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## Background

Over 25 years, Australia's policy of mandatory immigration detention has resulted in the detention of tens of thousands of adults and children, often for protracted periods of time (Phillips & Spinks, 2013). Children and families have been detained on mainland Australia and offshore on Nauru (Australian Human Rights Commission; AHRC, 2014). Recently and understandably attention has shifted to those detained on Nauru, however Australia has also held asylum seeker children in detention and community settings on the Australian mainland and Christmas Island. Until May 2016 children were detained in a number of 'alternate' places of detention (APODs; Department of Immigration and Border Protection; DIBP, 2016a). APODs are less secure than other detention environments, they contain houses or units that allow families some privacy and the ability to do things such as cook and eat together. They are generally used for children, families and other vulnerable individuals.

## The Impact of Alternate Places of Detention

While APODs offer a number of superficial improvements to offshore and other detention environments, which mediates some harm, they should not be seen as an alternative to immigration detention (Essex & Govintharajah, 2017). Already vulnerable families were detained for prolonged (and occasionally indefinite) periods of time remaining subject to all aspects of institutional life. Movement was restricted, children and families were not free to leave and were searched upon entry, including children coming from school. There remained limited opportunity to socialise and a very limited scope to participate in activities outside of school. APODs contribute to a sense of isolation and do little to alleviate the shame and stigma of being detained.

APODs were also particularly damaging to families. Like other detention environments they were designed so that families passively receive services, parents were disempowered often unable to make decisions in relation to school and health services. For parents, often dealing with significant trauma themselves, this created and perpetuated further distress and helplessness about parenting, family roles and their circumstances more generally.

A number of the more alarming aspects of Australia's policies also remain present. Length of time detained, along with a lack of transparency about their detention was arguably the single most distressing issue for many children and families. Additionally families were separated for seemingly arbitrary reasons (see. Doherty & Malik, 2016), children remained exposed to violence and self-harm and child protection arrangements were inadequate. Also worth noting is that the level of security and environment within APODs varied across centres and at times higher security centres have been re-classified to accommodate children and families. Many of these issues are systemic and can also be found throughout the AHRC Forgotten Children Report (2014).

## Implications for Clinical Practice and Advocacy

Like other detention environments APODs raise a number of seemingly irreconcilable clinical issues, with clinicians disempowered and the welfare of those detained placed second to other objectives (Essex, 2016a, 2016b, 2016c; Isaacs, 2015;

Sanggaran, Ferguson, & Haire, 2014). While a number of former clinicians have spoken about the hopelessness of delivering treatment (particularly mental health care), there is ongoing thought exploring clinical frameworks and strategies for these environments (Brooker, Albert, Young, & Steel, 2016). Arguably one of the most important roles clinicians have played is witnessing and speaking out about this harm. However while there may remain scope to work within Australian immigration detention centres, focusing on clinical work alone often ignores the broader social and political context.

## The Need for Social and Political Change

Australian immigration detention promotes suffering as a means of deterrence. This is a position that has been made explicit by both major political parties (McKenzie & Hasmath, 2013; Morrison, 2014). For children and families all forms of immigration detention should be opposed. A number of professional bodies have held this position for some time (Australian Psychological Society, 2011; Owler, 2016; The Royal Australasian College of Physicians, 2015), our experience further re-enforces this.

Recent discussions have focused on a boycott, (Berger & Miles, 2016; Sanggaran, 2016) beyond this however there remains scope (and arguably an obligation) for clinicians and professional bodies to promote broader political and social change. What type of action remains less clear as to this point the government has dismissed, attacked or ignored criticism, both from within and outside immigration detention. At a minimum a more ambitious discussion needed. There is a place for clinicians to move the conversation beyond "stopping the boats" (McNevin, 2017) and to confront difficult and largely irreconcilable positions, including questioning the limits of healthcare in these settings.

While there are no children presently detained in APODs, there remains bipartisan support for increasingly harsh policies aimed at asylum seekers and refugees. Clinicians and the broader healthcare community should not become complacent. Australian immigration detention is a response to a global issue, children remain on Nauru and many more face uncertainty in the Australian community (DIBP, 2016b).

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