally important to help children reach a point where they are ready to learn. As described to the Committee, the IECs provide a greater level of support to children than is provided in the mainstream system:

We really adopt a sort of case management wraparound approach...that starts at enrolment. We try to find out as much about the family and what referrals and what partnerships might be appropriate, so it is quite an individualised support...the referrals occur as they are needed. We use our school nurse quite a lot to do referrals around dental support. Some of the challenges...of our children is that they do not have a history of medical care or dental or those sort of things, and that is another way we are able to broker partnerships.¹³⁴

The Committee understands that IECs provide a range of other benefits for humanitarian students in addition to language teaching. The DoE notes, for example, that IEC programs encourage students to integrate with wider school communities through participation in events such as educational incursions and excursions, social events, assemblies and sports carnivals.¹³⁵ At the Aranmore Catholic College IEC in Perth, students study General and Academic English and continue their learning in other core subjects.¹³⁶ Moreover, ASeTTS explained it is able to deliver a group therapy program within – or in partnership with – IECs.¹³⁷ The Committee understands that other services and referrals available through the IECs include psychologists, speech and occupational therapists, as well as referrals to the torture and trauma specialist service at ASeTTS. Additionally, the IECs are able to refer to services such as the Multicultural Community Centres.

Inadequate capacity at IECs

Several submitters raised concerns regarding inadequate resourcing and capacity at IECs. ASeTTS reported that reduced funding to IECs over the course of years has resulted in a loss of capacity to provide broad support to students and families.¹³⁸ The City of Stirling reported that there is now a scarcity of specially trained EALD teachers at these institutions.¹³⁹ The Australian Red Cross said this reduction in IEC resourcing was exacerbated by the COVID-19 pandemic in addition to the two-year pause on humanitarian entrant arrivals, and noted there are now more Humanitarian Settlement Program clients on waitlists for enrolment into schools with IECs.¹⁴⁰ There are no Intensive English Centres in regional Western Australia.¹⁴¹

134 Emma Walker, Principal, Lynwood Senior High School, *Transcript of Evidence*, 15 May 2024, p. 4.

135 Department of Education, Intensive English Centres for primary and secondary students, accessed 12 July 2024, <https://www.education.wa.edu.au/dl/1jg8q6d>.

136 Submission 3, MercyCare, p. 2.

137 Submission 6, Association for Services to Torture and Trauma Survivors, p. 18.

138 *ibid.*, p. 37.

139 Submission 16, City of Stirling, p. 2.

140 Submission 19, Australian Red Cross, p. 13.

141 Pam Moss, Director, Public Schools Planning, Department of Education, *Transcript of Evidence*, 15 May 2024, p. 6.

What supports currently exist for humanitarian children and young people in WA?

Several submitters recommended that the State Government increase the number of IECs in WA, and provide more funding for the resources that are required to support them.¹⁴² Noting the recent budget announcement of two new IECs, the Committee would like to see further focus on resourcing across the IEC system.

Finding 11

While the recent announcement of funding for two additional Intensive English Centres is very welcome, it appears that the centres are still not adequately resourced to meet demand in WA schools.

Recommendation 5

The Minister for Education review and increase resources available to Intensive English Centres, including increasing funding for specially trained teachers.

Multicultural Community Centres

Multicultural Community Centres (MCCs) aim to support humanitarian families by addressing settlement and transition issues in addition to their emotional, social and physical needs.

To achieve this, MCCs employ refugee health nurses, social workers, and multicultural community liaison workers.

Nurses provide services including the development of family health plans, GP referrals and mental health education;

Social workers provide counselling and therapeutic

intervention for students; and liaison workers support people with the general settlement issues that arise with respect to housing, health, education, and employment, for example.¹⁴³

The MCCs are very good at referring children and families on to other support services. They need support from the Department of Education to do outreach to other schools.

- Community member, Edmund Rice Centre Community Forum

¹⁴² Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 46; Submission 19, Australian Red Cross, p. 13.

¹⁴³ Koondoola Primary School, *Multicultural Community Centre*, accessed 12 July 2024, <http://koondoolaps.wa.edu.au/our-school/integrated-service-centre/>.

Box 3.1: Multicultural Community Centres

Two Multicultural Community Centres provide a range of services to students of IECs (as well as their families) after they have exited the Humanitarian Settlement Services. There are currently two MCCs which are operational at IECs in Thornlie Primary School and Koondoola Primary School.

MCCs provide holistic and culturally appropriate support to refugee students and their families with respect to their health, in addition to their social and community needs.

Staff at MCCs are employed by the Edmund Rice Centre WA, and services offered by staff include (but are not limited to):

- Identifying systemic and individual barriers to accessing services and developing strategies to address them.
- Facilitating the transition to mainstream schooling.
- Facilitating participation in youth and sports programs.
- Providing referrals to other agencies as appropriate.

MCCs consist of a small team that includes two Refugee Health Nurses, a Senior Social Worker and two Multicultural Community Liaison Workers.

To access MCCs, families must have a humanitarian entrant background.

Source: Edmund Rice Centre WA, *Community Centres: Multicultural Community Centres*, accessed 12 July 2024, <https://www.ercwa.org.au/multicultural-community-centres/>; Koondoola Primary School, *Multicultural Community Centre*, accessed 12 July 2024, <http://koondoolaps.wa.edu.au/our-school/intergrated-service-centre/>; Thornlie Primary School, *Multicultural Community Centre*, accessed 12 July 2024, <https://thornlieps.wa.edu.au/multicultural-community-centre>.

As an additional service, liaison workers administer weekly parent support groups which provide education about life in Australia, the education system, and how to navigate existing support systems. Similarly, there are other school student clubs and school holiday activities that may be delivered for students.¹⁴⁴ For example, Thornlie Intensive English Centre runs a program called Steps, that allows children to remain after school for one day a week to complete homework.¹⁴⁵

According to Thornlie Primary School, children and their families are generally referred to the MCCs by education staff (including from the IECs). External referrals are also acceptable, and families may self-refer by visiting a centre and making an appointment.¹⁴⁶

The Committee understands that the MCC at Koondoola Primary School provides outreach services to Nollamara and Dianella Primary Schools, and the MCC at Thornlie Primary School provides outreach to Parkwood and Lynwood schools.

Many of these programs are at risk of discontinuation, due to funding uncertainty... a previous Federal Government grant that funded ~80% of our youth programs has been discontinued.

- Edmund Rice Centre WA

144 Koondoola Primary School, *Multicultural Community Centre*, accessed 12 July 2024, <http://koondoolaps.wa.edu.au/our-school/intergrated-service-centre/>.

145 Lynette Deane-Spread, Deputy Principal, Thornlie Intensive English Centre, *Transcript of Evidence*, 15 May 2024, p. 5.

146 Thornlie Primary School, *Multicultural Community Centre*, accessed 12 July 2024, <https://thornlieps.wa.edu.au/multicultural-community-centre>.

What supports currently exist for humanitarian children and young people in WA?

In its original submission to the inquiry, the Edmund Rice Centre stated that funding for the Multicultural Community Centres program (which is received through the Department of Health) was only available until December 2024, and that the organisation was awaiting an announcement about further funding opportunities.¹⁴⁷ When contacted in May 2024, Edmund Rice Centre General Manager Amy Berson clarified that the Child and Adolescent Health Service had agreed to an ‘in principle’ extension of Multicultural Community Centre funding for 12 months until December 2025. However, discussions between government agencies about how to fund this program over the longer term have not yet been resolved and are purportedly ongoing.¹⁴⁸

For this reason, the Edmund Rice Centre has recommended that the Government provide an additional 5-year funding block, with consideration for the potential to expand the program to other schools.¹⁴⁹ The Committee considers that this funding issue needs to be resolved as soon as possible, to enable longer-term continuity, and stability of planning for programs, staff and students.

Additionally, given the recent decision to increase the number of IECs by two and the planning process currently being undertaken, the Committee would like to see consideration of at least one, and preferably two, additional MCCs to be co-located with the new IECs.

Finding 12

Intensive English Centres and Multicultural Community Centres provide valuable services to families from humanitarian backgrounds. Uncertainty about the ongoing funding for the Multicultural Community Centres is hampering their ability to undertake strategic planning for longer-term outcomes and to deliver the best quality services.

Recommendation 6

The WA Government should resolve the question of portfolio responsibility for the Multicultural Community Centres program. Funding should be extended on the basis of a 5-year contract, and consideration should be given to co-locating two new Multicultural Community Centres with the two new Intensive English Centres.

Catholic Education Western Australia – IEC at Aranmore Catholic College and Majella Catholic Primary School

Catholic Education Western Australia currently runs two Intensive English Centres similar to the IECs in the public system. One is located at the Aranmore Catholic College (for children in years 7 to 12), with a second being established at Majella Catholic Primary School. The Committee understands that while the Majella IEC is currently catering for students in lower

147 Submission 12, Edmund Rice Centre WA, pp. 1–2.

148 Supplementary information from Amy Berson, General Manager, Edmund Rice Centre, email, 17 May 2024.

149 Submission 21, Edmund Rice Centre WA, p. 2.

primary school levels, there is an intention to expand so that there is availability of places within the CEWA system throughout the primary years.¹⁵⁰

One significant difference between the public school IECs and the Aranmore Catholic College IEC is that almost all of the 70 students at Aranmore IEC are from a humanitarian background. In the public system, humanitarian students make up approximately 32 per cent of the students in the IECs. The head of the Aranmore IEC described to the Committee the referral process for students to attend their IEC:

The Red Cross is our main referrer of students. When a family arrives, the Red Cross reaches out to us and asks us if we have capacity to take those students. On a couple of occasions, the Perth Children’s Hospital paediatrician has referred a student who has been currently enrolled in another IEC to us because they are not thriving, or they are having difficulties which they do not feel can be resolved.¹⁵¹

The head of the Aranmore IEC reported that the centre is currently at capacity and they have to turn referrals away. It would require significant extra funding to increase capacity in their centre: ‘There are no more classrooms available on the current site and we would need to hire more qualified staff to grow the centre’.¹⁵²

The cross-referral between the public IECs and the CEWA IEC is an important feature of the system. Given the significant and growing role played by CEWA IECs in providing education, support and settlement assistance to humanitarian children and young people, the Committee would like to see them included in any proposed coordination mechanism to improve settlement outcomes for children in WA (see Chapter 6).

Finding 13

Catholic Education Western Australia plays a significant role in providing education, support, and settlement assistance to humanitarian families, including through its Intensive English Centres.

Recommendation 7

The WA Government includes Catholic Education Western Australia in mechanisms to coordinate the improvement of settlement services for children in WA.

School attendance

Some organisations noted the referrals they receive for humanitarian children and young people often outline concerns about school non-attendance or refusal.¹⁵³

150 Melanie Postmus, Head of Intensive English Centre and English as an Additional Language, Aranmore Catholic College, *Transcript of Evidence*, 15 May 2024, p. 2.

151 *ibid.*, p. 4.

152 Melanie Postmus, Head of Intensive English Centre and English as an Additional Language, Aranmore Catholic College, email, 31 May 2024, p. 1.

153 Submission 6, Association for Services to Torture and Trauma Survivors, p. 12.

For example, ASeTTS reported to the Committee that:

Actually school refusal is a huge problem for young children and school expulsions are also disproportionate for refugee children...Expulsion is because often the children's behaviour is interpreted as naughty when it is actually a trauma response. There are often children who have never been to school before and never had to sit in a room for five hours a day. Sometimes their family's finances do not run to going to school, so that is a serious issue as well as whatever is happening at home.¹⁵⁴

The Committee therefore asked the Department of Education (DoE) for data on the attendance rates of students on humanitarian visas who attend Intensive English Centres (IECs) and mainstream schools (see table 3.3).¹⁵⁵

Table 3.3: Aggregated attendance rates for students on humanitarian visas in Semester 1, 2023

Semester 1 2023 Attendance rates Humanitarian Visa students		
	Intensive English Centre	Mainstream School
Primary (PP-Y6)	90.1%	91.3%
Secondary (Y7-Y12)	83.3%	85.2%

Attendance rates for humanitarian visa primary school students in both IECs and mainstream schools were over 90 per cent in 2023. However, amongst secondary school students, these rates were lower, falling into the 80s for attendance during the same period.

According to ASeTTS, children who commence their education at primary school age but do not receive early trauma-informed interventions and transitional supports within the school system may experience a more difficult transition to high school: accordingly, these students may develop poor school attendance records over time.¹⁵⁶ This may go some way to explaining the decrease in attendance among secondary school students in the DoE data.

We know that attendance, that engagement in education and, in fact, completion of years of schooling are some of the most strong protective factors we can provide

- Milanna Heberle, Acting Deputy Director General, Department of Education

Given the significance of this issue for children's educational outcomes, and the difference in reports that the Committee has received, we would like to see further research conducted into this issue.

Finding 14

Children and young people refusing to attend school and dropping out are concerns within the humanitarian community in WA.

¹⁵⁴ Gail Green, Board Chair, Association for Services to Torture and Trauma Survivors (ASeTTS), *Transcript of Evidence*, 18 October 2023, p. 2.

¹⁵⁵ Supplementary information, Department of Education, 24 June 2024, p. 4. Note: Humanitarian visa is defined as students with a visa subclass of 200, 201, 202, 203, 204, 447, 448, 449, 451, 786 or 866.

¹⁵⁶ Submission 6, Association for Services to Torture and Trauma Survivors, p. 27.

Recommendation 8

The Minister for Education commission research to investigate school attendance rates amongst all humanitarian background children and youth, and investigate methods to improve attendance.

Educational outcomes

The Committee also received data from the DoE pertaining to the educational outcomes of children and young people on humanitarian visas over the last 5 years (see table 3.4).¹⁵⁷

Table 3.4: Percentage of humanitarian visa students completing Year 12, 2019 to 2023

Description	2019	2020	2021	2022	2023
Total humanitarian visa students	176	193	184	171	184
Achieved WACE (#)	79	92	96	89	89
<i>Achieved WACE (%)</i>	<i>44.9</i>	<i>47.7</i>	<i>52.2</i>	<i>52.1</i>	<i>48.4</i>
ATAR participation (#)	24	25	23	16	19
<i>ATAR participation (%)</i>	<i>13.6</i>	<i>13.0</i>	<i>12.5</i>	<i>9.4</i>	<i>10.3</i>
ATAR Score 50+ (#)	6	13	8	4	4
ATAR Score 70+ (#)	11	8	14	9	14
Any VET (#)	141	162	121	101	120
<i>Any VET (%)</i>	<i>80.1</i>	<i>83.9</i>	<i>65.8</i>	<i>59.1</i>	<i>65.2</i>
Certificate I – highest level achieved (#)	6	6	3	4	3
Certificate II – highest level achieved (#)	117	134	108	85	95
Certificate III – highest level achieved (#)	17	17	9	10	20
Certificate IV – highest level achieved (#)	1	5	1	2	2
Has WACE only (#)	0	0	13	25	20
Has WACE and ATAR and VET (#)	16	16	5	4	7
Has WACE and ATAR (#)	5	7	16	12	11
Has WACE and VET (#)	58	69	62	48	51

Based on year 12 students as at the Semester 2 student consensus of each year.

Approximately 50 per cent of humanitarian Year 12 visa students achieved a Western Australian Certificate of Education (WACE) from 2019 to 2023.

A total of 10 per cent of this cohort participated in the Australian Tertiary Admissions Rank (ATAR) in 2023. Of these students, 73 per cent achieved an ATAR score of 70 or higher.

¹⁵⁷ Supplementary information, Department of Education, 24 June 2024, p. 2. Note: Humanitarian visa is defined as students with a visa subclass of 200, 201, 202, 203, 204, 447, 448, 449, 451, 786 or 866.

What supports currently exist for humanitarian children and young people in WA?

In 2023, over 65 per cent of year 12 humanitarian visa students achieved a Vocational Education and Training (VET) Certificate I or higher.¹⁵⁸

When the Committee asked about post-school outcomes for this group over the past 5 years to ascertain the proportion of these students that go on to university, TAFE, trades and employment, the DoE stated that it does not hold data on the post-school destinations accessed by students.¹⁵⁹

Aranmore Catholic College was also unable to provide data on post school outcomes, but commented that:

Overall, we are seeing that students are engaging successfully in their schooling, and gaining employment or training after school. So, things are going well, things are going right. We do not always get students passing OLNA, but I can say that our post-school outcomes are really positive for the students.¹⁶⁰

We have seen it at university level that these students who come from refugee backgrounds if they have the right means, at the right time, they actually excel from other students who are seen as mainstream students. They have performed better. If we have the right interventions at the right time, that is how good they can be.

- Umneea Ahmad Kahn, Strategic Adviser, Community Engagement Divisions, Western Australia Police Force

According to Professor of International Health Jaya Dantas:

We also understand that these young people and their families make valuable contributions to our schools. They enrich our understanding and they provide significant experiences and perspectives that provide a diversity within our education system. That is a positive. That is a positive for our schools and a positive for our communities.¹⁶¹

Professor Dantas also reported that ‘more and more refugees’ are entering and completing university, and subsequently gaining employment.¹⁶²

Finding 15

Approximately half of year 12 humanitarian visa holder students achieved a Western Australian Certificate of Education in the last 5 years.

Approximately 10 per cent of year 12 humanitarian visa holder students participated in ATAR in the last 5 years.

¹⁵⁸ Supplementary information, Department of Education, 24 June 2024, p. 2.

¹⁵⁹ *ibid.*, p. 3.

¹⁶⁰ Melanie Postmus, Head of Intensive English Centre and English as an Additional Language, Aranmore Catholic College, *Transcript of Evidence*, 15 May 2024, pp. 4–5. OLNA is the Online Literacy and Numeracy Assessment. It is designed to assess a student’s ability to meet the literacy and numeracy standard of the WACE.

¹⁶¹ Milana Heberle, Acting Deputy Director General, Department of Education, *Transcript of Evidence*, 15 May 2024, p. 2.

¹⁶² Professor Jaya Dantas, Professor of International Health, Faculty of Health Sciences, Curtin University, *Transcript of Evidence*, 21 February 2024, p. 10.

Recommendation 9

The Minister for Education commission research into improving educational outcomes for young people from humanitarian backgrounds in Western Australia.

Problems at schools and with the Department of Education

Input to the inquiry from a range of submitters suggests that there is room for improvement within the Department of Education and the public schooling system in how humanitarian children and young people are supported. Some of these areas of improvement are discussed below.

Most humanitarian children are not in Intensive English Centres

It is important to note that most of the humanitarian visa holder students in public schools are not in IECs – they are in mainstream classrooms. The Department of Education reported that of the 1,852 humanitarian visa holders being educated in public schools in 2024, only 427 were in the Intensive English Centres (approximately 23 per cent). The remainder of humanitarian visa holder students are in mainstream classes. Children from humanitarian backgrounds who hold citizenship or a different type of visa are not included in these numbers.

The three-quarters of humanitarian visa holder students in mainstream classrooms are theoretically able to access mainstream services such as school-based psychology and school nurses on the same basis as other students. However, community members told the Committee that there is only limited access to mainstream school psychology services and trauma support.¹⁶³ In relation to schools without access to the MCCs, community members commented that support for humanitarian students is ‘a bit *ad hoc*’ and that it ‘takes away from other school funding, and teacher time and capacity’.¹⁶⁴ MercyCare commented that ‘for the majority of WA schools existing resources to support these children are stretched and inadequate to meet demand’.¹⁶⁵

Finding 16

Existing support services such as psychology at mainstream schools are inadequate to meet the needs of humanitarian background children.

Recommendation 10

The WA Government continue to invest in the increased provision of support services, including psychology, across the public school system.

¹⁶³ Community member, Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

¹⁶⁴ *ibid.*

¹⁶⁵ Submission 3, MercyCare, p. 2.

Transitions

Many witnesses raised the issue of transitions at school, and how children and young people struggle in these situations. In relation to primary to high school transitions, community members commented that in primary school there is often more intensive learning support, but that falls away between year 6 and year 7 when students start high school. Community members stated that children in primary school are ‘wrapped in cotton wool and in high school they are left on their own’.¹⁶⁶ There is a ‘massive gap’ between primary and secondary schools.¹⁶⁷ While the Committee would expect that the transition from primary to high school may be challenging for many children, the message from the community was that this is more difficult for humanitarian children.

Additionally, community members were concerned by the transition from Intensive English Centres to mainstream classes. As community members described it:

Kids do two years at the IEC. They then transition to a regular school. In reality, there is no transition, they are just dumped into a regular high school, and many flounder without the additional support.¹⁶⁸

This message was repeated by multiple submitters to the inquiry.¹⁶⁹ The Committee raised this issue during its hearing with the Department of Education and was advised that the transition process can be tailored to the needs of the student, to some extent:

Some students may be extended in the IEC for an extra year if necessary [2 years rather than 1 year] and those students would have had a limited school background in the first place. The children get assessed against our standard testing, so NAPLAN or OLNA, and then of course we have our EAL/D progress maps—English as an additional language or dialect progress maps—where we track students’ English competency...when they reach the particular standard that we would expect, we can...transition them, supporting them and their family back into a mainstream school setting.¹⁷⁰

Mercycare made the point that simply mastering the English language does not equate to being settled in the community and having an understanding of how to navigate various systems.¹⁷¹

The Committee was told of the special arrangements made at Lynwood Senior High School in relation to transitions:

Depending on the year, or the timing, we have also had students who have moved from our year 10 IEC classes and into... an upperschool program that we run

¹⁶⁶ Community member, Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

¹⁶⁷ *ibid.*

¹⁶⁸ *ibid.*

¹⁶⁹ Submission 25, Child and Adolescent Health Service Refugee Health Service, p. 35; Submission 16, City of Stirling, pp. 1-2; Professor Jaya Dantas, Professor of International Health, Curtin University, *Transcript of Evidence*, 21 February 2024, p. 9.

