

National Inquiry into Children in Immigration Detention

Sydney Public Hearing

Friday, 4 April 2014

President And may I now call Professor Karen Zwi.

President Professor Zwi, would you like to make an opening statement?

Conjoint Associate Professor Zwi *[inaudible]* It is somewhat difficult for me to hear (from the previous panel) some of the policies and I am very well aware of them and the kind of concept of doing things “as far as possible” because my experience of my recent visit to Christmas Island with the Human Rights Commission was that there is a big divide between what’s written on paper in terms of the policy of the Department I fully acknowledge tries to implement but what actually happens on the ground. And so my perspective is coming from having spent, as you know, and] talking to over 220 families and children, individually or in groups, and a much larger group of people more informally. [Well and] I feel like we got a very good sense of what is actually happening to people on a daily basis and there is a big gap between that and the attempts to fulfil what is written down on paper.

President Well, thank you Professor Zwi and perhaps before we start to ask some precise questions we are of course are very pleased to have you in the team at Christmas Island, as a paediatrician. Could you tell us about your qualifications and the authority with which you will be answering the questions today?

Professor Zwi I am a qualified paediatrician. I have been working in Australia since 2000. I have Post Graduate qualifications from the United Kingdom, South Africa and Australian qualifications as well. I’ve worked in this area of refugee health, detention health, vulnerable families, and I deal in my work with a lot of access and equity issues in relation to vulnerable population such as Aboriginal populations and other vulnerable groups for the last 10 to 15 years. I was previously on the Immigration Health Advisory Group and *[inaudible]* the Detention Health Advisory Group prior to that.

President Thank you very much. Well, again, perhaps if I could just repeat the language that this is important for us at the Commission. Article 24 of the Convention on the Rights of the Child states that the child has a right to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. Can you tell us what the parents and children told you about their access to services while on detention on Christmas Island and what were their main concerns?

Professor Well I would reiterate what you’ve mentioned earlier. So they were concerned about

Zwi children's health and often showed us infected sores or, you know, as we call it medically impetigo, or otherwise fungal infections of the hair and around the neck which I would have expected to be more proactively treated [within the health] within the detention environment. I think they also specifically were concerned about dental health care. A lot of rotten teeth and children in pain, crying at night and unable to sleep because of it.

Professor What they perhaps didn't mention specifically but which I know from the evidence is commensurate with the standard of care that we would expect for new migrants from overseas is a very comprehensive [*inaudible*] program shortly after people have arrived and that would involve a good examination of both their growth and their development as well as routine blood tests to look for conditions where people may not specifically say they have but which are easily treated. So, for example, iron deficiency, vitamin D deficiency, infectious diseases which they do not actually realise they carry but which we in the Australian healthcare system proactively look for and treat. That is not happening in detention environment. There is very little proactive looking for health conditions which are in the best interests of the child to detect. And that relates very much to what the previous panel were saying. It's true the services are there. There are GP's there, there are nurses there. I think the issue for me is real access - so access doesn't mean simply being there. Access means in some particularly vulnerable populations (and this population where parents have lost some of their parenting capacity because of the... shall I say dehumanising, very institutional environment), they are well known to be less likely to be proactive in seeking their children's healthcare and that's where our healthcare system needs to be much more proactive in actually engaging with them - walking around the centres, doing health and wellbeing activities and uncovering what health issues may arise. It is a different model of care than sitting in your general practice and waiting for the client to come to you.

President So, given the access to healthcare within for most of us in Australia. How do you think the access of these children to health services on the ... what your experience is predominantly Christmas Island but I believe you have been to other detention centres. What do you think is the relative quality of the services available in detention centres?

Professor Well, there probably are sufficient numbers of general practitioners.

Zwi

President Hmm.

