Parliamentary enquiry into Migration Assessment (Health Care for Asylum Seekers) Bill 2012

Additional statement submitted by Royal Australasian College of Physicians (RACP) Paediatrics and Child Health Division (represented by A/Prof Karen Zwi)

Additional Statement:

- This additional statement focuses on the needs of children and young people on behalf of the RACP (Paediatrics and Child Health Division)
- As in the submission of the organisations represented on the former DeHAG, the RACP supports the formation of an Expert Panel with independent monitoring and reporting capacity. The panel will require formal access to information on the health of asylum seekers in offshore processing centres. Most important of all is the requirement by Government to respond to and address recommendations made by the Expert Panel within specified timeframes.
- RACP also supports the introduction of an Expert Panel (which should include child health expertise) to monitor, assess and report on the health of people taken to regional processing centres and urges formal processes for the follow-up of recommendations.
- This is particularly important given what we know about the health and wellbeing of children and young people within the detention network, including that:
    - There is undisputed evidence that prolonged detention and uncertainty over one's fate and future is harmful to the health, development and wellbeing of children and young people. The synergistic risks of parental hopelessness, mental illness, reduced parental autonomy, lack of a safe predictable environment and repeated exposure to traumatic events (hunger strikes, protests, suicides) are well documented to result in high rates of psychiatric disorder and developmental delay in detained children. The Immigration Department's own value of "children shall be detained only as a last resort" has never been enforced. The "no advantage principle" and lack of maximum time in offshore processing centres is likely to be harmful to children and young people. If this cannot be legislated against, these harms must at least must be monitored so as to try to minimise harm where possible.
    - Unaccompanied minors are particularly at risk considering they lack the key protective factor of a predictable, supportive family. Their particular vulnerability should preclude them from being processed on offshore sites.
    - Offshore facilities are mostly harsh geographic environments which present significant health risks such as inadequate water and sanitation, (predisposing children to gastroenteritis), endemic malaria (PNG) and drug resistant Tuberculosis. These conditions and lack of high quality specialist health services in close proximity mean that children may experience serious health conditions that can quickly and easily progress to severe illness and even death. These conditions are among the leading causes of death in children in the developing country world. The Expert Panel would be responsible for monitoring and advising on health risks and outcomes for children and young people.
    - DeHAG has made specific recommendations regarding the health screening (including blood tests, growth and development checks) of children and young people and access to health care commensurate with the general population. Since

these have not been implemented within the Christmas Island and mainland detention network to date, it is of serious concern that offshore processing centres will not be able to implement them either. This requires independent monitoring and advocacy on behalf of children and young people.

- We know that to mitigate the harmful effects of adverse environments, children require a consistent routine, responsive carers who have hope for the future and safe opportunities to develop and learn. The provision of meaningful activities to maintain wellbeing in carers, and for enriching opportunities for young children such as playgroups and preschool, can be very powerful in enhancing their development, protecting their emotional and mental health, promoting successful transition to school, and ultimately their capacity to become productive members of society. This again has not been consistently provided within the detention network to date and monitoring to ensure we cause no harm to children seeking our protection is imperative. Similarly, access to school and to skills training programs can protect mental wellbeing in adolescent and young people and are not consistently provided eg Leonora APOD.
- There are a number of legal issues as yet unresolved within the detention system and addressing these offshore is critical if children and young people are to be processed there. Children within the detention network have no clear child protection system governing their safety and workers within the system may have limited paediatric training in child protection matters. Staff working in the detention network are not required to undertake Working with Children Checks unless required under relevant State legislation. Furthermore the legal guardian for unaccompanied children remains the Minister for Immigration which presents a conflict of interests since he is also responsible for implementing the policy of mandatory detention; it is not clear what arrangements will be applicable to children offshore.

RACP POLICY

The College of Physicians reiterates that it does not support the policy of Mandatory Detention of children and young people. If detention is required in certain unusual circumstances, this should be for the shortest possible time (a matter of days to 2 weeks at most). The College does not support the detention of children or young people in any restrictive environment, including Alternative Places of Detention, and remains concerned about prolonged processing times. The proportion of children in Community Detention remains disappointingly low at 47% (November 2012) despite the minster's commitment to increase this to over 50% in June 2011. The College believes Australian legislation allowing children to be housed in detention centres should be abolished. (RACP Policy 2007).