¹⁷⁰ Judith King, Assistant Executive Director, Professional Capability, Department of Education, *Transcript of Evidence*, 15 May 2024, p. 7.

¹⁷¹ Submission 3, Mercycare, p. 2.

separate to that—an alternative program—which provides more pastoral care and social and emotional wellbeing—type programs. Transition is also a very individualised thing for each child...Some students choose to transition into their own local intake school as well. They may leave Lynwood and choose to go to the school that is closer to them.¹⁷²

The Committee acknowledges the efforts of the IEC schools to facilitate transitions out of their centres into mainstream classes and other schools. It may be the case that the greatest challenges are in the schools without IECs, although the Committee cannot say this with any certainty.

Nevertheless, the feedback from the community is that this is an area that requires ongoing focus and attention. The Committee would like to see greater support from the Department of Education for a formal transition program for humanitarian students transitioning from primary to high school, and from IEC to mainstream schooling.

Finding 17

Significant concerns surround the support for the transitions of humanitarian students both from primary school to high school, and from Intensive English Centres to mainstream classrooms.

Recommendation 11

The Department of Education implement formal transition periods and support mechanisms to support humanitarian students transitioning from primary to high school, and from Intensive English Centres to mainstream classes.

Schools and engagement with ASeTTS

ASeTTS, as the only specialist service within WA, provides a range of services to humanitarian children through (and at) public schools. ASeTTS acknowledged the ‘importance of involving schools in the recovery process’ and stated that it ‘strives to work in partnership with primary and secondary schools to improve access to services by children and young people in WA’.¹⁷³ ASeTTS currently provides a range of services in different school settings. These include individual counselling, services to students as outreach, and Children in Cultural Transition and the WOW Programs.¹⁷⁴

According to the submission:

ASeTTS staff regularly consult and network with school leaders, educators, and representatives from the Department to understand the challenges experienced within schools with regards to supporting children from refugee-like backgrounds and identifying opportunities to partner and improve supports. Despite our focus, connections with schools remains somewhat hit and miss. Some schools are very

¹⁷² Emma Walker, Principal, Lynwood Senior High School, *Transcript of Evidence*, 15 May 2024, p. 7.

¹⁷³ Submission 6, Association for Services to Torture and Trauma Survivors, p. 26.

¹⁷⁴ *ibid.*

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engaged and work closely with us; others have indicated that they are either too time and resource poor to do so, or do not see the benefits of engaging.¹⁷⁵

ASeTTS does acknowledge the school staff who are committed to engaging with them, who are 'most often the leaders of [IECs], however we do note that there are dedicated educators in different mainstream schools that are deeply committed to supporting children and young people from refugee-like backgrounds to access mental health and settlement transition supports'.¹⁷⁶

A further issue raised by ASeTTS as a barrier to its work within the school environment is changes to the accreditation policies for external providers delivering services to students on school premises. According to ASeTTS, the new protocols require providers to ensure that staff who work with students have completed a Criminal History Screening for Department of Education Sites/Nationally Coordinated Criminal History Check (NCCHC); provide a current Working with Children Check; and provide details about the organisation's public liability and professional indemnity insurances. A formal request must also be submitted to the principal by either parents or the provider for services to be carried out at school.¹⁷⁷ ASeTTS commented that:

We note that the protocols are being implemented very inconsistently across schools, in some cases schools are focused on ensuring the continuity of supports and in others it appears the protocol is being applied to deny access to Counsellors. We understand the need for schools to always ensure a child safe environment, manage the volume of requests for in-school services and ensure services do not impact a student's access to education, or impact other students and staff. We do however have concerns that there will be inconsistency between schools, where some Principals will, without deep understanding of individual student needs and complex trauma, deny students from refugee-like backgrounds access to ASeTTS services.¹⁷⁸

The Committee is concerned that humanitarian background students may get 'lost in the crowd' in mainstream settings if the school leadership is not engaged with their specific needs. The Committee would therefore like to see guidance issued by the Department of Education to the leadership of all schools which have humanitarian students, requiring them to actively and positively engage with ASeTTS, and facilitate access for the delivery of services to the students who require them.

Schools that engage well are those where there is strong commitment from the Principal and Deputy Principal to both deliver the school curriculum and support students to recover from highly traumatising experiences.

- ASeTTS, Submission 6, p 26.

¹⁷⁵ Submission 6, Association for Services to Torture and Trauma Survivors, p 26.

¹⁷⁶ *ibid.*

¹⁷⁷ *ibid.*, p. 31.

¹⁷⁸ *ibid.*

Finding 18

The Association for Services to Torture and Trauma Survivors provides important services to humanitarian students in schools, but has encountered barriers delivering services on school premises, compromising the students' ability to receive the support needed to deal with their trauma.

Recommendation 12

The Department of Education require all principals of schools with humanitarian students to actively and positively engage with the Association for Services to Torture and Trauma Survivors, and facilitate their access to deliver services to the students who require them.

Lack of understanding of/support for trauma and humanitarian issues

ASeTTS also identified a range of scenarios where a lack of understanding of trauma and the issues faced by humanitarian families has had a negative impact. These include:

- Mainstream school psychologists refusing to support children from refugee-like backgrounds due to the complexity of their needs, and language barriers.¹⁷⁹
- Instances where cognitive impairment or developmental delays in children from CaLD or refugee-like backgrounds have not been identified due to school psychologists not having the skills or experience to support children from ethnolinguistically diverse backgrounds, particularly with diagnosis and assessment.¹⁸⁰
- where school staff and educators do not understand the impact of trauma experiences or trauma symptoms, they may minimise a student's support needs. This can result in students not receiving the psychological, developmental, in-class or transitional supports needed to succeed in school. It can also lead to their being labelled as disruptive and uncooperative. Lack of support, lack of understanding and labelling in turn can lead to school refusal, and in some cases, students face exclusion or disciplinary action.¹⁸¹

The impact of this lack of understanding of trauma resulting in disciplinary processes or exclusion for the student is detailed in the case study below. The case study has been included in this report in full, despite its length, because it demonstrates how important it is for these children to have someone who understands them, their circumstances and the impact that trauma has on their lives. Without ASeTTS' advocacy, this child may have been excluded from school.

ASeTTS explained that it has been invited to participate on several Department of Education Exclusion Panels as an independent expert for students from refugee-like backgrounds. In each case, it had been established that the young person had experienced layers of complex trauma. According to ASeTTS, while school staff may have done their best to support the student, they have 'lacked understanding of trauma and trauma responses and assumed students have behavioural issues'.¹⁸² In each case, there was limited early intervention and

179 Submission 6, Association for Services to Torture and Trauma Survivors, p. 26.

180 *ibid.*, p. 27.

181 *ibid.*

182 *ibid.*, p. 29.

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involvement of school psychologists, and referrals to external supports were not progressed. ASeTTS staff have therefore been left to ask, 'If early intervention was provided, would the student be facing expulsion?'¹⁸³

Case Study 1: ASeTTS intervention in an Exclusion Panel for a year 5 student¹⁸⁴

A series of incidents occurred on the same day, resulting in the school applying for exclusion. The student was reported as becoming dysregulated in class, shouting at the teacher and requiring the rest of the class to leave the room to seek safety. He also struck another younger student during lunchtime. The student's in-school behaviours included aggression and intimidation towards other students and threatening self-harm and suicide.

Information provided by the Department included:

- the student did not have a diagnosed disability.*
- whilst the student did not have a direct experience of refugee trauma, his parents had arrived in Australia as refugees and their traumatic experiences are believed to have had an impact on the student (ie intergenerational trauma). Trauma, direct or intergenerational was ascribed to the student due to family history.*
- the student's parents had recently separated, with mum leaving the family home following conflict with her husband. The student's behaviour was reported as escalating after the separation, with behaviours attributed to the student 'feeling rejected' by his mother.*
- the student's father had recently had a heart attack, further complicating the child's feelings of loss and potential abandonment.*
- the panel noted that the student's father had limited parenting skills and had sought a lot of support from the school. Despite referrals and recommendations, dad did not follow through with parenting support programs such as Triple P Program or the Family Support Network.*

On interview, the student stated that he became angry that day when other children chased away an insect he was caring for. According to the student, he loved the insect and the insect also loved him. The child explained that when he grows up he wants to work in nature, or in an area that helped to look after animals.

He admitted becoming angry and striking other children but indicated this was in response to another student stomping on millipedes even after he asked him to stop. The student indicated that on both occasions he became extremely angry and could not control his behaviour.

While the school states that they tried to implement supports to the student these fell short. Due to cultural and language barriers, and the school's failure to use interpreters in initial phone calls, the student's father did not understand what actions needed to be taken. This includes how to follow up on a mental health care plan for his son and [he] did not pursue other supports.

Whilst the student's behaviours were inappropriate, the school failed to consider the student's trauma experiences in their assessment of his exclusion. ASeTTS involvement in the panel resulted in a trauma lens being applied rather than focusing solely on behaviours of concern.

The student's response to perceived disrespect or ambivalence towards insects seemed to trigger his feelings of abandonment, as this was something he cared for. These behaviours, while inappropriate, were a response to the student's primary attachment leaving and another becoming ill. It could also be argued that the family having settled from another country meant

183 Submission 6, Association for Services to Torture and Trauma Survivors, pp. 29–30.

184 *ibid.*, pp. 30–31 (edited for length).

that mental health and other supports were a foreign concept, and that more intensive referral processes were needed to engage the family in external supports.

ASeTTS were also able to present the idea that an exclusion from his school and peers would further these feelings of abandonment for the child as this is the only consistent factor in his life at this stage. Rather than exclusion, ASeTTS staff advocated for a supported learning environment and a warm referral process to support agencies where interpreters could be accessed for the parents. This was agreed by the rest of the panel and accepted by the Director General. The student was not excluded from school, instead his needs were considered, and the school was instructed to look at strategies to better address his needs.

It is of considerable concern to the Committee that ASeTTS, the specialist service provider for humanitarian children and youth who have experienced trauma, would be in a position to report to the inquiry that while:

...some educators, Principals and Deputy Principals place value on students accessing tailored in-school mental health and wellbeing supports...others deny access to external providers or use Department of Education policies to prevent engagement with students from refugee-like backgrounds...We understand the pressures that schools face in managing the multiple complex needs of students, but call on schools to remain open to working with organisations like ASeTTS to resolve the trauma symptoms of students.¹⁸⁵

The Committee would like to see the development of some form of consultative or working group, which would involve the Department of Education, ASeTTS, and other relevant services, to look at resolving some of these challenges.

Finding 19

A consultative working group involving the Department of Education, ASeTTS, and other relevant service providers is needed to address system-wide challenges with the delivery of specialist services to humanitarian children in the public school system.

Bullying and discrimination

ASeTTS submitted that children and young people with whom they have contact 'consistently report' experiencing bullying and discrimination at school.¹⁸⁶ They also report that the school has provided little to no support:

These experiences have a significant detrimental impact on a child or young person's mental health and wellbeing, self-perception, transition to life in Australia and engagement with school. Children and young people from refugee-like backgrounds are highly sensitive to rejection, bullying and discrimination, and 'pick up' on such issues quickly as it fits their experience of persecution. There is a need

185 Submission 6, Association for Services to Torture and Trauma Survivors, p. 37.

186 *ibid.*, p. 30.

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for schools to address and eliminate bullying behaviours and to support students from refugee-like backgrounds to develop resilience.¹⁸⁷

One mother at one of the community forums told the Committee that her son was reporting racist comments from other students, and she felt there was no support for her on how to help her son to deal with this.¹⁸⁸ Other community members called for education programs for young men that covered anti-bullying, and anti-racism initiatives in schools for both students and staff.¹⁸⁹

The Department of Education provided a written response to a question relating to this issue from the Committee, which has been included at Appendix 7 of this report. While there are a range of initiatives listed in the Department of Education response, it is clear from feedback from the community that this continues to be an issue that is having a significant impact on humanitarian children.

The Committee understands that further work is being carried out in partnership with the Office of Multicultural Interests. The Committee was also advised of the efficacy of the Australian Red Cross program 'In Search of Safety' (ISOS). ISOS is a community education program designed to build 'understanding, empathy and inclusion of asylum seekers and refugees'.¹⁹⁰ It is delivered to over 4,000 school students and a range of adult community groups and workplaces each year. It can also be delivered as a professional development session for teachers.¹⁹¹

The Committee encourages the Department of Education to discuss with the Australian Red Cross how this program can be used more broadly with schools and staff to improve understanding of the experiences of humanitarian children and young people.

Children and young people...consistently report experiencing bullying and discrimination on their race, cultural, religion, or refugee status within the school environment by other students. They have expressed feeling as 'other' or different from other students and...that the school has provided them little to no support to manage their experiences and stop bullying or discrimination from occurring.

- ASeTTS, Submission 6, p 30.

Finding 20

Bullying and discrimination against humanitarian children in schools is a significant concern for the community.

Recommendation 13

The Department of Education continue to work to address bullying and discrimination against humanitarian children in schools, including by engaging with specialist services such as Red Cross Australia and its 'In Search of Safety' program.

187 Submission 6, Association for Services to Torture and Trauma Survivors, p. 30.

188 Community member, Peel Multicultural Association Forum, *Briefing*, 1 May 2024.

189 *ibid*.

190 Submission 19, Australian Red Cross, p. 10.

191 *ibid*.

Chapter 4

Refugee Health Services

Trauma does not define our families. Our refugee families' narratives are much more than having migration trauma, but if we do not address the latter, or support them both in the short and long term, then we are failing our children and young people and not enabling their true potential to be attained.

Associate Professor Sarah Cherian, Clinical Lead, Refugee Health Service

Refugee Health Services

The second area of State Government that has almost universal contact with refugee and humanitarian children and young people is the Refugee Health Service, which is part of the Child and Adolescent Health Service.

Almost all humanitarian entrants to WA are initially screened through the Humanitarian Entrant Health Service (HEHS), which is a part of the North Metropolitan Health Service. From there, children and young people are referred to the Refugee Health Service.

The WA Child and Adolescent Health Service (CAHS) provides the Refugee Health Service (RHS) as an integrated multidisciplinary service model of care to recently resettled children, adolescents, and families from refugee-like backgrounds up to 18 years of age. It has two components: the Refugee Health Service stream at Perth Children's Hospital (PCH), and a community stream – the Community Refugee Health Team (CRHT). The service provides culturally safe and trauma-informed services, nuanced for families with limited English proficiency. The hospital and community-based teams work collaboratively to support families as they settle into the community, with the aim of eventually transitioning to mainstream health services.

The RHS provides home and school visiting, multidisciplinary outpatient clinics, inpatient consultation (at PCH), case conferences and urgent outpatient assessment for children arriving in WA with pre-identified health concerns, or complex care needs. In doing this, the RHS has contact with almost all humanitarian children in WA.

The RHS is supported by professional interpreters, as over 97 per cent of the families it sees have limited English proficiency. It has been recognised as the benchmark national paediatric refugee health service.¹⁹²

The RHS is the sole paediatric refugee health provider for Western Australia. Most children and young people are linked to the service for two years post arrival in WA; asylum seekers

¹⁹² Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 4.

or those with complex health, trauma or disability needs commonly require longer supports and linkages.

The hospital-based RHS has specialist medical, nursing, dietetic, social work, clinical psychology, occupational therapy, speech therapy, physiotherapy and dental staff. It also has a School of Special Educational Needs liaison teacher and administrative staff. Other services, such as neurosciences, dental and adolescent medicine are drawn upon as necessary.

The Community Refugee Health Team provides health promotion, early identification and intervention community-based services to newly arrived refugee children under 18 years and their primary carers, with a focus on growth and development in the early years. The CRHT nursing team provide care in the community setting, and collaborate and advocate with key hospital and community-based stakeholders to enable integrated care for families across the WA health system.

At the 2021 state election the government committed \$4.1 million to enhance culturally appropriate and holistic services to support refugee students and their families with complex health, settlement, and social-emotional needs.¹⁹³ CAHS became the lead agency for this ‘Strengthening Community-based Multicultural Services Election Commitment’. The aim of CAHS for the project funding was to deliver comprehensive services to meet the health and social-emotional needs of humanitarian and at-risk CaLD children more holistically, and to increase access to targeted health and social support services across the Perth metropolitan area.¹⁹⁴

This increased funding has enabled CAHS to expand its Community Refugee Health Service, establishing two new roles to provide health and socio-emotional support to clients during the resettlement period.¹⁹⁵ It has also been able to provide complex care coordination, clinical psychology services, rapid referral assessment pathways, a refugee adolescent stream, a clinical registry, and program management.¹⁹⁶

Recommendation 14

The Minister for Health continue the ‘Strengthening Community-based Multicultural Services Election Commitment’ funding for the Refugee Health Service on an ongoing basis.

The RHS may be an exemplar in Australia, but there are significant gaps within its services. The Committee heard about challenges with staffing; that the RHS does not provide outreach services to regional areas; and that its ability to manage sudden surge intakes of humanitarian entrants is limited.¹⁹⁷

193 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 28.

194 *ibid.*

195 *ibid.*

196 *ibid.*

197 Associate Professor Sarah Cherian, Clinical Lead, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, pp. 3, 10.

Sustainability of Refugee Health Services

The Committee received evidence of ongoing under-staffing across the RHS, from the level of specialist paediatricians to refugee health nurses, consultants and community health nurses. The Committee was advised that there is less than 1 FTE allocated specialist Refugee Health Consultant Paediatricians at PCH, and that there are only 5.9 FTEs for community refugee health nurses to cover the entire refugee and humanitarian caseload across the metropolitan area. Clinics are also being run on a *pro bono* basis.¹⁹⁸

While the election commitment funding has provided a much-needed boost to the operations of the RHS, it is clear that it still requires supplementary funding in order to achieve sustainable staffing levels. The importance of this service to the wellbeing of refugee and humanitarian children cannot be overstated, not least because it is the only dedicated paediatric refugee health service in Western Australia.

Surge Capacity

The Committee also heard about the challenges of surge situations and their impact on the RHS during times of heightened international conflict. For example, during the emergency resettlements from Syria in 2016–2018, an additional 400 or more children and young people were referred for assessment and management, with some needing to be admitted to hospital immediately.¹⁹⁹ The RHS told the Committee that failure to provide additional staff and funding to the PCH RHS stream in this case has impacted on waitlists and workloads for almost 5 years subsequent to the families' arrival.²⁰⁰

The Committee received evidence that during special emergency evacuations from Afghanistan, RHS staff were working 14-hour days trying to navigate the emergencies with minimal resourcing.²⁰¹ There were multiple plane loads of families who did not speak English and had immediate health and disability needs arriving within a short period of time. During this and the Ukrainian evacuation response, there was no state or Federal resources provided to the RHS to address safety issues, or any acknowledgement of the higher clinical workload secondary to evacuation intakes. Scenarios such as these create obvious risks for the service, staff and patients. Without increased funding to manage sudden increases in caseloads, these risks will continue with future emergency cohorts, including the current Gaza crisis.²⁰²

Finding 21

The Child and Adolescent Health Service Refugee Health Services is the only paediatric refugee health provider in WA. It provides an invaluable service to humanitarian background children and young people, and their families, but it remains under-resourced.

198 Associate Professor Sarah Cherian, Clinical Lead, Child and Adolescent Health Service, email, 18 June 2024. These 7 sessions are spread amongst 4 paediatricians (0.2 x2 Consultants, 0.1 x 1 Consultant, 0.3 x Clinical Lead).

199 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 36.

200 *ibid.*

201 Associate Professor Sarah Cherian, Clinical Lead, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 10.

202 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 36.

Recommendation 15

The Minister for Health increase resources to the Child and Adolescent Health Service Refugee Health Services to enable it to adequately meet demand in WA, and to address staffing shortages and an absence of surge capacity.

Regional services

The issue of services in the regions (or the lack thereof) was frequently raised during this inquiry as a significant gap. Members of this Committee are well aware of populations of humanitarian migrants in their regional electorates of Albany and Murray-Wellington, as well as in neighbouring locations such as Katanning, and Mandurah and the broader Peel region. Other regional parts of the state are also home to humanitarian entrants. Yet there are very few specialised services available to them, if any.

The Refugee Health Service told the Committee that it is not resourced to provide services outside of the metropolitan area, on either an outreach or permanent basis.²⁰³ This is problematic due to the known presence of communities of humanitarian entrants in the South-West and Great Southern regions of the state.

According to the RHS, some refugee families bypassing Perth to resettle in regional centres are not being screened according to national refugee guidelines, nor completing immunisation catch-up schedules in a timely manner, which can impact on financial payments, cost of living pressures, and schooling:

... we know that the families who go directly to the regions bypass all screening and most of the services that would normally be provided in that first two years, and that sometimes also includes casework support. We know that asylum seeker families are slipping through those cracks. They are a highly vulnerable group...²⁰⁴

Regional settlement is highly problematic in WA with no access to in-person specialist paediatric refugee health services (including culturally nuanced mental health services):²⁰⁵

If regional families come through HEHS [Humanitarian Entrant Health Service], which is the screening service in town, we work in partnership and try to encourage them to come via our service before resettling. But we know that that pull to reunify, or to move to where you are included in a community, is so strong, and so many of our families bypass services.²⁰⁶

203 Associate Professor Sarah Cherian, Clinical Lead, Refugee Health Service, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 3.

