Submission to the Human Rights Commission National Inquiry into Children in Immigration Detention 2014

Background
The Royal Children's Hospital (RCH) is the major specialist paediatric hospital in Victoria. RCH has been providing care for children and their families for over 140 years and currently has close to 4,000 staff campus wide providing a full range of clinical services, tertiary care and health promotion and prevention programs.

The Immigrant Health Service at RCH was established in 2001 to respond to the needs of children of refugee and asylum seeker background. Over the last 13 years, the service has provided longitudinal care across more than 10,000 patient attendances within the hospital and also in community settings. The service has provided care for children in detention and children who have previously been in detention, technical support to health and community services involved in asylum seeker care, and advice on refugee and asylum seeker health to the Victorian Government. This body of work has provided a unique insight into the experiences of children who have had contact with Australian immigration detention.

RCH has a procedure on the ‘Care of children in detention’ that was updated in 2013 in response to the hospital seeing increasing numbers of children in held and community detention. More broadly, RCH provides healthcare to children and young people in Australia following favourable resolution of their refugee and asylum seeker claims. Many of this group have significant health challenges, including physical and mental health concerns.

This submission (i) summarises the recent literature on the impact of immigration detention on child health and (ii) describes the Immigrant health service’ experience of caring for children in detention, and expresses concern for the health and well-being of children, families and people who have experienced Australian immigration detention.

Summary of recent literature
Evidence on the negative impact of detention on people’s health has been documented in previous reviews. Since the Australian Human Rights and Equal Opportunity Commission (HREOC) 2004 report there has been further evidence of the detrimental impact of Australian immigration detention on the health and wellbeing of children. Recent reviews show:

- All children in detention suffer; both directly by exposure to the harsh environment and lack of appropriate stimulation, and indirectly by the effect of detention on their carers (Dudley, Steel, Mares, & Newman, 2012).
- The restrictive nature of detention makes parenting difficult, and this is often compounded by parental mental and other health issues (Dudley et al., 2012).
• Children in detention suffer from physical and mental illness (including anxiety, depression, self-harm, suicidal ideation, and post-traumatic stress disorder) at higher rates than comparable non-detained populations (Green & Eagar, 2010; Porter & Haslam, 2005; Robjant et al., 2009).

• Detention creates new mental health problems and exacerbates existing mental health problems in refugee children (Dudley et al., 2012; Green & Eagar, 2010; Robjant et al., 2009).

• The psychological trauma of detention has resulted in increased rates of post traumatic stress disorder (PTSD) in children presenting to refugee health clinics (Francis, Cherian, & Forbes, 2013).

• Pre-schoolers in detention show marked developmental delay and regression, attachment disorders, emotional and behavioural disturbances (Dudley et al., 2012).

• No completed suicides have been reported in children in detention in Australia, however suicidal ideation and self-harm are reported to be common, including among pre-pubertal children (Dudley et al., 2012).

• Severity of mental illness is related to duration in detention, but even brief periods of detention can have major health implications (Dudley et al., 2012; Green & Eagar, 2010; Robjant et al., 2009).

• While substantial recovery does occur after release from detention, there are significant long-term effects of detention on the health of children (Dudley et al., 2012; Porter & Haslam, 2005; Robjant et al., 2009).

These findings are consistent across studies using a range of research methodologies and including children from a variety of ages, ethnic backgrounds, and countries of origin.

There are no prospective data on the health, development or mental health of children in held or community detention in Australia. This information gap reflects both the lack of health, developmental and mental health screening in children in detention, the closed nature of the detention systems, and a lack of independent research.

The RCH experience of caring for children in detention

Based on the clinical experience of the Immigrant Health Service, RCH would like to express concern to the Human Rights Commission (HRC) Inquiry about the following areas, based on the Inquiry’s terms of reference.

Appropriateness of Facilities

A number of families from Melbourne Immigration Transit Accommodation (MITA) describe the facilities as better than Christmas Island, however, they report the compound at MITA is fenced and locked so there is no freedom of movement, and that the accommodation is restrictive. Families lack autonomy over mealtimes and daily routines, affecting parenting, mental health and wellbeing.
The impact of the length of detention

Children, adolescents (including unaccompanied minors) and families appear to experience sequential improvement in their mental health and functioning as they move from Christmas Island to community detention, and then from community detention to bridging visas. In unaccompanied minors and families who have spent a prolonged period in held detention, there have been significant mental health and functional effects, and children and adolescents have missed significant amounts of schooling. The lack of education access is likely to compound mental health and developmental problems. Families have spoken of their profound hopelessness and lack of certainty about processing or future arrangements.

