

# Rights of refugee children and youth in Australia: a long way to go



**Karen Zwi & Shanti Raman**  
**Community Paediatricians**  
**Sydney, Australia**

## Australia is a signatory to

- the Convention on Rights of the Child (Article 22 covers Protection of children seeking refugee status)
- the Refugee Convention
- the Universal Declaration of Human Rights.

## System in Australia

- Highly controlled refugee intake of 13 500 per year
- Either flown in from UN refugee camps or arrive as “boat people”
- Former a select group – HIV and disability screened; treatment and health undertakings if have TB

## Refugee Profile in Australia

- 30% from Africa
  - Sudan, Congo, Burundi, Liberia
- >30% from Middle East
  - Afghanistan, Iran, Iraq
- 30% from SE Asia
  - Burma mainly
- Up to 50% aged under 18
- Approx. equal numbers of men and women

## Common health issues in Refugee Children and Youth (Australian studies)

- Growth and development issues
- Nutrition: Anaemia (20%), Vit D deficiency (40%)
- Under-immunisation (61% overall)
- Infectious diseases
  - Tuberculosis (25%) Schisto (20%) Malaria (10%)
  - Hep B infection (13%) Intestinal parasites
- Undetected chronic disease
- Poor dental health
- Psychological: such as anxiety, depression and Post Traumatic Stress Disorder

# Health checks for Refugees Prior to Arrival in Australia

*(Source: DIAC)*

<b>Pre-arrival screening test</b>	<b>Recipient</b>
<b>CXR (TB)</b>	<b>All &gt;11 yrs, younger if indications</b>
<b>HIV serology</b>	<b>All &gt;15 yrs</b>
<b>HBV serology</b>	<b>Pregnant women, Unaccompanied refugee minors</b>
<b>Syphilis serology</b>	<b>All &gt;16 yrs from refugee camp</b>
<b>Urinalysis</b>	<b>All &gt;5yrs</b>

- ❖ Since 2007, antimalarials, MMR and deworming for some
- ❖ No requirement to document or undertake primary immunisation for children

# 'Continuous Trauma Stress Disorder'

- Detention
- Temporary Protection visas
- Family reunion
- Racial prejudice
- Bureaucratic technicalities
- Foreign culture and language
- Poverty
- Disintegration of family life
- Isolation
- Intergenerational issues

## Support systems

- Housing, public school enrolment, benefits, federally funded GP access, English lessons
- Health care available but not systematically offered or taken up: 1 in 5 children screened

## Cast study 1: child in detention

- 6 year old child with mother, ACM guards
  - stopped talking, eating & drinking; bedwetting and nightmares
  - covering in corner; startled with guards and two-way radios
  - drawing repetitive images
  - dehydrated; PTSD; separation anxiety
- From Iran, Al-Haq religion; asylum seekers
- boat journey then detention centre 13 months
- remained in hospital for 56 days
- back to detention centre....

## Cast study 1: child in detention

- multiple Emergency Department visits
- weight fluctuations
- two week medical admission
- discharged into foster care
- March 2000 - August 2002 (family granted Temporary Protection Visa)
- Costs: \$AUD 5.4 million (\$400K compensation and \$5 million legal fees)

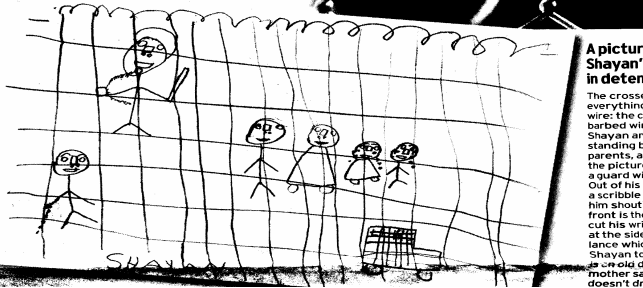
# Key rights violations for refugee children

## Suffer the children

*Life in a detention centre is hard for adults. How much worse is it for their children?*  
**Jacqueline Everitt** argues the effects are so severe, no child should be allowed to stay behind bars.

**L**OST among the newspaper headlines, the rhetoric on both sides of politics, and the negative public perception which inevitably results at the mention of the word "refugee" is the fact that many of the uninvited arrivals on Australia's shores are children. Some come on battered boats, others by air. Most children who arrive in Australia are part of a family unit. Sometimes they are alone, pushed into the hands of people smugglers by parents desperate to buy them a chance of safety in another land. Many arrive already seriously traumatised.

The Refugee Council of Australia reported that as of June 1, Australia's Immigration Detention Centres



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- Selection process
- Children in detention
- Access to free and high quality health care
- No easy pathways to healthcare
- Access to education

## **Case 2: Access to Healthcare**

**K family: Single mother with 6 children, Sudanese, via Egypt, father missing; 2 yrs since arrival to Australia**

- Age range 1 yr-10 years**
- Index children 7 yo twins: presented with scalp fungal infection (kerion) and secondary inf, barred from school due to pus**
- Seen at tertiary children's hospital ID team**
- Health issues identified: TB, low Vit D, anemia, chronic health conditions, under immunisation**

## Case 2: Fragmented Healthcare

- 5 visits to tertiary children's hospital, 2 to GP, 1 Community health centre
- No coordination of care
- Mother's healthcare delivery completely separate
- Delay in health screening and treatment

## Some Successes in Advocacy/ Activism

- Coordinated advocacy from professional bodies against children's detention
- Advocacy from professional bodies e.g. RACP Policy
- Recent legislative changes e.g. Temporary Protection Visas revoked
- Increased health care access for asylum seekers

## National inquiry into children in immigration detention, a last resort?

- Tabled parliament 2004
- Policy inconsistent with Convention of Rights of the Child
- Long term detention undermines child's rights: education, play, healthcare
- High risk of serious mental harm

RACP /RANZP had major input into this inquiry



The Royal Australasian  
College of Physicians

## The Royal Australasian College of Physicians Policy

**Towards better health for refugee children and young people  
in Australia and New Zealand**

*Key recommendation: timely and high  
quality health care for every refugee child  
and young person living in Australia and  
New Zealand*

Launched Melbourne  
May 2007

## Challenges in health care delivery

- Pre-existing conditions rare
  - doctors never seen malaria, hard to get a Mantoux test!
- Health care system designed for literate, motivated middle class people
  - complex federal vs state, private vs public, sub-specialised, bureaucracy+++

## Challenges in health care delivery 2

- Limited health care interpreters
- Lack of publicly funded medications
- Research collaboration and local evidence base poor

## Some embarrassments

- The fuss over the numbers
  - 10.5 mill refugees under UNHCR: 8.4 mill in developing countries
- Off shore processing
- Suspended processing of asylum applications from Sri Lanka and Afghanistan

## More embarrassments

- Only refugee convention signatory with routine detention whilst visa processed
- Fewer children in immigration detention now
  - but laws remain
- Fear around refugee issues
  - Professional bodies
  - general public

# So where the bloody hell are you? Come to Oz in 2013!



THE 27th  
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[www.ipa-world.org/IPAcongress](http://www.ipa-world.org/IPAcongress)



## See you at IPA 2013

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THE GAPS  
in Child & Adolescent Health

