



Minute

To: Elizabeth Hampton, First Assistant Secretary, Health Services Policy & Child Wellbeing Division

Date: [Click to select date]

TRIM Ref:

DRAFT

Departmental Measures to Support Child Welfare Outcomes in Nauru

Timing

Urgent, in light of media reporting of alleged increasing rates of self-harm by refugee children on Nauru.

Purpose

To:

1. Provide you with information about what departmental settings are in place to support the Government of Nauru (GoN) achieve child welfare outcomes for refugee children.

Background

2. In response to allegations of increasing self-harm by refugee children in Nauru broadcast by the ABC's 7.30 Report on 27 August 2018 (see transcript at [Attachment A](#)), you requested a summary of what departmental settings are in place to support the GoN develop and deliver refugee child welfare outcomes.

Issues

Supporting the GoN

3. The Department has provided direct assistance to the GoN to develop and deliver refugee child welfare outcomes since early 2016 (see [Attachment B](#)).
4. There are currently no departmental Child Welfare Officers or contracted social workers in Nauru; a visiting psychiatrist and other mental health professionals visit Nauru on a rotating basis all year round.
 - a. Telehealth services are also available when required.
5. This support is additional to health service delivery (including mental health) provided to minors in Nauru via International Health and Medical Services (IHMS) as the Department's contracted health service provider.

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- i. Substantive contract settings with IHMS were supplemented on 8 March 2018 when the Department approved additional funding for the deployment of a multi-disciplinary Child and Adolescent Mental Health Support team until 31 August 2018.

On-island support

The Department participates in several on-island forums facilitating responses to refugee child welfare concerns, including:

- weekly (or as needed) Child and Family (CAF) meetings between the Australian Border Force (ABF), the Department's contracted service providers and the GoN to discuss complex and high-risk children and families.
- Support, Monitoring and Engagement Meetings (SME) led by IHMS for RPC residents presenting with mental health concerns
- weekly Resident Placement and Preventative Meetings (PPM), attended by ABR, GoN, IHMS and the Refugee Services Provider to discuss resident needs in the context of placement decisions and preventative management strategies that fall outside the parameters of the daily SME and weekly CAF meetings. The meeting provides an opportunity for all key stakeholders to discuss and be consulted on the commencement, management and cessation of emergency care arrangements for children.

Departmental assistance via third-party contract settings

6. Two social worker positions facilitated by a Department-funded contract between the GoN and Humanitarian Organisation for Settlement and Transition (HOST) currently remain unfilled.
 - a. These positions operate as part of HOST's Child Protection Program, which costs the Department approximately \$500 000 per year.
 - b. A separate, in-house, social worker employed by HOST is available to provide services when necessary however.

Consultation

Regional Processing and Resettlement Branch (ABF) and Services Management Branch (ABF) were consulted in the preparation of this Minute.

Recommendation

It is recommended that you:

Note the departmental settings in place to support the Government of Nauru develop and deliver child welfare outcomes

Noted ☐

Please discuss ☐

Craig Riviere

Assistant Secretary, Child Wellbeing Branch

Ph §22(1)(a)(ii)

August 2018

Elizabeth Hampton

First Assistant Secretary, Health Services Policy and
Child Wellbeing Division

August 2018

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Attachments:

Attachment A: Transcript broadcast by 7.30 Report (ABC) 'Healthcare workers speak out about the health of child refugees on Nauru

Attachment B: Summary: Departmental settings in place to support the Government of Nauru (GoN) achieve child welfare outcomes for refugee children

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Image:

7.30 Report

Healthcare workers speak out about the health of child refugees on Nauru

Posted Mon 27 Aug 2018, 9:06pm

Updated Tue 28 Aug 2018, 1:49pm

Expires: Wednesday 26 February 2020 9:06pm

Three healthcare workers who recently returned from Nauru speak out about what they saw there.

Statement from the Department of Home Affairs.

Transcript

plusminus

- LEIGH SALES, PRESENTER: While Australia was grappling with its latest political crisis, a group of medical workers were sounding the alarm about a very different crisis, one that is a genuine matter of life and death.

Almost 1,000 refugees and asylum seekers remain on the Pacific Island, Nauru.

Many have now been there for five years.

About 40 asylum seeker children have been born on the island, but we rarely hear their stories, thanks to the long-standing media blackout.

Tonight, three recently returned health workers are speaking out.

Paul Farrell reports.

PAUL FARRELL, REPORTER: Two-year-old refugee George was born on Nauru.

He spent his entire life on the island.

This is Rose. Her family spent the last five years on the island as well.

They're two of the dozens of refugee kids who've never lived anywhere else.

Many of those employed to care for refugees on Nauru are worried.

Tonight, three health workers speak out for the first time, about what they witnessed.

DR VERNON REYNOLDS, CHILD PSYCHIATRIST: These people on Nauru are some of the most traumatised and vulnerable people I've ever met in my work.

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JACINTA O'LEARY, REGISTERED NURSE: When you see the health and human rights of such a vulnerable group of people being eroded and so many people suffering that's something that you can't really forget.

FIONA OWENS, MENTAL HEALTH TEAM LEADER: There's no research on what happens to children when they're in detention for five years.

So these children, these families, are unique in that we don't understand what's happening to them.

PAUL FARRELL: As of May this year, there were 939 asylum seekers and refugees on Nauru.

Of those, 137 were children.

692 people live in the community with 247 till housed in the island's regional processing centre.

DR VERNON REYNOLDS: My job in Nauru was as the specialist child psychiatrist.