Professor I don't think that's the issue that I ... (you know) am going to ... go into great detail on. I think it's much more to do with people feeling empowered to take control of their

Zwi lives, to look after their children in the best possible way. They often described to us how they felt that they had lost that capacity, that control over their lives and their skill in looking after their children, because they have been in detention for such a long time so it's that motivation in maintaining wellness. And that requires a sense of future, a sense of hope. When you've been in detention for 8 months and nobody will tell you where you're going to land up other than "somewhere else", "not here". It's very hard to keep going with addressing your daily needs. So, that routine screening I think is essential and I don't believe that's happening anywhere in Australia at the moment. And also the key thing that I think is very widely available on the Australian mainland is proactive assessment of children's development. So checking for hearing, vision, language delays. All of those things for which there is very good evidence and the Australian Government accepts this, for early intervention such that you can resolve those difficulties [*inaudible*]... That is absolutely not happening and that requires a proactive health service. It's generally not thought that parents, particularly parents in those situations, will volunteer that kind of information.

President What do you make of the views of children and parents that they are consistently met with the answer 'take 2 Panadol'. Is this ... has this been happening in your experience? Is it an appropriate response and what do you think that has ... that impact has on the proactive ability of parents to be effective parents for their children's wellbeing?

Professor I heard in many different ways that people did not feel heard by the health service.

Zwi They felt that if they had a list of complaints people said it was as if we were ... the doctor said to us" or "the nurse said to us", "you just want a transfer". Or you are telling us this for some ulterior motive. They often indicated that they didn't feel believed that these were real medical issues. They also spoke about not feeling respected and that things that were very painful to them, like a miscarriage or concerns about fertility or an infection ... genital infection, which was embarrassing, were not treated with a kind of dignity that they expected, and therefore they were definitely reluctant to go to the health services.

President Can you tell us a little about the physical environment in which these children are being held. Perhaps the sleeping quarters, the impact of the climate on children, bathrooms and toilets and the outside recreational areas from your paediatric point of view?

Professor Okay, well the conditions are harsh. I think there is no other way to describe them.

Zwi Each family is located in a small room sometimes with a toilet and shower just alongside that room. Sometimes with communal toilets and showers. The family is allocated that one room which has a single bunk bed. We certainly encountered

families who had several children and they sometimes had 2 children sleeping on the top bed or they had a mattress on the floor which they would roll out for when it was time to go to bed. A number of mothers complained that they were worried about the safety of their children rolling off the beds or having to sleep with babies and young children alongside them in the bed and [inaudible]... And of course there is the privacy. These "dongas", as they call them, are very close to one another and there's really no privacy. The family space is within that contained room, which is air conditioned, but the communal space is really big outdoor, very hot areas on Christmas Island, which are covered to some extent from the shade but not air conditioned. There really is nowhere where you can sit down and have a meal with your family. There's nowhere where you can feel empowered as a mother, father, children to have a family conversation or discipline your children, talk about the future or do things that normal families do.

In terms of children's play: On Christmas Island there is one children's playground in the construction camp which has no shade over it. Because of the temperature the play equipment is too hot to go anywhere near during the day, so it's only used I think, you know, 6 [inaudible]. It would be a fairly simple solution and I have said this for many years, having gone to Christmas Island before, to put a shade cover over that playground. That has never occurred.

The other facilities, the Aqua and Lilac Camps, had no play equipment whatsoever. The ground is stony and rough. The mothers complained to us that they couldn't put their babies down to sit or crawl or learn to walk because, as we all know, any sensible baby will not crawl on a rough surface that's either concrete or stone. And there really is no other surface. So these are the kind of things that make parents feel very powerless as parents. They cannot be the parents they want to be. They also spoke about not having soap in the bathrooms. So you would change your baby's nappy and go to the bathroom. And I have to say I experienced this, soap doesn't lather so you really don't feel like you are able to ... if there's soap at all but you are able to clean your hands properly. And this leaves parents with a real sense of guilt and shame and anger - that they know they are making their baby unwell because they can't wash their hands after they have changed a nappy, but they had no choice. And the older children can see this. Very destabilising for a child to see that their parents are not feeling in control or not planning for the future, not able to be the best person they want to be. And the children demonstrate this. We had one little girl asking her mother 'are you eating your breakfast today Mum?'. We had kids who said to us 'I wish my Mum would stop crying'. These children are really struggling to see their parents breaking down, which is what happens, and we all know this from the evidence that when you have been in detention for more than 6 months and I think particularly in this situation where you are told, and they

describe this as well, every few days they are all gathered together and the immigration staff say 'You will never be re-settled in Australia' and they describe this as a kind of mantra that's repeated to them in a way that really pours salt on the wound. And they say 'We know this. Where will we be settled?'. And the answer is 'Well, offshore we are not quite sure. We are not sure where you will go. We are not sure when you will go', and people just describe this as "a cruelty", "torture" is the words they use.

