



**LEGISLATIVE ASSEMBLY FOR THE  
AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON HEALTH  
AND COMMUNITY WELLBEING**

(Reference: [Inquiry into Raising Children in the ACT](#))

**Members:**

**MS J CLAY (Chair)  
MR J MILLIGAN (Deputy Chair)  
MR M PETERSSON**

**TRANSCRIPT OF EVIDENCE**

**CANBERRA**

**TUESDAY, 11 JUNE 2024**

**Secretary to the committee:  
Ms K Langham (Ph: 620 75498)**

**By authority of the Legislative Assembly for the Australian Capital Territory**

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

## **WITNESSES**

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*Amended 20 May 2013*

**The committee met at 3.00 pm.**

**BRAGG, MS JOANNA**, Youth Liaison Officer, Migrant and Refugee Program, St Vincent de Paul Society Canberra/Goulburn

**HYND, DR DOUGLAS**, President, Canberra Refugee Support

**DI MEZZA, MS SONIA**, Interim Chief Executive Officer, MARRS Australia Inc

**THE CHAIR:** Good afternoon, and welcome to the public hearings of the health and wellbeing committee for our inquiry into raising children in the ACT. Today we will hear from a range of witnesses who made submissions to our inquiry.

The committee wishes to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. The committee wishes to acknowledge and respect their continuing culture and the contribution that they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal or Torres Strait Islander people who may be attending today's event or who may be watching.

We are recording and transcribing in *Hansard*, and we will be publishing. We are also broadcasting live. If you take a question on notice please just say, "I will take that question on notice." We may not have any—we usually save those for government!—but we will see how we go.

We recognise that some of the issues raised in this inquiry are sensitive. We have some information on hand with our secretariat for witnesses, or for anybody who is watching this, if it raises any really difficult issues for you.

I welcome our witnesses from St Vincent de Paul; Canberra Refugee Support; and MARSS—Migration and Refugee Settlement Services. For the *Hansard* record, I will remind you of the protections and obligations in the pink privilege statement that, hopefully, you have had a chance to read. Do you understand the obligations and responsibilities in that, and are you happy to agree with that? If I can just get each person to say that you do.

**Ms Bragg:** Yes.

**Ms Di Mezza:** Yes, I do.

**Dr Hynd:** Yes.

**THE CHAIR:** Excellent. We have not been doing opening statements much, but I will just stop and check: did anyone bring a prepared opening statement?

**Ms Di Mezza:** Yes. If we could read one, that would be appreciated.

**THE CHAIR:** Yes, please do. Go ahead. Thank you.

**Ms Di Mezza:** The team comprising Canberra Refugee Support, Migrant and Refugee Settlement Services and the St Vincent de Paul Society Canberra/Goulburn welcome the opportunity to appear before the Standing Committee on Health and Community

Wellbeing to give evidence as part of this public hearing. Between our three organisations, we deliver programs and support families and individuals who are from migrant, refugee and asylum-seeking backgrounds. And I think you have some information about what our organisations provide.

The United Nations Convention on the Rights of the Child, which Australia is a signatory to, forms the basis of the rights of children everywhere in the world. Children are children before any other social and thematic definitions come into play. We believe that the experience of childhood in the ACT should therefore not be different among children and young people simply because of their country of origin. This is particularly important as 28.7 per cent of the population on census night in the ACT were born overseas. Essentially, one in three people in the ACT come from a culturally diverse background. For emphasis, we are an increasingly diverse community here in the ACT.

While the ACT has shown a great example by joining the Welcoming Cities network and Refugee Welcome Zones, we have observed, through our engagements with people of migrant, refugee and asylum-seeking backgrounds, that the experience of their children and youth can be improved. We observe that due to employment commitments, affordability and access to transport, children from these CALD communities experience difficulties in participating in extracurricular activities, coupled with daunting and complex carer responsibilities. Due to the non-existence of support networks, these children and their families often experience isolation and loneliness.

The challenges with accessing affordable housing for the general population are well written about. For this community, without a housing history, and in some cases a stable stream of income, these families are unable to compete in the private rental market. Insecurity and the threat of homelessness affect the ability to properly raise children and young people. So, for a young person, school becomes a place where social connections can easily be built outside of the home. We, however, observe that students from CALD backgrounds transitioning from an IEC to a mainstream school are not always given adequate support to cope with the academic and social challenges that arise during this transition. This is because not all mainstream schools have enough trained English as Additional Language Dialect teachers to support the students who need more intensive support.

While some schools have a school youth health nurse who can provide some pastoral care, this service is not available to all schools. For this reason and more, we advocate that the government considers the following recommendations: increase funding for recreational sport activities; increase publicity for the individual learning plans; institute a childcare support scheme for people from asylum seeking backgrounds; improve access to social and family support services; provide funding for public schools to invest in structures and systems; and provide funding for schools to adequately provide the necessary academic and pastoral care supports for students transitioning from IEC to mainstream schools for at least the first 18 months.