Measures to ensure the safety of children

The guarantee of safety is recognised as a fundamental requirement for children’s growth and development (Maslow, 1943). Detention considerably increases children’s risk of exposure to physical and mental violence, and child protection issues are a significant concern. Children are able to wander around the detention compounds, and at times are very difficult to supervise due to the nature of the environment, and the situation in which families find themselves. Multiple parents have expressed concern about their children’s safety.

Provision of education and recreation

Play is essential as part of normal childhood development, however play opportunities are limited by the environment of held detention. Recreation activities are limited for children in detention, and there are no playground or recreation spaces for young children that are separated from physical spaces for adults.

Our experience is that children of compulsory schooling age (generally up to 16 years in Australia) do not go to school on Christmas Island. Schooling is available to most children in MITA, generally outside the centre, and children in community detention in Victoria are able to access local schooling. A lack of schooling, or reduced access to school, has effects on child and adolescent development, with poor educational, social and emotional outcomes. It is extremely concerning that children and adolescents have not been able to access education while in Australia, and there are significant implications for school placement after release from detention.

Provision of physical and mental health care

A comprehensive health assessment is recommended for all people of refugee/asylum seeker background in Australia, including children and adolescents (Australasian Society for Infectious Diseases, 2009; Victorian Foundation for Survivors of Torture, 2012), however children and younger

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1 The Refugee Health Assessment is recommended to detect nutritional deficiencies, communicable diseases (including tuberculosis screening, blood borne virus screening and parasite screening) and to provide developmental and mental health screening and immunisation catch-up.
adolescents in detention receive limited health screening,² catch-up immunisation is usually incomplete, and they do not appear to receive developmental screening or monitoring. Mental health screening and treatment also appears to be very limited. We have significant concern for children and adolescents with disabilities who are in detention, and the level of assessment, support and therapy available to them.

Adolescents do not receive assessment for adolescent health issues, noting this is a period of risk for developing mental health problems. Provision of immigration medical information is an ongoing issue, with effects on provision of clinical care.

Separation of families across detention facilities
Families may be separated across detention centres, sometimes for a period of weeks, with effects on child, parent and family wellbeing and mental health.

Unaccompanied minors
Unaccompanied minors have specific risk and vulnerability (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Derluyn & Broekaert, 2008; Fazel & Stein, 2002) and the guardianship of UAMs is an area of particular concern (Crock & Kenny, 2012). Clinically this group are challenging to work with, as they can have complex physical and mental health issues. Without the protection of families, they are at greater risk of physical and emotional harm.

Legal issues and privacy
There are significant concerns about patient privacy. The patient consent forms from detention health services provide consent for the “Commonwealth of Australia, IHMS and treating doctors to access medical records for the purpose of health care, placement assessment and progression of your immigration outcome.” and for "Medical information to be collected to help in the progression of your immigration outcome (visa application).”; however this does not provide consent for the hospital to release information, and it is unclear how privacy laws apply to people in immigration detention.

Child rights
Children have not made the decision to travel or seek asylum independently, and as such, are being detained, on the basis of someone else’s decision. We note that the United Nations Convention on the Rights of the Child states the best interests of the child should be a primary consideration, and that children have the rights to respect without discrimination, development, play, education, health and healthcare, to be protected from physical and mental violence, to remain with their parents and to have the protection of the family unit, and, that children in detention have the right to legal

² Detention health screening for children is analogous to the visa medical assessment for permanent entrants to Australia – it includes a medical assessment, height and weight, a chest x-ray for those aged ≥ 11 years and limited blood screening to exclude blood borne viruses and syphilis for those aged ≥ 15 years. Tuberculosis screening is only completed if there is known exposure.
assistance. Our clinical experience raises serious concerns about children’s rights in detention.

Summary

Held detention denies children, adolescents and families the basic environmental requirements for their health, development and wellbeing, and they face profound uncertainty about their future. There is evidence that all forms of detention adversely affect parenting, family functioning and the mental health of children, adolescents, parents and families. There are considerable child protection risks and concerns about child and adolescent safety. Unaccompanied minors are a specific high-risk group.

Our experience is that children and adolescents do not receive adequate immunisation, and that they do not receive adequate physical or mental health screening, or developmental surveillance, placing them at risk of adverse health outcomes. Even with our extensive experience in caring for this group of children and adolescents, we note the challenges in accessing adequate health information, and the closed nature of the detention systems. This lack of screening and surveillance is a significant barrier to measuring and monitoring the impact of detention across the short and long-term. As health professionals we cannot support held detention for children, adolescents or families.

At RCH we will continue to support the rights of all children and adolescents, and provide care for all children and adolescents, including those seeking asylum, in line with our values of unity, respect, integrity and excellence.

Thank you for the opportunity to provide this submission to the Human Rights Commission Inquiry.

Immigrant health service staff
19 May 2014
References