204 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 39; Associate Professor Sarah Cherian, Clinical Lead, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 4.

205 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 39.

206 Associate Professor Sarah Cherian, Clinical Lead, Refugee Health Service, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, pp. 3–4.

Some of the challenges of operating in the regions were outlined as follows:

We are not resourced to provide regional services. We have on occasion done telehealth, and that is challenging because we do not have the support networks in our regional areas to provide the services that the families in the metropolitan areas receive...that lens that our community [RHS] nurses provide in the metro area is not available. We do not have the school resources, so they do not have intensive English centres, which also help support many of our families, and they do not have the psychological resources nor many of the non-government organisations that in...Perth, such as Red Cross or the caseworker support, are available.²⁰⁷

In terms of voluntary bypassing, no-one is forced to resettle in Perth. That is up to the family's discretion. Obviously if they have family ties or contacts in the regions, that is where they will go. It is not a mandatory thing to relocate to Perth

- Associate Professor Sarah Cherian, Clinical Lead, Refugee Health Service

Other witnesses echoed this situation:

The regional disparities are there, even for mainstream as well as for migrant groups...so, basically, there are not enough services in the rural areas. That is a challenge because if there are not services in the metro areas and in the main cities, then rural becomes also a challenge. But I think where there are pockets where refugees are actually contributing to the community, and the community is willing to come together, then there are services that can be provided.²⁰⁸

It has been suggested that telehealth be used to try to fill this gap. RHS advised that they had on occasion conducted appointments via telehealth, but it is challenging as there are no support networks in regional areas to provide the services that the families in the metropolitan areas receive.²⁰⁹ There are also obvious problems of coordination, language service delivery, and digital poverty that would impact on a humanitarian entrant's ability to engage with telehealth processes. Additionally, the vulnerability of these clients (particularly children), and the importance of building trust and rapport when treating trauma and mental health issues, suggests that telehealth is not a solution in these cases.

The vast distance in our community is such that it is not easy to make an emergency trip from the regions in the South-West or Great Southern.

- Associate Professor Sarah Cherian, Clinical Lead, Refugee Health Service

The Committee would like to see funding made available to the RHS to enable a regular outreach service to areas of the state with known groupings of humanitarian entrants, particularly the South-West and Great Southern areas of the state.

207 Associate Professor Sarah Cherian, Clinical Lead, Refugee Health Service, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 3.

208 Professor Jaya Dantas, Professor of International Health, Faculty of Health Sciences, Curtin University, *Transcript of Evidence*, 21 February 2024, pp. 3-4.

209 Associate Professor Sarah Cherian, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 3.

Finding 22

There is a severe lack of services available to humanitarian entrants in regional WA, and Telehealth is not an adequate solution for the various needs of these communities.

Recommendation 16

The Minister for Health increase resources to the Refugee Health Service to enable outreach capability to regional areas known to have communities of humanitarian entrants.

Disability assessments for humanitarian children and the Department of Education

The Refugee Health Service reported a problem with the procedures for disability assessments that the RHS conducts for the Department of Education. These assessments are to allow humanitarian students with disability to receive extra support.

According to the RHS, the Department of Education’s Individual Disability Allocation model is not applied consistently, and does not adequately consider the broader needs of refugee populations. This is creating a barrier for refugee children with disability.²¹⁰

The other part is...access to resources within the education department. That is another very complex area that we then have to support and navigate to get the children the access to an EA...we have a memorandum of understanding with the Neurosciences Unit and they provide...an in-reach service once a month to assess our children. However, we have the experience...that those assessments are not acknowledged in the first instance by the education department, and then we have to do extensive advocacy and then we have to write subsequent supporting documents to get our children to have access. These are the same reports that are written for our Australian-born children, who we do not have the same questions asked about. I work in another service in private practice, and I never am ever asked about the validity of my assessment. I am never ever asked to provide the raw scores of my assessment. But we are routinely asked to provide that information [by DoE] and that is a significant concern for us.²¹¹

The Committee does not know the rationale for the Department of Education’s approach in this instance, and why the requirements appear to be more stringent for refugee and humanitarian children than for other children. The Committee suggests that it would be appropriate for the Department of Education to urgently contact the Refugee Health Service, and conduct a joint review of procedures for these cases.

Finding 23

There is a need for better coordination between the Department of Education and the Refugee Health Service regarding the DoE policy requirements for disability assessments.

210 Submission 25, Child and Adolescent Health Service Refugee Health Service, p. 37.

211 Dr Raylene Lewis, Senior Clinical Psychologist, Refugee Health Service, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 6.

Recommendation 17

The Department of Education liaise with the Refugee Health Service to resolve issues regarding the policy requirements for disability assessments for humanitarian children.

This issue reflects one of the broad recurring themes of this inquiry, which is a lack of coordination and strategic planning amongst service providers at a practical level. This is discussed further in Chapter 6.

Another gap identified is the lack of access to Refugee Health Services for young people in their upper teens and young adults who are not in a high school setting. This was explained by a member of the Community Refugee Health Team:

From the community point of view...there is a refugee health community team, it is a nurse-led team. We look after those children who attend PCH as well as the rest of the family that are caregivers as well as the young adults, as long as they are in a high school setting. We do have two or three intensive English schools in a high school setting. As long as those young people are in that school, they would come under our care. Currently we do have about 1300 clients, so 622 of them are 19 years old and above, so we do provide nursing care...because they do not access the tertiary service [Refugee Health Service] the same as the rest of their siblings. That is the biggest gap that we can see.²¹²

The Committee understands that adult humanitarian entrants are provided two screening appointments through the HEHS and then they are referred to mainstream health services such as their local general practitioner.²¹³ Given the vulnerabilities of this group of teens and young adults, the Committee can see merit in expanding the age criteria for access to the Refugee Health Service to 21 years of age.

Finding 24

A significant gap exists in health services for older teenagers and young adults with humanitarian backgrounds.

Recommendation 18

The Minister for Health consider the expansion of the Refugee Health Service to provide services to humanitarian background young adults to the age of 21 years.

While schools and the Refugee Health Service are the state government agencies with the broadest contact with humanitarian children and young people, there are a range of other services funded by government to assist these children. These are now discussed.

²¹² Bizunesh Abate Kebede, Clinical Nurse Manager, Community Refugee Health Team, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 9.

²¹³ Department of Health, *Humanitarian Entrant Health Service (HEHS)*, accessed 19 July 2024, [Humanitarian Entrant Health Service \(HEHS\) \(healthywa.wa.gov.au\)](https://healthywa.wa.gov.au).

Referral-based trauma supports for humanitarian children – ASeTTS

ASeTTS is WA’s only provider of specialist support services for survivors of torture and trauma, and it provides assistance to over 41 per cent of newly arrived humanitarian entrants each year.²¹⁴ It provides free individual trauma counselling, family and relationship counselling, and psychosocial counselling and support for children, adolescents, and adults.²¹⁵ ASeTTS also provides community development and social support programs aimed at breaking social isolation and increasing participation in broader society, and youth support services for people aged 12–21 from refugee backgrounds.²¹⁶ The programs provided by ASeTTS for children and youth are detailed in table 4.1.

Table 4.1: ASeTTS services to children and young people as at 1 January 2024²¹⁷

Service	Description
Trauma counselling	<ul style="list-style-type: none"> • Counselling provided to the individual and/or family to assist in processing trauma and managing symptoms that occur in daily life. • Support is provided on location at ASeTTS’ offices, through outreach in primary or high school settings. • Different modalities of service are delivered including narrative approaches and play therapy. • Our counselling approach is focused on long-term engagement with clients.
Youth work	<ul style="list-style-type: none"> • Support to a young person to facilitate their personal, social, emotional, and educational development. • Youth work often works alongside counselling services.
School holiday programs and youth camps	<ul style="list-style-type: none"> • Activities are delivered by counsellors, youth workers and Bi-Cultural Facilitators. • Activities are based on the Circle of Courage Model, a model of positive youth development based on the principle of universal needs for emotionally healthy youth including a sense of belonging, mastery, independence, and generosity. This approach supports young people to form connections, establish safety, and appreciate their strengths and gifts.
Children in Cultural Transition Program	<ul style="list-style-type: none"> • Tailored program to support primary school aged children who are newly arrived in transitioning to schooling and life in Australia. • The program provides children information and support on settlement, the school system in Australian, discrimination and bullying, family, friendships, and social connections, and belonging and safety. • Delivered by ASeTTS for over a decade.

214 Submission 6, Association for Services to Torture and Trauma Survivors, p. 6.

215 Association for Services to Torture and Trauma Survivors, *Family and children*, 2024, accessed 1 July 2024, <https://asetts.org.au/our-services/family-and-children/>.

216 Association for Services to Torture and Trauma Survivors, *Community Development*, 2024, accessed 1 July 2024, <https://asetts.org.au/our-services/community-development/>; Association for Services to Torture and Trauma Survivors, *Youth Support Services*, 2024, accessed 1 July 2024, <https://asetts.org.au/our-services/youth-support-services/>.

217 Submission 6, Association for Services to Torture and Trauma Survivors, pp. 17–18.

Warriors of our Wellbeing (WOW) Program	<ul style="list-style-type: none"> • A group therapy program delivered by ASeTTS’ counsellors and education officer within Intensive English Centres (IECs) or in partnership with IECs. • Program supports students to explore themes of self-identity, personal strengths, cultural identity and pride, self-esteem, sleep hygiene, healthy habits, mindfulness, and emotions and emotional regulation. • This is relatively new program that was developed in collaboration with students, caregivers and educators at Koondoola Primary School and is loosely based on the previously implemented Rainbow Program.
Expressive Art Therapy Program	<ul style="list-style-type: none"> • Expressive activities to support clients to: <ul style="list-style-type: none"> - express feelings that are challenging to voice - develop healthy coping and self-care skills - develop creativity - reduce isolation and develop supportive social networks - prepare for transitions from primary to high school and high school to adulthood.
Parenting Support Programs	<ul style="list-style-type: none"> • Bespoke programs that are delivered in partnership with other providers to support mothers of children under 6-years with support in their parenting role. Examples include supported therapeutic play group and Sing and Grow Programs.
Other resources	<ul style="list-style-type: none"> • ASeTTS in partnership with FASSTT sister agencies also develops other resources to assist schools, parents and other community members in supporting traumatised children and young people from refugee-like backgrounds. An example is found in the Appendix.

Almost every witness mentioned ASeTTS and the importance of its programs for children and families. Unfortunately, almost all witnesses also mentioned the wait times for access to ASeTTS’ services and its limited capacity.

Priority cases are currently waiting approximately eight weeks for their referral to access ASeTTS services, with lower priority cases waiting longer.²¹⁸ Even then, appointments are only every fortnight, which means that for a school student, if an appointment is missed, the student will be waiting a month to see the psychologist.²¹⁹

In these cases, the students are building relationships with their teachers and disclose trauma to them instead:

What happens after that is that the teachers handle that information professionally and with sensitivity, and then encourage that student to seek support. But we definitely find that the things that the students have gone through are difficult for them to think about, let alone talk about, and it comes out after they have a degree of feeling comfortable and safe, and they tend to share first of all with their teachers.²²⁰

218 James Jegasothy, Office of Multicultural Interests, *Transcript of Evidence*, 8 May 2024, p. 5; Dr Liza Beinart, Australian Red Cross, *Transcript of Evidence*, 8 May 2024, p. 4; Melanie Postmus, Aranmore Catholic College, *Transcript of Evidence*, 15 May 2024, p. 3.

219 Melanie Postmus, Aranmore Catholic College, *Transcript of Evidence*, 15 May 2024, p. 3.

220 *ibid.*

This places an additional load on teachers, especially if further support from ASeTTS is a two-month wait. One appointment a fortnight may also be clinically inadequate given the significant vulnerabilities of the group.

This evidence highlights the importance of the availability of trauma support services for children. The Committee believes the shortage of other mental health support services for children is a significant barrier to supporting refugee and asylum seeker children and young people who have experienced trauma.

ASeTTS' services are crucial for humanitarian children and young people suffering from migration-related trauma in WA. The Committee recommends that ASeTTS receive a significant boost in funding from the state government to improve its ability to support humanitarian children and young people who are suffering trauma.

Finding 25

The wait times to access the Association for Services to Torture and Trauma Survivors services indicates it does not have the capacity to meet demand.

Gap in trauma services for children aged under 12

A gap with especial relevance to the remit of this inquiry is one that had already been identified by ASeTTS. As ASeTTS reported, it provides only limited supports for children under the age of 12. Its research has identified a need for:

- Ongoing tailored parenting education supports
- Health and mental health education, promotion, and prevention programs – including resources and videos in language
- Specialist child and adolescent psychiatric and clinical developmental psychological support
- services delivered within local communities in community hubs (eg schools)
- services that better consider the settlement demands of families and caregivers (eg scheduling programs and supports at times when AMEP English lessons are not being delivered)
- trauma-informed play groups and social groups that accommodate and include children from different age groups
- delivering long-term group or individual counselling to children and young people – moving away from school holiday programs and short-term intervention supports
- services to always be co-designed with children, young people, and families, and
- services to be delivered in partnership with other specialist providers, to leverage the skills and expertise of different professionals to deliver positive outcomes.²²¹

221 Submission 6, Association for Services to Torture and Trauma Survivors, pp. 18–19.

The ASeTTS submission makes the point that they are ‘limited in what [they] can reasonably implement long-term without additional resources’.²²²

Given the importance of early intervention for children and young people who have experienced migration-related trauma due to humanitarian crises, this service gap is particularly concerning. In the interests of preventing long-term consequences for these children and for our community, the Committee would like to see provision made to enable ASeTTS to develop and implement a range of programs tailored to the needs of this age group.

Finding 26

The Association for Services to Torture and Trauma Survivors is currently only able to provide limited support for children under 12, which is concerning given the importance of early intervention.

Recommendation 19

The WA Government advocate with the federal government to increase funding to ASeTTS, and the WA Government increase resources to ASeTTS, to enable an expansion of services for children and young people, especially for children under 12 years.

The not-for-profit sector, and community organisations

A range of not-for-profit and community organisations are active in this space. These include Mercycare, CARAD, the Edmund Rice Centre, the Multicultural Services Centre of WA, ISHAR Multicultural Women’s Health Services, and Multicultural Futures. Each of these organisations competes for funding from various government entities at both the state and federal level in order to run programs. Programs range from settlement services to youth employment programs and various youth engagement initiatives.

Additionally, small community organisations, often based on cultural groupings, are active in organising activities for their communities. They also compete for project funding from state and federal sources, and are mostly volunteer-based organisations.

The Committee was not able to visit or engage with each of these organisations, but did meet with the Edmund Rice Centre, the Multicultural Services Centre of WA, and the Peel Multicultural Association. These meetings gave the Committee an insight into these organisations, how they operate, and the issues they face.

The recurring theme from our consultations with these organisations was the need for programs specific to humanitarian children and young people. These are particularly needed to support their sense of belonging and identity development. The Mandurah office of the Multicultural Services Centre told us that mothers regularly ask for programs and activities for their children. They are looking for opportunities for children to learn English in informal environments, and for a positive multicultural community with which to connect. Mothers are also seeking positive multicultural mentoring opportunities for their children.

²²² Submission 6, Association for Services to Torture and Trauma Survivors, p. 19.

Unfortunately, the MSC reported that there are no programs available for children and youth at the Mandurah MSC, as there is no funding available. They consider it a significant gap.²²³

Organisations told the Committee of the absence of funding for child and youth programs, and the difficulties of competing against other organisations (both state-based and national) for what little amount of funding is available. This issue will be discussed further in Chapter 6.

While the Committee was not able to investigate every opportunity within the multicultural sector for humanitarian children and youth, the evidence appears to corroborate what we were told by ASeTTS, that ‘we do not actually have a lot of services for children’.²²⁴ Mercycare echoed this message, stating:

Existing resources designed to provide support to this cohort are limited...there is not a statewide specific academic mentoring program to support these children and young people to catch up with their peers. Nor is there specific employment or career support for young migrant and refugee people...there is currently no state funded specific service to support migrant children and young people with trauma related issues. Most services seem to be ‘one size fits all’ or are specifically focused on engagement with sport.²²⁵

Finding 27

There is a significant gap in programs and services designed to support a sense of belonging in humanitarian children and young people.

Recommendation 20

The WA Government seek support from the Federal government to increase the number of programs and services to support engagement programs for humanitarian children and young people.

There are a range of services available to humanitarian families, with the majority focusing on parents. While schools, the RHS, and ASeTTS are important service providers for these communities, they do not have the capacity to provide for all of the needs of humanitarian children and young people. Children in particular are impacted by a lack of programs to support their sense of identity and belonging in their new communities. While this is concerning, they are not the only gaps in the system facing humanitarian families. Further gaps and problems will be discussed in Chapter 5.

223 Multicultural Services Centre of WA, Mandurah Office, *Briefing*, 1 May 2024.

224 Gail Green, Board Chair, Association for Services to Torture and Trauma Survivors, *Transcript of Evidence*, 18 October 2023, p. 2.

225 Submission 3, Mercycare, p. 2.

Chapter 5

Community concerns raised with the inquiry

“We brought you here, you’re safe, now get on with it.”

Reported to the Committee as the attitude of some parents towards their children’s settlement needs,
Edmund Rice Centre Community Forum

The current system of support for humanitarian children and young people in Western Australia has a range of gaps and inadequacies that result in costs to the individual, to the family, to the community, and to the state when the settlement of children and young people is not as successful as it could be. This chapter discusses some of the concerns raised by the community.

Gaps and problems in the system

Many community members’ concerns centred around the possible wasted potential of children. Community members told us of their worries about kids disengaging from school, difficulties transitioning to employment, and getting involved in crime and the justice system. More broadly, they were also worried about their children’s ability to join in and participate in ‘Aussie’ activities and culture. One mum told us that her son wanted to learn how to go fishing, camping, and 4-wheel driving, so he could be like an ‘Aussie’, but she had no way to teach him.²²⁶

Community members told us of families where single mothers remain at home and don’t engage with the community or outside world, and of young people who give up on attending school and sit at home with nothing constructive to do.²²⁷

Access to interpretation services

Access to interpreters was one of the most regularly raised issues throughout this inquiry. According to the RHS, over 97 per cent of refugee families have limited English proficiency upon arriving in Australia,²²⁸ and ASeTTS submitted that between 50 to 70 per cent of its clients require the use of interpreters each year.²²⁹

We call it the ‘curse of the first born’.

- Community member, Edmund Rice Centre Community Forum

226 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024; Community member, Peel Multicultural Association, *Briefing*, 1 May 2024.

227 Community member, Peel Multicultural Association, *Briefing*, 1 May 2024.

228 Submission 25, Child and Adolescent Health Services Refugee Health Services, p. 3.

229 Submission 6, Association for Services to Torture and Trauma Survivors, p. 7.

The Committee was consistently told that because of their capacity to ‘pick up’ English more quickly than their parents, humanitarian children often assume the role of advocating with the government and other service providers on behalf of their families.²³⁰

Aside from missing school while they are acting as interpreters for their parents,²³¹ the Committee received evidence that this practice can expose children to vicarious (or indirect) trauma. As children begin to advocate for their parents, they are in turn required to interpret the trauma experienced by family members: according to CARAD, children as young as 8 years old have carried out this role on behalf of their family members.²³²

For many asylum seekers the journey to Australia to seek protection was an extremely traumatic experience, often resulting in long-term mental and physical health problems.

- Submission 3, MercyCare

The Ethnic Communities Council of Western Australia submitted that students from refugee backgrounds often have traumatic experiences that include being forced to perform violent acts, detention, the disappearance of relatives, torture, sexual violence and being fearful of imminent death.²³³ According to ASeTTS, 16.8 per cent of its clients in 2022–23 had experienced psychological torture, 14.8 per cent had experienced physical torture and 9.6 per cent had experienced community violence.²³⁴

When asked about the prevalence of pre- and post-migration trauma among children in WA, Gail Green of ASeTTS explained that:

...they are also sometimes learning English easier than their parents so they are often translating for their parents. Parents... may have family and domestic violence circumstances, they may have alcohol and drug circumstances. Older children are often looking after younger children and they are often translating for their families. There is everything from having experienced murder to just responding to their parents’ trauma.

During the Committee’s community consultation with humanitarian migrants at the Edmund Rice Centre in Perth, many participants noted that it is often the parents, rather than the children, who initially ‘carry’ the trauma of migration.²³⁵ Organisations such as Orygen have submitted that interpreters can find trauma-related content particularly distressing.²³⁶

Save the Children has reported that children who witness parental trauma or extreme distress have adopted maladaptive coping strategies that are harmful both to themselves and to the wider community.²³⁷

230 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 5; Submission 4, Life Without Barriers, p. 5. This was also raised at the Edmund Rice Centre Community Forum.

231 Submission 19, Australian Red Cross, p. 11.

232 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 5.

