

Senate Inquiry Submission of Natasha Blucher

Introduction

Background

1. On Saturday, 4 October 2014, I, along with several colleagues from Save the Children Australia (SCA), was removed from Nauru at the instigation of the Commonwealth Government.
2. No reasons were provided to me for my removal. I understand now that the Commonwealth Government and the service providers that it engages did not have a valid reason to remove my colleagues and I from Nauru.
3. While my removal was traumatic for me and aggravated by hurtful and offensive comments by the responsible Minister, the conduct on the part of the Commonwealth also demonstrated a fundamental failure to appreciate the role that humanitarian service providers can and, indeed, should play in providing emotional support, referral, empowering practical assistance and access to accountability mechanisms to asylum seekers on Nauru (and elsewhere).

Overview

4. As I set out below, in my experience, this is how Australia's policies operate in practice on Nauru.
5. This submission is organised as follows:
 - a. **Part A — Biography:** Briefly outlines my qualifications and professional experience;
 - b. **Part B — Conditions of Detention:** Sets out my observations of the conditions under which detainees are held by, or on behalf of, the Commonwealth Government.
 - c. **Part C — Welfare v Security Frameworks:** I outline the conflict that exists between service providers (in particular, SCA) and other service providers in their basic objectives. I believe that this tension gave rise to the circumstances that precipitated the Moss Review. SCA operates under a welfare model. It seeks to provide basic humanitarian services to asylum seekers to ensure that their basic needs are met. By contrast, other service providers and the Commonwealth operate predominantly under a security framework. The objective is to ensure compliance and maintain order in the centre.
 - d. **Part D — Conclusions and recommendations:** I then conclude this submission by providing recommendations.
6. This statement is principally directed towards addressing sub-paragraphs 1(a)–(d) of the Terms of Reference of this Inquiry.
7. I make this submission from my own experience, information and belief. Where I make statements as to my belief, I believe those statements to be true.

Part A — Biography

Qualifications and experience

8. I am a 31-year-old woman. I hold a Bachelor of International Relations from Griffith University, Queensland, and a Master of International and Community Development from Deakin University, Victoria.
9. I have worked in the area of case management and community development with refugees and asylum seekers since 2008. Immediately prior to this, I worked in a volunteer capacity with homeless and at risk youth in Argentina and Bolivia and travelled extensively through South America and Europe.
10. My professional experience commenced as an Administrative Assistant with the St Vincent de Paul Society (**SVDP**) of Queensland's Volunteer Refugee Tutoring and Community Support Program. During my time in the role I progressed from the provision of administrative support to the support of Volunteers encountering complex issues while working with families of refugee background.
11. In 2009, I transitioned into the role of Settlement Caseworker with SVDP's continuing settlement services. In this role I was the sole worker responsible for the provision of casework support to eligible people of refugee background in the Ipswich Regional area, along with the provision of a Homework Club for children of refugee background and the development of an African Women's Group in the area. Additionally, I delivered settlement skills information sessions to people of refugee background in the area and worked closely with the city council on multicultural events in the region. Finally, I delivered training and information sessions for mainstream organisations on working with people of refugee background, including to Medical students at the University of Queensland, Ipswich.
12. In January 2012, I relocated to Darwin and started in the role of Migration Support Caseworker with the Australian Red Cross. In this role I worked with a small team of three to implement the new Community Assistance Support Program, providing transitional accommodation, casework support, income support and a variety of other services to asylum seekers released from detention onto Bridging Visas. This program was new, and our team identified and negotiated referral pathways, employment assistance, volunteer support, access to mainstream services such as the Royal Darwin Hospital and GPs, dental treatment, accommodation options and all other services necessary to successful community integration for asylum seekers on this program. Together we managed influxes of up to 30 mainly single adult men every fortnight, many of whom had been detained for long periods and suffered from detention fatigue and extremely complex mental and physical health issues.
13. After six months in the role I was promoted to Team Leader of the Program, and along with a colleague, recruited and managed a team of 8 caseworkers to continue the provision of this support as it transitioned into the release of families with children and a variety of other policy changes. Due to the very low income provided to clients, the tenuous and new nature of the visa they were issued, and the variety of complex physical and mental health concerns of the client group, I was required to be very creative in the provision of support.
14. Over my time as Team Leader of this program I worked closely with other organisations to support the development of a number of innovative support programs such as 'Football without Borders', a football program for the social integration of young men; 'A Place to Call Home – Darwin', a community group for the provision of furniture and clothing support to asylum seekers; and the 'Destitution Working Group', a collaborative network of sector organisations designed to support certain cohorts of asylum seekers made destitute by the withdrawal of income support and work rights by the **Department** of Immigration and Border Protection. This group now provides a number of wrap-around support services to this particular cohort.
15. In the role of Team Leader in this program I also provided advocacy on complex cases to the

Department and other stakeholders, critical incident (generally self-harm and suicidal ideation) response, intervention and debriefing for caseworkers, strategic policy development, and community engagement and education in relation to the circumstances and support for asylum seekers in the community in Darwin. I remained in this role until July 2014, when I departed for Nauru.

16. In addition to this academic and professional experience, I have also completed a number of professional development courses relevant to work with refugees and asylum seekers, including the following:

- a. National Standards of Practice for Case Management
- b. Protection Contact Officer Training
- c. Applied Suicide Intervention Skills Training
- d. Working with Survivors of Torture and Trauma
- e. International Humanitarian Law
- f. Providing Personal Support in an Emergency Context
- g. The Project Management Cycle
- h. Coping, Resilience and Hope Building Asia Pacific Regional Conference
- i. Mental Health First Aid
- j. Working with Professional Interpreters
- k. Working with Refugees (Margaret Piper)

17. I was employed by Save the Children Australia in the position of "Senior Caseworker (Adult Team)." My position description is **Annexure A** to this statement.

Part B — Conditions of Detention

Overview

18. The physical conditions of the Nauru Regional Processing Centre (RPC) are difficult.
19. These difficult conditions are compounded by very basic provision of services to asylum seekers.