President One of the reasons why I wanted to ask the questions was to ask you to sort of divide them up as mothers and babies, pre-schoolers and young children and then teens and teenagers. You have told us a little about mothers and babies. Something I understood occurs there sort of policies that seem a little more than rather spiteful that their mothers must queue up each day to get the three nappies for the babies. Was this something you heard about?

Professor Zwi Yes, many mothers talked about queuing up even if they had just had a caesarean section or just given birth to a baby six weeks ago when they were transferred back to the island. They had to queue up for medication. They had to queue up for meals three times a day by showing their boat number and their id card, which most people find humiliating, but they do get used to it and very often, as we have noted in the media already, they will answer boat number when you ask them their name. But they also have to queue up for milk powder and nappies and they described, I think a couple of mothers actually said, how humiliating it was to have a guard and they said "with dirty hands scooping powder into the baby's bottle" and having to go there several times a day. One mother said to me "what will I do with a can of baby milk. I'm not even going drink it. Why is this?"

President Or there will be a black market established in babies nappies.

Professor Zwi Yes, so it's the sense of injustice and frustration because there really is no good reason and the policy, I don't believe, says anything about how many nappies a woman should be issued. One woman told me that she had to wipe her baby's face with toilet paper and how humiliating she found that. In her culture that was just such a denigrating thing to do. A lot of people spoke about their sense of shame to their children, particularly teenage children. I heard this from a number of people saying that they had promised their children (similar to what one woman said this morning), they promised their children a better future. They promised their children access to education and every day the children would look at them and say "why did you bring us here?", "this is hell, this is worse than where we came from" and they wouldn't really be able to answer that question. They just felt so humiliated as a parent because they weren't able to fulfil that guiding parenting role.

President Perhaps we could move onto pre-schoolers and children in early childhood, could you tell us a little about your observation of that group.

Professor I think that group probably had a quite a lot of difficulties in their development and this is what we see when children are not in optimal environments such as this. So the environment is harsh, but parenting capacity has been reduced by the institutional way that people are living. There is very little ameliorating factors or factors that can help a child cope with the difficult circumstances. In a normal situation we might have an excellent pre-school or a good grandmother or somebody down the road who has just a wonderful garden where you pretend to be fairy. There is nothing here that allows children to escape and to be children. Every minute of the day they are reminded by the harsh environment, by the way their parents are coping, by the lining up, by the institutional [*inaudible*], that life is dreadful. Again, in terms of going back to the policy, I don't really understand why there couldn't be more in terms of pre-school children, play groups, toys. There were no toys. Books that parents can read to child in their own language. Opportunities to go outside to a crèche or a playgroup or a preschool. We know from vast amounts of literature that those early years are absolutely critical in determining that child's wellbeing for the rest of itslife. We are implicated here in damaging these children, for the rest of their lives potentially, and I find that really troubling, and the parents know that.

President Is an awareness of the damage and the children themselves in my observation.

Professor People were saying to me, "my children are going crazy, just like me" what we saw in terms of physical manifestations are a lot of tantrums, a lot of difficult behaviour in young children, not sleeping at night, not listening to parents and they say to parents "but you are not in charge", and they are absolutely right. We had a little girl whose mother said to me she'll only draw in black and she will only wear black. As an illustration of the health service response, I thought this was fascinating, she took the child to the doctor or the nurse and told them this problem and the response was "well, take black away from her". Well that is not really possible, is it?

President Any particular observations about pre-teens or teenager children?