233 Submission 9, Ethnic Communities Council of WA Inc., p. 2.

234 Submission 6, Association for Services to Torture and Trauma Survivors, p. 9.

235 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

236 Submission 7, Orygen, p. 4.

237 Submission 5, Save the Children and 54 Reasons, p. 4.

According to ASeTTS, advocacy by humanitarian children may also result in shifting power dynamics between children and parents as the latter group must rely on children to communicate with others in English.²³⁸ In the case of asylum seekers, they have not been granted refugee status, and are therefore unable to access the Adult Migrant English Program which helps eligible migrants and humanitarian entrants improve their English language skills.²³⁹ Life Without Barriers has therefore submitted that for asylum seekers, parental access to this program 'would mitigate some of the pressure and secondary trauma to young people by assisting parental figures to be independent'.²⁴⁰

Additionally, community members at the Edmund Rice Centre forum advised that 'language and power are an issue when parenting teenagers'. Parents are terrified of the police and 'DCP' [child protection authorities]. Teens may threaten to call DCP and report the parents. The child can speak against the parent and the parents feel powerless to respond. According to community members, child protection workers and police don't have good access to interpretation services either.²⁴¹

There have been incidences reported where, due to a lack of interpreters, CaLD mothers have delayed seeking medical attention until there is an emergency, for fear of embarrassment, discomfort, and misunderstandings.²⁴² Postponement of primary or secondary appointments because of linguistic barriers had left no other option than to attend the emergency department when it seemed as though lives were at risk.

Experiences with ineffective health service communication raised concerns with respect to consent, missed appointments, delayed presentations, medication issues, and lack of follow-up.²⁴³ Evidence demonstrates the negative impact of insufficient use of professional interpreters on health and safety outcomes from non-English proficient families, which increases lived and vicarious trauma.²⁴⁴

Importance of professional interpreters

The RHS told the Committee of the importance of professional interpreters:

It is impossible to manage the complex health and trauma needs of this cohort safely without the assistance of professional interpreters. Failure to use professional interpreters and lack of nuance regarding modality and broader requirements for interpreters compounds migration-related trauma as well as increases access barriers, health inequity and distrust in service providers.²⁴⁵

238 Submission 6, Association for Services to Torture and Trauma Survivors, p. 11.

239 Australian Government: Department of Home Affairs, *Adult Migrant English Program*, accessed 25 June 2024, <https://immi.homeaffairs.gov.au/>.

240 Submission 4, Life Without Barriers, p. 5.

241 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

242 Cassie Smith, et al., 'Hear Our Voice: Pediatric Communication Barriers From the Perspectives of Refugee Mothers With Limited English Proficiency', *Journal of Pediatric Health Care*, vol. 38, no. 2, March 2024, p. 119.

243 *ibid.*

244 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 23.

245 *ibid.*

The importance of professional, non-biased interpreters was further emphasised by the Western Australia Police Force:

Part of my concerns as well is when we have another child or a friend who is acting as an interpreter, we do not know what is being explained to them, and we do not know that they even understand the actual process.²⁴⁶

It is also important to ensure that an appropriate individual interpreter is chosen for a particular job to mitigate the effects of trauma and to provide high quality services. This involves considering gender, age, confidentiality risks within small communities, and lived refugee experiences when utilising interpreter services.²⁴⁷ The Western Australia Police Force told the Committee that using a translating and interpreting service over the phone was their 'last resort'.²⁴⁸

The WA Language Services Policy

The WA Language Services Policy aims to ensure equitable access to Western Australian public sector services, through the provision of language services. The Office of Multicultural Interests is responsible for the policy, which stipulates that all Western Australians should be provided with access to services that are responsive and of high quality, including for those who are not able to communicate effectively in written and/or spoken Standard Australian English.²⁴⁹ This includes some Aboriginal people, people from culturally and linguistically diverse backgrounds, and people who are deaf or hard of hearing.

WA public sector agencies are required to provide language services to ensure that language is not a barrier to equitable access to information and services, including complaints processes. Additionally, government agencies must incorporate appropriate arrangements for funded non-government service organisations to engage interpreters and translators, and make these organisations aware of how to access them.²⁵⁰ Despite this, the Australian Red Cross reported that it has experienced 'state government-funded services and programs telling us they cannot afford interpreters'.²⁵¹

The implementation of the Language Services Policy has been repeatedly raised with the Committee during this inquiry. It is important to note that the criticism received has not been of the policy itself, rather its uptake and implementation.

It appears implementation of the policy occurs on a spectrum, with some organisations such as the RHS using it quite well, and with others not using interpreters or translators as required.²⁵² The Committee believes there is a hierarchy around who uses an interpreting or

246 Superintendent Sharon Bird, Western Australia Police Force, *Transcript of Evidence*, 12 June 2024, p. 5.

247 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 23.

248 Senior Sergeant Matt Sharp, Western Australia Police Force, *Transcript of Evidence*, 12 June 2024, p. 6.

249 Office of Multicultural Interests, *WA Language Services Policy 2020*, 3 November 2020, accessed 2 July 2024, <https://www.omi.wa.gov.au/resources-and-statistics/publications/publication/language-services-policy-2020>.

250 Office of Multicultural Interests, *Western Australian Language Services Policy 2020: Policy Statement and Guidelines*, September 2020, p. iii.

251 Submission 19, Australian Red Cross, p. 11.

252 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 23; Submission 7, Orygen, pp. 3–4.

translating service, with many community organisations not receiving enough funding to engage these services.

A review of implementation of the Language Services Policy

The Australian Red Cross said that the implementation of the Language Services Policy was amongst the most pressing areas for service improvement in WA. It found the implementation of the policy varied in practice, with service gaps leading to children being taken out of school to translate for parents and appointments for critical health services being cancelled due to a lack of availability of interpreters, thereby delaying access to healthcare.²⁵³

The Committee believes that more funding would assist in increased access to interpreter services, and agrees with the Australian Red Cross' recommendation that an assessment of the inclusion of translating and interpreting funds in the budgets of all community-based programs funded by the WA government be undertaken.²⁵⁴ Furthermore, a full review should be conducted across all government agencies to investigate their implementation of the policy.

Finding 28

The WA Language Services Policy is not being implemented uniformly across WA services and programs.

Recommendation 21

The WA Government increase resources for non-government organisations to be able to access high quality interpreter services when needed.

Recommendation 22

The WA Government review the implementation of the WA Language Services Policy to determine the extent of the gap between policy and practice, and any opportunities to improve the uptake of the policy.

Community members made the related point that community language schools are a vital resource for maintaining communication within families, and for building a sense of identity for children. Several community members told the Committee that now that their children have learned English, they are forgetting their 'mother tongue'. This then inhibits communication between parents and child, but also communication and relationships with extended family, both here in Australia and in home countries.²⁵⁵

253 Submission 19, Australian Red Cross, p. 11.

254 *ibid.*

255 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

As the Multicultural Services Centre submitted, 'Community Language Schools play an important role in building identity at a very early age and many are struggling to survive due to inadequate funding, access to classrooms etc'.²⁵⁶

The Committee would like to see continued support for community language schools, due to the important support role they play for humanitarian children and young people in WA.

Here, kids pick up English very quickly, they forget their mother tongue, then this becomes a barrier to communication with their parents.

- Community member, Multicultural Services Centre of WA, Mandurah community forum

Finding 29

Community language schools play an important role in maintaining communication within humanitarian families and communities, and in building a sense of identity in children from a young age.

Recommendation 23

The WA Government continue funding community language schools to ensure positive communication and relationships within humanitarian families.

Significant stigma exists around mental health

The community told the inquiry of ongoing problems with stigma around mental health issues, which creates barriers to access. Mental health remains highly stigmatised in many CaLD communities, with many cultural groups unwilling to access mental health, counselling or psychiatric services in their own culture or communities.²⁵⁷ Community members told us that in some home cultures, individuals are seen either as 'crazy' or 'normal'.²⁵⁸ Rather than viewing mental health as a facet of psychological wellbeing, many migrants conceive it through a spiritual or cultural (rather than clinical) lens.

Many people do not want to be seen accessing support services, for fear of being classified as 'crazy' within their communities. As well, there is a tendency to view poor mental health as an indicator of weakness within the CaLD community. A repercussion of that is that young people often struggle with a sense of denial and fail to access the appropriate services.²⁵⁹

256 Submission 13, Multicultural Services Centre of WA, p. 2.

257 Submission 6, Association for Services to Torture and Trauma Survivors, p. 12.

258 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

259 *ibid.*

The RHS advised that for some, there are visa concerns as well:

If you have a journey of a long time being transient, it takes a long time for someone to settle and really know that “I am not going to be returned back because of my health issues”. There is a lot of that with our families.²⁶⁰

Orygen explained that the scarcity of mental health professionals in their countries of origin may contribute to stigma through perceptions that mental health services are for those experiencing acute and severe mental ill-health.²⁶¹ Orygen told the Committee:

Young people from humanitarian backgrounds can hold different understandings of mental health, shaped by their own cultural norms, values and beliefs. These understandings can be accompanied by stigma. Stigma can contribute to worsened mental ill-health in young people, who may experience feelings of shame and reluctance to seek support for their mental health concerns.²⁶²

The impact of stigma on mental health awareness in refugee communities

This stigma surrounding mental health can contribute to a lack of awareness and reduced mental health literacy. One person reported that there is often a poor understanding of mental health in migrant populations. This can leave parents unable to detect symptoms in their children as they themselves are unaware of the signs of mental illnesses.²⁶³

Community members described how the government needs to raise awareness of mental health issues with parents. The Committee heard that flyers for mental health services need to include breakdowns of concepts and words, symptoms and stresses, because currently mental health terms are being lost in translation. Community members cited the example of translated brochures relating to schizophrenia using the term ‘crazy’.²⁶⁴

The RHS told the Committee how important it is to have services that understand what it takes for people from these communities to walk through the door of a mental health service.²⁶⁵ ASeTTS is mindful that being labelled as a mental health provider reduces both the accessibility of their services as well as the level of trust people from refugee-like backgrounds have in them. Rather than labelling itself as a ‘mental health service’, ASeTTS strives to be seen as a safe place where people are heard and their wellbeing is supported, in order to engage clients.²⁶⁶

There is a need for culturally appropriate mental health awareness campaigns for the multicultural community, both for youth and for parents, in order to remove stigma and increase access to mental health services.

260 Bizunesh Abate Kebede, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 9.

261 Submission 7, Orygen, p. 3.

262 *ibid.*

263 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

264 *ibid.*

265 Associate Professor Sarah Cherian, Clinical Lead, Child and Adolescent Health Service, *Transcript of Evidence*, 12 June 2024, p. 8.

266 Submission 6, Association for Services to Torture and Trauma Survivors, p. 12.

Young humanitarian migrants who have been exposed to trauma require support resources that adequately respond to issues of stigma. The Committee heard that young people from humanitarian backgrounds who have a good mental health literacy still report that discussions around mental health are largely considered taboo among their family and community.²⁶⁷ Orygen believes that building community capacity and mental health literacy is essential in facilitating lasting change in perceptions and beliefs around mental health.²⁶⁸

The RHS recommended improving cultural accessibility for children, young people, and families from refugee like backgrounds within the Child and Adolescent Mental Health Service by embedding psychoeducation and early mental health intervention.²⁶⁹

Finding 30

Stigma is a significant barrier to CaLD communities accessing mental health services.

Recommendation 24

The WA Government continue to support culturally appropriate mental health awareness campaigns for the multicultural community aimed at both young people and parents.

Youth Issues

Youth issues were a particular locus for concern for community members. These concerns centre around the issues of: transition to further education/training and employment; youth engagement strategies; and youth contact with the justice system.

Transition to further education/training and employment

A stand-alone inquiry could (and should) be conducted into the issue of transition from high school education to further training and/or employment for humanitarian background young people in WA. While this inquiry was only able to touch on this issue briefly, it was clear throughout the inquiry that young people's transition to employment is a significant concern for the community. Concerns included:

- Young people not completing high school and therefore being unable to obtain meaningful training or employment opportunities.
- Young people being illiterate when they complete high school.
- An absence of mentors to assist young people to make the transition, and to role-model in positive ways.
- Pressure from parents and the community to succeed, but with little understanding from parents of the system and how to navigate it. Some community members stated that there was a lack of

In some communities, parents think 'doctor, lawyer or failure'. There is lots of pressure on kids in my community

- Community member, Edmund Rice Centre Community Forum

²⁶⁷ Submission 7, Orygen, p. 3.

²⁶⁸ *ibid.*

²⁶⁹ Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 45.

awareness of ATAR and tutoring support, and that ‘parents can’t support kids because they are not across the Australian way of life’.²⁷⁰

It was clear from the evidence that progressing to higher education and employment is highly valued by humanitarian background young people. Professor Dantas reported to the Committee that:

When we did research with the intensive English centres, all of the young people were passionate about higher education. They wanted to transition to higher education. They wanted to have a career. They wanted to have a job. Some of them were very ambitious...²⁷¹

In relation to facilitating better access to university education for humanitarian young people, the Committee was pleased to see the focus on equity and participation in the Australian Universities Accord, released in February 2024. Recommendation 10 of the final report recommends:

That to ensure that all Australians regardless of background have the opportunity to go to university and no one is left behind, the Australian Government aspire to equal participation at university for under-represented groups.²⁷²

The Accord calls on the federal government to set equity targets for undergraduate participation for four cohorts of students. While refugees and humanitarian migrants are not explicitly included within these target cohorts, the final report states that:

There is evidence to suggest other cohorts, such as care leavers, refugees, and some language groups from non-English speaking backgrounds, experience significantly lower higher education participation and attainment outcomes. Enhanced data collection to monitor smaller groups of students who likely face educational disadvantage but whose outcomes are not systematically measured and monitored should be undertaken.²⁷³

The Committee agrees on the importance of further research on this issue, particularly with a focus on Western Australia, and on those students who are located outside of the Perth metropolitan area. Members of the Committee are very aware of the added challenges faced by students who are located in regional areas, and the difficulties in accessing training and higher education opportunities. These challenges are compounded if the individual student is required to move to Perth to complete their training. The additional costs of transport, accommodation, and independent living can form an insurmountable barrier, and for this reason, the Committee would like to see the development of a scholarship program for humanitarian background young people in regional WA, to enable their participation in further training, including in Perth.

270 Community member, Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

271 Professor Jaya Dantas, Professor of International Health, Faculty of Health Sciences, Curtin University, *Transcript of Evidence*, 21 February 2024, p. 2.

272 Australian Universities Accord Panel, *Australian Universities Accord Final Report*, Australian Government, Canberra, 25 February 2024, p. 21.

273 *ibid.*, p. 117.

Finding 31

Transitioning to employment, higher training, or higher education is more difficult for young people from humanitarian backgrounds, and even more so for those in regional areas.

Recommendation 25

The WA Government conduct research into the educational disadvantage facing humanitarian youth, including those from regional areas.

Recommendation 26

The OMI to develop and implement a dedicated scholarship program for young people from humanitarian backgrounds, including those who live in regional Western Australia. The scholarship should be designed to enable their access to further training and higher education, including by meeting the additional costs of moving to Perth if required.

The Committee acknowledges the Kaleidoscope Initiative and the *Connect Match Support* employment programs being run by Australian Red Cross to provide workplace training, career mentoring, job readiness and employment information workshops to migrants and refugees.²⁷⁴ *Connect Match Support* is particularly relevant to the experience of humanitarian young people, as it ‘provides a range of employment support initiatives through a trauma lens to engage with why a person may be having difficulty finding employment’.²⁷⁵

We certainly have anecdotal evidence and stories from our clients that suggest that they are sometimes the victims of racism....both systemic racism and community level racism...Systemic racism can sometimes occur not necessarily through malevolent intent but just, for example, through a reluctance to hire somebody who you might not be confident to know how to operate in a Western Australian workplace. This is exactly why programs like Kaleidoscope and Connect Match Support exist.²⁷⁶

The Committee is very aware of concerns from the community regarding the needs of disengaged humanitarian young people who may have dropped out of school and who need support finding their first job. The Committee is also aware that mainstream employment services may not be best placed to assist young people in this position.

A service with specific experience of the challenges and barriers faced by humanitarian youth in trying to access the employment market may have better insight for these young people. As the Edmund Rice Centre explained, they may face some specific challenges different to those of the mainstream community:

274 Submission 19, Australian Red Cross, p. 3.

275 Dr Liza Beinart, State Manager Migration, Australian Red Cross, *Transcript of Evidence*, 8 May 2024, p. 6.

276 *ibid.*, p. 8.

I also think a lot of those young people do not have access to networks to be able to get their foot in the door for their first job. Employers always look for experience or some kind of reference if someone has no experience to be able to give someone a go. We often see highly qualified young people with CVs coming to us with a master's in social work and then their last five years of experience has been as a carer. They have finished a degree and taken work, and then it is really hard to get out of that.²⁷⁷

The Committee notes that neither the Kaleidoscope Initiative or the *Connect Match Support* program has a particular focus on youth.

The need for programs to specifically address the types of challenges faced by young people in these situations was emphasised:

I think addressing that underemployment would be a really important piece of work that would be really beneficial to do. I think it has always been acknowledged that those who have migrated or come as refugees are often people who are really skilled in their home countries, but it is not recognised here so they are driving taxis or Ubers. Those who have been educated through Australia are still driving taxis or Ubers or caring. There are some barriers there that need to be addressed and I think it would be great to potentially pilot a specific project on that and link with corporates and the not-for-profit sector and get that buy-in because we have got these amazing young people who are contributing to society, but could be contributing further in their area of speciality.²⁷⁸

The Committee would like to see further research on the needs of humanitarian youth for a dedicated service to assist with the transition from high school to further training, higher education, and employment.

Recommendation 27

The WA Government conduct research into and consider the provision of a dedicated service to assist humanitarian youth transitioning from high school to further training, higher education, and employment.

Young people and interactions with the justice system

The Committee received evidence from several submitters that humanitarian children and young people are disproportionately at risk of interacting with the justice system.²⁷⁹

277 Amy Berson, General Manager, Edmund Rice Centre, *Transcript of Evidence*, 8 November 2023, pp. 8–9.

278 *ibid.*

279 Submission 11, The nuMIND initiative, p. 4; Submission 5, Save the Children and 54 reasons, p. 3; Submission 12, Edmund Rice Centre WA, p. 2; Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 7; Submission 26, Department of Communities, p. 8.

According to some inquiry participants, this issue has become increasingly evident in the eastern states in recent years: Stephane Shepherd, Professor of Forensic Psychology at Deakin University, said Victoria has seen a substantial increase in the number of young people from culturally and linguistically diverse backgrounds entering the justice system.²⁸⁰

About 10 years ago, [the] CaLD population was about one-third of those in custody in Victoria. Ten years later, it is probably around 75 per cent, so we have seen quite a dramatic increase. Of that 75 per cent, more than half would be of refugee backgrounds.²⁸¹

According to Professor Shepherd, there are a multiplicity of pathways by which these young people generally enter the justice system, but several acculturation challenges are known to dramatically increase the likelihood of justice involvement. These include educational disengagement, social media dynamics, discrimination, financial difficulties, intergenerational tensions, and peer-group delinquency.²⁸²

When asked about the frequency of this phenomenon in Western Australia, Superintendent Sharon Bird of the Community Engagement Division, Western Australia Police Force, explained that:

By far, we know through the panel and our involvement as well with CaLD communities that many youths are following their education pathways and transitioning well into the Australian way of life and they are not involved in offending, despite them having been exposed to migration-related traumas...crime associated with CaLD youths statistically is very low in Western Australia.²⁸³

We are very keen to look at what has been going on in the east coast, particularly with crime and the possibility of it being linked to CaLD communities... the one thing that their learnings have provided us is that we really need to get in on the front foot with our communities now with intervention and with education... They did not... They have ridden the wave in that respect. Some of that crime is quite violent...

- Sharon Bird, Divisional Superintendent, Community Engagement Division, Western Australia Police Force

I think for a lot of young people that sense of dislocation, uprootedness, not belonging, the discrimination that they experience... is a massive issue... and so there are flow-on consequences.

- Michèle Cohen, Community Services Manager, Multicultural Services Centre of WA

280 Stephane Shepherd, Professor of Forensic Psychology, Deakin University, *Transcript of Evidence*, 20 March 2024, p. 2.

281 *ibid.*

282 *ibid.*, p. 3.

283 Superintendent Sharon Bird, Divisional Superintendent, Community Engagement Division, Western Australia Police Force, *Transcript of Evidence*, 12 June 2024, p. 2.

Asked specifically about any similarities between the Victorian situation and Western Australia, including the increasing severity of offences in Victoria, Western Australia Police stated:

I note that in Professor Shepherd's hearing, his comments were that young people are now coming through the system with more severe offence profiles in Victoria. We cannot see that in the data in Western Australia.²⁸⁴

While the Committee is relieved to hear that the issues in Victoria are not currently manifesting in a similar way in Western Australia, we are very aware that Western Australia has a window of opportunity to learn from Victoria's situation and prevent a similar trajectory here.

According to Superintendent Bird, experience from Victoria has shown that WA must focus on early intervention and education:

...the one thing that their learnings have provided us is that we really need to get in on the front foot with our communities now with intervention and with education. That is...what has come out of all the feedback. They did not...It is too late in many cases for them to pull that back in. They have ridden the wave in that respect.²⁸⁵

WA Police reflected on what is needed in this area:

What is missing, what I would like to see is more in line with the Closing the Gap aspect that you have for the Indigenous. Something that is nationally looked at for the CaLD communities that has some clear strategies so everybody is working in the same manner. From the perspective of early intervention and engagement, the funding is just not there in the manner that it should be to have continuation of programs.²⁸⁶

The Committee agrees that early intervention and education is key to preventing humanitarian youth engaging with the justice system, and would like to see initiatives and programs to put this into practice.