Weather and locality of centre

20. The area of the Nauru RPC in which I principally worked, known as “RPC3”, is located in the centre area of the island. This area is the location of previous and current phosphate mining, and mainly consists of dirt roads through ‘pinnacles’. General access is along a dirt road constructed through pinnacles, leading from RPC1 where the staff accommodation is located. Buses run throughout the day along this road to transfer staff and asylum seekers between RPCs. This road is poorly graded, often corrugated or containing large holes, and access is very slow.
21. The actual camp of RPC3 is located in what appears to be a large hole/small valley. Upon arrival there is a checkpoint (no perimeter fence), and inside and to the left of this checkpoint are four tents used by Wilson Security, International Health and Medical Services (IHMS) and SCA. Access to the asylum seeker accommodation is a dirt road approximately 300 metres long leading down a hill into the lower area.
22. The lower area contains client accommodation laid out in approximately 6 separate areas. Three of these areas are to the right of the road and three of the areas are to the left. The client mess is located to the left approximately two thirds down this road.
23. The effect of the topography of the area is such that heat is contained in the depressed area where the client accommodation is located. There is limited wind and breeze due to surrounding raised pinnacled areas. The result is a very intense and persistent heat with little reprieve. Other staff members have told me that the areas inside the client accommodation have previously flooded with excessive rain. However, I have not observed this personally.
24. The ground inside the accommodation area consists of small patches of dirt with the majority of area covered in small white phosphate stones/gravel. The ground is very uneven. I have been told that, prior to my arrival on Nauru, a small area of Astro Turf had been installed for sport. There is no natural grass. There are a small number of trees, though these provide very limited shade. The majority of trees have temporary fencing placed around them to prevent access to them.
25. There is one small children’s play area with playground equipment.

Accommodation

26. Accommodation is provided in marquee-style white tents. Some of these tents are marked ‘Toowoomba Party Hire’. Marquees are approximately 11m x 20m in size. The floor of the tents is made of chipboard, raised approximately 2–3cm off the ground. Tents have external white walls. Internally, the tents are divided into ‘rooms’ using either white marquee material or tarpaulin. Rooms vary in size according to family composition. However, in general, there are approximately 8 rooms in each marquee with a corridor through the centre. Each room may contain between 2 -5 people. I do not know the allocation of living space per person. Asylum seekers often create shaded areas outside their rooms by stringing tarpaulins and sheets between different marquees, which are set approximately 3 metres apart. I have observed clients showering their children in these areas using makeshift water-carrying containers.
27. Bedding is provided in the form of a camping stretcher, with one sheet, hospital/waffle style blanket and pillow per person. Linen can only be exchanged once a week. Mattresses can be provided on the recommendation of IHMS for people with medical conditions that require a

mattress being provided. However, supplies are unpredictable and waiting periods for mattresses vary from a few weeks to a few months.

28. For example, in around August 2014, I became aware that a woman over the age of 70 was sleeping on the floor in her tent. I visited this woman's tent and she was not present, however her family informed me that she had been sleeping on the wooden floor for several months as the camping stretcher caused her significant back pain. I observed there not to be a mattress available in the tent. The client's family then stated that they had made various requests for a mattress but had not been provided with one. I spoke to my manager about this client and requested a mattress be provided to her. She informed me that this might take several weeks. However, when I pressed her and stated that this was not acceptable, she spoke with another stakeholder and then informed me that the elderly woman would be provided a mattress the next day. At around this time, I was told by other caseworkers that waiting periods for mattresses were lengthy and that they were difficult to obtain, even when clients were experiencing significant back pain.
29. Each room within a marquee is allocated 1-2 swinging fans. Fans sometimes break and it is very difficult to obtain a new fan, leaving some clients without fans for varying periods of time. Electricity is provided either through power points, or through power boards and extension cords from neighbouring rooms. In my experience, the swinging fans do not provide sufficient relief from the heat of the environment. Some accommodation tents housing very young children have some air conditioning (one outlet at the back of the marquee), which does provide some relief from the heat. Many people sleep throughout the day and are active at night, as it is too hot to move around in the daytime.

Facilities and hygiene

30. In each accommodation area there is, in general, one block of showers for men and one for women. There is also a male and a female block of toilets. There are approximately 5-6 toilets for each gender in each area. I do not consider that there are sufficient amenities for the number of asylum seekers in each area.
31. The amenities are also very unclean. I frequently observed these amenities to be incredibly dirty and unhygienic with toilet paper, water and mud covering the floor. I have not walked inside these facilities to observe the state of the actual toilets or the availability of soap. Asylum seekers told me that the amenities are often not cleaned once a day. This appears to me to be true — I have never observed the amenities to appear clean. I have also been on rotation when the cleaners have gone on strike and refused to provide any cleaning services for a number of days. Asylum seekers are not able to independently obtain any cleaning products or equipment to clean the amenities. A Wilson Security Officer has told me that this is considered to be a safety risk by Wilson Security.
32. In July 2014, a Muslim, female asylum seeker accommodated in Area 3 informed me that she generally did not use the showers in her area. When I asked why, this client informed me that in Area 3 the shower cubicles do not have doors — only a curtain — and there is no door on the outside of the shower block either. She also informed me that at times even the shower curtains have been broken and the women have had to use their sheets to string up across the shower cubicles to create some privacy. At the time the client informed me of this, I went to observe the facilities. The shower block I saw did not have a door and the cubicles had shower curtains and no doors. In response to this information, I spoke to my manager and was informed that I could write a request to Transfield Services to request a door for the shower block. I was told that it was unlikely that this would occur. I did make a request, though I am unaware of a door being installed in either the block or the cubicles.
33. In July 2014, a pregnant woman informed me that her husband had been in an argument with a security guard in relation to her shower being cut short. This woman informed me that she had

been in the shower and had just covered herself with soap when the security officer turned off the water. This client stated that she had been under the impression that she was entitled to an extra minute in the shower due to her pregnancy and had been informed this by IHMS and she provided an IHMS-issued 'pregnancy card' as evidence. This client informed me that on this day the officer refused to turn on the water even though she explained to him in English that she was covered in soap. She informed me that the officer told her to get out of the shower. At this time the client's husband intervened and was involved in an altercation with the security officer. I do not remember if they told me the shower was turned back on or if the woman exited the shower still covered in soap.

34. My understanding of the process for taking a shower is that the showers open for approximately 2 hours, with security officers controlling the water flow through a main tap. I understand that people queue for the shower and are loaded into the showers in groups, with the officer stating 'water on!', '30 second warning!', 'water off!'. That group then exits the shower and a new group enters. This is the information I was given by various caseworkers, Wilson Security officers and clients. I have never seen this process occur myself, as there was no reason for me to observe it.

Security procedures

35. Security screening procedures are inconsistently applied. The procedures vary according to the 'risk rating' allocated to the camp at the time. However, within these 'risk ratings' there are variations that appear to be a result of the interpretation of Wilson Security officers.
36. The general procedure involves registration of identification at the main gate; submission to a hand held metal detector search; and registration of identification on a 'sign in/sign out sheet' at each distinct accommodation area. However, these requirements are inconsistently applied. At times, I have been waved through the main gate without a metal detector search. At other times, I have attempted to sign in at accommodation areas and found that there is either no worker or no sign in sheet at the checkpoint.
37. In general, staff must move through the camp in pairs at all times, unless within the line of sight of a security officer. This rule is also inconsistently applied — I often moved through the camp alone and without incident. When I commenced work in the camp my understanding was that moving through the accommodation areas alone was acceptable. When the 'risk rating' was medium or high, the policy relating to moving through the camp in pairs was enforced. At these times staff, were required to carry a duress alarm.
38. As the security screening policies are inconsistently enforced, I believe this may allow for prohibited items to be carried into the camp. This could result in the security of asylum seekers being prejudiced.

