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Standards for Health Services in Australian Immigration Detention Centres (IDC Standards)
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Dear Dr Civil

Thank you for providing the Australian College of Nursing (ACN) with the opportunity to contribute to the 2nd edition of the draft ***Standards for Health Services in Australian Immigration Detention Centres (IDC Standards)***.

ACN believes that all refugees and asylum seekers should receive quality holistic health care that addresses their physical and mental health needs, inclusive of health promotion and illness prevention. Access to comprehensive health care should be available regardless of visa status and whether refugees and asylum seekers are living in on-shore or off-shore immigration detention centres or in the community¹.

ACN is the pre-eminent and national leader of the nursing profession, and a community of dynamic and passionate nurses.

ACN distributed the draft IDC Standards to its membership for comment and the summarised feedback is provided below:

Preamble

ACN members suggest reconsidering the use of 'must' to indicate mandatory indicators versus 'could' to indicate optional indicators because it shows that a number of module indicators that support the IDC Standards are optional. This could lead to potential problems in the application of the Standards considering there are many IDCs across Australia, including the off-shore ones, and the inevitable rotation of staff across various work places. To be effective, the indicators should be definite and clear as policy directives to all IDCs and health professionals. Optional indicators invite non-compliance and are a risk to patient care.

¹ Australian College of Nursing (ACN) Position Statement, April 2019, *Quality health care for all refugees and asylum seekers*.

Core Module

Criterion C1.4 – Interpreter and other communication services

ACN suggests the use of interpreters for health services in Australian IDCs to be a mandatory indicator. The health service endeavours to use an interpreter with patients who do not speak the primary language of the health service team (C1.4 A, pp.25-26). The users of interpreters *must* (not *could*):

- register all practitioners with Translation and Interpreter Service (TIS) National
- use appropriate qualified interpreters
- make sure all team members can access a list of contact details for interpreter and other communication services

Given that most people in Australian detention centres are from non-English speaking countries and probably most are asylum seekers², health care providers must apply these aspirational indicators to all health care professionals in the detention centres in order to provide effective, safe and comprehensive health care for people in detention. The use of interpreters is stated in the Preamble (p.4) and should be the standard in care for refugees and asylum seekers and applicable to all non-English speaking health care consumers and patients. This is to emphasise the importance of interpreters for accurate communication, sensitive and effective health care. Professional interpreters should be used and not relatives or family members.

With the help of interpreters, health professionals need to access the patients' level of literacy in their own language. After that, health professionals could access patients' health literacy according to the level of their language literacy. It is important too for interpreters to emphasise the health professional instructions to healthcare consumers and patients. For example, interpreters ask patients how often they have meals in a day when explaining that medicines need to be taken after each meal.

Criterion C1.5 – Costs associated with care initiated by the health service

Informing refugees and asylum seekers in Australian IDCs about 'out of pocket' costs of health care appears to be inappropriate and ineffective. ACN members propose that they should be directly referred to public healthcare services.

Criterion C2.1 – Respectful and culturally appropriate care

Asylum seekers and refugees are acknowledged as among the most vulnerable of populations. The displacement of people is an inevitable consequence of conflict, tyranny, and oppressive regimes

² Refugee Council of Australia, 2020, <https://www.refugeecouncil.org.au/detention-australia-statistics/6/>

worldwide³. Refusal of treatment is common in restrictive environments as this can be the only power the individual possesses i.e. the right of refusal of treatment. This may also occur in quite serious scenarios such as prolonged hunger strikes or fasting for a religious purpose. Despite all the reasons, “maintain a policy about patients’ rights and responsibilities” should be mandatory in this criterion.

Regarding the criterion to respect the right of patients for a second opinion (C2.1 C, p. 34), there should be a policy or procedure on how health professionals in IDCs facilitate patients who want to seek a second clinical opinion. ACN considers that patients’ health and well-being must be upheld as the primary duty of medical professionals, and in circumstances in which there are serious structural impediments to pursuing that goal, health professionals must become advocates for change.

Criterion C2.3 – Accessibility of services

ACN is of the view that patients with disabilities should be able to access all health services in IDCs which requires the availability of facilities according to their condition⁴. This includes wheelchair-friendly facilities and adult diaper changing facilities which most disabled patients use.

Criterion C3.1 – Business operation systems & Criterion C3.2 – Accountability and responsibility

ACN members commented that the privatisation of IDCs is of concern as the health care services in these detention centres cannot be easily monitored⁵. This includes health service providers used by relevant government departments in detention centres. Many functions within detention centres are contracted and subcontracted to a range of operators, such as health, cleaning and security services. ACN acknowledges that the Australian Government is responsible for all on-shore and off-shore detention centres.

However, the Australian experience of ‘off-shoring’ shows that it results in poor quality services that affects refugees and migrants’ physical and mental health⁶. Health care professionals are affected by working in ‘off-shored’ services. Their professional judgements are often undermined⁷. ACN members suggest that there should be a systematic and transparent monitoring system by independent organisations that can gain access to IDCs. The corporate and clinical governance for

³ Sanggaran, J, Haire, B & Zion, D, February 16, 2016, ‘The Health Care Consequences of Australian Immigration Policies’, *PLOS Medicine*, <<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001960>>

⁴ Australian College of Nursing (ACN) Position Statement, April 2019, *Quality health care for all refugees and asylum seekers*.

