**Report to Australian Human Rights Commission on visit to Inverbrackie APOD, 12 May 2014.**

I interviewed 10 families, 6 Tamil and 4 Iranian.

I noted the contravention of children’s rights in many areas:

* failure to respect the best interests of the child
* failure to treat children with humanity and respect, degrading treatment (seemingly overzealous security measures, prolonged detention in what they experience as a jail like environment)
* compromising genuine engagement in educational and recreational activities
* failure to recognise that least to children in genuine distress required expert Child mental health intervention

In the entry meeting it was established that although there are 75 dwellings, and about a similar number of family groups, policy is to aggregate families so that occupancy of 2 adults or older children per room is ensured. This produces unnecessary crowding within houses, potentially causing psychological damage that would offset any cost savings associated with consolidation.

It was stated that all families know who their case managers are and have telephone details for them. I have only had clinical contact with a few families from Inverbrackie, but none of them have been able to tell me who their case manager is.

Head counts occur at 6.15, 11, 2 and between 8 and 1130. It was acknowledged that there has been no yield from any of these counts. Detainees find these head counts disturbing and distressing:

* A 9-year-old told me “officers come in and shine torch on my face and I can’t sleep”.
* A family told me that children were deliberately woken up during head counts.
* Another said that because the head counts are unpredictable they can never relax, women cannot take off their headscarves.
* A family reported that houses are searched every month with all their clothes being taken out.

Some families described regular three-day waits before being seen for any medical concerns, while others said that they received prompt attention. The following examples are all of adults having delayed medical attention, but in each case I judged that the delays might have impacted on the well-being of their children.

* A man lost sight in one eye was told that he needed to see a specialist but this hasn’t happened after 4 months. He has a reasonable fear that he may lose the sight in his other eye.
* A mother who was significantly ill eventually requiring 3 days in hospital was initially told “you came in a leaky boat, you have to wait your turn”.
* A woman had an appointment arranged for a medical condition, but when she went to it, it was cancelled and no further appointment has been made.

These and other impositions on parents have an impact on children; as they lose their dignity and sense of efficacy they are less able to parent. One man told me “I want to say to Mr Abbott and Mr Morrison “can you bear it if your children stay in this situation for a day? You can see the scars my child has got from Christmas Island. My pride and dignity were broken in front of my child – he was innocent and I brought him here. We are not a suitable chess item to be played with”

Outings or excursions were infrequent except for children going to school; they averaged less than once every 2 or 3 months for families and adults. The majority of families complain spontaneously about the security checks to which the children were subjected. A 17-year-old told me “I am unable to go to school while I’m in jail”.

An 18-year-old is not allowed to continue her schooling because she has turned 18.

*Impact on mental health*

Most children were described as being unsettled by the moves and the restrictions of being in detention.

 2 11-year-olds [*Redacted*] were in a very worrying state, similar to what I’ve seen in similar aged children in Baxter and Woomera after long stays in immigration detention. These are both bright boys who presumably have been exposed to all kinds of adult conversations and observations that have been beyond their emotional capacity to process, though they have cognitive capacity to understand what is happening. They are tired, but prone to outbursts. They will often be outspoken and be interpreted as being rude. Their sleep is very disrupted (one boy was reported to be on a sleeping tablet to prevent him from waking up screaming), and seem to have lost the capacity to meaningfully engage in school and other activities. One of the boys maintains the wish to one day become a doctor, his expression visibly saddening as he sensed the hopelessness of this outcome.

Several other children were described as regressing in their toileting, with at least one school-aged child being put back into nappies at night.

Several children described nightmares, other sleep disturbances and reluctance to sleep in their own bed. One child has visions of his father (who is currently in the community on a ?bridging Visa).

*Conclusion*

On the limited sample of families that I was able to see, and without conducting any formal assessments, I was able to identify 2 children in serious distress who required immediate psychiatric attention. There were several more children who are clearly suffering from the experience of being in detention, and many adults whose suffering might be having an impact on their children.

Inverbrackie is clearly a much more positive environment than Baxter or Woomera, and my impression is that most detainees thought that most staff were doing their best to be helpful. However the patterns of suffering are worryingly similar to what I saw a decade ago in those much more hostile environments.

Jon Jureidini

16 May 2014