Single, adult female accommodation

39. Single, adult, female asylum seekers (often referred to as 'SAFs') are accommodated in a separate accommodation area on the right hand side of the road, next to Family Area 3. Movement into this area is controlled by checkpoint, and no unaccompanied men are allowed into the area. After a certain time each night no men are allowed into the area at all. There are approximately 11 marquees in this area with 8-12 women accommodated in each. One of these marquees is utilized as a recreation area. Female officers are located at the entry checkpoint. Residents must register their identification to move in and out of the area.
40. In around July or August 2014, a Wilson Security officer informed me informally that some Nauruan men had been seen various times at night, sitting on the hill and looking down into the 'SAF Area' using binoculars.

Supported and restricted accommodation areas

41. There are 3 client accommodation areas located within RPC1:
- a. Managed Accommodation Area (**MAA**);
 - b. Restricted Accommodation Area (**RAA**);
 - c. Supported Accommodation Area (**SAA**).
42. This section deals only with RAA and SAA, as MAA is used to accommodate single, adult, men and I did not have cause to enter that area.
43. RAA is located on the left hand side of the entrance to RPC1, inside the compound and next to staff accommodation. A high fence surrounds it with barbed wire on top. It consists of one building with two stories, with approximately 6 rooms on each level. Each room has airconditioning and contains one bunk bed. Security Officers are present on the bottom floor. This building is usually designated to provide 'respite' to people with mental health concerns or who have 'behavioural problems' (see *Part C — Security v Welfare Frameworks*).
44. RAA is also used to accommodate people who have voluntarily decided to return to country of origin, prior to their departure. If the SAA is full, people with health issues are sometimes accommodated at RAA. Food is brought to the accommodation area in takeaway containers from the staff mess. There are no activities provided at RAA as far as I am aware. There is no television, books or any other kind of aid to pass the time. Due to the high levels of vulnerability of those residing in this area, it was not uncommon to hear loud cries of distress coming from inside the RAA.
45. SAA is a one level building, containing approximately 6 rooms. These rooms are not air-conditioned. The building is located across from RAA and adjacent (across an access road) from the IHMS clinic within RPC1. Each room contains one bunk bed and a swinging fan. SAA is generally used to accommodate people with illnesses who require close access to IHMS. Security officers are present in the area. The building is surrounded by a high fence and has a locked gate. There are no activities such as television, books or any other kind of aid to pass the time. Some of the rooms have a screen door, which can be closed. This accommodation area is also used to place people in isolation who have been diagnosed or are suspected to have gastroenteritis.
46. In around September 2014, I received a complaint from a female who was housed at SAA after attempting suicide by ingesting washing powder. This person informed me that the officers are consistently very loud at night — playing the radio and talking loudly — making it difficult to rest. Accordingly I passed this complaint to the Wilson Security welfare team leader. However, I do not know if it was resolved. On some occasions for a variety of reasons, pregnant women are placed here for respite and monitoring.
47. I was informed by a female security officer on duty in that area in September 2014 that she believed that pregnant women were not provided with enough food, as food is brought in takeaway containers and the meals are often quite small. The security officer told me (confidentially) that she took food (against regulations) from the staff mess to give to pregnant women. I also observed her taking food from the staff mess on various occasions.

Access to basic goods and services

General medical services

48. Clients can obtain medical attention by writing a request outlining their need to see a doctor or nurse. In an emergency, medical attention can also be obtained by notifying a security officer. However, various clients repeatedly informed me that they have written a medical request and

not been seen or waited what they perceive to be too long a period of time for medical attention. I believe that this is because it is very difficult to triage medical requests from a written request by someone who speaks English as a second language or not at all. While requests can be written in a person's first language and then translated, it is not possible to ask questions in order to provide triage. I believe that, as a result of this, some people may wait longer than a safe period for medical attention.

49. Clients have also repeatedly told me that they are confused after medical appointments and do not understand or trust the advice of IHMS staff. In July 2014, an SCA staff member previously employed by IHMS told me that she believed that IHMS was recruiting a high volume of nurses and doctors from countries that did not meet the same professional standards as health professionals in Australia. This former staff member informed me that the standards of medical care had dropped significantly as a consequence. This former staff member informed me that the reason for IHMS doing so was that medical staff from other locations were paid significantly less than nurses and doctors from Australia.
50. In around August or September 2014, our casework team was informed that SCA were not able to make referrals to IHMS. Our manager informed us that this was due to arrangements that had been agreed between Save the Children's Operations Manager and IHMS. We were informed that we would be subject to disciplinary procedures if we made written referrals to IHMS. We were informed that clients could only self-refer for medical assistance from that time forward.

Testing, diagnosis and specialists

51. My understanding is that there are limited facilities for testing and diagnosis of complex health issues on Nauru. In my experience, people of refugee background have far greater medical needs than others due to lack of previous access to health care systems and in some cases torture and trauma.
52. In around July 2014, a young, male, client (approximately 30 years old) informed me that he had fallen from the treadmill in the gym. The client stated that he had significant back pain and had presented to the doctor, who had informed him that he needed an x-ray but that the x-ray machine in the Nauru Hospital was not in working order. In lieu of an x-ray this client informed me that he had seen a physiotherapist who had advised him of exercises to do. This client informed me that he was not confident that these exercises would not cause damage, as he believed his injury had not been properly diagnosed.
53. I have been informed by various clients and seen medical records to the effect that MRI and CAT scans are not available. I understand ultrasounds are available, as clients have informed me that they have had them on Nauru. A client informed me in July 2014 that she had been offered a biopsy at the Nauru hospital but was concerned about having this procedure done as others had informed her that the hospital hygiene levels were not sufficient.
54. I am not aware of what specialists are and aren't available on Nauru. My understanding is that there are limited specialists and waiting lists are long. I have observed people to be transferred to Australia for specialist medical treatment. My understanding is that transfer lists (for transfer to Australia) are also very long and that it is difficult to gain approval from the Department of Immigration and Border Protection.

Dental treatment

55. Caseworkers in my team were consistently directed consistently by SCA management to manage the expectations of clients in relation to dental treatment. We were informed that dental treatment would generally take up to one year to occur unless acute and an emergency. While there is a dentist on Nauru, the dentist has limited time dedicated to seeing asylum seekers.

56. I saw a large volume of clients who had chronic tooth pain and associated headaches and were regularly given Panadol for this.

Mental health

57. The majority of clients I saw on Nauru presented with symptoms that I would normally associate with depression. In any other environment, I would refer clients to mental health support.

58. Most clients reported sleeping most of the day due to the heat, lack of motivation to attend any activities or move around the camp or socialize, and appeared listless. It was extremely common when moving around the camp to observe people sitting or lying outside their tents staring listlessly at nothing. It was also common to find people sleeping at all times of the day. Self-harm, threats of self-harm and suicidal ideation were very common.