Professor The most overwhelming issue in that group as you have already aluded to, is going to school. When we first arrived, there was a protest going on and all the mothers had lined up, how many were there ...about 30 babies and pre-schoolers and school aged children. The most common thing written on the placards, was "I want to go to school". "I want freedom". "I want to go to the park". "I want to get out of here". So these school aged kids have a very strong motivation to learn. Like most children, they want to do something useful and productive with their day and many of them

highly valued education and were desperate to go to school. As you mentioned earlier, we asked every single one “had you been to school?” The most common answer was “yes, for two weeks in the last eight months” and “it was baby school”. They said “we watched videos”. “We went for a walk”. “We did this, we did that”. One kid said to me “you know, school in Somalia is better than in Australia”. So that is their access to education, which is one of those ameliorating factors that I was talking about. If you go to a school, you are allowed out of detention to a normal life for just a few hours a day. That can save you and that is not happening for these kids. And also that sense of injustice that they did go to school for two weeks, and they saw normal kids from the Australian community, playing, going to their normal houses, and their drawings illustrate that. “It’s me here locked up behind the fence with this dirty gravel and black environment and them just there - I can see them with the flowers and the pretty clothes and access to education”. Very very hard for a child to tolerate because we all know that children have a very well developed sense of “that’s not fair” and that is what they are feeling.

President Could you describe as to what you think is the most concerning aspect of the impact of detention on children’s health or mental health?

Professor Zwi Well I’m seriously concerned about the long term impact as we’ve heard this morning and as I know from my own patients from 10 years ago. People who have suffered a degree of trauma in their own country and come by boat have high expectations, and then sit in a state of limbo with no hope and no sense of future, experience damage as a result of that and these children have been through that process. I think many of them will have ongoing mental health issues like anxiety, post-traumatic stress of some description. They may well have developmental delay. I think it’s very hard to address that after the fact. It is something that one needs to prevent proactively... but yes there are treatments but it is really too late. I have to say that is the issue with the Health Services on Christmas Island. IHMS is probably right. You probably have more mental health service providers than the Australian public has access to, but that is not really the answer to this particular problem. The answer is in preventing those mental health conditions from occurring. Once they have occurred it’s really very difficult to go back on all the harm that’s already [*inaudible*].

President With regard to specialist services. Did you meet children who needed specialist services and where not getting them?

Professor Zwi Yes absolutely. I think the problem was greater in adults but there were certainly some children. There was a child who had severe hearing loss, born with absolutely no hearing, as were both [*redacted*] parents. They clearly, in my opinion, had a congenital sensory-neural hearing loss condition. I think they had some syndrome

from other features that they had had. They had no investigations, no attempts to evaluate the extent of hearing loss in that child. Normally we would consider that an urgent medical intervention because you wouldn't want to miss 18 months of opportunity to intervene and allow that child normal opportunities to develop, grow and communicate in this world. The fact that [redacted] that child hadn't had adequate testing, hadn't had any hearing provision provided, hadn't had access to speech therapy or any blood test or any genetic test, is not commensurate with the Australian Health Standard even in a rural setting. That child would be brought over to a specialist for specialist attention. There were a number of other children with developmental delay, possible autism, and other regression type features like enuresis (bed wetting), which probably required more specialist attention than was currently being provided.

President Thank you. I am myself aware of that family and did meet them. Just as a medical opinion given that they had been on the island for six to eight months, is it reasonable to ask that they be given hearing aids and maybe some assistance in learning to articulate and speak? Is that a reasonable thing to expect that within six to eight months they might have been provided with?

Professor Zwi Yes, absolutely some intervention, whether a hearing aid is appropriate is a different question. That child may be eligible for another intervention like a cochlear [inaudible]. Some children are not able to be assisted by hearing aids for example. So that is a very specialised medical [inaudible] that had clearly not occurred. Whatever the hearing specifics, we would always assist a child in learning to communicate. There are always strategies that can be used while you are sorting out the genetics of the hearing problem, requirements for hearing aid etc, in learning to communicate, be it through signing, using picture boards and other systems, and I do not believe that had happened. They wouldn't have the facilities. It is another illustration of how one shouldn't really place children in remote facilities. Never mind offshore, but Christmas Island is not an appropriate place for children who may have special needs to be attended to.