Initiatives for engaging children at risk

In consideration of the evidence discussed above, several inquiry participants recommended that the State Government support programs for children at risk of engagement with the justice system.

284 Superintendent Sharon Bird, Divisional Superintendent, Community Engagement Division, Western Australia Police Force, *Transcript of Evidence*, 12 June 2024, p. 2.

285 *ibid.*, p. 3.

286 *ibid.*, p. 9.

According to the Multicultural Services Centre of WA, it is possible – despite a scarcity of empirical evidence - that recidivism is disproportionately high amongst some CaLD young people, and that this may stem from a lack of funding for recidivism intervention programs.²⁸⁷

Some organisations like the Edmund Rice Centre submitted that the State Government should fund specific initiatives to engage young people who are at risk of being involved in the justice system, and that these initiatives should place an emphasis on ‘addressing the intergenerational challenges these young people and families are experiencing’.²⁸⁸

When asked about how WA can avoid a situation comparable to that in Victoria, the ERC reiterated the importance of providing more support for this cohort, but also noted that families should be informed about how to access good legal advice.²⁸⁹ Professor Shepherd noted that mentoring could play an important role in prospective initiatives for at risk children, explaining:

...focus more on aspirational programming. I think mentoring is a big one—you know, just sort of a one-to-one, non-judgemental relationship. And sometimes people with lived experience of the system can really help, so I think that is useful in terms of helping that young person bring about positive change and a positive lifestyle, because there is really, with some of the groups we are talking about, a massive absence of positive role models, especially male role models, around them.²⁹⁰

Although the Committee heard about multiple forms of support that could be made available for this cohort, the importance of early intervention was raised several times by stakeholders: according to the ERC, the rationale is that it is much harder to provide support for young people once they have entered the justice system, and preventing them ‘getting there in the first place’ should be the primary objective of intervention.²⁹¹

The Committee raised the need for mentoring programs with the Department of Communities during our hearing, given that Communities has responsibility for the Youth portfolio:

Because we are the agency that supports the Minister for Youth and the youth portfolio, there are a variety of grants that are available for programs that support youth, and they are made available on a contestable basis each year, so that might

...they get into the youth justice system and then into the adult justice system and in the worst scenarios alcohol and drugs get involved. So the cost-benefit of dealing with things when children are young and adaptable is going to outweigh anything that gets done further down the track.

- Gail Green, Board Chair, Association for Services to Torture and Trauma Survivors

287 Submission 13, Multicultural Services Centre of WA, p. 3.

288 Submission 12, Edmund Rice Centre WA, p. 3.

289 Amy Berson, General Manager, Edmund Rice Centre, *Transcript of Evidence*, 8 November 2023, p. 7.

290 Stephane Shepherd, Professor of Forensic Psychology, Deakin University, *Transcript of Evidence*, 20 March 2024, p. 5.

291 Amy Berson, General Manager, Edmund Rice Centre, *Transcript of Evidence*, 8 November 2023, p. 8.

be one opportunity potentially in terms of supports available to young people. But as an agency as a whole, we tend to focus on the youth at risk cohort, and I have talked about the examples of the programs that the government has funded – things like Target 120 and other things like that. If it is a more enabling youth support, there are other state agencies that do a range of activities as well. The Department of Local Government, Sport and Cultural Industries springs to mind. They have a range of programs that speak to supporting diversity and wellbeing in our general community. Communities has less of that, but for us, it would be primarily through the youth portfolio where we have discretionary grants available to support a range of initiatives. Having said that, off the top of my head, I cannot think of anything that has been specifically funded that speaks to the issue that you have raised, but that might be an opportunity where an interested community group might want to look for funding to support that kind of avenue.²⁹²

The community has made very clear to this inquiry the importance of mentoring for young people from humanitarian backgrounds. In these circumstances, the Committee does not feel it is appropriate to leave such an initiative to the not-for-profit sector to develop and implement, without a clear indication that it will be supported by government. The Committee would like to see leadership from the youth portfolio in this respect. There appear to be two avenues already existing that could provide models for this work.

At Risk Youth Strategy

The Committee examined the At Risk Youth Strategy.²⁹³ The strategy is a high-level framework, which details (at focus area 3) the need for services and supports to be:

trauma-informed, understand issues impacting at risk young people and have capacity to respond to the diversity of their needs, including young people with disability and young people who identify as LGBTIQ+ and be culturally responsive for Aboriginal young people and young people from a culturally and linguistically diverse background.²⁹⁴

This is the only mention of CaLD youth in the strategy. Refugee and humanitarian youth are not currently identified as a focus anywhere within the strategy, despite their significant vulnerability. With leadership from the Department of Communities, they could be made an area of focus.

Target 120 as a model for intervention

The Committee is also familiar with the Target 120 program, which is an across-government strategy aimed at providing early intervention for at-risk young people, and their families, to reduce rates of juvenile offending. The program emerged from evidence indicating

292 Mike Rowe, Director General, Department of Communities, *Transcript of Evidence*, 19 June 2024, p. 12.

293 Department of Communities, *At Risk Youth Strategy*, 5 June 2024, accessed 22 July 2024, [At Risk Youth Strategy 2022-2027 \(www.wa.gov.au\)](https://www.wa.gov.au/government/publications/at-risk-youth-strategy-2022-2027).

294 Department of Communities, *At Risk Youth Strategy*, 5 June 2024, p. 15.

individualised intervention at an early stage can decrease long-term involvement with the justice system.²⁹⁵

It 'holistically supports identified young people and families presenting with complex needs to achieve their goals, improves whole-of-life outcomes and reduces contact with the justice system'.²⁹⁶ It was initially piloted across 11 sites in metropolitan and regional WA.²⁹⁷ Evidence suggests the program has been quite successful and has been extended at all locations to 2025.²⁹⁸

The program targets young people aged 10 to 14, identified as having between three and 15 contacts with police. Young people who have contact with the Police beyond this are likely to transition to prolific offending.²⁹⁹

Target 120 brings across-government resources together to support young people at risk of being prolific offenders, and their families, on a voluntary basis.³⁰⁰ Community Youth Officers (CYO) in conjunction with Local Interagency Groups identify young people who may benefit from participation in the 12-month program.³⁰¹ If consent is provided and the young person joins Target 120, the CYO provides support to develop an Individual Support Plan which identifies and addresses criminogenic risk factors likely to contribute to the young person's offending.

The CYO also develops an Integrated Service Plan for the family which identifies the areas in which local government agencies and relevant non-government organisations can best provide support by prioritising the family's needs.³⁰² The program helps to address the factors that can lead to offending such as addiction, trauma, lack of housing, poor school attendance, poor mental health, and family and domestic violence.

The CYO provides individualised and responsive case management for the young person, ongoing support for their family, and interagency coordination of local services to support both the young person and their family.³⁰³

The Local Interagency Group is intended to include local representatives from a range of government agencies such as WA Police Force, the departments of Justice, Education, and Health, and relevant health service providers such as the CAHS and WA Country Health

295 Department of Communities, *Target 120 Evaluation Progress Report*, March 2020, p. 8.

296 Kids First Australia, *Target 120 (WA)*, 2024, accessed 21 June 2024, <https://www.kidsfirstaustralia.org.au/page/Target-120/>.

297 PS News, *New locations for youth at-risk program*, 4 May 2022, accessed 21 June 2024, <https://psnews.com.au/new-locations-for-youth-at-risk-program/83819/>.

298 Hon Sabine Winton MLA, Minister for Community Services, *McGowan Government extending support for at-risk young people*, media release, 26 April 2023.

299 Department of Communities, *Target 120 Evaluation Progress Report*, March 2020, p. 9. In 2020, the program consisted of 65 per cent Aboriginal, 26 per cent non-Indigenous Australian, 6 per cent Maori and 3 per cent African descent youth.

300 Kids First Australia, *Target 120 (WA)*, 2024, accessed 21 June 2024, <https://www.kidsfirstaustralia.org.au/page/Target-120/>.

301 Department of Communities, *Target 120 Evaluation Progress Report*, March 2020, p. 3.

302 *ibid.*, p. 12.

303 *ibid.*, p. 10.

Service, Department of Local Government, Sport, and Cultural Industries, and portfolios of Communities including Housing, Child Protection, and Disability Services.³⁰⁴

The Committee sees a great deal of merit in the provision of a similar service with an intensive case management approach for vulnerable refugee and humanitarian young people, with a focus on transitioning to further education and employment. It should have a different threshold for involvement than the current Target 120 program, and be dedicated to humanitarian background young people. The Committee would like to see the Department of Communities lead an initiative to develop a subsidiary program to Target 120, with a direct focus upon refugee and humanitarian young people. This should be done in partnership with the Office of Multicultural Interests.

If kids don't do well at primary school and then high school is not going well, they can drift into crime.

*- Community member, Edmund Rice
Centre Community Forum*

Finding 32

Current data show that trends in humanitarian youth interactions with the criminal justice system in WA are not comparable with those in Victoria. This provides WA with a window of opportunity to better engage with families and the community to prevent similar trajectories into crime in WA.

Finding 33

Early intervention, education, and mentor programs are key to preventing humanitarian youth engaging with the justice system.

Recommendation 28

The Minister for Youth direct the Department of Communities to work in partnership with the Office of Multicultural Interests to develop and implement an engagement program focused on humanitarian youth and the prevention of involvement with the justice system.

304 Department of Communities, *Target 120 Evaluation Progress Report*, March 2020, p. 10.

Chapter 6

What should be done to improve settlement outcomes for children and youth?

Sometimes settling in can be highly stressful. One single mum refugee said she would find it easier returning to the refugee camp.

Edmund Rice Centre Community Forum

...resettlement and what is provided to people that come here from migrant areas is actually quite lacking...They are sort of put into a community and left to their own devices.

Superintendent Sharon Bird, Divisional Superintendent, Community Engagement Division, Western Australia Police Force

As this inquiry progressed, it became apparent that a range of initiatives are needed to improve settlement and life outcomes for humanitarian children and young people in WA. Some of these ideas were raised in the community forums the Committee attended. Some were suggested by academic and not-for-profit organisation submitters to the inquiry. And some became evident as the Committee discussed the issues with witnesses and government agencies at hearings. These ideas are discussed further below.

Mentoring and extra academic assistance

Community calls for extracurricular services for children and young people

The Committee received several appeals for – and anecdotal evidence about – the provision of extracurricular services to support humanitarian children and young people. These included but were not limited to extra in-school tutoring,³⁰⁵ after school clubs,³⁰⁶ peer mentoring,³⁰⁷ and career support programs.³⁰⁸

Providing evidence before the Committee, Professor Shepherd explained that services like these can be very useful, stating:

If we are talking about early intervention, we need supports for families, family assistance. There is a lot of family destabilisation post settlement and homework clubs are really useful, youth leadership opportunities, and sophisticated school tutoring and mentoring opportunities.³⁰⁹

305 Submission 4, Life Without Barriers, p. 5.

306 Submission 9, Ethnic Communities Council of WA, p. 4.

307 Submission 10, JengaRight Dynasty, p. 3.

308 Submission 3, MercyCare, p. 3.

309 Stephane Shepherd, Professor of Forensic Psychology, Deakin University, *Transcript of Evidence*, 20 March 2024, p. 5.

According to 54 Reasons' 'It Takes a Village' settlement service, which aims to help children settle into life in Australia with initiatives such as its 'Life & Learn Homework Club', the outcomes of such extracurricular programs can include increased practical, emotional and informational support, enhanced prosocial behaviour and social skills, and improved confidence.³¹⁰

Some stakeholders noted that there has been little evaluation of the impact of extracurricular programs on humanitarian youth (and that it is therefore difficult to say with confidence that they have been 'really effective').³¹¹ However, organisations such as JengaRight Dynasty insist that the evidence obtained from observing the mentorship of children from immigrant families in Perth suggests a 'significant positive effect on children's development and well-being'.³¹² This claim is supported by a submission from the School of Medicine at Western Sydney University, which explained that peer support and mentoring programs are one of five types of psychosocial programs that have been shown to positively impact refugees' mental health and wellbeing.³¹³

In addition, several submitters drew attention to the relatively less obvious advantages of providing extracurricular programs. CARAD, for example, noted that they provide its volunteers with additional time to garner information about the range and severity of trauma that children have been exposed to.³¹⁴ The Ethnic Communities Council of WA submitted that after school clubs can take place whilst other family members seek counselling services for mental health issues.³¹⁵

Limitations of existing resources

Despite the recognised benefits of providing extracurricular services for young people exposed to the trauma of migration, several submitters explained that resources are limited in WA.

Through the mentorship programmes, children and youth have found a safe place to share their experiences of migration and living as a CaLD child in this society. What is clear is that challenges of adapting to a new culture and environment can hold our children back from achieving their dreams and becoming a productive member of the society

- Jenga Right Dynasty Inc

310 Submission 5, Save the Children and 54 reasons, p. 7.

311 Stephane Shepherd, Professor of Forensic Psychology, Deakin University, *Transcript of Evidence*, 20 March 2024, p. 6.

312 Submission 10, JengaRight Dynasty, p. 3.

313 Submission 17, School of Medicine, Western Sydney University, p. 3.

314 Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 3.

315 Submission 9, Ethnic Communities Council of WA, p. 4.

MercyCare, for example, noted that there is neither a specific academic mentoring program nor a specific employment and career support service for young migrant and refugee people in WA. In a culture where family and social networks can sometimes facilitate employment or decisions about prospective career pathways, this has been noted as a particularly important gap in the current service paradigm.³¹⁶

For this reason, it was recommended that the State Government consider the provision of additional education assistance at school, targeted mentoring for children of all ages to ensure they can reach the academic levels of their Australian-born (or raised) peers, and specialised career services.³¹⁷ This recommendation was echoed by Life Without Barriers, which submitted that the State Government should consider the provision of in-school tutoring and external homework clubs.³¹⁸

Participants at the Committee's community consultation at the Edmund Rice Centre offered a more nuanced perspective on the provision of extracurricular services, emphasising that prospective programs should allow young people to express elements of their 'home cultures', through music or storytelling activities, for example.³¹⁹ Interviewees from the Peel Multicultural Association, by contrast, explained that children should be given exposure to 'Australian activities', such as surf life saving or fishing.³²⁰

Participants at the Committee's community consultation at the Edmund Rice Centre also explained that there are significant resourcing issues in the provision of existing services. One contributor noted that government funding is 'running out' for programs offered by non-for-profit organisations. Another said that the use of rolling contracts provides employees with limited job security and encourages them to take up permanent roles elsewhere.³²¹ This will be discussed later in this chapter.

Developing a sense of identity and belonging

Development of a sense of belonging in resettlement has been found to be a key component of positive wellbeing. This can be nurtured through effective support provided at school or through building family and community connections.³²²

Additional educational support (including potential scholarships) for students of refugee-like backgrounds to pursue higher education and/or vocational pathways would... provide better community inclusion... Access to mentorship programmes would also be beneficial and improve development of leadership skills for mentors.

- Refugee Health Service

316 Submission 3, MercyCare, p. 2.

317 *ibid.*, p. 3.

318 Submission 4, Life Without Barriers, p. 5.

319 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

320 Peel Multicultural Association, *Briefing*, 1 May 2024.

321 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

322 Ziaian, T, et al., 'Family functioning and the Psychological Wellbeing of Refugee-Background Youth in Australia', *Journal of Immigrant & Refugee Studies*, published online, 24 July 2024, p. 2.

A strong positive identity is underpinned by a sense of belonging, and they develop together, directly affected by children's relationships with those around them.³²³ When migrant children are included and supported, they can develop a strong sense of identity and belonging within the broader community, which can enable them to lead happier, healthier, and more fulfilling lives. Evidence shows that positive identities enable children to develop resilience, which further allows them to learn and function well in society, and to regulate their emotions and adapt in new situations.³²⁴

Community consultation participants told the Committee of the importance of programs focusing on identity and belonging to assist children and young people to overcome the trauma of migration.³²⁵ Community members said that during early childhood there is a sense of belonging and feeling of connectedness, but a lot of that support drops off in high school.³²⁶ During high school students experience problems with identity, peer pressure, and anxiety.

The Committee believes that programs that help children develop a sense of identity are important in combatting refugee high school students experiencing a lack of identity and that these programs should include aspects of the country of origin cultures and languages to build a sense of identity and improve wellbeing.³²⁷

The Committee is aware of some engagement and wellbeing programs run by not-for-profit organisations such as the ERC. We understand the ERC community-based sporting programs are a useful model, as they are accessible to children and youth in the local area, without needing to involve parents with transport.

The State Government Kidsport program is another useful model, as it provides a voucher system that enables children and young people to engage with mainstream sporting activities by funding enrolment and club fees, equipment and uniform costs. The program has recently been expanded to include asylum seeker children, and has been increased to \$500 per child per year until 2025.³²⁸

However, community members did make clear that there is an absence of engagement programs outside of the area of sport. The Committee would like to see consideration given to a similar voucher system to support creative or cultural engagement programs for children.

323 The Inclusion and Professional Support Program, *Identity: A child's place in the world*, Australian Children's Education & Care Quality Authority, 2021, p. 2.

324 *ibid.*

325 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

326 *ibid.*

327 Submission 13, Multicultural Services Centre of WA, p. 2.

328 Government of Western Australia, *KidSport voucher boost to ease cost of living for WA families*, media release, 7 July 2024.

Finding 34

Out-of-school clubs and programs are important supports for humanitarian children, including programs that support academic achievement, identity development and a sense of belonging. Community members emphasised the need for tailored mentoring programs for humanitarian children and young people.

Recommendation 29

The OMI to oversee the coordinated development of a suite of engagement and mentoring programs for humanitarian children and young people, in consultation with community representatives and stakeholders.

Programs for parents

Calls for programs to support parents from migrant communities

The Committee received detailed evidence about the importance of providing adequate support for the parents of humanitarian children and young people. The family environment in which a child grows up is one of the most important factors in their development. Parent education programs that improve knowledge and promote warm, consistent, and responsive parenting have been shown to prevent child maltreatment. In addition to improving the lives of children, parenting programs can provide significant benefit to the community. Recent research has shown that such parenting programs return \$13.82 to the Australian economy for each dollar invested.³²⁹

Many submitters who called for an improvement to existing programs explained that while child settlement outcomes are inextricably linked to the capacity of mothers and fathers to parent,³³⁰ the availability of targeted support for parents is currently inadequate.³³¹

Participants generally focused their calls for better support programs on the challenges associated both with parenting and the provision of mental health support. Life Without Barriers, for example, submitted that:

The provision of targeted, effective and culturally appropriate parenting and mental health support are some of the most important ways we can support children who have experienced migration-related trauma.³³²

Refugee families typically incur many different and often prolonged types of stressors which may influence and challenge the ability of the parent or caregiver to maintain and establish a secure relationship with their children.

- Ethnic Communities Council of Western Australia

329 Grummet, L, et al., 'Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment', *JAMA Psychiatry*, published online, 8 May 2024, p. E5.

330 Submission 5, Save the Children and 54 Reasons, p. 3; Submission 4, Life Without Barriers, p. 5; Submission 8, Centre for Asylum Seekers, Refugees and Detainees, p. 7.

331 Submission 13, Multicultural Services Centre of WA, p. 2; Submission 9, Ethnic Communities Council of WA Inc., p. 4; Submission 19, Australian Red Cross, p. 13.

332 Submission 4, Life Without Barriers, p. 5.

Kin Disability Advocacy, a not-for-profit and member of the National Ethnic Disability Alliance, similarly proposed that the State Government consider the provision of parenting classes in addition to family counselling.³³³

Parenting support

Culturally appropriate parenting

The Committee received evidence that the ability of parents to adapt to parenting in an Australian context is a crucial step in overcoming trauma-related barriers to inclusion and integration.³³⁴

However, several submitters explained that adapting to parenting in an Australian context can be particularly challenging due to differences in culturally acceptable parenting practices.³³⁵

...many migrant parents... may be preoccupied by other practical and often overwhelming matters, such as housing, finance and their own mental health issues.

- MercyCare

Although this is widely recognised, the availability of culturally appropriate services to address this issue has been described as ‘woefully inadequate’.³³⁶ According to Ramdas Sankaran, CEO at the Multicultural Services Centre of WA:

On culturally appropriate parenting practices, very little is available. They are bringing in people from all parts of the world where parenting techniques and disciplining is all very different to what is acceptable in Australia.³³⁷

Additionally, parents are sometimes fearful that seeking access to parenting support services may lead to them being ‘sent back’; intervention by child protection authorities; or result in negative outcomes in visa and citizenship application processes.³³⁸

Several submitters therefore recommended the provision of programs to inform parents about culturally appropriate parenting practices in Australia.

Life without Barriers, suggested that the State Government should consider support for culturally appropriate parenting programs such as the Home Interaction Program for Parents and Youngsters (HIPPY),³³⁹ which is funded by the Commonwealth Government and comprises a large proportion of employees who were born outside of Australia.³⁴⁰

333 Submission 14, KIN Disability Advocacy, p. 12.

334 Submission 19, Australian Red Cross, p. 13.

335 Submission 13, Multicultural Services Centre of WA, p. 2.

336 *ibid.*

337 Ramdas Sankaran, Chief Executive Officer, Multicultural Services Centre of WA, *Transcript of Evidence*, 13 March 2024, p. 2.