59. In around August or September 2014, our casework team was informed that we were not able to make referrals to IHMS mental health. Our manager informed us that this was due to arrangements that had been agreed between Save the Children's Operations Manager and IHMS. We were informed that we would be subject to disciplinary procedures if we made written referrals to IHMS mental health.

60. Caseworkers were forbidden from communicating directly with, or holding case conferences with, mental health professionals, even if we had consent from the client. In any other casework environment that I have worked in, case conferences are a common and an integral part of effective casework.

61. In around August or September 2014, I went to the IHMS office to request to speak with a particular counselor who I knew was providing support to a client of mine. This client had a significant mental illness and was required to attend court that day (which I had only been made aware on very short notice). I went to the front desk and requested to speak with the particular counselor to seek assistance with supporting our mutual client or to obtain professional mental health advice on how to best manage the situation, and I was informed by the Practice Manager that I was 'not to come here asking for mental health nurses.' I apologised, stating that it was an urgent issue and I was seeking this nurse's input into how to better support our client in what could become a difficult situation. However, the practice manager explained that, unless I was a Team Leader, I should not come back again. I attempted to explain that in our team we did not have Team Leaders, and that I was a Senior Caseworker, which was similar, but the Practice Manager put up her hand and told me to leave. Later, I was made aware that this Practice Manager had complained to my Manager in relation to this incident. I was not rude to this person at any stage.

Clothing

62. When I arrived to commence work in July 2014, there were a great number of people who did not have sufficient clothing and reported not having had sufficient clothing for an extended period of time.

63. Appointments with Transfield to receive clothing issue were ostensibly via appointments made by Caseworkers with Transfield. However, at that time the only person to my knowledge able to communicate with Transfield to make appointments was the SCA Casework Manager. At that time, these appointments were not easy to make and there were no criteria for making them. However, we were informed that rolling appointments were made for every person in the camp as clothing had been insufficient for a long period of time. It was common to hear anecdotal information from other caseworkers that when clients did receive appointments they were issued with inappropriate clothing and given no recourse or ability to try them on. I particularly recall one caseworker returning to the casework tent to show the team a pair of small children's hot pink shorts that had been issued to an elderly woman. There was general confusion about

how to resolve these issues. If there was an appropriate system this was not communicated to staff or clients and it did not appear to be functioning.

64. Through my discussions with other caseworkers about my clients who were reporting insufficient or inappropriate clothing, I was informed anecdotally that prior to my arrival it had been much worse. In particular, another caseworker who had worked there for a long period of time informed me that at one time women's bras were unavailable. This caseworker informed me that at that time she had a client who did not have a bra and therefore resorted to using sanitary pads to cover her nipples and parts of her breasts in order to achieve a level of modesty under her shirt.
65. I attended a clothing appointment in around August or September 2014 with a female client over 50 years old who had arrived on the Tamil boat QLN. This woman had been sharing one pair of covered shoes with her daughter since her arrival on Nauru. I attended the appointment with her and she requested another pair of shoes. She was given a pair of large men's shoes that were too big, and informed that they had no shoes of her size. Transfield informed her that she should take these shoes and swap them at her next appointment a few weeks later. From conversations with other caseworkers I understand this was a common occurrence.
66. The availability of pregnancy clothing is discussed under 'pregnant women' section.

Food

67. Food was provided to clients three times a day in the mess. Upon entry, clients would queue and have their names ticked off. Each morning, the casework team would receive a 'missed meals list', which provided information about clients who had not eaten meals the day before, and for how many days they had not eaten.
68. Down the left hand side of the mess hall was a queue for meals, which were located in hot boxes and served by staff. Generally this queue moved at a reasonable pace, however on one occasion I did receive reports from other caseworkers that the Nauruan staff serving the food appeared to be serving very slowly on purpose to taunt the asylum seekers. I did not see this myself.
69. Food generally consisted of two types of meat dish, one vegetable dish and a dhal. There was generally rice available as well as a simple garden salad. The food did not change very frequently. Often the meat dishes were slices of some type of meat or sausages in thin gravy and some type of meat stew in thin gravy. I often observed the meat stew to be the same as the stew served at the staff mess the night before, but more watery. There was normally a box with fruit in it, generally apples or bananas. Many casework staff avoided eating in the client mess because the food was quite similar every day.

Water

70. There is one water point with drinking water in each accommodation area, with plastic cups provided to drink from. Water bottles were not provided to clients and therefore it was often necessary to walk to the water point to drink from a cup. Some clients made makeshift water carrying vessels in order to take water back to their rooms either from the drinking water points or from the taps for washing. I do not know where they got these makeshift water carrying vessels from as to my understanding they were not standard issue.
71. Many clients reported having Kidney Stones. As I am not medically qualified I do not know if the prevalence of the condition was greater than normal. However, I have never worked with so many people suffering from Kidney Stones in any other context.

Communications (phone and internet)

72. In July and August 2014, phone calls were provided to clients at 12 minutes twice a week.

73. Clients were rostered to these phone calls at various rotations throughout the afternoon to evening. The schedule was placed on a whiteboard in the 'phone call area' with boat ID numbers. The phone call area was a small shade marquee contained by temporary fencing with a narrow entry point. There were various occasions when the phones either did not work or had no credit loaded on them to make calls. At those times, the staff tried to 'catch up' the calls but this did not always occur. Additional 'welfare calls' were provided to clients who had an emergency at home or who were separated from their children, caregivers or spouses. These phone calls were provided on the team's 'welfare phone' which was a mobile phone, and Caseworkers facilitated them. These phone calls were at the discretion of the Casework Manager upon my arrival, however upon arrival I sought approval from the Casework Manager to write a policy to introduce some consistency and fairness through eligibility requirements. A policy was subsequently put in place.

Recreation and meaningful activities

74. SCA provided recreation and external excursions through recreation staff, whom are better placed to provide more details in relation to this matter.

Asylum seekers with particular vulnerabilities

Asylum seekers with mobility limitations and the elderly

75. The environment within RPC3 is inappropriate for the elderly and for people with mobility issues (eg. those with walking sticks, any sort of limp or restricted movement and those in wheelchairs). There are a number of reasons for this opinion:

- a. The ground in the RPCs is covered in small white phosphate gravel and is very uneven. Those with any sort of mobility issues find it very difficult to move around;
- b. Clients are required to walk to the mess to eat and to the facilities to use the toilet or shower. Water is also located in a central area and must be walked to across uneven, graveled ground;
- c. The tents located closest to the toilets are still approximately 10m away across uneven ground. The toilets are up a few stairs as the buildings are slightly raised, and the floor is generally wet and slippery;
- d. The tents located closest to the mess are approximately 20m away across uneven ground;
- e. It is nearly impossible to move a wheelchair over the phosphate rocks, which are in all areas;
- f. Moving with a walking stick or crutch would be very difficult due to the uneven small rocks;
- g. I have observed people with limited mobility to be accommodated at the SAA. However, this area is very small and surrounded by a fence and so cannot be considered to be a humane solution.