As we have highlighted in our submission, children from culturally and linguistically diverse backgrounds experience particular challenges growing up in the ACT region. The intersectionality of being young people as well as coming from diverse cultural or

linguistic backgrounds presents strengths and assets, but also challenges to be overcome, and some of these challenges have been articulated in our joint submission.

It is evident that a mainstream approach to supporting children from CALD backgrounds is not optimal. Rather, a culturally safe and appropriate approach is preferable in all areas. Service provision must cater to the needs of our young people whether it be via Vinnies' homework and activity clubs on the weekends, or MARSS's homework club and youth mentoring program. This culturally nuanced approach ensures that children's cultural backgrounds are respected and celebrated.

The other areas of concern that children from CALD backgrounds experience include combatting racism and struggles with a sense of identity, as well as a sense of belonging. MARSS and Companion House facilitate cultural competency training in the ACT, whereby we build the capacity of various agencies and organisations to work with people from CALD backgrounds, including children. We have offered to provide this fee-for-service training to the ACT government CYPS to support CALD children in care.

Anti-racism training across the board is essential to ensure that society understands what it is, how racism can be prevented and how victims can be supported. On 19 November, MARSS will be facilitating a multicultural youth summit in Canberra, with 100 multicultural youth attending between the ages 19 and 29. The focus of the summit will be on anti-extremism, and it is funded by the Australian government. The importance of this focus relates to children and young people not feeling like they have an Australian identity—not feeling like they belong—due to experiencing racism.

If you hear for long enough, "Go back to where you came from," you begin to seek places where you might belong, whether that be terrorist groups overseas like ISIS or gangs. These groups offer a family that a child or young person might be missing. That is why it is so important that we focus on ensuring that all children are protected from racism and are supported to develop a positive identity, sense of self and culture and, ultimately, a feeling of belonging.

I know this from my own experience, growing up in the northern beaches of Sydney, and with my family experiencing traumatising racism due to our Italian heritage. That racism had an adverse impact on my understanding of who I was and my ability to freely celebrate and appreciate my cultural identity. As an adult I know that I am Italo-Australian and blessed to be able to have two cultures to own, but it was a long journey to get to that point. Thank you for listening. I think Doug might have—

**Dr Hynd:** I really just want to highlight at this stage that CRS, because it is a volunteer organisation and is not delivering services, wishes to comment on recommendations 1, 3 and 4, in particular, arising from the experience of our volunteers and our fundraising activities over the last few years.

**THE CHAIR:** Excellent. That might be an excellent place for us to start. I have the recommendations. We really appreciate your detailed and quite concise submission and the recommendations. That is a really helpful way to present the information. Would you like to tell me about recommendations 1, 3 and 4?

**Dr Hynd:** Okay. The increased funding for recreational and sports activities. Over the last couple of years, we have received grants from Hands Across Canberra—\$10,000 and \$5,000—to assist young people to gain access, basically, to sporting activities: helping them to register. The cost of doing that has increased substantially, and we spend a lot of time working with clubs. Many of the sporting clubs in Canberra have been great in terms of providing discounts and ease of access, access to uniforms, and so on, but even so, they cannot carry the burden themselves.

Both years we have spent the full amount of the grant. I think we have just run through the \$10,000. Some of that included swimming lessons, which are also vital. The value that this brings is not only for the children, but for their parents, because the clubs, the coaches of the teams and the parents get alongside parents on the sideline and start making those informal connections that are really important. That is besides the value for the kids themselves. I have grandkids now in soccer and the bringing together of people along the sidelines builds community, builds connections.

We have regarded that as one of the most valuable targeted expenditures that we have made out of our grant funding, but it has been a struggle every year to try and find a grant. Because we are under pressure to help people with their rent and living expenses it is always a struggle, but we have always said, “This is a high priority. This is high value. This builds connections like very few other activities.”

**THE CHAIR:** When you say that the costs have gone up, is that just the club fees or is that things like the uniform?

**Dr Hynd:** The whole lot.

**THE CHAIR:** All of it; yes.

**Dr Hynd:** The whole lot, because one of the drivers has been, as I understand it, the issues of insurance for the clubs.

**THE CHAIR:** Yes.

**Dr Hynd:** And the charges from the national sporting bodies have driven up costs. Now, it varies a bit, depending what sport you are talking about, but my understanding is that those have increased substantially. Other programs that have been in the space have been in and out, and we have not been able to rely on them—such as Variety. Previous to that there was a local charity that actually focused on this area but, again, they had difficulty sustaining that operation.

**THE CHAIR:** Yes.

**Dr Hynd:** So we filled a gap, but we think that it is a really high-value community-building area.

**THE CHAIR:** Yes, high value, low spend, and maybe something more systematic from the government—

**Dr Hynd:** Yes, yes.

**THE CHAIR:** rather than asking community groups to go grant shopping, essentially.

**Dr Hynd:** All of it. We are happy to raise to funds for it—

**THE CHAIR:** Thank you.

**Dr Hynd:** but it is one of those things where a partnership, spreading the load, actually makes sense, because we get the ownership, but we also do not have to do all of it ourselves and try to juggle it over the year—try and work out when the expenditure is going to come with the sporting season and enrolment, how many we are we going to get asked for and what the cost is.