PAUL FARRELL: Dr Vernon Reynolds was one of the latest-serving medical officers, employed by International Health and Medical Services or IHMS, on Nauru.

Over two years, he saw the health of a number of refugee children deteriorate.

DR VERNON REYNOLDS: When I first went to Nauru, there was always a degree of self-harm happening.

There's no doubt that over my time there, it became more frequent event.

PAUL FARRELL: He says some of the kids that he treated began to show signs of severe trauma.

DR VERNON REYNOLDS: What we see, is these young people and adults basically withdraw from life and generally take to their bed and their whole functioning deteriorates.

So they stop eating much, they stop drinking much, they stop looking after their day-to-day self, self-cares. They stop interacting with people, they stop talking.

FIONA OWENS: It's deeply disturbing. I am not easily disturbed because I have a lot of experience of working with difficult situations and working with suicidal children, as the team leader for the Child and Adolescent Mental Health Service.

PAUL FARRELL: Fiona Owens has done social work in some of the world's most impoverished places.

FIONA OWENS: In Nauru, you have a combination of extremely challenging clinical situations that you don't see in mainstream and an absence of services.

So if you put those two together, it's an impossible job.

I've never worked anywhere where it's been an impossible job before.

PAUL FARRELL: During a recent stint on Nauru, Fiona says she encountered a wave of despair among the refugee children.

FIONA OWENS: So children are often alone, wandering around camps, unsupervised and vulnerable and the only conversations around are "we want to die".

DR VERNON REYNOLDS: You've got these layers of trauma, so these kids are destined to have post-traumatic stress problems.

I think most of them probably have it already.

So their ability to manage stress and to manage their emotions, is generally impaired in that situation.

PAUL FARRELL: People who've worked on Nauru have told us horrific stories of refugee children harming themselves.

Last week, two children were brought to Australia for urgent medical care.

The health workers we've spoken to, believe the situation on Nauru is unravelling.

A series of leaked reports obtained by 7.30 back those assertions.

In June 2018, a mother reported that her 14 year old refugee daughter poured petrol over herself and was holding a lighter.

In another report from June, a 10 year old refugee was restrained after trying to consume what were thought to be pieces of metal wire.

And an 11 year old refugee, was admitted to hospital last month after allegedly overdosing, on an unknown medication.

DR VERNON REYNOLDS: Am I concerned that children could die in Nauru that some of these refugee children could die?

I am absolutely concerned about that.

I am reasonably surprised that no-one has.

FIONA OWENS: What will happen is that you'll have a whole cohort of children who grow up with developmental issues and psychological issues that may never be resolved.

They may be damaged for life.

PAUL FARRELL: It's not only children, struggling to cope.

JACINTA O'LEARY: I'm an intensive care nurse and a midwife.

PAUL FARRELL: Health workers like Jacinta O'Leary say that pregnant refugees and asylum seekers on Nauru, have also suffered due to the limited medical services available.

JACINTA O'LEARY: Pretty much every person I saw was not being given adequate healthcare and you would just see the deterioration in their mental health, all the time.

PAUL FARRELL: When she was on Nauru, looking after pregnant women was Jacinta O'Leary's priority.

She cared for three women who wanted to terminate their pregnancies.

It's a procedure that's not available on the island.

JACINTA O'LEARY: Terminations are illegal in Nauru.

If a woman wants a termination, she would be transferred to Australia for that procedure.

Soon after I got to Nauru, the Government changed the policy and women who were requesting terminations were being denied transfer to Australia.

They were being denied the right to end their pregnancy.

PAUL FARRELL: A spokesman for the Department of Home Affairs told 7.30 that anyone on Nauru at risk of harm receives immediate and appropriate medical care.

They said that healthcare of refugees is the responsibility of the Government of Nauru, which declined to comment.

After speaking to 7.30, these health workers doubt they'll ever be invited back to Nauru.

They desperately want the situation to change, but they aren't hopeful that Australia will provide the solution.

DR VERNON REYNOLDS: These kids deserve a childhood, they deserve a life and they deserve a life that we can offer them in Australia or where ever.

JACINTA O'LEARY: I think the Government is well aware of the inadequacies of the healthcare system, in Nauru and the suffering that these people are going through every day. And when you hear them say that the care is outstanding and up to Australian standards, yeah that's a blatant lie.

7.30

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Attachment B

Summary: Departmental support provided to assist GoN develop and deliver child welfare outcomes (additional to IHMS service delivery)	
March 2016	GoN provided with assistance on developing position description for a Child Protection Support Officer (social worker).
	Review of GoN Child Protection Policy, Practice and Reporting Procedure (subsequently endorsed by GoN Cabinet)
April 2016	Deployment of two departmental SESB1 officers to provide on-island support Child Protection GoN (April – June 2016)
	Support to GoN Child Protection social worker (as newly created position) provided by Child Welfare Support section, Child Wellbeing Branch
	Funding of Child Protection Hotline at RPC (as part of 2017–2018 Budget and continuing)
	Engagement of independent child protection consultant (s22(1)(a)(ii)) to develop and deliver child protection and welfare training in collaboration with GoN (funded by Department)
June 2016	Child protection social worker (s22(1)(a)(ii)) contracted until 24 October 2016 to support the GoN on child protection assessment and service delivery settings
July 2016	Funding of child protection and welfare training by independent child protection consultant (s22(1)(a)(ii)) to GoN employees (and departmental staff and its contractors)
	Review of GoN Child Protection Framework
2017/18FY	Visiting forensic psychiatrist deployed to review six children over five separate visits
9 May–13 May 2018	(non IHMS) Child Psychiatrist deployed