76. In September 2014, I was conducting supervision with a Caseworker who informed me that one of her elderly female clients (over 70 years old) fell over approximately 3-4 times per week in her attempts to use the facilities, even with assistance from family members.

Mental health concerns

77. It was my observation that the majority of people accommodated within the RPC appeared to

suffer from various mental health concerns. I am not a trained mental health practitioner and so cannot give a qualified professional opinion on the matter, however it appeared to me that the environment and conditions of the RPC contributed to the creation or worsening of these mental health issues.

Pregnant Women

78. In around July 2014, I worked with a pregnant woman who informed me that she did not have access to maternity clothing. This woman, during our first appointment, showed me marks on her stomach where her pants were cutting into her flesh, as they were too tight. This woman informed me that she did not have any pants to wear that fit and that she had made various requests. Another caseworker at that time explained to me that she had a pregnant client who had traded clothing with a Somali woman for her long robe, as she had not been able to obtain any maternity wear. My understanding from discussions with other workers is that this was a persistent and common problem. While officially Transfield informed caseworkers that maternity wear was available, in practice there were long periods of time when it was not available.
79. The same pregnant client informed me at that time that she had been unable to obtain any pregnancy related vitamins for a period of time. This client was very distressed at this as she stated that the midwife had informed her that she needed vitamins, but then IHMS had informed her that they were not available. I do not know if she eventually obtained these.
80. Most pregnant women I saw while working in the RPC complained of severe morning sickness for the majority of their pregnancy. I am unsure of the reason for this.

Torture and trauma survivors

81. The environment of RPC3 creates a number of triggers for people who have experienced torture and trauma. Some commonly recognised triggers that are present include (not an exhaustive list):
 - a. Camp-like environment with tents and checkpoints;
 - b. Wilson Security officers dressed in military style uniforms, often wearing combat boots;
 - c. Strict rules and regulations controlling movement and daily life;
 - d. Commonly expressed and pervasive fear and uncertainty;
 - e. Presence of security hardware such as metal detectors;
 - f. Allocation and requirement to carry ID cards at all times.
82. In around August 2014, I spoke to a caseworker from the child protection team and she was very angry about the issues experienced by a child she was supporting. She informed me that Wilson Security officers had searched her client's room and that she had specifically requested that this occur while their child was at school. This caseworker explained that this had not occurred, and that the search had occurred while the child was in the tent. She stated that after this the child repeatedly asked the caseworker if these were soldiers, and stated that they were like soldiers that she had seen before in Iraq. I do not know the name or age of this child.

Children and young people

83. Staff from the Child Protection of Children and Families Casework team would be better placed to comment on the impact of this environment on children.

Family/spouse separation

84. While the Department has stated that immediate family (spouse, child, caregiver) separations do not occur, this is incorrect. I have observed various separations of immediate family members.
85. The practice generally occurs when medical transfers occur and there is not space on the same flight for family members. At times this can stretch out for months, and I have been advised that this is due to seats on flights being difficult to obtain due to the volume of people who require medical transfer.
86. In around July 2014, I assisted with daily phone calls for a man whose wife was in detention in Darwin. The man informed me that his wife had been transferred to a mental health facility in Brisbane following an attempt to strangle herself using a cable tie. After this, she had been transferred to Darwin where she remained at high risk of suicide and regularly expressed her suicidal ideation to him on the phone. At the time I met this man he had been separated from his wife for two months, and had written repeated requests for transfer to be with her. This man advised me that he was extremely concerned for her wellbeing and did not believe her mental health would improve until he was reunited with her. While they were separated, the client informed me that he had just found out his wife was pregnant. It was approximately another month until he was transferred to Darwin to be with her.
87. I am also aware of another family who had been separated for a period of time. I became aware of this separation again as a result of facilitating phone calls (as this family were clients of the child protection team as they had underage children). The father of the family was in Darwin and the children and mother remained in Nauru. I do not know how long they were separated. However, I became aware of the separation when the children and mother became highly distressed one day when they were not able to speak with the father, who they informed me was very unwell. I do not know the reason for the separation.
88. In around September 2014, I became aware of another family consisting of an adult daughter, her mother and her father. I became aware of the separation when I heard the adult daughter shouting and crying when I was visiting another person at the SAA. I intervened and was informed by the adult daughter that her father had been away because he was having treatment in Brisbane for depression and suffered from severe heart and respiratory issues. The adult daughter was highly distressed because she had just found out that her father had been returned to Nauru and was being inducted through property and she believed that his health was not stable enough to be treated on Nauru. The mother and daughter were both being accommodated in the SAA at that time due to suicidal ideation. The next day I visited this family in the RAA, where they had been transferred. The father was wearing an oxygen mask and was confined to the bed. To my knowledge the whole family was returned to Australia one week later so that the father could receive further treatment.
89. These three cases are cases I became aware of in the time I worked in the RPC. However, from my discussions with other caseworkers, I understand that family separations happened quite frequently, despite the stated policy of the Department.

Record keeping and case allocations by SCA

90. The allocation of cases was the role of the Adult Casework Manager and this was a difficult task. The reason for this was the rotation of staff, staffing levels and the logistics of ensuring coverage of all clients at all times. At the time I arrived there were a large number of clients who had not been allocated for some time. I was allocated 50 of these clients (with my agreement as this was a double allocation based on usual ratios). I am not sure how many more remained unallocated. I maintained this allocation until more caseworkers came on shift. I believe the Casework Manager did the best she could under the circumstances, as she did not have a 'back to back' replacement for a number of months.

91. Upon my arrival on Nauru in July 2014 there were approximately 4-5 computers for a team of 17-20 caseworkers working there at any one time. Most caseworkers took their personal laptops to work and used them to write case notes and documents, in order to complete the work required of them. Case notes were entered into the online database, and other documents saved onto USBs that were kept locked in the office tent. It was usual practice and condoned by management to use personal laptops for these purposes. My understanding is that the Casework Manager had repeatedly and strongly requested more computers from Save the Children National Office but that these had been declined.
92. I believe that this resulted in SCA failing to comply with privacy obligations in relation to the secure storage of its clients' personal and confidential information.

Part C — Welfare v Security Frameworks

Overview

93. Given the extreme circumstances that asylum seekers find themselves in on Nauru in the RPC, I believe that it is important that these extremely vulnerable persons are provided with some humanitarian assistance to ensure that they are able to live with at least some level of dignity.
94. I believe that the prevailing focus of the RPC is on maintaining order of the RPC, through a security framework. This exclusive focus undermined the operational framework that SCA operated within — a welfare framework.
95. Ultimately, I believe that the conflict in these frameworks led to the Department and other service providers being suspicious of SCA and its staff. Providing very basic levels of humanitarian assistance and compassion in relation to the circumstances was seen as somehow undermining the security of the RPC.
96. It appears to me that this focus on security at the expense of welfare, leads to a greater risk of disturbance at the RPC. This was, in my view, dramatically illustrated in the period 25 September 2014 to around 4 October 2014.