**THE CHAIR:** Yes.

**Dr Hynd:** It is an ongoing challenge.

**THE CHAIR:** Thank you, Douglas. I might hand over to Mr Milligan—he may have a different question—but thank you very much for that.

**MR MILLIGAN:** I have a similar line of questioning, I guess, to what you have already raised. Obviously, costs to participate in sports can be prohibitive for people in the CALD community. I know MARSS offers quite a few sporting activities and the like for the community, and they do a good job. But are you suggesting that maybe the government look at providing specific grants that organisations like MARSS and yourselves could apply for to then hold these sport or recreation activities more broadly for the community? Would you prefer to see it that way than a grant or something given to the participants? Do we give it to organisations to hold and then use your network to go out?

**Ms Di Mezza:** Of course I am going to say yes! It is good to work with community and give these little grants, but it does tend to be a little bit piecemeal. But if you could give a grant to an organisation that is able to manage it and make sure that some groups that might not have realised that this was a possibility can be capacity-built to participate—for example, if you are coming out from Afghanistan and the Taliban does not permit any sports, it is hard to think about how members of your community can get involved, even though there are actually some very good Afghan-Australian athletes—that could be helpful.

The federal government has released a play grant—a come and play grant or something—and we are waiting for the outcome of that, but that can be a good way of making it more strategic and bringing in more groups and communities that do not traditionally become involved.

**Dr Hynd:** Yes, I was just going to say that for a voluntary organisation like mine, handling grants is an issue. We have got some good committee members, but we do not have lots of admin backup. We have to try and prioritise. We go for the grants, and we try and manage them, but we are also aware that we have to keep it simple, and we have to be strategic in our involvement. I would say that this is one where handling the grants and getting them most effectively across the community is quite



difficult because the people in the community networks—the ones I am dealing with, anyway—are not really linked in and connected very strongly to existing networks, so they tend to go through people they trust, which, for a lot of our families, is our organisation—particularly the volunteers who are doing it. So it can be hard to match those things together. But it would be good if there was some form of funding we could access, but I am not quite sure the best way to do it.

**Ms Bragg:** Some money going to some organisation like MARSS to coordinate some sporting events, I think, would be great, but the education equity fund exists, and part of that is that families have the ability to use that money to register for sport events. But I think the amount is \$500 for a primary school student per year. And a sports registration fee can easily be \$250.

**Dr Hynd:** And then some.

**Ms Bragg:** Yes; and then some. And with school uniforms and school excursions, that actually goes really quickly. So I wonder if there is the ability to add some extra money into the education equity fund for sport.

**MR MILLIGAN:** Thank you.

**MR PETTERSSON:** In your submission you have highlighted that there are often daunting and complex carer responsibilities.

**Dr Hynd:** Yes.

**MR PETTERSSON:** For the benefit of the committee, I was hoping you could provide some examples for what that might look like.

**Dr Hynd:** Yes. Again, I am speaking of a particular group—cohort—and I should make that clear. Often, they are families who will be facing issues of struggling to learn English and getting access to English classes. There are often significant mental or physical health issues being faced, and they just do not have the money to access child care. We have supported, for the women, funds to help them enrol in basic certificate courses in child care, aged care and so on. And that is fine because they can do that online. They can get that basic qualification.

But the problem comes when they start to try and access the labour market. They have casual shifts, on and off, with not enough money to manage child care. That is a complex issue. And often, if there is a single parent—a woman with several kids, as is the case with a number of families that we are dealing with—that becomes difficult. So there is a real problem there. The government has said, “We give you the right to work while you are waiting for a decision on your claim, but you do not get access to child care to help you into the workforce.” So it is a bit of a diabolical problem. I am just trying to indicate the number of factors that can pile up in terms of providing appropriate child care, rather than just relying on friends and family in crowded accommodation, which is not an ideal learning situation. Does that answer your question?

**MR PETTERSSON:** Yes.

**Ms Di Mezza:** Can I add something to what Doug has said? I agree that a lot of our community members really are struggling because of the economic situation, and they cannot access things like child care or supports. But also, from a cultural perspective, in many of our communities it is quite natural that the children have a lot of responsibilities—for example, cooking, cleaning, taking care of the younger children—especially where you have a large family. So that can be a cultural thing.

And when they come to Australia it becomes more complex when they are expected to do study. Things like sport are just not necessities from the viewpoint of people who have just arrived here and are struggling to get by. It seems like an added expense that they cannot afford; or, in their countries, it might not be culturally normal, for example, for young girls to participate in sport. So there are cultural barriers and there are economic barriers. We take it for granted in Australia that our kids can come home and not have to worry about doing the cooking, or whatever, as they grow up. But that is not something that many of our cultural communities can take for granted.

