Association for the wellbeing of Children in Healthcare

Position statement: the needs of Refugee and Asylum Seeker Children’s (0 – 18 years of age)

The Association for the Wellbeing of Children in Healthcare believes that the detention of refugee and asylum seeker children and their families should only be as a last resort and is not in the best interests of the child. We believe that detention is detrimental to a child and young person’s physical and emotional health. Detention has a detrimental effect on the quality of an individual’s life in childhood and adolescence. It has a significant impact on emotional, social and psychological development and directs further development in these areas in adult life. In addition a number of early life conditions and experiences are associated with social and emotional wellbeing later in life, including, the health of the child, a positive family and external environment, and access to support when needed. These systems are needed to support the child and young person to achieve age-appropriate social and emotional competencies (Australian Human Rights Commission, nd).

Other key social determinants of health and social and emotional wellbeing include basic freedoms of speech, religion, and residence; social inclusion; a peaceful living environment; economic and housing security; access to adequate health services; social support; and education. Evidence suggests that happy and healthy children are far more likely to develop into healthy and resilient adults in later life. Children who experience a poorer start in life are more likely to develop behavioural, learning or mental health problems in childhood or adolescence and these can remain as problems throughout their lives (Council of Australian Governments, 2009). AWCH believes that Australia’s detention network and particularly the practice of indefinite detention is harmful to children.

A number of studies identify a strong relationship between the experience and/or exacerbation of mental and physical health issues among children and adolescents in immigration detention (Sweet, 2014). In particular are post-traumatic stress disorder, self-harm, suicidal ideation, depression and anxiety. In addition there is a link between the length of detention and severity/comorbidity of psychiatric disorders (Australian Human Rights Commission, nd).

AWCH believes that at a minimum, the immigration detention system is unable to support the promotion of protective factors that are important for the wellbeing of all children. This includes, but is not limited to, access to education, health, recreation, and supportive relationships. The evidence would also suggest that there are concerning rates of severe mental illness, as well as self-harm and suicidal ideation among children and young people in these settings (Australian Human Rights Commission, nd). Within this context, below we outline achievable recommendations which would result in better protections for asylum seeker children:

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Environment

- No child or young person should be in detention for more than 30 days.
- Detention facilities should be child-appropriate and must comply with child protection, health, education and national early childhood development standards, including suitable infrastructure.
- Facilities should ensure provisions for accessing off-site developmental and educational services (e.g., playgroups, early childhood education as well as primary/secondary education).
- Access to appropriate education services outside the regional processing facility.
- The impacts of trauma, loss, and grief require additional levels of support and the ongoing impacts must be accounted for. In this context, it must be borne in mind that the emotional health of children directly reflects and is influenced by the emotional and psychological health of their parents/carers (Peer et al., 2013; St Vincent’s Health Australia 2012).
- Refugee and asylum seeker children of all ages have access to educational services and meaningful activities that assist them reach their potential (Foundation House 2012; United Nations, 1989).
- Playgroups and preschool programs are offered to refugee and asylum seeker pre-school aged children and are conducted by suitably trained staff (Peer et al., 2013).
- All school aged children have access to education at the appropriate level on a full-time basis; that is properly staffed and resourced; this includes toys, art materials, books, computers, writing materials and paper, and internet access (Peer et al., 2013).
- Physical activity and out of school programs (e.g., arts and crafts, organised sports, library access, homework groups) are encouraged with parental involvement. (Peer et al., 2013; St Vincent’s Health Australia 2012; United Nations, 1989).
- Religious activity is maintained in accordance with family’s wishes and belief systems (United Nations, 1989).

Advocacy

- Independent legal representative present at all interviews with children.
- Care plans for siblings whilst parents are at hospital.
- Issue of necessary maternity and post-natal items, access to pre and postnatal support for women, including readily available interpreter services whilst in hospital for antenatal care and delivery etc.
- The family/support unit should be maintained and protected at all times (i.e., if a child in the family turns 18 he or she is still part of that family unit, health transfers, pregnant mothers - the family unit must be maintained in the location that provides the best health option).
• Additional support should be provided in relation to social and emotional development. Children suffering trauma and stress will have their capacity to learn severely affected.