SCA's relationship with other service providers

Wilson Security — general attitude towards SCA employees

97. The relationship between Save the Children staff and Wilson Security staff was tense. It was common for Wilson Security staff to make derogatory or negative comments towards asylum seekers and for Save the Children staff to be offended by this or to defend clients' behaviours or actions on the basis of their mental health and hardship experienced. I have heard Wilson Security staff refer to Save the Children staff as 'Care Bears' or 'Bleeding Hearts' quite frequently, due to their defence of clients and positive regard for them in the circumstances.
98. While there were some responsive staff members at Wilson Security, my experience is that in the majority of instances where Caseworkers have raised concerns in relation to clients with Wilson Security staff or management, they have been quite dismissive.
99. A common tension between SCA and Wilson Security Officers was in relation to the frameworks we worked from. Wilson Security clearly worked from a security framework, and Save the Children from a welfare framework. However, the division of associated tasks and roles did not occur effectively. For example, the role of Wilson Security in my opinion should have been to ensure the safety and security of the centre, and the role of Save the Children to ensure the wellbeing of, and provide referrals for, asylum seekers. However, Save the Children's role was clearly subservient within the centre to the role of Wilson Security. For example, when a person was clearly having an acute episode related to their mental health, Save the Children staff were generally directed to move on, and workers from the Wilson Security Welfare Team would attend.
100. My understanding from my discussions with Wilson Security Welfare team members were that they were TAFE qualified and either trained 'on the job' or had little previous welfare work experience. In contrast, Save the Children has teams of highly skilled social workers and caseworkers with university bachelor or masters level qualifications, all with several years of experience working with asylum seekers, in child protection or other social work or casework contexts. Most had experience dealing with critical incidents and had completed various vocational training certificates in mental health first aid and other relevant topics in addition to their university qualifications. However, the judgement and intervention of Save the Children staff was generally dismissed in favour of the intervention of Wilson Security officers from the Welfare team.

International Health and Medical Services

101. The relationship between IHMS and Save the Children was also difficult. While in general the relationship at a ground-staff level was one of mutual respect (where incidental contact occurred), I understand that the relationship at a management level was tense. As outlined previously in this submission, SCA staff were forbidden from directly contacting IHMS mental health or medical staff to discuss client needs. SCA staff were also forbidden from making referrals to IHMS.
102. In order to obtain follow-up information or raise concerns about client health or mental health, issues were escalated by Caseworkers to SCA Casework Managers. These Managers participated in meetings with Senior staff at IHMS. Often, my understanding is that Casework Managers were often provided with a one-line response to concerns or informed that the answer to the query was 'not Save the Children's business'. While it is normal practice that information should be shared in a limited manner and only in the client's interest, this refusal to respond to queries surpassed that which would be acceptable in another context.
103. As SCA staff were forbidden from attending appointments with clients, even at the client's request, I have never seen the interaction between IHMS staff and their asylum seeker patients. However, almost every client with whom I had interactions expressed a negative opinion of the level of care provided by IHMS in relation to physical health, either stating that the clinician did not understand them or that they did not receive sufficient answers or treatment in relation to their health concerns.
104. In my experience, clients were generally happy with the mental health support provided by IHMS — they stated that the support was useful and that their relationship with their therapist was positive and useful.

Control of Information

105. A key component of the management of the RPC is control over information. This is a key aspect of the security framework that was applied in the management of the RPC at the expense of the welfare framework.
106. In my professional opinion, the provision of accurate and timely information can significantly ameliorate the distress of clients, which is often related to confusion or lack of information.
107. In my experience Save the Children management discourages caseworkers working in the RPC from providing accurate and publically available policy information to their clients. Information is delivered to clients in 'messaging', which is controlled by the Department. I am unsure as to whether service provider management are provided with information regarding when this will occur and what the content of the messaging will be, however in my experience this notification does not reach ground level staff.
108. This control of information is problematic for the ethics of casework practice. According to the National Code of Ethics for Casework Practice: 'Case Managers ensure that Clients and others receive accurate, current, complete and non-misleading information in a timely manner.'¹
109. Clients within the RPC environment have limited access to internet and therefore statements by the Minister for Immigration and media articles, which provide further information in relation to government policy and the manner in which it may impact on their circumstances, are largely inaccessible. Further, this information is only generally published in English, therefore limiting the understanding of some clients. As a result, clients often only have access to the information provided to them by the Department, which in my experience is very limited and abrupt, with no provision for questions.

¹ Marfleet, F & Trueman, S, 'National Code of Ethics for Case Management', *Case Management Society of Australia*, p. 5.

110. I have observed this limited access to information to cause significant distress (refer to 'Events and Incidents 25 September 2014 to 30 September 2014').

Advocacy Pathways

111. While I was working in the RPC, pathways for caseworkers to advocate for clients were unclear. The only pathway I was aware of for advocacy was through the Casework Manager, who stated that she took caseworker concerns to meetings with other stakeholders. Caseworkers were restricted from approaching other service providers and we were informed that all approaches were to be channeled through the casework manager. The exception to this was where ground level staff could build relationships with other ground level staff. However, the majority of ground level staff did not have the decision-making delegation to create any kind of change or affect outcomes for clients, and any outcomes that could be negotiated with individuals would not be sustainable once shifts changed.

Provision of Referrals

112. The practice of 'warm referrals', which refers to the provision of client information to other stakeholders and to organisations outside of the RPC, was not allowed due to confidentiality requirements. As outlined above in the 'Health' and 'Mental Health' sections, Caseworkers were directed that they could not provide referrals to IHMS.
113. The provision of contact details for self-referral was also restricted. While this was not actively enforced or stated, the provision of contact details for external organisations was discouraged. Between July-September 2014 there was a list of organisations and contact details provided to clients in the mess and we were advised that we could direct clients to this. However, the list was out of date (for example, contact details were provided for law firms who were not taking clients or who could not assist).
114. During my time at the RPC, there was that a directive given by the Child Protection Casework Manager that the contact details for the Australian Human Rights Commission were not to be given to clients by caseworkers on that team. I do not have any further information about this and Caseworkers from that team would be better placed to comment. To my knowledge this directive was not given to the Adult Casework team. However, there was a climate of fear among caseworkers about whether the provision of external contact details to clients was allowed by SCA Management.
115. In around August 2014, I created a list of contact details of external organisations with guidance for caseworkers on managing client expectations, and a clear outline of what service each organisation could provide. This document was titled 'Resourcing Clients for Self-Advocacy' and was provided by me to the Adult Casework Manager for escalation and approval. I never received approval for the distribution of this document to caseworkers. This document provided contact details and an outline of what support each could and could provide, based on my sector knowledge and contact with these organisations. The following organisations were listed to assist with systemic advocacy and concerns, with a warning that they could not provide individual advocacy:
- a. Refugee Council of Australia;
 - b. The Australian Red Cross and ICRC;
 - c. The Commonwealth Ombudsman;
 - d. The Australian Human Rights Commission.