**Ms Bragg:** I would just add that in some of the families we work with the parents are living with significant physical or mental health disabilities as well. That added layer of trauma, I think, impacts children, and having an outside place where they can get to be kids without having that caring responsibility is really important.

**Dr Hynd:** Yes.

**MR PETTERSSON:** What does the solution look like? Is it access to commercial care providers, or is it supporting community networks? Both? Either?

**Ms Di Mezza:** Perhaps a bit of both. But I see that, once again, organisations like Vinnies or MARSS provide a culturally safe place. We are 99 per cent culturally diverse, and the community members are very comfortable coming to us. They know they can speak their original, native languages. We can create a bridge so that people have the information about what is available to them in Australia that they might not know about. I am talking about having that cultural safety to introduce community members to things like child care and why it is used in Australia. They might not have ever experienced paid child care and what that looks like. So, using a bridge—like our organisations—to connect with community is really important.

**Ms Bragg:** Yes.

**Ms Di Mezza:** Yes.

**MR PETTERSSON:** Okay; thanks.

**THE CHAIR:** Thank you. Thank you, too, for setting out in your submission the circumstances people go through to arrive here—there is quite a lot of trauma involved for a lot of people who are here—and how many of our Canberrans now are from CALD backgrounds. It is one in three, so this is a lot of our people that we need to help better.

A few of the practical things leapt out at me from your recommendations. We are hearing an awful lot about housing. I also noticed that bulk-billing GP access came up in your recommendations. Which of the practical, cost-of-living, day-to-day basics do you think Canberra should be doing better for people from these backgrounds?

**Ms Di Mezza:** Housing. Housing. Housing. The bulk-billing is true. We have the lowest rate of bulk-billing in the country, I believe. But we used to run a housing program for people with uncertain visa status. That has been handed over to the YWCA. But housing is a huge crisis. It is a crisis for the whole country, but it is particularly problematic if you do not have a housing history, and you do not understand how you need to maintain a rental property, and you do not have the support. I have just come from running a multicultural NGO in Bendigo, regional Victoria, and we were told there that for every successful rental application our community members were told they had to put in 100. That is in regional Victoria, but I have heard that Canberra is the healthiest, wealthiest, most educated of all the states and territories with the highest pro-rata homelessness. So the bulk-billing is very important, but housing—

**THE CHAIR:** Housing first.

**Ms Di Mezza:** We are hearing about some of our community members being homeless, and they do not know what to do. And it is compounded by their visa status.

**THE CHAIR:** Yes.

**Ms Di Mezza:** So more housing stock and more supports to get people from our communities into the housing is really important.

**THE CHAIR:** We have over 3,000 on our public housing waitlist, and I imagine many of your people do not even know how to get onto that waitlist. Whether or not that is a useful place for them to go, when there are 3,000 people already sitting on the list ahead of them, is tricky.

**Dr Hynd:** Can I just make a comment on that?

**THE CHAIR:** Yes.

**Dr Hynd:** We are a volunteer organisation set up 20 years ago just to provide good neighbour support and put volunteers in Canberra in touch with new arrivals, refugees and asylum seekers, and help them make those connections. We put their connections to work, because we all know how this place works. We all know how much we depend on, “I know so-and-so there.” We did that, and about five years ago we started getting requests for help with rent. We had a big committee discussion about that because it was not what we were set up to do. Eventually, after a couple of long committee meetings, we reached the conclusion that we could not do what we wanted to do, which was to be good neighbours, if people were homeless.

**THE CHAIR:** Yes.

**Dr Hynd:** Therefore, we felt some sense of responsibility. We could not solve the

problem, but we could do what we could do to keep people in housing so they did not become a burden on the ACT homelessness sector. And that is going to be more expensive. We have been struggling for the last five years to help keep, at any one time, maybe 10 to 12 families in housing by helping them with rent while they wait for their visa status to be settled.

**THE CHAIR:** Do you mean that people are donating money to help pay the rent while people are waiting for employment status under their visa? Is that the situation?

**Dr Hynd:** The last three months we have been spending \$12,000 a month to do that. And we have had to raise that.

**THE CHAIR:** Thank you.

**Ms Di Mezza:** They do not have work rights.

**Dr Hynd:** Well, many of them do—

**Ms Di Mezza:** Even if they do—

**Dr Hynd:** But they have the difficulties that we have identified, and a lot of that work is casual.

**Ms Di Mezza:** Yes.

**Dr Hynd:** Sorry, I am just speaking about this very particular cohort, which is not huge, but it is significant.

**THE CHAIR:** Our minimum wages are not enough to cover rent, in any case, even if you are on the full-time minimum wage, at the moment, so when you drop that down to casual, it is getting quite—

**Dr Hynd:** The ACT government has been very helpful over the last few years in providing some small supplementary funding, without which we would have gone under, but it is a really difficult situation. The private generosity of this community has also kept people in housing. For some of them it is a great achievement when I can report at a committee meeting that someone has got their permanent residence, they now have certainty, they now have access to the normal financial supports. We can see them move on to accessing more secure jobs—all those things that follow, from having years of uncertainty. When those things pass you can move on with the future and really get on. The demand on us drops off rapidly after that happens.