⁵ Fleay, C, 2017, ‘Bearing witness and the intimate economies of immigration detention centres in Australia’, *Intimate Economies of Immigration Detention*, Routledge Frontiers of Political Economy, pp.70-73.

⁶ Lethbridge, J, 2017, *Privatisation of Migration & Refugee Services & Other Forms of State Disengagement*, European Public Service Union, p.8.

⁷ Sanggaran, J, Haire, B & Zion, D, February 16, 2016, ‘The Health Care Consequences of Australian Immigration Policies’, *PLOS Medicine*, <<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001960>>

IDCs must be transparent with processes in place for complaints, adverse events, etc. This should be considered as a part of any external contract provision with the Australian Government Department of Health.

Criterion C3.3 – Emergency response plan

To maintain an emergency response plan, ACN suggests that the health service team *must* (not *could*) have emergency response education and training. This criterion should be mandatory, so that they will be ready when actual emergency situations arise.

Criterion C3.5 – Work health and safety

ACN advises maintaining Work Health and Safety (WHS) standards as required by legislation, policy and procedures.

Quality Improvements

Criterion QI3.1 – Managing clinical risks

In addition to implementing and maintaining an incident of event register, ACN suggests the mandatory requirements should also include: implement and maintain a clinical risk management policy; and conduct clinical audits and make changes to clinical care to reduce the risk of identified issues. These two indicators should not be optional (*could*).

Immigration Detention Centre Module

Criterion IDC2.1 – Continuous and comprehensive care

ACN members suggest the following items **MUST** be included in the patient records: culture, preferred language, country of origin, date of arrival, interpreter requirements, self-identified gender and mental health status (IDC2.1 B, pp.148-149). They should not be optional indicators.

Criterion IDC2.2—Follow-up systems & Criterion IDC2.4 – Transfer of care and the patient–practitioner relationship

ACN members believe these two criteria remain a very serious challenge in IDC settings. Recent coroners' investigations following deaths in Immigration detention facilities outlines the outcomes when there is a delay in transferring or refusal to transfer patients.⁸⁹

⁸ The Sydney Morning Herald, 17 July 2019, 'Our world has collapsed': Asylum seeker's family demands answers of Australia

⁹ The Conversation, 26 April 2016, *Death in offshore detention: predictable and preventable*

ACN members propose the need of an explicit policy regarding the use of chemical restraints including indications, dosage, side effects, overdose protocols and minimum clinical observations that are undertaken by staff whilst the person is chemically restrained.

Noting that restraint being a last resort.

Criterion IDC 3.1 – Qualifications, education and training of healthcare Practitioners

It is noted that GP qualifications in IDCs are included, but the document does not explain the other health care practitioners' qualifications and training, including nurses. ACN believes that ongoing professional development should be available to support nurses in their delivery of quality care to refugee and asylum seeker populations who commonly experience complex health and social needs¹⁰.

Secondly, ACN recommends that cultural awareness training should be mandatory for all health staff including non-clinical staff as this will impact significantly on achieving good outcomes for most of these indicators contained in this document. Health professionals in IDCs need to understand the cross-cultural background of patients as well as the fundamental importance of interpreters for accurate, sensitive and effective health care.

Criterion IDC5.2 – Health service equipment

An emergency delivery set for birthing mothers must be included in the primary care and emergency kit as cases of miscarriage and delivery have happened in IDCs¹¹. This will also require the availability of Oxytocin¹². ACN believes that nurses and health care providers, with the support of their employing health services, need to tailor services to take account of the individual difficulties experienced by refugees and asylum seekers.

In conclusion, ACN welcomes this 2nd edition of IDC Standards and commends the RACGP for their principle stand regarding the end to mandatory detention and the right of health professionals to speak freely about the conditions they encounter while working in the IDCs.

ACN acknowledges that there are challenges for health professionals to achieve the purpose of these Standards in the context of caring for the people in IDCs.

¹⁰ Australian College of Nursing (ACN) Position Statement, April 2019, *Quality health care for all refugees and asylum seekers*.

¹¹ Guardian Express, August 2nd, 2016, *Exclusive: Mystery surrounds deaths in immigration detention as answers are delayed or denied*, <<https://www.communitynews.com.au/guardian-express/news/exclusive-mystery-surrounds-deaths-in-immigration-detention-as-answers-are-delayed-or-denied/>>

¹² World Health Organization (WHO), 2014, *WHO recommendation on the use of oxytocin alone for treatment of delay in labour*.

As the pre-eminent and national leader of the nursing profession and a community of dynamic and passionate nurses, ACN respects the right for individuals to be treated respectfully and fairly within Australia's healthcare system.

If you have further enquiries regarding this matter, please contact Dr Carolyn Stapleton FACN, Manager - Policy and Advocacy, at carolyn.stapleton@acn.edu.au.

Yours sincerely



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