116. The following organisations were provided for individual advocacy in specific circumstances:

- a. Darwin Asylum Seeker Support and Advocacy Network for transfers to Darwin for medical care;
- b. Edmund Rice Centre for assistance regarding DIBP privacy breaches;
- c. Maurice Blackburn Lawyers for assistance upon birth of baby in Australia;
- d. Julian Burnside AO QC for requests for connection to letter-writing campaign.

117. I do not know whether this document was ever escalated for approval or if there was any reason for its approval to be declined. It is my professional opinion that at that time guidance for advocacy was very much needed for caseworkers, both to assist clients to access assistance and accountability mechanisms outside of the RPC and to prevent caseworkers who were not familiar with the asylum sector from providing contact details secretly and raising client expectations due to lack of knowledge of the capacity of these organisations to assist. My understanding at that time was that caseworkers were very confused about whether the provision of publically available contact details for external organisations to clients was allowed. In fact, I certainly felt that it was discouraged by all stakeholders.

Conduct and behaviour of service provider staff in relation to care and general treatment of asylum seekers

Use of boat IDs

118. An instructive example of how asylum seekers were managed is the use of boat IDs instead of using asylum seekers' names.
119. When I was working in the RPC Boat ID numbers were used by all stakeholders to identify clients. In July 2014 Wilson Security officers knew clients only by their Boat ID number and directly addressed them as their number. When questioned on this, Wilson Security officers consistently stated that they could not learn the names of asylum seekers as it was too difficult. While Save the Children staff members used Boat IDs less, it did occur. For example, I saw one Child Protection Caseworker ask a small child approximately 4 years old what his Boat ID number was in order to identify him. I advised the Caseworker that this was not an appropriate way to identify the child and notified a senior staff member from that team, requesting that she reiterate to her team that the use of Boat IDs and not names to address or request identification from clients was a dehumanising practice, and particularly damaging to children.
120. In all interactions I frequently saw Wilson Security Officers identify clients by Boat ID. All paperwork at checkpoints with lists of clients contained numbers only and no names. I also observed the paperwork used by Wilson Security to roll call the children for transport to school on the bus. This paperwork contained only Boat ID numbers and did not contain any names. Spelling of the names of asylum seeker clients can sometimes be difficult and it may vary, as they are transliterated from different scripts to English. However, names should primarily be used, in addition to a Boat ID numbers to provide additional identification and certainty.
121. In around August 2014, I had a conversation with a Somali client in which she informed me that Wilson Security had received a directive to call asylum seekers by name rather than number. This client informed me that the female Wilson Security officers in the SAF area were trying to learn their names. The next day I asked a Wilson Security officer at SAF area if they had a directive to call clients by name and not by number, and she stated that they had, but that they found it very difficult because all their lists had numbers and no names. Around the same time, Wilson Security officers ceased using the word 'Transferee' and started using 'asylum seeker' to refer to clients.
122. They also started saying first names and Boat IDs in radio communication rather than just Boat IDs. I know this because I heard them frequently on their radios and noticed the change. I do not know if this change was sustained, but I heard many Wilson Security officers complaining about the change, with many continuing to use Boat ID numbers only.

Exertion of control and inconsistency

123. There is a high level of control exerted at all times by Security Officers, and daily life is highly regulated. A major issue that I have observed as contributing to the frustration of asylum seekers within the camp is the inconsistency of rules and their application. Rules and regulations appear to change either slightly or dramatically with changes of shift. While it is normal for rules to change according to the risk level of the camp, there is significant variation within risk levels. Security officers were not clear in their understanding of the rules and applied the rules in a discretionary way. For example (without being exhaustive):
- a. No food to be taken from the mess, except for those who have a letter from IHMS. This is inconsistently applied, and I have had complaints from clients about security officers confiscating letters from IHMS and not allowing family members to remove food for people who are sick or immobile. At other times, I observed people freely removing food from the mess.
 - b. Ability to move between RPC3 and RPC1 is generally with presentation of a paper slip indicating an appointment. However, movement sometimes occurs freely on request for visits to SAA and sometimes is highly regulated.
 - c. Showers are ostensibly for 2 minutes. This sometimes changes according to availability of water. However, I have heard various complaints from clients in relation to inconsistency relating to shower times and lengths of showers. This inconsistency particularly appeared to relate to pregnant women. Many pregnant women had a variety of understandings of what their 'pregnancy card' entitled them to, for example one extra minute in the shower, double time in the shower, two showers per day, exemption from standing in the queue. I was never able to obtain clear information in relation to this from other stakeholders or Save the Children Management.

Sexual harassment of asylum seekers by Wilson Security officers

124. I did not receive any complaints of actual sexual assault. However, I received two complaints of sexual harassment and misconduct. My understanding is that sexual misconduct is common, as it is spoken about by caseworkers frequently, as are accounts of actual sexual assault.
125. In around July 2014, I had a long appointment with an interpreter with a Muslim woman. During this appointment this client informed me that it is not safe in the camp with the Nauruan guards.
126. She informed me that the women in the camp do not feel comfortable in general around Wilson Security officers. She stated that the officers joke around and flirt with the women. She stated that she stays away from that and does not know anything more about it.
127. The client stated that the women in the camp '*all feel the heaviness of the officers eyes on us*' and that they always feel unsafe. However, they have accepted that this is the way it is and there is nothing to be done about it.
128. This client stated that the guards are too friendly with the women and often say things like '*when you are free we can have a relationship*'. She stated that in general everyone in the camp is very afraid of going outside the camp because of the way the officers are even inside the camp, and that they are worried something will happen to the girls.
129. I asked this client if she would allow me to escalate this complaint and she stated that she did not want me to as she was afraid it would cause trouble for her if I did.

Grooming of asylum seekers by Wilson Security officers

130. In late July 2014, I had a discussion with an Iranian woman who had written a complaint stating

that she was very afraid in the camp. This client informed me that ever since there was talk about going out into the community the attitude of the male Nauruan officers towards women has changed.