**THE CHAIR:** Thank you.

**MR MILLIGAN:** You mentioned in your report that there have been some considerable complexities with accessing medical care by migrants. Can you elaborate a little bit more on that and explain exactly what is the case here?

**Dr Hynd:** I can start on that, because we have an excellent organisation in this community called Companion House, which provides medical services under contract

to the commonwealth for asylum seekers and refugees. Their problem—I am just speaking here—has been that they provide those services, but, because of the delays in people getting processed and the numbers building up, they were facing stress. So they have had to work out how to get people connected to local GPs who bulk-bill and who are comfortable in dealing with diverse cultural backgrounds.

That has been a problem, as I know it, for Companion House. Kathy Ragless would be able to give you the full account of that. Because they are a partner organisation with us, I am aware of that. That base level of service has been provided but the next step, as people are integrated into the community, has been one of the areas where there is difficulty in finding appropriate GP services to pick up the general health care.

**Ms Di Mezza:** Absolutely. Companion House, I agree, does an excellent job. Once again, we have very low levels of bulk-billing, so it is quite expensive to access medical support, which is particularly problematic for our multicultural communities. And then getting people who are culturally safe, who know how to communicate and support and understand the cultural issues, is always going to be difficult. It is about getting people to properly use interpreters when they speak—and not use young family members to talk about sensitive issues, which was happening for years. And I suspect it still happens. Also, there is a real shame and stigma over certain health issues, particularly with regard to women. Being able to provide culturally sensitive medical support, which I think is limited in Australia in general, is important.

**MR MILLIGAN:** And any government health providers here—could extra support be given to them in terms of awareness training and/or communication? Because obviously communication is a bit of an issue too. Do there need to be different forms of information provided in different languages?

**Ms Di Mezza:** Yes; absolutely.

**MR MILLIGAN:** Someone who can speak and communicate. And should this be provided just for our general public health system so that they do not have to go to these specific organisations or medical providers?

**Ms Di Mezza:** Absolutely. MARSS provides—and perhaps Companion House provides—fee-for-service cultural competency training, which is really important to get people to understand the skill set they need and to develop it to work with people from culturally diverse backgrounds—being able to train to use interpreters, but particularly the TIS interpreters. In the medical space, you need accredited NAATI-level interpreters because there are legal implications if you do not use them. So they need to know how to use interpreters properly. GPs are like us solicitors; we need to do mandatory professional training—10 points every year—and that could be incorporated as part of their professional development.

Also, there are many GPs who come from culturally and linguistically diverse backgrounds and who speak different languages. Being able to identify what languages and what countries people originate from, and guide people to see those GPs, could be a good way to go forward.

**Dr Hynd:** Again, there are issues of trauma. These can be long lasting, particularly

where people or members of their family have experienced torture. That is another issue that makes the referral to GPs a complex one—to make sure that the GPs are appropriately briefed and are particularly capable and trauma trained to deal with that particular background. It is often significant in mental health, but also physical health and people’s freedom to be able to discuss the experiences that lie behind physical disabilities that they may have. But this can be difficult, as Sonia says; in particular for some cultures where there are issues of shame associated with those sorts of experiences.

**Ms Di Mezza:** That is a very good point. Another professional development area is trauma informed practice: how to work with people who have experienced trauma. That is important, especially for people from the refugee communities.

**MR PETTERSSON:** In your submission, you make reference to affordable driving lessons being more accessible. I was hoping you could provide a bit more clarity. Is this for youngsters—17 and 18-year-olds? Is this for parents? Is it access to a car that is a problem, or is it access to someone that can provide supervision?

**Ms Di Mezza:** Can I speak to that, because MARSS operates a driving school, and it incorporates adults. That is important. I, myself, came from working overseas, and I arrived in Canberra. One of the first things my husband said was, “You have to get your drivers licence; public transport is really difficult.” Driving is so important because it gets you to the services and supports you need. And it decreases that social isolation that we spoke about in the other inquiry. It is really important that young people get their licences for themselves and to support their families, because, as we discussed, they carry a very heavy burden in supporting families in that way.

So we offer reduced driving lessons. It is a lot cheaper than if you went to the private market and accessed driving instructors. The other thing is our driving instructors. One speaks Arabic fluently—a native Arabic speaker—and the other is a native Farsi speaker. Farsi is similar to the Dari language. The biggest refugee community cohorts that we have in Canberra are the Afghans and the Arabic speakers, like Iraqis. So they can provide the instruction in their language.

This is so important because Australia, in my experience, is a very bureaucratic place. It is very rules driven. That is not the case in many countries where you get your drivers licence, and it is a piece of paper. You just drive however you want. So making sure that you can drive in Australia safely is really important because it gives you access to services, decreases that social isolation and helps you to belong. And because you can do that as a 16- or 17-year-old, it also impacts on children.