338 Submission 6, Association to Services to Torture and Trauma Survivors, p. 12.

339 Submission 4, Life Without Barriers, p. 5.

340 HIPPY Australia, *About Us: HIPPY's history and background*, accessed 7 July 2024, <https://hippyaustralia.bsl.org.au/>.

Similarly, the Australian Red Cross submitted that Families in Cultural Transition – a program delivered by ASeTTS – is ‘an excellent example of culturally responsive initiatives that equip parents with the knowledge and strategies they need to adapt their parenting to life in Australia’.³⁴¹ This ten-week program is run by facilitators from the same communities as participants, many of whom arrived in Australia as refugees themselves.³⁴²

Support to address the logistics of parenting in a new environment

Many submitters noted that supporting parents to understand the societal expectations of parenting in Australia should also be accompanied by support for the more everyday aspects of raising children in a foreign environment.

According to the Professional Migrant Women’s Network (PMWN), many challenges encountered by parents who arrive in Australia stem from a digital divide between migrant communities and the broader Australian population. In an increasingly digitised world where many prospective support services and government agencies are accessed online, some parents struggle to ensure their children have access to essential resources. For this reason – and because women in particular face challenges accessing digital platforms – PMWN submitted there is a pressing need for gender-sensitive and culturally responsive programs to support parents to develop digital literacy skills.³⁴³

The Ethnic Communities Council of WA noted that providing assistance for parents can be as simple as showing mothers how to locate and access local library services or helping fathers to find information about obtaining a driver’s licence.³⁴⁴ By the same token, MercyCare suggested that existing programs should be expanded to include education for adults about the Australian school system.³⁴⁵

Ramdas Sankaran of the Multicultural Services Centre of WA explained that coparenting initiatives could also be ‘well worth trialling’: in his view, having an experienced CaLD parent

Different cultural assumptions and laws about children and parenting, the impact of trauma on kids and the more dominant family role that many children from refugee backgrounds may play are all discussed in these sessions.

- Families in Cultural Transition

It could be showing parents how to set up daily routines around homework, meals and bedtime... Such services are simplistic in essence but are derived from a holistic assessment of the needs of individual families and in doing so, in my experience, prove to be extremely powerful in creating contexts for successful acculturation for refugee families.

- Barbara van Reyk, Ethnic Communities Council of WA

341 Submission 19, Australian Red Cross, p. 13.

342 STARTTS, *Families in Cultural Transition (FICT) Program*, accessed 7 July 2024, <https://www.startts.org.au/services/fict/>.

343 Submission 18, Professional Migrant Women’s Network, p. 3.

344 Submission 9, Ethnic Communities Council of WA, p. 4.

345 Submission 3, MercyCare, p. 3.

work with a parent who is struggling with parental duties would provide a culturally appropriate service in this context.³⁴⁶

Finding 35

Child settlement outcomes are inextricably linked to the capacity of their caregivers to establish and maintain a secure relationship with their children. Adapting to parenting in an Australian context can be very difficult for humanitarian parents.

Recommendation 30

Culturally responsive programs to assist humanitarian caregivers to adjust to life and parenting in Australia should be promoted and resourced by the WA Government.

Mental health support for parents

Parents of humanitarian children and young people are typically refugees themselves, and many suffer from conditions including anxiety, depression, post-traumatic stress disorder and extreme stress.³⁴⁷

Several submitters explained these conditions may impact the ability of mothers and fathers to parent effectively, and that this may place children at risk.³⁴⁸

The Ethnic Communities Council of WA, for example, submitted that parents with poor attachment capabilities may be less able to pass on healthy attachment to children and can be less attuned to their emotional states. Moreover, there is a risk that being raised by traumatised parents may impact normal brain development.³⁴⁹

Other submitters like the School of Medicine at Western Sydney University stated that studies using Building a New Life in Australia data have shown that the presence of PTSD among caregivers is associated with harsher parenting styles and in turn higher levels of conduct problems in children.³⁵⁰ Similarly, Kin Disability Advocacy explained that parental frustration derived from significant family stress can potentially lead to family violence.³⁵¹

Parents who have themselves experienced torture and trauma struggle to support and engage their children while addressing their own sometimes complex healing and recovery needs and managing the challenges of transitioning to life in a new country.

- Association for Services to Torture and Trauma Survivors

346 Ramdas Sankaran, Chief Executive Officer, Multicultural Services Centre of WA, *Transcript of Evidence*, 13 March 2024, p. 8.

347 Submission 9, Ethnic Communities Council of WA, p. 3.

348 Submission 8, Centre of Asylum Seekers, Refugees and Detainees, p. 7.

349 Submission 9, Ethnic Communities Council of WA, p. 4.

350 Submission 17, School of Medicine, Western Sydney University, p. 2.

351 Submission 14, Kin Disability Advocacy, p. 6.

Despite the acknowledged link between the mental health of parents and their capacity to parent effectively, the Committee received evidence that programs to address parents' trauma are currently inadequate. The RHS, for example, submitted that:

There is insufficient support for parents with trauma-related mental health needs in the tertiary space, which then impacts on the health and well-being, safety, education and longer-term outcomes of their children and young people if not addressed early in a culturally secure manner.³⁵²

Accordingly, submitters like the Australian Red Cross have recommended that the State Government urgently increase resources for culturally responsive torture and trauma counselling for parents and caregivers.³⁵³

Finding 36

Insufficient support for parents with trauma-related mental health needs may mean that parents struggle to support their children. This can have a significant negative impact upon children's wellbeing.

Recommendation 31

Significant additional resourcing be allocated to ASeTTS to provide culturally responsive torture and trauma counselling for parents and caregivers of humanitarian children and young people.

Professional staff need appropriate training

Education staff need ongoing training

Trauma-informed and appropriate education is pivotal to addressing migration-related trauma for those children who have resettled in Western Australia. This is because the educational needs of refugee students are holistic and not merely academic.³⁵⁴ The Committee was told of the importance of consistent teacher training programs:

There have been Australian and international examples of teacher-training improvements which have demonstrably improved the education of students with migration-related trauma, but few of these programs have been implemented across a jurisdiction consistently. Where they have, these programs have focussed on literacy and language to the detriment of other important considerations such as mental health support.³⁵⁵

352 Submission 25, Child and Adolescent Health Service Refugee Health Services, p. 39.

353 Submission 19, Australian Red Cross, p. 12.

354 Submission 1, Harrison Spratling, p. 3.

355 *ibid.*, p. 1.

The Committee heard that teachers in Australia feel unprepared to teach students with migration-related trauma, which can in turn exacerbate the issues faced by the students.³⁵⁶

The Ethnic Communities Council of WA told the Committee:

School staff also need to be trained in what constitutes trauma-informed care when responding to the behaviour of students who have been traumatised so that they are able to provide a learning environment that promotes recovery and healing.³⁵⁷

ASeTTS highlighted that training in trauma-informed practice also needs to be more than just a one-hour session:

I can say from my own experience that schools and even preschools and a lot of other organisations think they know what trauma work is. They have had a one-hour session on it and they think they have got it, but it is actually hugely complex and goes on at such different levels. We have a training arm, but we still find that teachers, for example, have very little understanding about the refugee experience, very little understanding about the ethnic differences and very little understanding of what a family's current life looks like. Training is endless, I suppose but work on torture and trauma can take years, so a one hour—a simple understanding of trauma is not going to do a lot of good.³⁵⁸

This highlights the need for best practice training to ensure humanitarian background students receive the support they need at school. Increased teacher and administrative understanding of the challenges humanitarian communities and families may face in accessing education can facilitate closer school-community links and help with the integration of recently arrived refugees and asylum seekers into their local communities.³⁵⁹

Finding 37

Some school staff in the public system are ill-equipped to teach students with migration-related trauma.

Recommendation 32

The Department of Education support and encourage school staff in public schools to complete trauma-informed practice training.

Government staff need trauma-informed training

The Committee was also told of the importance of trauma-informed training within government service providers, which would enable humanitarian families to access services that are aware of the impact of trauma experiences.³⁶⁰ Orygen told the Committee that it is

356 Submission 1, Harrison Spratling, p. 1.

357 Submission 9, Ethnic Communities Council of WA, p. 3.

358 Gail Green, Board Chair, Association for Services to Torture and Trauma Survivors, *Transcript of Evidence*, 18 October 2023, p. 5.

359 Submission 1, Harrison Spratling, p. 2.

360 Submission 16, City of Stirling, p. 2.

imperative that interpreters, especially, receive adequate mental health training and support to provide trauma-informed care.³⁶¹

The Committee heard that a lack of training in service providers can act as a barrier to migrant populations accessing these services:

...some of the systemic barriers that exist are certainly not always through negative intent. There are a lot of service providers that will say to us, “Our service is open to everybody”. And it is absolutely open to everybody. But they may not necessarily be familiar with some of the things that might make a migrant who has experienced trauma feel reluctant to access the service. For example, ... if there is a lack of a trauma-informed training in the service provider, or if the service provider is not familiar with the community groups and does not have a strong relationship with providers like ours that are working at the coalface with new migrants. Those can be some of the systemic barriers.³⁶²

Evidence to the Committee suggests that trauma-informed training should be more widely available for government service providers.³⁶³ The Committee agrees that having government staff trained in trauma-informed care will lead to humanitarian families making deeper connections with service providers and within their communities, assisting them to heal from their trauma in a culturally safe manner.³⁶⁴

Finding 38

Trauma-informed practice training to assist with breaking down service barriers for the humanitarian community is not routinely accessed by the staff of all mainstream government service providers.

Recommendation 33

Trauma-informed practice training should be made available to all staff in mainstream government service provider agencies.

Cultural safety practices should be embedded across government services

ASeTTS told the Committee of the importance of cultural awareness and cultural safety practices in public and community mental health services.³⁶⁵ The Committee believes that cultural awareness and cultural safety practices should be embedded across all WA government services.

The Office of Multicultural Interests (OMI) states that it provides online training called Diverse WA about cultural competence, intercultural communication, and the use of language services.³⁶⁶ OMI also funds a free program about cultural responsiveness called See

361 Submission 7, Orygen, p. 4.

362 Dr Liza Beinart, Australian Red Cross, *Transcript of Evidence*, 8 May 2024, p. 8.

363 Submission 16, City of Stirling, p. 3; Submission 7, Orygen, p. 4.

364 Submission 9, Ethnic Communities Council of WA, p. 3.

365 Submission 6, Association for Services to Torture and Trauma Survivors, p. 2.

366 James Jegasothy, Office of Multicultural Interests, *Transcript of Evidence*, 8 May 2024, p. 4.

Me, See You, run by a not-for-profit organisation called Multicultural Futures for anyone from a not-for-profit community service organisation wanting to learn cultural competence and responsiveness of service delivery for people from diverse backgrounds.³⁶⁷

The Committee received evidence that with increased cultural awareness, people from humanitarian backgrounds can access gainful employment, education, and establish meaningful relationships within the broader community.³⁶⁸

Finding 39

Humanitarian families benefit significantly when government service providers are trained in cultural safety and trauma-informed practices.

Recommendation 34

The WA Government increase the level of training in cultural safety within its service provider staff, including health and education staff.

Funding structures of not-for-profit organisations

There appear to be several problems with the structure of how funding is provided to not-for-profit and community organisations active in this area. These include:

- The instability of short-term project funding, which means programs come and go, running for a short time before shutting down without the ability to achieve long-term outcomes:
 - ...if we fund something for three or four years, and then something else comes along, the funding is cut, and some of these agencies that have CaLD children and youth going to them have been left without hundreds of thousands dollars of funding in that aspect, because it is deemed...that they should be self-sufficient by then into these programs.³⁶⁹
- Short-term project funding does not allow for broad, strategic cooperative approaches to be implemented. This results in competition, rather than collaboration between agencies, and piece-meal implementation:
 - What is missing, what I would like to see is more in line with the Closing the Gap aspect that you have for the Indigenous. Something that is nationally looked at for the CaLD communities that has some clear strategies so everybody is working in the same manner.³⁷⁰

367 James Jegasothy, Office of Multicultural Interests, *Transcript of Evidence*, 8 May 2024, p. 4.

368 Professor Jaya Dantas, Professor of International Health, Faculty of Health Sciences, Curtin University, *Transcript of Evidence*, 21 February 2024, p. 10.

369 Superintendent Sharon Bird, Divisional Superintendent, Community Engagement Division, Western Australia Police Force, *Transcript of Evidence*, 12 June 2024, p. 9.

370 *ibid.*

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- The lack of a strategic approach means that funding may not be directed towards important initiatives that merit it.³⁷¹
- Programs for smaller groups that may be seen as lower priority (such as children) struggle to win funding.
- Short-term funding leads to staffing instability, as staff seek positions elsewhere with greater employment security.³⁷²
- Competitive processes for grant funding can take significant resources to win, disadvantaging smaller community-run organisations.

The Australian Red Cross submission summarised these issues:

While [these] services work diligently to provide appropriate services to children and adolescents impacted by migration-related trauma, they are mostly funded through short-term, block-funded grant models that do not allow for long-term planning and often have to operate without a broader, community-level strategy. Grants for projects addressing these needs are unpredictable and opportunities infrequent, and projects are forced to end well before longer-term outcomes can realistically be achieved. The average amount of time for program funding is one to two years, which makes it difficult for funded organisations to embed strategies and achieve meaningful outcomes. Importantly, they are also mostly working alone (though collaborating informally), when issues such as these require strategic approaches such as collective impact models to truly effect systemic change.³⁷³

The Office of Multicultural Interests (OMI) has demonstrated its awareness of these problems with project-based funding, stating in its submission to the federal 'Multicultural Framework Review' that:

Grant funding environments are often highly competitive and smaller CaLD community service organisations are often at a competitive disadvantage due to a reliance on volunteers, and comparatively limited resources and capacity. CaLD community associations and service organisations are further disadvantaged as they compete with organisations with broader mandates.³⁷⁴

OMI advised the Committee that it has several mechanisms to assist CaLD community organisations, and that it 'provides dedicated grants programs to ensure CaLD communities have equitable access to funding opportunities':³⁷⁵

These programs...include dedicated personnel and resources to support CaLD communities to develop applications and build their organisational capabilities.

371 Superintendent Sharon Bird, Divisional Superintendent, Community Engagement Division, Western Australia Police Force, *Transcript of Evidence*, 12 June 2024, p. 9.

372 Edmund Rice Centre Community Forum, *Briefing*, 17 April 2024.

373 Submission 19, Australian Red Cross, pp. 6–7.

374 Western Australian Government, *Multicultural Framework Review*, Western Australian Government Submission, October 2023, p. 11.

375 *ibid.*

[OMI] also works with other funding agencies to build their cultural responsiveness to enable equitable funding outcomes.³⁷⁶

A further issue is access to federal funding, with local organisations being at a disadvantage:

Australian services funding can often advantage larger national organisations and those that provide universal services. Australian Government funding guidelines relating to settlement services introduced by the former Liberal National Government disadvantaged smaller CaLD specialist service providers—instead preferencing national consortiums. This procurement approach has an acute impact on organisations in States and Territories with smaller populations. In Western Australia this resulted in the closure of the longstanding Metropolitan Migrant Resource Centre in 2022 impacting many new and emerging CaLD communities.³⁷⁷

The Committee has been told that the forced reliance on unstable project funding threatens the sustainability of these organisations, as demonstrated by the sudden and unexpected closure of the Metropolitan Migrant Resource Centre. Without some form of base funding, organisations are vulnerable to fluctuations in funding. Organisations that deliver important services directly to the community on behalf of government should be funded in a way that guarantees their ongoing existence.

The Australian Red Cross recommended that government contracts and partnerships with community service organisations should:

- (a) fund the full costs of delivering social services
- (b) allow a periodic and *ad hoc* review of contract terms to accommodate changes in the operating environment, including provisions for appropriate indexation, supplementary funding and to accommodate changes in legislation, and
- (c) adopt multi-year grant agreements to provide certainty for service delivery and sustainability of impact.³⁷⁸

It appears that government is to some extent aware of the problems regarding the funding structures for not-for-profit organisations in this area. The community made it clear to the inquiry that the impact of these problems is that there is, in effect, no funding available to run programs that would be of significant benefit. As the MSC in Mandurah made clear, they are regularly asked to run programs for children and youth, but ‘there is no funding available’, meaning there is nothing for children and young people.³⁷⁹

Finding 40

The current competitive project-based funding model for not-for-profit organisations does not provide the stability required for strategic planning to achieve long-term outcomes.

³⁷⁶ Western Australian Government, *Multicultural Framework Review, Western Australian Government Submission*, October 2023, p. 11.

³⁷⁷ *ibid.*

³⁷⁸ Submission 19, Australian Red Cross, p. 4.

³⁷⁹ Multicultural Services Centre of WA, Mandurah Office, *Briefing*, 1 May 2024.

Recommendation 35

The WA Government examine the current funding structures of multicultural service organisations, with a view to providing greater stability, better distribution of funds, and more strategically effective outcomes. Funding decisions should be based on the quality and effectiveness of services.

Humanitarian children unseen by government policy makers

One of the themes that has become evident throughout this inquiry has been the extent to which humanitarian children and young people are going unnoticed or unseen within state government policy structures. No one could tell us with any reliability how many humanitarian children and young people are living in Western Australia. No government agency said ‘we have responsibility to oversee outcomes for this group of children’. With the notable exception of the Refugee Health Service, every government agency was careful to delineate the small and extremely limited scope of their involvement with this group of children. Some of their responses to the inquiry suggested that they had not previously singled this group out for consideration amongst their client group.³⁸⁰

The Committee acknowledges that most government agencies have broad remits to cater for mainstream community policy areas. However, humanitarian children and young people are some of the most vulnerable members of our community. While their circumstances and the challenges they face are very different to those encountered by indigenous children in Western Australia, their level of vulnerability may in fact be similar. That they seem almost invisible to government policy makers is inexplicable.

The insufficiency of data on this cohort contributes to their remaining unseen by government policy. Without a clear idea of how many children are in this cohort, it is impossible to effectively plan, develop or measure the outcomes of policy. It is also unlikely that funded services will be adequately funded if no-one knows how many clients they need to service.

The Committee has therefore proposed a range of changes to the overall government structures, to attempt to address this issue of the invisibility of humanitarian children in WA.

A government-wide service delivery audit and review

It is clear that the settlement services system in WA is very complex, with many different players involved, ranging from the federal government down to small community groups. In the absence of any one organisation having overall responsibility for the system, it has grown organically, and parts of it appear to work quite separately to others.

The Committee therefore considers that as a starting point, there should be a broad audit and review of how the system works, who is involved, what programs are being provided and how accessible and appropriate the current services are. Once an audit of the current

380 Department of Communities, *Transcript of Evidence*, 19 June 2024.

system has been undertaken, further research should examine the sufficiency of current services. One focus of the research should be on the accessibility and suitability of mainstream services for humanitarian entrants, and the extent to which mainstream services are actually accessed by humanitarian entrants.

This will provide a base-level starting point from which system improvements can be made.

Recommendation 36

The WA Government should conduct a broad audit of the settlement system in Western Australia, with a focus on services for children and young people. The audit should include:

- an assessment of what programs are provided
- the accessibility and appropriateness of current services
- the sufficiency of current services, and
- the accessibility and suitability of mainstream services for humanitarian entrants.

A taskforce to drive service-delivery and coordination improvements

It appears to the Committee that a considerable number of the problems raised by submitters to the inquiry could be solved by better coordination and formalised oversight. For example, the differing understandings of the policy between the Department of Education and the Refugee Health Service regarding neurodevelopmental delays and disabilities in refugee populations (discussed in Chapter 4) should be able to be resolved by consultation between the two entities.

The Committee was advised that there are two formal government structures in place which are tasked with the oversight of settlement outcomes. These are the SOSOG and the ISG, which are outlined below.

The **Settlement Outcomes Senior Officers Group (SOSOG)** is chaired by the Department of Home Affairs (DHA) and comprised of senior officers (or their delegates) from each state or territory jurisdiction, the Australian Local Government Association, and the Commonwealth portfolios responsible for employment, social services and regional development.³⁸¹ The senior officers from states and territories are the leaders of the Multicultural Affairs portfolios (ie. Executive Directors of Multicultural Interests/Affairs in each jurisdiction).

Part of SOSOG's role is to implement the National Settlement Framework (NSF). The NSF covers the following target groups:

- Permanent migrants – people arriving under Australia's Humanitarian Program as well as those arriving under the Skilled, Family or Special Eligibility streams of Australia's Migration Program.

381 Office of Multicultural Interests, email, 10 July 2024, pp. 1–2.

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- Longer term temporary entrants (including international students, worker/business people) and New Zealand citizens on special category visas).³⁸²

SOSOG considers any gaps in support for, or issues relating to recently arrived humanitarian entrants and other vulnerable cohorts, including asylum seekers, and options for addressing them. It works to 'enhance collaboration and the effective use of resources across three tiers of Government in the delivery of mainstream and targeted settlement services'.³⁸³ The Committee requested details of how often the SOSOG has met since the beginning of 2022, and was advised that it met in March 2023, July 2023, and March 2024. It generally meets twice a year.³⁸⁴

The **Interagency Settlement Group (ISG)** plays a similar role at the state level. According to OMI, it is a forum through which all three tiers of government, in consultation with relevant non-government stakeholders, can provide coordinated and strategic support and necessary services for target group migrants and humanitarian entrants under the NSF priority areas.³⁸⁵

The ISG target groups are:

- Permanent migrants – people arriving under a range of visa subclasses within the Humanitarian Program and within the Skilled, Family and Special Eligibility streams of the Migration Program.
- Temporary migrants – longer-term temporary entrants who come to Australia for a set length of time and for a specific purpose (this category comprises visa subclasses for international students and workers/business people).
- Asylum seekers.³⁸⁶

The ISG is chaired by the Executive Director of OMI, and membership currently includes representatives from the:

- Commonwealth government – Department of Home Affairs, Services Australia and Department of Education, Skills and Training.
- State government – Department of Communities (Child Protection and Family Support, and Housing), Department of Education, Department of Health, Department of the Premier and Cabinet, Department of Training and Workforce Development, Department of Transport and Public Transport Authority of Western Australia.
- Western Australian Local Government Association.