• Guidelines, plans and protocols around child protection should be in place for all detention/regional processing locations.

• Independent legal representative present at all interviews with children.

• Family groups shall remain together. Parents/carers are to have responsibility for their children's daily cares and make decisions about their children (Peer et al 2013; St Vincent's Health Australia 2012; Foundation House, 2012; United Nations, 1989; The Royal Australian and New Zealand College of Psychiatrists, 2012).

• Unaccompanied minors must be assigned an official guardian who has no conflict of interest; and have a responsible adult oversee their daily activities. There is no clinical assessment or investigation able to determine the age of an adolescent within a few years, so alleged unaccompanied minors should be given the benefit of the doubt in such cases - they are still very young people. Peer et al 2013, St Vincent Health Australia; United Nations, 1989)

• Consent to health and medical care is obtained and informed consent is ensured through use of professional interpreters where needed (Peer et al, 2013; St Vincent’s Health Australia, 2012; Foundation House, 2012; The Royal Australian and New Zealand College of Psychiatrists, 2012).

Health

• Health standards in all Australian funded regional processing settings should be consistent with Australian standards.

• Refugee and asylum seeker children and their families shall have access to a plentiful, clean water supply for drinking and hygiene needs (United Nations, 1989).

• The food provided shall be culturally and age appropriate and meet the needs of developing children and pregnant/breastfeeding mothers. (Peer, et al, 2013; Foundation House, 2012; The Royal Australian and New Zealand College of Psychiatrists, 2012).

• Parents/carers should have access to food and meal preparation areas so they can cater for their children’s needs outside designated meal times (Peer, et al, 2013; St Vincent’s Health Australia, 2012).

• Child health screening and health care shall be provided at a level that is expected anywhere in Australia, with access to nurses, GPs, specialists, allied health professionals and 24-hour emergency care as required (St Vincent’s Health Australia, 2012; The Royal Australian and New Zealand College of Psychiatrists, 2012; Parliament of Australia).

• Vaccination programmes are accessible and are commensurate with the Australian immunisation schedule, with catch up programs in place (St Vincent’s Health Australia, 2012; Foundation House, 2012).

• Oral health of refugee and asylum seeker children and young people shall be assessed and required treatment provided (St Vincent’s Health Australia, 2012; Foundation House, 2012).
Anti-malarial medication and treatment shall be available to all refugee and asylum seeker children and young people in malaria prone areas, with appropriate monitoring and safeguarding relevant to administering such potentially dangerous medications to infants and young children (Foundation House, 2012; Parliament of Australia, 2013).

Child and young people-specific mental health services are available and access is encouraged (Peel et al, 2013; St Vincent’s Health Australia 2012; Foundation House 2012; United Nations 1989; The Royal Australian and New Zealand College of Psychiatrists 2012).

Health care records are documented, maintained and copies provided to refugee and asylum seeker children and their families on discharge (Parliament of Australia, 2012).

Refugee and asylum seeker children and young people should not be disturbed through the night for checks that interrupt sleep and contravene basic privacy needs (Peer, et al, 2013; St Vincent’s Health Australia (2012).

Staff

- Increase child expertise whereby specialised staff advise at the legislative, policy and operational levels.
- Child health care specialists must be employed on-site.
- All teaching staff receive additional training (The Royal Australian and New Zealand College of Psychiatrists, 2012) to recognise and provide support to traumatised children and intervene effectively for children with emotional or developmental delay (Peer et al, 2012; Foundation House, 2012).
- Qualified staff employed on-site (in areas of child health, education, welfare).
- All staff that have contact with refugee and asylum seeker children and their families shall be screened, including background police checks commensurate with those who work with children anywhere in Australia.

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REFERENCES


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