Inverbrackie Visit 12 May 2014

This was my first visit to an immigration detention centre and I am prepared to believe that both the location and facilities at Inverbrackie are far superior to those available elsewhere in Australia for people in immigration detention.

I have previously visited prison facilities for women and children in ACT and NSW and I believe that those prison facilities provided a more suitable living environment for children than Inverbrackie, despite the far superior physical location of Inverbrackie. It has an appearance of openness, despite the perimeter fence and check point governing all movement in and out of the centre.

Although the prison facilities I previously saw were generally in better repair and maintenance than those at Inverbrackie (which were not bad,) the main difference from my perspective as a paediatrician focused on infants and children, was that the prison staff had more training and supervision and support regarding the emotional and developmental needs of the children and their families and were better able to support the mothers in their parenting compared to the Serco staff. I know Serco receive training in recognising and responding to child abuse and DV, but I believe they are not encouraged to enhance their daily interactions with these children and their families.

The biggest difference however must be because the women I met in prisons had some certainty as to the reason they were in prison and the how long they would be there, as well as understanding what behaviours might facilitate their release. None of the families in Inverbrackie have any control over their lives, other than the knowledge that an outburst of unsuitable behaviour, most likely as a result of overwhelming despair, could be catastrophic for their already uncertain future.

In my one day at Inverbrackie, I interviewed eight families, all with two parents and a total of 18 children from 24 years to 2 months and one unaccompanied youth. Three women were pregnant, between 20 weeks and 8 ½ months gestation.

They were from three language groups and all were accompanied by excellent interpreters.

The language groups were Rohingyan (from Burma); Persian (Iran) and Hazaragi (from Afghanistan).

I believe that Serco, the security service involved at Inverbrackie, could state with some justification that they are complying with all the requirements for children in immigration detention, but “the devil is in the detail” and the experiences of children and young people currently detained at Inverbrackie are likely to have lasting impacts on their mental and psychological health and possibly their physical and intellectual development.

The children **do live** in family groups, but although I was told there are enough houses to house each family separately, the policy is for the families to share houses- mostly 2 families per house, but with no say as to which house or who to share with- this is said by Serco to be done to reduce disputes. For two unconnected families to live in such an intimate environment could not avoid being stressful, despite everyone’s best intentions. The circumstantial stress unavoidably associated with their daily living conditions must heighten the chance of disagreements and possibly intra and inter family disputes and even possibly violence. The fundamental problem is the lack of control of all aspects of their lives.

The families buy their food at the store on the campus- on a point system- and do have some say as to what is available for them to buy. They then cook it in their own (shared) kitchen. There is an additional point system to buy “luxuries” as available and clothing.

There are nurses and a GP available within the centre. I was told there is also counselling available and two of the families I interviewed spoke of using this counselling service.

The process to access health services is to apply to Serco to see the nurse (and according to the 8 families I saw, not infrequently the details recorded by Serco (house number etc) are inaccurate, which results in the family missing out on the appointment and getting reprimanded sometimes). From my interviews, the waiting time to see a nurse is usually a few days then, if she agrees to refer, there is another wait to see the GP. Interpreting availability for some language groups (esp. Rohingan) is scarce and not always available for medical appointments, even for specialist appointments. T.I.S. is supposedly always available but, according to the families I spoke to, not infrequently the wrong interpreter is provided, or the translator via T.I.S is inaudible.

One woman had no interpreter available when she went to hospital to deliver her baby, which she found very frightening. I was told there is only one interpreter available for >50 Rohingan people at Inverbrackie.

Two young children (aged 3 years and 2 years 4 months) with 1) sleep apnoea and 2) asthma, both chronic problems, have so far been waiting for months for specialist assessment.

There are separate dental sessions provided in the evenings in nearby towns, but from the histories I was given, there is usually quite a long wait to be seen(they are not to compete with locals for facilities). One youth I saw had been waiting over 2 weeks since a referral for acute toothache. Another child, with multiple caries, was approved to see the dentist but is still waiting some months later- I was unable to elicit the exact time.

Almost all of the families had chronic sleep disturbances. These ranged from talking and crying in their sleep to teeth grinding (sometimes severe enough to damage teeth), nightmares and sleep walking. A physically disabled 24 year old had particularly distressing dreams about the sea voyage. He is in a wheel chair, and also has problems with his hands and vision. All people have access to the internet 1 hour per day. This is not long enough for him to accomplish anything, given his level of disability, but seems inflexible.