Again, the Committee asked how often the ISG has met since the beginning of 2022. We were advised that it met in May 2023. We were advised that its meetings are expected to be annually. OMI advised that there had been direct engagement with ISG member agencies throughout the year on relevant matters for each portfolio.³⁸⁷

382 Office of Multicultural Interests, email, 10 July 2024, pp. 1–2.

383 *ibid.*

384 *ibid.*, p. 1.

385 *ibid.*, pp. 1–2.

386 *ibid.*

387 *ibid.*, p. 1.

It is of interest to the Committee that the State Manager of the Migration program of the Australian Red Cross in WA, which is the main provider of Commonwealth-funded HSP settlement services in the state, made the following comment about the Interagency Settlement Group:

There are opportunities to have more visibility over how the federal and state governments are working together. I note that there is the Interagency Settlement Group that apparently meets. I have the terms of reference for that. We in the sector have very little visibility over the outcomes and the decisions made by the group. That would be a good place to start with how we might look at the opportunities for state and federal governments and the not-for-profit sector to work more closely together strategically around settlement in Western Australia.³⁸⁸

The lack of coordination and consultation was raised by other not-for-profit organisations as well:

We used to have what they would call national and state settlement planning committees, which involved key government agencies as well as community service providers. Now, that mechanism is now limited to just some state and commonwealth agencies. The community sector is not represented on that, and I do not believe it is as active as it should be. So that, to us, is something that needs to be addressed very quickly.³⁸⁹

While the SOSOG and ISG structures are certainly important structures in terms of connecting and coordinating federal and state government efforts, the Committee has some concerns regarding them. These include:

- The target groups for these forums include skilled and family migrants, temporary business entrants, international students, and New Zealand special category visa holders. The planning levels for the Migration Program for 2024–25 (which includes Skilled and Family migrants) is 185,000.³⁹⁰ In the year to date April 2024, there were 780,104 international student enrolments.³⁹¹ It would be easy for the interests of the comparatively small number of humanitarian children to be swamped by other concerns in this context.
- The irregularity with which they meet (at best, twice a year), means they are not a suitable forum for resolving practical issues in settlement services in a timely manner.
- While regular contact between federal and state government settlement service agencies is important, the absence of local government representatives (other than the Western Australian Local Government Association) and the community service sector is

388 Dr Liza Beinart, State Manager, Migration, Australian Red Cross, *Transcript of Evidence*, 8 May 2024, p. 7.

389 Ramdas Sankaran, Chief Executive Officer, Multicultural Services Centre of WA, *Transcript of Evidence*, 13 March 2024, p. 9.

390 Department of Home Affairs *Migration Program planning levels*, 15 May 2024, accessed 11 July 2024, [Migration Program planning levels \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au/migration-program-planning-levels).

391 Department of Home Affairs, *International student monthly summary and data tables*, 5 July 2024, accessed 11 July 2024, [International student monthly summary and data tables - Department of Education, Australian Government](https://www.education.gov.au/international-student-monthly-summary-and-data-tables).

problematic. These sectors have some of the closest contact with humanitarian migrants and communities, and their insight into the settlement processes should be an integral part of the planning structures.

The Committee would like to see the development of a new state-level taskforce that would meet regularly and have responsibility for service improvements for humanitarian children. It could have carriage of the oversight of the research initiatives proposed within this report. It could also be responsible for the resolution of the various issues and problems identified in Chapters 3 to 5 of this report. Such a taskforce must include state entities (such as the Department of Education and the Refugee Health Service), and key not-for-profit and community service organisations such as Australian Red Cross, ASeTTS, Edmund Rice Centre, MSC WA, and others.

Finding 41

While the SOSOG and ISG provide high-level mechanisms between federal and state government to coordinate settlement activities, there is a need for a more ‘hands-on’ mechanism that includes the not-for-profit and community sectors.

Recommendation 37

OMI be tasked with the creation of a settlement coordination group (or taskforce) that comprises WA Government service providers and the not-for-profit and community sectors. Such a group must meet regularly (quarterly) and be tasked with:

- improving settlement outcomes for humanitarian children and youth
- coordinating strategic planning for settlement needs
- oversight of the research initiatives proposed in this report
- the resolution of practical problems such as those identified in this report.

A child wellbeing strategy

This Committee has previously documented the chequered progress of the proposal for a child wellbeing strategy in Western Australia.³⁹² Despite calls for the development of such a strategy from successive Commissioners for Children and Young People, and in principle support from the Department of Premier and Cabinet in 2019, the proposal appears to have stalled. The Committee’s previous report in 2023 recommended that the ‘WA Government prioritises the development and implementation of a child wellbeing strategy in Western Australia’.³⁹³

The Committee remains of the opinion that the development of a whole-of-government strategy for child and youth wellbeing would enable the creation of a:

³⁹² The Committee’s previous report no. 6, *Hungry for Change: Addressing food insecurity for children and young people affected by poverty*, included a detailed section on the history of this proposal.

³⁹³ Joint Standing Committee on the Commissioner for Children and Young People, *Report 6: Hungry for Change: Addressing food insecurity for children and young people affected by poverty*, 22 June 2023, p. 144.

shared understanding of what is important for child and youth wellbeing, reinforce other efforts to ensure policy coherence, and clarify the role of government and non-government actors.³⁹⁴

This is especially important given the relative incoherence this inquiry has discovered in the policy area of humanitarian children and youth in WA. A child wellbeing strategy should:

prioritise and strengthen investment in targeted, early intervention for children, young people and families who are vulnerable. This will require models of engagement that identify children and families who experience multiple forms of adversity and are at highest risk of poor outcomes, and provision of support that builds family and local community capacity to provide a nurturing environment for children and young people.³⁹⁵

Given the particular vulnerability of humanitarian children and youth, they should comprise one target area within any child wellbeing strategy developed for WA.

Finding 42

The Committee remains of the view that a child wellbeing strategy would be a valuable tool for improving the implementation of government policy aimed at the wellbeing of children and young people in WA, particularly those with increased vulnerability such as humanitarian children and young people.

Recommendation 38

The WA Government prioritise the development and implementation of a child wellbeing strategy, with an emphasis on vulnerable groups.

Co-design, and a youth advisory mechanism for humanitarian youth to have input into government policy

Multiple submitters to the inquiry called for the development of settlement policy to be designed with input from the people it actually impacts: the community. As the head of the Community Engagement Division of WA Police Force put it:

Going back a step, though, it is co-design and getting people around the table that actually know what the problems are...what do they actually need?...There is not that one fit that comes out. We seem to be treating, I feel, the CaLD communities like I guess we have the Indigenous for many years. We know—and from a policing perspective, we do this a lot—we need to fix something, so this is what we think

³⁹⁴ Joint Standing Committee on the Commissioner for Children and Young People, *Report 6: Hungry for Change: Addressing food insecurity for children and young people affected by poverty*, 22 June 2023, p. 141.

³⁹⁵ Commissioner for Children and Young People WA, *Improving the Odds for WA's Vulnerable Children*, April 2019, Commissioner for Children and Young People WA, Perth, recommendation 1, p. 28.

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the fix is. We do not know what the fix is. It is for the community to actually share with us and to tell us.³⁹⁶

The Committee agrees on the importance of the community having input into the development of government initiatives so that they can be better targeted. One of the main benefits of this inquiry has been the input from the community and the opportunity for the Committee to amplify those voices and place them before the government.

We would like to see some form of mechanism developed that would enable community input into government processes. But importantly, such a mechanism must include the voices of humanitarian background children and young people. The Committee would therefore like to see the creation of a humanitarian background youth advisory group. This could be managed under the auspices of the Office of Multicultural Interests, with input from the Commissioner for Children and Young People in its development.

Finding 43

The humanitarian community in Western Australia should have a voice in the development of policies and initiatives that impact them. This is particularly so for humanitarian children and young people.

Recommendation 39

The Office of Multicultural Interests work with the Commissioner for Children and Young People to form an advisory group of children and young people from humanitarian backgrounds, to provide consultation and input into the development of policies that affect them.

Improved clarity on ministerial and portfolio responsibility

Some of the structural problems in this area of government policy are issues which became evident in the Committee's previous inquiry. For example, the Committee's previous report found that there was a lack of clarity around ministerial and departmental responsibility for a Child Wellbeing Strategy, and that this had a negative impact on the overall coherence of policies relating to children in WA.³⁹⁷

This inquiry has also uncovered a lack of clarity and fragmentation of ministerial and departmental responsibility with regard to outcomes for humanitarian children and youth. As mentioned previously, each department hastened to delineate the small area of policy or service delivery for which they were responsible. There does not appear to be a single department or minister with clear oversight of settlement outcomes for humanitarian children, or even of the issues, policies and services that impact upon them. This is perhaps not surprising, given that there is no minister who has oversight of policy and outcomes for

³⁹⁶ Superintendent Sharon Bird, Divisional Superintendent, Community Engagement Division, Western Australia Police Force, *Transcript of Evidence*, 12 June 2024, p. 9.

³⁹⁷ Joint Standing Committee on the Commissioner for Children and Young People, *Report 6: Hungry for Change: Addressing food insecurity for children and young people affected by poverty*, 22 June 2023, p. 157.

all children in WA either. The Committee remarked in its last report that ‘despite the best efforts of the CCYP, there appears to be a degree of policy incoherence and invisibility in relation to many of the issues that impact children’.³⁹⁸

The fragmentation and incoherence of policy with regard to humanitarian children and their needs is doing them, their families, the community and the state a serious disservice. It is the Committee’s opinion that a minister should be given responsibility for overseeing all of the policies and services that impact upon children in Western Australia. Within this, there should be a dedicated focus upon vulnerable groups, to include humanitarian children.

Failing this, it should be made explicit that the Minister for Citizenship and Multicultural Interests has responsibility for delivering improved settlement outcomes for humanitarian children and youth, with reach across the many government services areas that work with them.

Finding 44

Western Australia should have a Minister with responsibility to oversee all aspects of children’s wellbeing and the policies that impact them.

Recommendation 40

The WA Government appoint a Minister for Children and Youth.

Concluding thoughts

This inquiry has discovered the extent to which humanitarian children and young people in WA have gone unseen. The absence of data and research into their unique situation has fed into a scenario where their needs have largely been overlooked by the broader community.

Yet the circumstances of the lives of these children make them some of the most vulnerable members of our community. They have had no choice or control over their migration to Western Australia. Their exposure to trauma, both directly through their own experiences, and indirectly through those of their parents and family, make them at risk for a range of sub-optimal long-term life outcomes.

Importantly though, trauma exposure and adverse experiences do not have to lead to negative long-term outcomes. With the right supports and interventions at the right time, children can overcome these challenges and go on to thrive.

For the WA Government, it is important to understand that while the humanitarian migration program and the initial settlement services provided to families are federally controlled and funded, the reality is that these children become members of the WA community. Their successes benefit our state and community. Equally, their challenges and

³⁹⁸ Joint Standing Committee on the Commissioner for Children and Young People, *Report 6: Hungry for Change: Addressing food insecurity for children and young people affected by poverty*, June 2023, p. 158.

sub-optimal life outcomes may impact negatively on our community, and must be managed in the long-term by state service providers.

As the Victorian situation so clearly demonstrates, it is in WA's interest to invest strongly in prevention, early intervention, and support and treatment services for these children, to enable them to thrive.

The current system emphasises the delivery of settlement services to adults, perhaps in the belief that, as expressed by Mercycare, 'people think if you fix the parents, then you have got more chance with the children'.³⁹⁹

This has resulted in a situation where the needs of these children have been largely overlooked. This is not to say that there are not many organisations and individuals working very hard with enormous goodwill to try to meet these needs. But they are working in an environment with no strategic plan or coordinated approach, that is almost universally struggling for adequate funds.

This situation can be rectified by taking action across the spectrum of recommendations proposed in this report. Of particular importance are the following areas:

- Better data collection and research on the needs of this group, with focus on mental health needs; improving educational outcomes; and improving transitions to higher education, training and employment.
- Better coordination and strategic planning between WA Government entities and the not-for-profit/community sector.
- Addressing the lack of capacity within the system by increasing funding, including through structural changes to provide greater stability than allowed by project-based funding.

Given the ongoing instability and conflict in the world, there will be a continued need for settlement places in Australia. While the number of humanitarian entrants may have dropped during the years of the pandemic, there is no indication that the overall humanitarian program will be reduced, and in fact, the federal government has indicated it may increase the program to 27,000 a year.⁴⁰⁰ WA will continue to receive its share of humanitarian entrants, which will increase if the overall program expands. The WA Government should see the settlement of humanitarian children and youth as a chance to build opportunities for vulnerable children to thrive, and invest accordingly.



MRS R.M.J. CLARKE, MLA
CHAIR

399 Gail Green, Board Chair, Association for Services to Torture and Trauma Survivors, *Transcript of Evidence*, 18 October 2023, p. 3.

400 Refugee Council of Australia, *Key Points on Australia's Humanitarian Program 2024-25 Discussion Paper*, 4 June 2024, [Key Points on Australia's Humanitarian Program 2024-25 Discussion Paper \(refugeecouncil.org.au\)](https://refugeecouncil.org.au).

Appendix One

Committee's functions and powers

The following was agreed by concurrence between the Legislative Assembly and the Legislative Council on 26 May 2021, establishing the Joint Standing Committee on the Commissioner for Children and Young People:

1. Pursuant to section 51 of the Commissioner for Children and Young People Act 2006, a Joint Standing Committee on the Commissioner for Children and Young People be appointed by the Legislative Assembly and the Legislative Council.
2. The Joint Standing Committee shall comprise 2 members appointed by the Legislative Assembly and 2 members appointed by the Legislative Council.
3. It is the function of the Joint Standing Committee to —
 - i. monitor, review and report to Parliament on the exercise of the functions of the Commissioner for Children and Young People;
 - ii. examine Annual and other Reports of the Commissioner; and
 - iii. consult regularly with the Commissioner.
4. A report of the Joint Standing Committee will be presented to the Legislative Assembly and the Legislative Council by members of the Joint Standing Committee nominated by it for that purpose.
5. The Standing Orders of the Legislative Assembly relating to Standing and Select Committees will be followed as far as they can be applied.

Appendix Two

Inquiry process

The Committee held three scoping hearings in October and November 2023 before determining terms of reference for the inquiry. They were with the Association for Services to Torture and Trauma Survivors, academic Dr Kwadwo Adusei-Asante and the Edmund Rice Centre WA. These hearings can be accessed [here](#).

The Committee then resolved to conduct an inquiry into how best to support children and young people who have been exposed to trauma associated with migration to Australia due to humanitarian crises. The inquiry terms of reference were announced on 30 November 2023 by the Speaker of the Legislative Assembly and the President of the Legislative Council.

The inquiry details were published on the Committee's web page, and published in *The West Australian Newspaper* on 2 December 2023. The Committee also used the Parliament of Western Australia Facebook and the Legislative Assembly X account to publicise the inquiry and provide information relevant to making a submission. The Committee also wrote to relevant stakeholders inviting submissions. The initial submission deadline was extended from 1 March 2024 to 28 March 2024. The extension was announced on the Legislative Assembly X account on 29 February 2024. The submissions received are listed in Appendix Three.

Evidence was also gathered in 10 hearings. The parties who provided oral evidence are listed in Appendix 4. The Committee attended a community forum organised through the Edmund Rice Centre in Mirrabooka in April 2024 (Appendix 4), and conducted a site visit to Mandurah to meet with multicultural organisations and community members from the Peel region in May 2024 (Appendix 4).

This report is based on the testimony of witnesses and participants in briefings across WA and Australia, as well submissions received from interested individuals and organisations. The Committee extends its sincere thanks to all those who contributed to this inquiry and assisted our investigations.

Appendix Three

Submissions received

No.	Person/Organisation
1	Harrison Spratling
2	Commissioner for Children and Young People WA
3	MercyCare
4	Life Without Barriers
5	Save the Children & 54 Reasons
6	Association for Services to Torture and Trauma Survivors (ASeTTS)
7	Orygen
8	Centre for Asylum Seekers Refugees and Detainees (CARAD)
9	Ethnic Communities Council of WA Inc.
10	Jenga Right Dynasty
11	The nuMIND initiative
12	Edmund Rice Centre WA
13	Multicultural Services Centre of WA
14	KIN Disability Advocacy
15	The Centre for Research for Educational Impact C/- Deakin University Burwood Campus
16	City of Stirling
17	School of Medicine, Western Sydney University
18	Professional Migrant Women's Network
19	Australian Red Cross
20	Dr Rugare Mugumbate
21	Migrant and Refugee Public Health Research Group, Flinders University
22	Dr Kwadwo Adusei-Asante, Edith Cowan University
23	The Les Twentyman Foundation
24	Western Australian Police Force
25	Child and Adolescent Health Service Refugee Health Services
26	Department of Communities

Appendix Four

Hearings

Date	Name	Position	Organisation
*18 October 2023	Gail Green	Board Chair	ASeTTS
	Dr Kwadwo Adusei-Asante	Academic and Community Worker	Edith Cowan University
*8 November 2023	Amy Berson	General Manager	Edmund Rice Centre WA
21 Feb 2024	Prof Jaya Dantas	Professor, International Health, Faculty of Health Sciences	Curtin University
13 March 2024	Ramdas Sankaran OAM	Chief Executive Officer	Multicultural Services Centre of Western Australia
	Michele Cohen	Community Services Manager	
20 March 2024	Dr Stephane Sheperd	Professor of Forensic Psychology	Deakin University
8 May 2024	James Jegasothy	Executive Director	Office of the Multicultural Interests
	Liza Beinart	Acting State Director WA	Australian Red Cross
	Dr Kerriann Larsen	Team Lead MSP WA	
15 May 2024	Milanna Heberle	A/Deputy Director General, Student Achievement	Department of Education
	Judith King	Assistant Executive Director, Professional Capability	
	Lynette Dean Spread	Deputy Principal, Thornlie Primary School	
	Emma Walker	Principal, Lynwood Senior High School	
	Raechelle Lee	Executive Director, Strategy and Policy	
	Pam Moss	Director, Public Schools Planning	
	Dr Laura Allison	Chief Psychologist	Catholic Education Western Australia
Melanie Postmus	Head of Learning Area, English as an Additional Language or Dialect and Intensive English Centre, Aranmore Catholic College		

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12 June 2024	Clinical Assoc. Professor Dr Sarah Cherian	Clinical Lead	Refugee Health Service
	Dr Raylene Lewis	Senior Clinical Psychologist	
	Bizunesh Kebede	Clinical Manager Nurse Manager, Community Refugee Health Team	
	Terri Barret	Nurse Director, Child and Adolescent Community Health	
19 June 2024	Superintendent Sharon Bird	Divisional Superintendent; Community Engagement Division	Western Australian Police Force
	Dr Umneea Khan	Strategic Advisor; Community Engagement Division	
	A/Inspector Tammy Mottolini	Inspector; Community Engagement Division	
	Snr Sergeant Matt Sharp	Youth Diversion Manager; Community Engagement Division	
	Mike Rowe	Director General	Department of Communities
	Glenn Mace	Executive Director, Service Delivery	
	Dr Eduardo Farate	Principal Policy and Planning Officer; Cultural Diversity	
	Emma Ferguson	Regional Executive Director North Metropolitan	
	Amanda Dickson	A/General Manager: Specialist Child Protection Unit	

*Please note that this was a scoping hearing prior to the inquiry announcement

Briefings

Date	Name	Position	Organisation
* 17 April 2024	Mr David Bui	Lynwood Coordinator	Edmund Rice Centre
	Ms Zoya Amjad	Youth worker	Community Consultation
	Mrs Shristi Sharma Lamsal	Youth coach assistant	
	Mr Lueth Dengdit	Snr youth programs coordinator	
	Ms Melissa Craig	Youth program assistant	
	Ms Coney Bosco Aber	Youth program coordinator	
	Mr Abulfazi Ataie	Youth program coordinator	
	Mr Abdiwahab Hillow	Youth programs coordinator	
	Mr Ta Ma Pa Lay Htoo	Youth Programs assistant	
	Jordan Iley	Manager of Youth Services	
	Sophie Strahan	Youth Programs assistant	
	Roya Manyang	Youth program admin/coach	
	Victoria Mayuen	Youth Program coordinator	
	Christina Ward	ERCWA	
	Sabine Hecht	English teacher	
	Jim van der Zalm	Coordinator of English	
	Karen Wilson	ERCWA	
	Julie Ioppolo	English teacher assistant	
	Ana Tzvetkov	Multicultural Community Worker ERCWA	
	Tsigereda Fissha (Rose)	Women's Program Coordinator Admin	
	Catherine Aftera	Generalist Casework Volunteer Coordinator	
	Daffodil Sawmei	Volunteer Admin Support Community Service Team	
	Kazim Moien	Project Officer	
	Stephanie Mannion	Admin Community Services	

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	<p>Abdikarin Abdi Martha Alvarado</p> <p>Jessie Delancey</p> <p>Mani Grace</p> <p>Mrs Wahida Aziz</p>	<p>Community Services Multicultural Community Worker – Community Services</p> <p>Registered nurse - volunteer ERCWA</p> <p>Koondoola Multicultural Centre</p> <p>Community Services</p>	
*1 May 2024	<p>Virginia Pitts Suswatiningsih Purtomo Esteffany Amaya</p> <p>Catherine Amaechi Jane Christi Emma Goff</p> <p>Jessica Roberts-Tindall</p> <p>Hereripene Williams</p>	<p>SETS Case Manager</p> <p>Acting Coordinator, Youth Development</p> <p>Team Leader for Youth Programs</p>	<p>Multicultural Services Centre of WA</p> <p>Peel Multicultural Association</p> <p>City of Mandurah Youth workers</p>

* and other community participants

Appendix Five

Acronyms

ASeTTS	Association for Services to Torture and Trauma Survivors
ATAR	Australian Tertiary Admissions Rank
CAHS	Child and Adolescent Health Service
CaLD	Culturally and Linguistically Diverse
CARAD	Centre for Asylum Seekers, Refugees and Detainees
CEWA	Catholic Education Western Australia
CRHT	Community Refugee Health Team
CYO	Community Youth Officer
DHA	Department of Home Affairs
DoE	Department of Education
EALD	English as an additional language or dialect
ERC	Edmund Rice Centre
FASSTT	Forum of Australian Services for Survivors of Torture and Trauma
HEHS	Humanitarian Entrant Health Service
HIPPY	Home Interaction Program for Parents and Youngsters
HSP	Humanitarian Settlement Program
IEC	Intensive English Centre
ISG	Interagency Settlement Group
ISOS	In Search of Safety
MCC	Multicultural Community Centre
MSC	Multicultural Services Centre
NDIS	National Disability Insurance Scheme
NSF	National Settlement Framework
OMI	Office of Multicultural Interests
PCH	Perth Children’s Hospital
PMWN	Professional Migrant Women’s Network
PTSD	Post-traumatic stress disorder
RHS	Refugee Health Services
SIS	Specialised and Intensive Services
SOSOG	Settlement Outcomes Senior Officers Group
UNHCR	United Nations High Commissioner for Refugees
VET	Vocational Education and Training
WACE	Western Australian Certificate of Education
WOW	Warriors of our Wellbeing

Appendix Six

Data received from Department of Home Affairs

Request 1



Humanitarian settlers (age < 18) with a Date of Arrival between 01/01/2010 and 31/12/2023 are currently recorded as residing in WA as of 04/05/2024

You should note and take into account the matters identified as caveats to this data (refer to separate tab).