President Thank you. Well I think that actually answers the question I was going to ask you acknowledging that of course that Christmas Island must be an extremely challenging place in which to deliver health services and we have got to be realistic about that. In summary then, is your view that the health services were adequate or inadequate for detainees on that island?

Professor Zwi I think given their level of need, given their current circumstance in terms of being restrained and having a very high load of mental health and other issues, [inaudible] health services are not the answer to many of these problems.

President No.

Professor Zwi The answer is to not incur some of these problems in the first place, and most of them are fully preventable. I think there is no doubt there is inadequate specialist allied health services specifically, and I think there is inadequate attempt to make the general practitioner services more engaging, more accessible and more proactive in preventing the conditions.

President I think that is a very strong message. And the last question, and it does relate to something I was asking the Department earlier, we are concerned that the number of family separations. Can you tell us from a professional point of view, how these separations impact on the children. We are concerned for example that some woman to deliver their babies are brought to Australia but then they are separated for significant periods of time from their husbands partners and their other children but also the questions of youths being separated from the family because as the Department describes it, they have aged out of the process. What in your professional view is the impact on children when they are separated from their families in these different ways?

Professor Zwi Well, we in our talking to families, I think we must of come across at least 20, probably a lot more but 20 that I noted down as being of concern in terms of immediate impact of family separation and the kinds of things that I was alluding to were situations where a mother felt she really wasn't coping with bringing up two young boys. Perhaps and she had an uncle or a cousin at North West point, at the single adult male, somebody that she had relied on (because her husband had passed away or some other reason) to assist her in bringing up those children. But because that wasn't biologically her husband, or whatever the technical requirement, she was no longer able to have that person assist in looking after those children, and that particular woman that I am thinking of was severely depressed. She had self-harmed; she was very concerned about her inability to look after her children. There were a couple of others who had 15, 16 year old boys who in one situation the mother had been in Darwin for over three months seeking medical assistance [inaudible] I met him on the Island - he was extremely agitated. He was walking around; many of the people here will remember him. He probably had an early psychosis. He was on anti-psychotic medication. He was so distressed that he couldn't tolerate sitting and having a conversation. His father described how this had got progressively worse and how he terribly much missed his mother and he just wasn't able to settle down. He felt, as one would, frustrated, agitated, angry, a sense of injustice and he couldn't cope. He had a 5 year old brother who would be witness to that. His father was very distressed. He had another brother in North West Point who would have been of I'm sure a stabilising and reassuring [inaudible], but that is

the kind of impact. You know, he may never recover from this.

President We have experienced that very recently in Villawood. Where a young boy wanted to spend time with his father. He had been separated in another part of Villawood and despite the fact that that environment where the father was held was not the best environment for a child. The child wanted to be there because it was the only way he could be with a father whom he obviously much loved and wanted to protect and this is coming through quite a lot. So you would agree that that is perhaps an example?

Professor Zwi Yes, very damaging. I mean we all know as parents that our children get very unsettled when we go away for a week and leave them at home with a stable partner and the same house, lovely garden and the dogs and whatever else. Children need stability, predictability. They need to know that their parents are there that they are safe. That's their world view. If there is nobody safe and healthy and looking towards the future in their lives, then they become very frustrated and it leads to a whole range of regression, developmental delay and [*inaudible*].

President Well thank you Professor Zwi it has been very important that you have been a part of this inquiry and you were able to come with us to Christmas Island. We greatly appreciate you giving up your professional time to do this. It's much appreciated. Thank you very much. We are running a little bit behind time but I think you might agree that it is important to explore as many of these issues as we possibly can so perhaps I think we are to have a break but I do think we do need a break, I think you would agree. So perhaps if we could be gathering here by 11:45am we will then move onto Mr Mat Tinkler from Save the Children. Thank you very much.