A specialist eye appointment was made for him. No interpreter was available, so the consultation accomplished nothing. This family was to be rehoused as the young man cannot manage the bathroom without a lot of assistance. They have been waiting for months. He and his 20 year old sister present as very intelligent. Neither has any access to educational opportunities. Both are keen to learn.

All the families I saw with infants were generally happy with the support provided, particularly nappies and food and nurse consultation. A number complained about the rigorous process for getting further clothing for infants-

* Clothing had to be shown to be “worn out” not outgrown. Outgrowing is the usual situation with babies.
* One mother could not get additional socks for her toddler, who frequently got wet feet in puddles etc and needed to change her socks
* Several parents were concerned their infants were inadequately clothed for the cold nights at Inverbrackie and had been refused requests for extra suits.

The school aged children go to school in the community by bus, at least part of the week. However, I was told they are in separate classes at school (maybe language contributes to this). Nevertheless, it makes the children feel sad about it and they feel they miss out. Generally they are enthusiastic about attending school. The parents are able to attend parent/ teacher events, which they value and appreciate. All children have their bags searched each day after school and mostly they have a sweep body search as well. We did not have access to the school(s) to discuss any school related observations.

There is an excellent early childhood facility at Inverbrackie run by a truly inspirational early childhood teacher. This is available to all infants and preschoolers in the mornings then, in the afternoons, she runs smaller “attachment” groups for the very depressed mums and their infants. She feels this support is well received and is having some demonstrable benefits. Most families with young children spoke to me of the preschool very positively without being asked.

There is an excellent playground available, but children under 12 are not allowed anywhere in the compound without a parent, which limits its use as parents often cannot accompany them. Organised sport helps, but there are limited options for team sports and there is no sporting activity involving the community.

The families are taken on an excursion about once every six weeks- they have no choice of destination and are always accompanied by uniformed Serco guards and feel very conspicuous. The never go to shopping malls or places which would be useful for familiarisation with life in Australia, but mostly somewhere like the zoo, which some parents and children I interviewed found frightening. A swimming excursion was spoken of favourably by a number of children.

Probably the most frequent complaint I heard is that in this “model” facility for “low risk” people, they have a roll call 4 times a day and 2 of these are photo checks, with each person, including babies, matched to their photos. Since the last check is at night- usually after 8.30pm, the children are often wakened by a torch shone on their faces. In addition, I was told that the guards do not knock to give any warning. This is particularly distressing to some of the women. All the families I interviewed told me that some of the Serco guards are consistently polite and respectful. However others are considered to be rude and threatening and verbally abusive and insulting and this frequently caused real distress e.g. a 14 y.o. found with a lollipop (forbidden) was told that his behaviour would place his family at the bottom of the list and it was entirely his fault. This boy is already on treatment for depression.

Without exception, every adult, young person and older child I saw was distressed, with a feeling of deep hopelessness- perhaps a little hope as they came willingly to see us- and they conveyed that they were in despair, with absolutely no control over their lives and all anticipated being sent off shore with their infants and little children. A number of families came to Inverbrackie because the women were soon to give birth. These families are terrified of being taken to an unknown destination (Naru was spoken of most often) and they particularly fear for their babies in such a place.

All said their reason for coming to Australia was for safety, health and education for their children and the right to work. Most of those adults I spoke to had no right to work or school in their own country of origin (Burma) and many considered their lives to be at risk there. Others (Iran) were very frightened of their fate from having displeased those in power in their country and maintained on “lists” which would make them easily identifiable. The unaccompanied youth from Afghanistan had been sent by his mother for his safety after his older brother was taken by the Taliban and disappeared. As I have discussed inn my separate letter about him, he claims consistently to have left Afghanistan as a 16 year old and is now 17. After a long interview on arrival, he was told he was 18. I believe he could well be telling the truth. All chose Australia as they believed it had a good human rights record.

They all said that they have some counselling access and access to English language classes, but no access to lawyers. They are never asked to identify themselves by boat number.

IN SUMMARY: The families I saw who are currently housed at Inverbrackie mostly are couples with young children. The level of physical care and facilities is quite reasonable. However, this is rendered intolerable by their complete powerlessness and hopelessness. They cannot “live in the moment” even though the present is safe and tolerable as they are constantly preoccupied by their fears and dread for themselves as adults and particularly for their children. Their fear and hope for their children was the impetus for their attempts to reach Australia. The greatest risk for these children currently is the psychological environment engendered by their parents’ fear and despair and complete lack of control of all aspects of their lives.

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