Country of Birth	Year of Arrival													
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
AFGHANISTAN	85	83	66	43	23	39	36	36	20	27	7	28	42	96
THAILAND	85	41	30	49	47	54	104	49	34	10	<5	<5	8	10
MYANMAR	41	38	35	68	24	43	63	22	35	13	7	0	17	12
SYRIAN ARAB REPUBLIC	<5	<5	5	<5	12	13	199	8	25	45	23	0	21	28
IRAQ	84	35	26	30	33	46	38	19	22	13	<5	0	11	8
IRAN	37	42	63	41	19	31	28	13	8	13	0	0	8	27
MALAYSIA	13	6	30	28	17	20	24	18	35	26	<5	<5	28	34
AUSTRALIA	9	16	24	18	43	39	33	22	27	18	13	6	<5	5
KENYA	16	12	7	11	7	10	17	25	16	22	0	0	6	23
PAKISTAN	<5	5	14	17	20	15	10	24	15	31	0	0	<5	11
SUDAN	21	11	<5	8	7	<5	6	14	25	18	15	0	<5	<5
CONGO, DEM REPUBLIC OF THE	21	14	14	8	17	7	<5	10	9	22	0	0	0	5
ERITREA	10	18	7	6	<5	<5	<5	10	5	30	17	0	<5	<5
ETHIOPIA	5	9	<5	<5	6	8	10	13	9	11	<5	<5	0	0
LIBYAN ARAB JAM'HIRIYA	11	9	<5	14	11	<5	6	<5	0	0	0	0	0	0
SRI LANKA	<5	25	14	7	0	0	0	0	0	0	0	0	<5	<5
EGYPT	16	7	<5	9	8	0	6	<5	<5	11	0	0	0	0
UGANDA	16	7	<5	<5	<5	<5	7	<5	<5	5	0	0	0	0
TURKEY	<5	5	<5	<5	<5	5	9	<5	5	<5	0	0	0	<5
MALAWI	<5	0	8	<5	0	<5	6	<5	6	<5	0	0	0	6
JORDAN	7	0	<5	0	0	<5	9	0	<5	<5	5	0	7	<5
INDIA	<5	<5	0	<5	5	<5	<5	<5	8	0	0	0	<5	<5
LEBANON	0	0	0	<5	0	0	22	<5	0	<5	0	0	<5	6
TANZANIA	13	<5	5	0	<5	0	<5	<5	<5	<5	0	<5	0	<5
BURUNDI	<5	0	0	0	0	7	0	0	5	9	0	0	<5	0
VENEZUELA	0	0	<5	0	0	0	<5	0	0	0	<5	13	<5	9

Age	Year of Arrival														
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
00	30	32	40	38	52	45	60	34	45	28	13	7	7	11	
01	42	18	24	31	29	13	34	9	15	20	5	<5	<5	12	
02	47	22	35	17	22	23	36	17	18	14	<5	7	11	10	
03	32	26	22	24	21	20	41	22	21	29	<5	6	10	13	
04	32	23	24	22	15	23	46	14	13	11	<5	5	9	15	
05	30	27	23	21	17	21	44	23	18	22	5	<5	12	11	
06	27	26	21	20	19	22	43	20	20	17	6	<5	11	21	
07	33	21	16	27	13	20	44	18	17	22	5	<5	17	20	
08	29	24	16	18	13	28	44	20	19	21	7	6	9	24	
09	20	13	8	17	14	12	36	17	14	18	7	<5	10	23	
10	29	27	18	16	12	19	48	16	18	19	11	5	14	23	
11	21	20	17	22	14	21	40	14	8	24	<5	<5	14	18	
12	33	27	8	14	14	16	32	20	16	23	6	<5	<10	27	
13	24	18	14	20	17	16	33	15	22	16	7	<5	10	27	
14	29	16	21	23	17	16	23	13	22	21	5	<5	<5	18	
15	32	36	15	17	15	14	23	15	9	20	<5	<5	14	22	
16	33	37	34	18	13	17	28	8	14	15	<5	<5	14	18	
17	37	38	48	24	12	11	15	17	17	15	5	<5	5	21	
Grand Total	560	451	404	389	329	357	670	312	326	355	102	70	188	334	4,847

Caveats

- The data in your reports are sourced from the Settlement Database (SDB). There are limitations in the data capture and the actual data.
- Where applicable, with regards to Immigration data - as per current privacy guidelines, the Department's policy is to mask numbers which are less than five as <5 and/or if there is only one '<5' in any column, the next lowest value will be masked as less than to its upper limit (ie. if it is 8 then will be masked as '<10' or 88 will be masked as '<90'), noting we are reviewing the confidentiality method for the future.
- The Department of Home Affairs must be consulted regarding any requests to use the data for purposes not originally intended or discussed.

Data Capture

SDB collects data concerning settlers who have been granted a permanent (or provisional) visa.

SDB data is compiled from a number of sources including Department of Home Affairs, other Commonwealth agencies and service providers.

Data Limitations

The Settlement Database has not been adjusted to reflect settlers who:

- are deceased.
- have permanently departed Australia.
- have had their visas cancelled.

The settlement Database includes:

- some duplicate settler records.
- the number of settlers who are currently recorded as residing in a particular location. It cannot provide information on settlement patterns or trends.
- many data items that are not mandatory.
- only the settler's latest known residential (or intended residential) address. Address information is only updated if the Department is notified. Some settlers have no address details recorded.
- only the latest permanent (or provisional) visa for a settler.

The Settlement Database location data is based on the 2011 Australian Standard Geographic Classification (ASGC).

Reporting Limitations

- Reports including numbers of settlers in specified locations may be inaccurate due to limitations in address data.
- Settlers with an existing permanent (or provisional) visa may appear in different reporting categories over time if they are granted a subsequent permanent (or provisional) visa.
- Data suppression rules have been applied for client confidentiality.
- Reports including 'not stated', 'invalid' or 'not recorded' labels indicate that the data is unavailable.

Settlement Date

Settlement Date uses a combination of either arrival date or grant date depending on where the settler was when their current SDB visa was granted.

If a settler was offshore when their current SDB visa was granted then arrival date is used. If a settler was onshore when their current SDB visa was granted then visa grant date is used.

Report Usage

Please attribute Australian Government as the data source.

Updated on 15 August 2019



Data Access Request - DA 24/05/00301

Number of Humanitarian Stay (Temporary) (subclass 449) visa applications granted from 1 January 2010 to 31 December 2023 to applicants under the age of 18 years, currently residing in Western Australia, as at 5 June 2024

Citizenship	Age when visa granted (in years)																	Total	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		17
Ukraine	0	0	<5	<5	6	<5	6	6	<5	8	8	6	<5	<5	<5	<5	<5	<5	74
Iran	<5	<5	<5	6	<5	6	<5	<5	<5	<5	<5	<5	5	5	<5	5	<5	<5	66
Sri Lanka	6	5	<5	5	<5	<5	5	5	<5	5	<5	<5	<5	<5	<5	<5	<5	<5	58
Afghanistan	<5	<5	<5	<5	0	<5	0	<5	0	<5	0	0	0	<5	<5	0	<5	<5	24
Australia	0	10	<5	<5	<5	0	0	<5	0	0	<5	<5	0	0	<5	<5	0	0	24
Stateless	<5	0	0	5	<5	<5	<5	<5	<5	<5	0	0	<5	0	<5	<5	<5	0	21
Vietnam	<5	<5	<5	<5	0	<5	0	<5	<5	<5	<5	<5	<5	0	<5	0	<5	0	15
Iraq	0	0	0	<5	<5	0	<5	0	0	<5	<5	<5	<5	<5	0	<5	0	<5	<15
Indonesia	<5	<5	<5	0	<5	<5	0	0	0	0	0	<5	<5	0	<5	0	0	0	<10
Pakistan	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	<5	0	<50	<5
Not yet recorded	0	0	0	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Poland	0	0	0	0	0	0	0	<5	0	0	<5	0	0	0	0	0	0	0	<5

Released by Department of Home Affairs

Number of Temporary Protection (subclass 785) and Safe Haven Enterprise (subclass 790) visa applications granted from 1 January 2010 to 31 December 2023 to applicants under the age of 18 years, currently residing in Western Australia, as at 5 June 2024																			
Citizenship	Age when visa granted (in years)																		
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
Iran	6	5	<5	<5	<5	<5	<5	7	<5	<5	<5	<5	<5	<5	<5	<5	<5	<5	55
Sri Lanka	5	5	7	5	<5	<5	<5	<5	6	<5	<5	<5	<5	0	0	0	<5	<5	44
Afghanistan	6	<5	<5	<5	<5	<5	0	0	<5	0	<5	0	<5	0	0	<5	0	0	20
Australia	<5	<5	<5	<5	<5	0	0	0	<5	0	0	0	0	0	0	0	0	0	14
Stateless	0	<5	0	0	0	<5	<5	<5	<5	0	<5	<5	<5	0	0	<5	0	<5	13
Iraq	0	5	0	0	0	<5	<5	0	0	<5	0	0	0	<5	0	0	0	0	<10
Indonesia	0	0	<5	<5	<5	0	<5	0	0	0	0	0	0	0	0	0	<5	0	<10
Pakistan	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	<5
Vietnam	0	0	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Not yet recorded	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Thailand	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Hong Kong Special Administrative Region	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
New Zealand	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5

Released by Department of Home Affairs

Number of Humanitarian Stay (Temporary) (subclass 449) visa applications on hand by applicants under the age of 18 years, holding a bridging visa and currently residing in Western Australia, as at 5 June 2024																			
Citizenship	Age when visa application lodged (in years)																		
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
Vietnam	0	0	<5	0	0	<5	0	0	<5	<5	0	<5	0	0	0	0	0	0	<10
Afghanistan	<5	0	<5	0	<5	0	0	0	0	<5	0	0	0	0	0	<5	0	0	<10
Sri Lanka	0	0	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
Not yet recorded	0	0	0	0	0	<5	0	0	0	<5	0	0	0	0	0	0	0	<5	<5
Iraq	0	0	0	0	0	0	0	0	0	<5	0	<5	0	0	0	0	0	0	<5
Iran	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5

Notes:

1. Source: Department of Home Affairs
2. On hand data can only be provided as at a single point in time.
3. Tables 1 and 2 count visa grants and Table 3 counts on hand visa applicants, therefore some individuals may be counted more than once.
4. The Department is not able to provide historical data on the residential address or intended residential address of visa holders. The tables are taken using data as of 5 June 2024 and show an applicant's residential address as it appears in Home Affairs systems at that date. It should be noted that visa holders do not need to notify the Department of Home Affairs if they change their residential address unless it is a specific condition of their visa to do so.

Caveats:

- This information is provided for the specific purpose of this request.
- Where applicable, as per current privacy guidelines, the Department of Home Affairs' policy is to mask numbers which are less than five as <5. Other numbers may be masked where required to ensure values under 5 cannot be determined from totals.
- Current program year figures are subject to variation. The data is sourced from our global Departmental systems. There can be delays in transmission of information, therefore data for current program year should always be considered provisional.

Released by Department of Home Affairs

Request 3

From: [HSP.Data.Request](#)
To: [Committee on the Commissioner for Children and Young People; HSP.Data.Request](#)
Cc: [HSP.Data.Request](#)
Subject: RE: Request from Parliamentary Committee for further data [SEC=OFFICIAL]
Date: Thursday, 20 June 2024 10:34:52 AM

OFFICIAL

Thanks for contacting us for the HSP data which is given below in Table 1.

Please note that we are unable to provide data for people who has arrived before 1 January 2017, because HSP database does not have data for that period.

Table 1: The number of entrants (who held a temporary or permanent refugee or humanitarian visa, including any emergency evacuation type of visa) send to WA through HSP, between 1/1/2017 and 19/06/2024 who were aged under 18 years at the date of arrival

Nationality	Total
Unknown	31
Afghanistan	437
Australia	<5
Burundi	17
Colombia	11
Congo	5
Congo, Democratic Republic of	106
Cuba	<5
Curacao	<5
Ecuador	<5
El Salvador	9
Eritrea	154
Ethiopia	109
Guatemala	20
Honduras	7
Iran	41
Iraq	86
Kenya	<5
Malaysia	<5
Myanmar	362
Occupied Palestinian Territory	25
Pakistan	7
Rwanda	<5
Saint Vincent and the Grenadin	<5

Appendix Six

South Sudan	6
Sri Lanka	<5
Stateless Person	<5
Syria	195
Trinidad and Tobago	7
Turkey	<5
Ukraine	99
United States of America	<5
Venezuela, Bolivarian Rep of	27
Grand Total	1787

- Caveat:
- This information is provided by the Department of Home Affairs and was extracted from departmental systems.
 - If sharing this data outside the Department, you need to organise clearance from data area.
 - As data has been drawn from a dynamic system environment, the information is correct at the time of publication and figures may differ slightly from previous or future reporting.
 - HSP database records and reports only on clients who are eligible for the HSP services under the offshore Humanitarian Programme.
 - The information in this report has been verified and is provided to the authorised recipients.
 - Recipients must ensure that use and disclosure of this information accords with relevant provisions of the ABF Act 2015 (Cth), Privacy Act 1988 (Cth), Migration Act 1958 (Cth) and any other relevant legislation (as appropriate) and the Privacy Plan as agreed with the Commonwealth.
 - Regarding Immigration data, the Department's current policy is to mask numbers which are less than five as <5, noting we are reviewing the confidentiality method for the future.

HSP Data Team
RHS Data Services & Support Section
Immigration Program Management
Immigration Operations, Immigration Group
Department of Home Affairs
E: HSP.Data.Request@homeaffairs.gov.au

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[Redacted content]

Appendix Seven

Department of Education response to questions on racism and bullying in schools

Joint Standing Committee on the Commissioner for Children and Young People - Questions on Notice – CCYP7

Question 7

Parents and community members have told the committee of the racism and bullying faced by humanitarian entrant children at school, including from other students, and 'microaggressions' from staff. Parents report not knowing how to assist their children. What supports are available to assist humanitarian entrant families regarding racism and bullying? Can you tell us about wider programs that address racism in schools? What is the Department doing about this issue?

Agency Answer

Supports available to assist humanitarian entrant families regarding racism and bullying:

- School pastoral care systems aim to look after the personal and academic needs of students, through general support and advice.
- School Chaplains play a key role in supporting pastoral care provisions in Western Australian public schools. Chaplains establish and build relationships with staff and students as a member of the school's pastoral care team to support the delivery of student wellbeing services.
- School psychology service supports schools to deliver optimal student educational outcomes, with a focus on student learning, engagement and wellbeing. Every school has access to a school psychologist. School psychologists are registered health practitioners with expertise in mental health, learning, human development, behaviour and school systems.
- Triple P (Positive Parenting Program), gives all parents simple, practical strategies to build strong, healthy relationships, confidently manage children's behaviour and prevent problems developing. This includes a range of free Triple P online interventions translated in 6 languages, and various resources available in 24 languages.
- Parent Liaison Office can provide support by acting as a liaison point between schools, education regional offices, central services, parents, carers and members of the school community.
- Intensive English Centres offer intensive English language and literacy tuition to newly arrived students who are eligible to enrol in a public school, including students with a humanitarian visa.
 - There are 14 IECs in metropolitan public schools of which 8 are in primary schools, 4 in secondary schools, and 2 in senior school campuses.
 - Students with a humanitarian visa are a target group for enrolment at an IEC and are eligible for an additional year in the program to cater for their unique social and learning needs.

Wider programs that address racism in schools:

- Quality Teaching Strategy provides resources for educators to create the pre-conditions for positive learning including information and strategies related to inclusion and student diversity.
- Multicultural Plan 2021-25 outlines the key areas of action that central services will deliver to assist schools to support intercultural understanding and cultural

responsiveness. Programs include the provision of professional learning to promote a whole school approach to support learning outcomes for EALD students and strengthen school partnerships with CaLD communities. Services include the provision of translating and interpreting services to support schools and the system to meet the needs of EALD students and CaLD communities. This includes equitable access to information, services, and complaints processes.

- Student Behaviour in Public Schools policy and procedures aims to create safe, orderly, inclusive, supportive and culturally responsive environments that enable students to fulfil their learning potential. To support schools to embed this policy and procedures an online interface has been created which houses behaviour policy related information, supports and resources. Some of these resources include:
 - Bullying and cyberbullying fact sheets
 - Trauma informed practice fact sheet and online self-paced professional learning
 - Restorative approaches fact sheet and online self-paced professional learning
 - Cultural responsiveness fact sheet
- Partnerships with Office of Multicultural Interests and the Departments of Home Affairs and Communities, community organisations, including the Humanitarian Settlement Program services and providers
- The Western Australian Curriculum's 7 general capabilities, including;
 - Age-appropriate curriculum support materials such as *A World of Difference* and *Anti-racism: A planning and evaluation tool for Western Australian schools* curriculum resources, which are currently being updated.
- The Bullying. No Way! Website supporting school communities with evidence informed resources and activities for a proactive approach to bullying education and prevention.
- The eSafety Commission website provides resources for educators, parents, children and young people and First Nations people. The Best Practice Framework for Online Safety Education is one resource available from the e-Safety Commission and establishes a consistent national approach that supports education systems across Australia to deliver high quality programs, with clearly defined elements and effective practices.
- Cultural competency training is provided to strengthen staff understanding of cultural diversity in schools.

Other Department initiatives:

- Schools register and participate in The National Day of Action against Bullying and Violence.
- Semester 2, 2023 release of self-paced online learning modules, covering:
 - the various types of trauma (including racial trauma and trauma experienced by displacement and/or war)
 - stress and trauma responses
 - attachment theory and its links with trauma
 - Adverse Childhood Experiences (ACEs)
 - the impacts of trauma on brain development
 - the impacts of trauma on student learning and the classroom environment
 - an introduction to trauma informed strategies to support student learning, wellbeing and behaviour
 - principles of trauma informed practice for all school staff
 - self-paced online restorative approaches professional learning module, rooted in Indigenous forms of peacemaking and community building

Department of Education response to questions on racism and bullying in schools

- Provision of face to face trauma informed professional for all WA public schools during Term 2 – 4.
- Specialist professional learning for new school psychologist employees, of which 2 modules focus on culturally and linguistically diverse populations, including the needs of migrant and refugee students, such as the impact of war, displacement, trauma and adverse conditions.
- June 2024 released the Student Care and Wellbeing: Future Directions paper that outlines the Department’s shared responsibility to student mental health and wellbeing. Schools have access to resources, professional learning, supports and services throughout the remainder of the 2024 school year to support them to meet the commitments of Future Directions.



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