**Dr Hynd:** What we have done is refer people to the MARSS but also provide them with the funds to help meet the costs. We have just applied for a grant from Hands Across Canberra to help us, because there is a continuing stream of people, for all the reasons that Sonia suggests—getting to services and being able to ferry children around, but also to get access to work, particularly for those doing casual work outside the normal business hours when they can get access to the public transport.

Also, over the last few years we have had a number of people donate their cars when they are trading up. So we have developed a process for handling that, and then

allocating, according to need, to families to help them with all those needs. It is something that we did not think we would ever get involved with, but it makes a such a difference to their social integration and their access to work. For an organisation like us, with limited funds, having people being able to work and take care of themselves is really important for their self-esteem but also for our budget—to put it very, very bluntly.

So we do all we can to pay those basic entry-level work courses. As people are generous, I suspect quite a few people, in shifting to electric cars, have donated their vehicles to us, and that makes a difference. It is not something that we really planned to get into, but it was meeting a need and responding to some generosity. I really want to say that this is a very generous, caring community. I have been in this position for about six years, and I am just stunned, almost on a weekly basis, by the willingness of people to not only say they support refugees or migrants but to demonstrate in practical ways that they actually do care. Sorry, I get rather passionate about that because I think people dump on this city too much—and it is a very, very generous place.

**Ms Bragg:** And I would just like to say that MARSS offers a driving program, and I think Salvation Army do driving lessons as well—

**Ms Di Mezza:** Maybe.

**Ms Bragg:** but I think the demand outstrips what is available, so it would be great to have more funding for MARSS to run more programs like that or even increase what CRS does with the cars, because cars are a big issue as well.

**MR PETTERSSON:** Thanks.

**THE CHAIR:** Thank you very much, Joanna, Sonia and Douglas. Thank you so much for your time. We could literally talk all day—

**Ms Di Mezza:** Yes, I think we could.

**THE CHAIR:** but we would be getting in your way of helping people if we did that. Before we finish up, was there anything that we did not get to in the submissions, or today, that we really needed to?

**Ms Bragg:** I would just like to raise that I think there needs to be more exploration done around education, particularly the transition for kids moving from Introductory English Centres into mainstream schools. I am an EALD teacher—an English as Additional Language Dialect Teacher—but I have not taught here in the ACT. What I see in my program is kids falling through the gaps when they go into mainstream schools where they may not have the support that they have had in the Introductory English Centres, in terms of the EALD support—particularly if they go to a Catholic school, because there are not necessarily EALD teachers at Catholic schools. Pastoral care to ensure that they are well looked after for at least the first 18 months of that transition is something that could be explored in another inquiry.

**Ms Di Mezza:** To add to that, retention of language of origin is also important.

**Ms Bragg:** Yes.

**Ms Di Mezza:** We are supporting the Afghan community to set up a Dari language school for their children. Children are incredibly linguistic, so being able to build on their English skills but also retain language of origin is a very positive thing, we believe.

**Ms Bragg:** Yes, absolutely.

**THE CHAIR:** Yes.

**Ms Di Mezza:** I do think the questioning has been very comprehensive. I have nothing else to add; do you, Dr Hynd?

**Dr Hynd:** No. I just appreciate the opportunity to deal with the specific area of the community where there are some specific needs, and the difficulty that I appreciate the ACT government faces in dealing with some problems that are exacerbated by the history of policy and delays in processing that leave people in limbo. It is not your responsibility, and I appreciate the fact that the ACT, as a jurisdiction, has stepped up to the plate to take some of the burden and has been very supportive in encouraging the community initiatives. I really appreciate that.

**Ms Bragg:** Yes, absolutely.

**THE CHAIR:** Thank you. And thank you all for your work in the community. Thank you for your time.

**Short suspension.**



**TYRREL, MS LAVINIA**, Chief Executive Officer, Karinya House

**THE CHAIR:** We welcome our witness from Karinya House. Have you seen the pink privilege statement and read the obligations, responsibilities and rights in there?

**Ms Tyrrel:** Yes, I have.

**THE CHAIR:** Excellent. And you are happy to follow those?

**Ms Tyrrel:** Yes.

**THE CHAIR:** Great. Would you like to make a brief opening statement? Note that we will probably have a few questions but, please, if you have an opening statement, by all means jump in.

**Ms Tyrrel:** Sure. Thank you very much. Thank you for the opportunity to be here today. I would like to extend my respect to the traditional owners on whose land we meet.

Karinya House is a small charity. We have been around for 26 years. Our mission is simple. It is to support women who are pregnant or parenting and are experiencing crises. I think the two things which make our contribution to this inquiry quite unique are that we really focus on the perinatal period—from the start of pregnancy to the first few years of a child's life—and we do not operate in one domain; we support women who are experiencing multiple intersecting vulnerabilities—homelessness, domestic family violence, poverty, mental ill health.