Refugee and asylum seeker children have the same rights as Australian children, as delineated in the Convention of the Rights of the Child – to Protection (from arbitrary arrest, detention, torture or harmful treatment), to provision of services (such as health, education and other recreational activities) and to participation in decisions affecting their lives. The College is concerned that the rights of refugee and asylum seeker children have not been adequately protected to date and that offshore processing poses additional risks to children.

The “Child’s best interests” principle is paramount and should be applied at all points in the process for children and young people seeking protection in Australia. A useful guide for the “best interests” principle would be to ask yourself how you would like your own child to be treated.

RACP policy: The health of Refugee Children: **Towards better health for refugee children and young people in Australia and New Zealand (***Launched 2007).* The primary aim of this policy document is to advocate for the rights of every refugee and asylum seeker child living in Australia (and New Zealand) to access good quality health care. It makes explicit the importance of the College working alongside federal and state governments to address the health needs of refugee children.

Recommendations

Health Service Enhancement

The RACP believes that health services need to be enhanced in order to address the complex health needs of refugee children, young people and their families.

Accordingly, the RACP recommends that the Australian and New Zealand governments[1] should:

1. Develop services that consistently affirm the dignity of refugees.
2. Develop a whole-of-government approach to best address the health and well-being of refugees settling in Australia and New Zealand.
3. Provide publicly funded health care to all refugees, with a mixture of targeted and mainstream services, independent of their visa status.
4. Provide high quality, accessible, culturally respectful and affordable health care for refugee families.
5. Offer comprehensive health assessments post arrival (addressing physical and psychosocial needs) and appropriate follow-up care for every refugee who arrives in Australia or New Zealand.
6. Develop services with appropriately trained, multidisciplinary team members, multicultural health workers, refugee workers and readily available professional interpreters.
7. Abolish the differential access to health services based on visa category.
8. Abolish current Australian legislation that allows children to be housed in detention centres.
9. Ensure that previous health records are made available and provide personal health records for refugee children, to allow for improved communication of their health needs.

Research and data collection

The RACP believes that all agencies involved in refugee health should promote research and the collection of data in order to develop an evidence base for the provision of optimal care.

Accordingly, governments, institutions, health service providers and practitioners should:

1. Support and conduct nationally coordinated, clinically relevant and culturally appropriate research that will inform best practice and service development.
2. Develop research methods that encourage participation of refugees (including children and young people).
3. Collaborate to address specific research questions that inform future policy and practice in refugee health, including long-term health outcomes and cost-effective service delivery models.

[1] Governments in this document refers to both Australian (Federal as well as States and Territories) and New Zealand

Training

The RACP believes that training in refugee health, multicultural health and human rights approaches to health are key to improving the quality of services for refugee populations.

Accordingly the RACP will work with professional bodies to:

1. Promote the importance of cultural competency, human rights and advocacy training at all levels.
2. Create and facilitate the development of training opportunities that expose trainees to multicultural health, refugee health and related fields.
3. Promote continuing professional development for Fellows in cultural and linguistic competence (including working with interpreters), human rights and advocacy for disadvantaged groups, and provide regular opportunities for professionals to update their skills.
4. Support the establishment of training Fellowships in Refugee and Multicultural Health to build capacity and expertise in the workforce.

Professional practice

The RACP believes that individual Fellows have a respected role in the community and an important voice in advocating for their patients and for refugee communities.

Accordingly Fellows should continue to:

1. Be aware that financial, linguistic, cultural and social factors can prevent refugee children and families from accessing health care.
2. Be informed about the specific physical and health problems faced by refugees, the appropriate screening assessments and management issues pertaining to health problems, as well as the local health and welfare services available to assist refugee families.
3. Adopt a compassionate and respectful approach to refugee children, young people and their families.
4. Advocate strongly as individuals and within organisations to promote high quality care for refugee families.
5. Monitor change (through special interest groups) in refugee health policy and practice.