As you will have seen in our submission, our main suggestion is that the single most important factor from our vantage point for a child's development, particularly in the early years in raising children in the ACT, is their relationship with their caregivers, birth parent, mother and the environment that those care givers are able to provide for their child. So our suggestion to the committee is to focus on the quality of support for caregivers, particularly women, who, we know, tend to have the greatest role in caregiving in our community. Why?—because this early stage has significant impacts on a child's neurological development, and their developmental milestones, and can have impacts into adulthood.

Additionally, we know that women experience greater vulnerabilities during and after pregnancy than almost any other time in their lives. So if we can get the support right in this period, we are setting up caregivers and children to achieve stronger wellbeing outcomes in our community.

Secondly—and I know this is a focus of the inquiry—we really welcome the attention to the environment in which a caregiver is raising their child because the environment constraints a birth parent's or caregiver's ability to raise their child. You have listed a number of factors in here which are really important. We would also strongly highlight safety—

**THE CHAIR:** Yes.

**Ms Tyrrel:** particularly for women, but also for children in the early years. We would also highlight pregnancy and parenting support as an environmental factor and remember people who may have experienced pregnancy loss or birth trauma and the impact that has on their ability to raise a child. Obviously, there is also an intersection between these different factors, which I am sure you are aware of. For example, domestic family violence is both a cause and a consequence of homelessness, and that impacts your ability to raise your child.

Lastly, there are lots of good initiatives going on in the ACT, and there is a lot of work to be done, but we have, for brevity, just focused on one suggestion—and that is to appoint either a commissioner or a suitable equivalent for the perinatal and early years period. That role would be a voice to advocate for the rights of parents and caregivers but also for children, particularly in that first two years of life—babies and infants.

There is a lot of fantastic work going on through some of the commissioner's other work; that is particularly focused, though, on children and young people. We are talking particularly about that very early period. We are a human rights jurisdiction, so just because you are a baby or an infant, and you are not necessarily able to express yourself in the way others can, we want an avenue to be able to acknowledge and try and respect your rights. And that commissioner or equivalent could be focused on the First 1000 Days strategy and look across all of the different but quite disparate reforms going on and try to join those up—and then also look at where there might be gaps in legislative policy reform and in services for that perinatal and early-years period.

**THE CHAIR:** Thank you. I was interested in that suggestion in your submission. It is good that the government is acknowledging the importance of the first 1,000 days. There is work going on in that, and I am interested to hear how well you think that work is proceeding. But it is an interesting idea to have a specific commissioner to look after the babies and the caregivers of the babies at the time—somebody who would intersect with both the babies and the environment that the babies are in.

**Ms Tyrrel:** Yes, that is right, particularly in that early-years period. As we know, babies—infants—are highly dependent upon their primary caregiver and secondary caregivers, so I do not think you can separate, in that period, a baby's and infant's welfare from the welfare of their caregiver or parent. And going hand in hand with that is also the environment, because that environment can constrain or enable your capacity to parent and provide a safe, healthy, loving environment for a baby or child.

**THE CHAIR:** Yes; interesting. I would say that the government has taken some other steps today. I do not know if you saw the announcement that we will be counting babies and midwife ratios—

**Ms Tyrrel:** Okay.

**THE CHAIR:** and that addresses one of the longstanding concerns, where babies were not even counted.

**Ms Tyrrel:** Yes.

**THE CHAIR:** So it is probably part of that whole body of work of recognising this as a separate time of life and something that needs its own attention.

**Ms Tyrrel:** Yes. And I think it also gives an opportunity to really look across at all of the reforms going on and see where there are opportunities for them to complement each other. We know that there is work going on under the Maternity in Focus strategy, looking, for example, at the continuity of care and the desire from the community and from government to scale that up. But then you also have work going on under perinatal mental health reforms and the work going on under housing and homelessness and domestic family violence.

So, there are a lot of good initiatives going on, but I think it is being able to draw them together and then link them to the First 1000 Days strategy and taking a step back and going to one single point of reflection and accountability review to see how we are going against all of these different pieces of work across government and how they are enabling outcomes against the First 1000 Day strategy.

**MR MILLIGAN:** Yes. As I understand it, Jodie Griffiths-Cook is Children and Young People Commissioner in the ACT. With what you are suggesting, wouldn't those responsibilities potentially fall under her? Would you attach those additional suggestions that you have put forward to her instead of setting up another commissioner? Would that be something you would recommend or consider?

**Ms Tyrrel:** We did say “or equivalent”.

**MR MILLIGAN:** Yes, of course.

**Ms Tyrrel:** I do not have the luxury of sitting inside government and the bureaucracy, so, taking a step back, my suggestion would be: what is the most effective and efficient way for us to have accountability and a single point of contact for this perinatal and early-years period? One suggestion is that you could have that as a stand-alone commissioner who will carry a level of responsibility and weight by their own accord, and/or you could attach specific responsibilities to another commissioner's profile and/or you could have it in a different type of format. But if we, as a jurisdiction, say, “This period is absolutely critical, but it is not as well recognised and represented as we would like it to be, so let us do something about it,” then I think it needs that level of oversight and accountability.

**MR MILLIGAN:** Okay.

**MR PETTERSSON:** I am curious what your experience at Karinya House has been when it comes to the women who are coming to you pregnant and if that has changed over the years. The demographics of people that are reaching out and needing services at that particular point in their life—is that changing?

**Ms Tyrrel:** That is a very good question. I have been in the role for just over a year, so I would not be the person to answer that. However, I have asked that of our staff. Some of them have been there since Karinya House was set up. They describe it as waves of cohorts. We might have periods where we are supporting young women or

women who are themselves children, particularly, and then we might have periods where we are supporting women from migrant backgrounds or on insecure visa situations, particularly.

Whilst we tend to have, as they call it, waves of women with different backgrounds coming through, I think there have been two consistent things since day one. One is that the demand for our service has not dropped in 26 years. You would hope, in a way, that we would be out of a job by now, which would mean that some of the social and structural inequities which are pushing women to Karinya House no longer exist.

The second thing is that our staff would also say that the complexity of cases remains. So we have not gone to a position where we are supporting women, for example, experiencing only one vulnerability; we continue to support women who are experiencing one or more vulnerabilities. To give you some of the service statistics, last financial year over 70 per cent of the women we supported identified a history of family trauma; over 65 per cent were experiencing homelessness; and about the same amount were experiencing family and domestic violence or were previously. So the fact that those vulnerabilities—environmental factors, as you are calling them—intersect, and that they create more vulnerability because of that, has not changed since Karinya House was set up.

**MR PETTERSSON:** It is a bit depressing when you put it like that.

**Ms Tyrrel:** I did not mean to bring the mood down. Women during this period experience many more vulnerabilities. For example, if you experienced domestic violence before you fell pregnant, the severity of that violence is very likely to increase once you are pregnant. If you did not experience domestic family violence, you are much more likely to experience it once you are pregnant.

So we know all the vulnerabilities go up, but, having said that, one thing that we are very fortunate to have observed over the course of our work through Karinya House is that it is also a period in life where many women are looking to make change, and that may be more so than in other periods of their lives. There are two reasons, we speculate, why that happens. It is because some women are interacting more with services—engaging with midwives and with Housing ACT—so there is a greater engagement with services, referral pathways and opportunities there. The other is that for some women their calculation has changed. They are thinking about the child or their children, if they have got previous children, and the type of future they want to chart for their children.

So if I was sitting in government and thinking, “Where is a good investment of money?” then I would say that this perinatal period, despite the heightened vulnerabilities, is also a period where many women and caregivers are looking to make change. And you want to be there for people at the point where they are looking to make change and enact their own agency, because that, as we know, is a far more likely time for people to succeed.

**MR PETTERSSON:** Just circling back, the demographics and characteristics of women who are using Karinya House have stayed roughly consistent. The services and role of government over generations has changed. We have said we are going to

spend more money on housing, domestic violence—you name it—and we are doing these things. Does that mean what we are doing is not working or is it that we are not doing enough of it? What is going on here that we are not actually making a dent in the problem?

**Ms Tyrrel:** I wish I had all the answers; I would be a millionaire. I think there are a few things. If I think particularly about domestic and family violence, I would argue that that remains a crisis in our community. The “solution”—I put that in inverted commas—to that problem is not just one for government. Yes, there is a need to make sure we are investing properly in victim-centred legal support services, for example, and in crisis services, and ensuring that women who are experiencing domestic family violence are not also now experiencing homelessness as a result of that. So there are levers that government can and should be pulling.

But when you think about that social challenge, it is also a consequence of attitudes, norms and perceptions in our community. It can take generations to change. It is also a consequence of how funded and able the community sector is to work together to address those challenges. It is also a consequence of leadership and role modelling and what people see in the media, how people experience school and then the attitudes that parents and caregivers provide to their children. So I guess there have been some good steps forward around domestic family violence. There is definitely still work to be done if you are looking at it from a government perspective, but these are very complex social challenges. So government alone cannot solve the crisis of domestic and family violence in our community.

**MR PETTERSSON:** Thanks.

**THE CHAIR:** Lavinia, is there anything we have not got to that you think you should tell us and that we should be thinking about during these hearings?

**Ms Tyrrel:** No. Thank you for the opportunity. I think I have talked through everything from our perspective. But, please, if there is anything else I can add, let me know.

**THE CHAIR:** Thank you for your work at Karinya. It is doing some great work out there.

**Ms Tyrrel:** We are very fortunate to be able to do the work that we do.

**THE CHAIR:** Yes. That is awesome. And thank you for your time this afternoon.

**Ms Tyrrel:** Thank you.

**THE CHAIR:** On behalf of the committee, I would like to thank our witnesses, who have assisted us through their experience and knowledge. And we would like to thank broadcasting and Hansard for their support.

If anyone wants to ask a question on notice, please lodge it within five working days. We will upload them to the portal as soon as possible.

**The committee adjourned at 4.01 pm.**