131. She stated that officers frequently approached the women saying things like *'when you go out we can meet and have a relationship, come and sit on my lap'* and making other approaches as though making a plan and thinking that when the women go outside the camp they will be available to them or to anyone for sex. The client stated that this all started two or three months ago ever since the officers heard about letting people out.
132. She stated that the rules inside the camp are very clear, but that the officers are laying the groundwork for outside the camp. She stated that it is not Australian officers that do this, but Nauruan officers.
133. I asked the client when and where this happens, and she stated that it is not secretive it is very open, and it can happen anytime. She stated that most commonly it's the officers that are outside Area 3, but that there are officers whose job it is to patrol the camp and they go around everywhere saying things that are sexual and scare the women.
134. I asked this client what might help her to feel safe in the camp and she stated that there should be a general warning and crackdown on inappropriate sexual behavior and misconduct. I asked this client if she would agree to me escalating this complaint, and she stated that she has no choice as she is very scared to leave her tent. I stated that I would do so.
135. I then returned to the office and wrote this information into an information report and submitted it to Wilson Security. I then wrote a longer report of two pages, with greater detail than that outlined above because at that time the information was fresh and I had a notebook with notes from the conversation in it. I then emailed this to the Save the Children Casework Manager requesting that she escalate it to the Operations Manager and/or to the Department as I felt that it was inappropriate for Wilson Security to investigate the behavior of its own staff. I left the island the next day for respite.
136. When I returned three weeks later in August 2014, I still had not received a response. I sent the email again to the Casework Manager and did not receive a response. I followed up verbally several times and was informed that a response would be forwarded in due course. I worked for three weeks and then left for respite again.
137. When I returned in September 2014 I still had not received a response. I wrote another email and forwarded the document again to the Casework Manager, this time stating very firmly that it had been several months now and I had not been informed if this had been escalated to the appropriate people for advocacy and to ensure it was addressed by Wilson Security or investigated by the Department.
138. I later received a response that had been sent by the Operations Manager and was forwarded to me by the Casework Manager. It stated very simply *'can you please inform the caseworker that this issue has been resolved, please see attached Wilson Security investigation record.'* Attached was a document with a Wilson's letterhead stating that two members of the Wilson's Investigation team had spoken with the woman in the smoking area with the assistance of a cultural advisor, and that they had asked her if she felt unsafe. The report stated that the woman had informed them that she did, and the Wilson Security officers asked her if she had male friends that could move around the camp with her and help her feel safer, and she stated that she did and thanked them for their concern. It appeared from the document that this was the end of the discussion.
139. I then replied to this email stating that in my opinion this was not a sufficient investigation, that it wasn't appropriate for Wilson Security to investigate this, and that if Save the Children were willing to accept this then I was very disappointed in the organisation as a whole. I did not receive a response and a few days later I was removed from Nauru.
140. I gave this same account to Phillip Moss, and in his report he stated that he was not able to find

any information to substantiate this particular disclosure.² I do not know why he was not able to find the documents.

Case studies

141. My perception of all aspects of the RPC stakeholders' management of clients was that the security framework took precedence to the welfare framework. The primacy of the security framework over the welfare framework may be illustrated through practical examples. Many other examples could be given.

Iranian woman who made allegations of sexual assault against a security officer

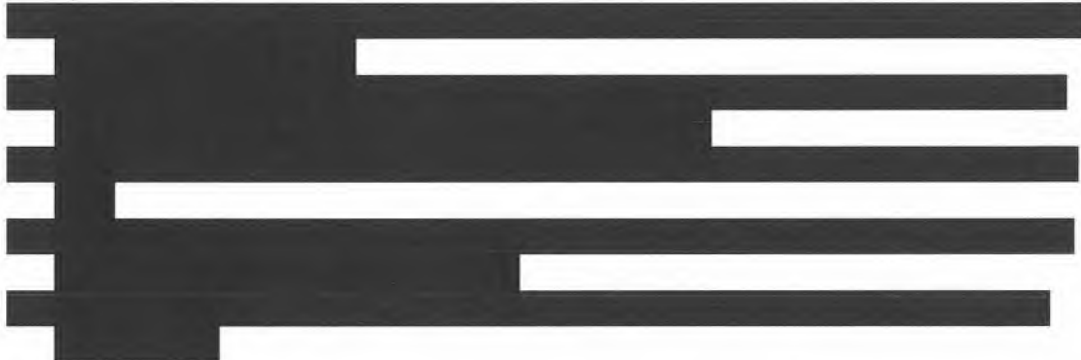
142. In around August 2014, I was walking through Family Area 3 when I heard extremely loud screaming in Farsi coming from the direction of the SAF area. I ran to the SAF area and was informed by Wilson Security that I should stay out of the way, and so I stood back and observed. I saw a young Iranian woman sitting on a plastic chair screaming loudly and incoherently.
143. I asked a Wilson Security officer nearby what had happened and he informed me that '*she had made a complaint against a male officer for sexual assault and he was still working in the camp, but she wants him to be lynched for what he did to her*'. As I watched, an IHMS car pulled up outside of the SAF area. Two female Nauruan officers attempted to lift the woman out of the plastic chair. However a male Australian officer directed them to '*leave her, she can walk, she's just carrying on and we aren't going to carry her out of here*'. The female officers had started lifting the woman and she was halfway out of the chair.
144. On the command from the other officer the female officers let go of the woman as she was taking a step. The woman stopped screaming, took a sharp intake of breath and lurched forward, her eyes appearing to roll back in her head. The woman did not put out her arms but fell limp face first onto the gravel.
145. The two Nauruan female officers then lifted her by her arms and dragged her out into the IHMS car with her feet dragging limply along the gravel, not moving. I do not believe the female client was lucid for any of this event.
146. I asked a Wilson Security officer to identify the client to me and then ran up the hill to Save the Children's office tent. I looked for the client's caseworker but they were not present, so I asked the team who else knew the client. The Casework Manager stated that she knew the history and so she went to the IHMS tent to check on the client.

████████ woman with mental health issues

147. Throughout my time working the RPC on Nauru I attempted to engage with a ██████████ female client who appeared to be suffering from significant mental illness. This client would not engage with Save the Children or IHMS and would only engage with particular female Wilson Security officers in a limited manner. This client had been charged with two counts of assault and was required to attend court at various times while I was working in the RPC.
148. I was informed by Wilson Security officers that these charges were for one event when she had been asked by an officer to come out of the shower ██████████ ██████████ ██████████, and another event when a person had attempted to talk to her through the fence ██████████ ██████████. I observed this woman to display unusual speech patterns for her nationality and not to engage in normal conversation, even with an interpreter. In addition, some of the behaviours that were outlined to me included:

² Review into recent allegations relating to conditions and circumstances at the Regional Processing Centre in Nauru, pp. 31-32, 3.60.

- a. Doing daily tasks at the same time each day in an inflexible manner and becoming very upset at variations to her routine;



- g. Refusing to answer any question addressed to her at any time;
h. Becoming angry and walking away when any person asked 'How are you?'

149. I was concerned that this woman was not able to engage effectively in her court process or in her refugee status determination. I raised this issue at a meeting I attended in September 2014 and was told by a department officer that she was 'entitled to the RSD process'. I explained to the department officer that I agreed with this, but was concerned that as one of her behaviours was such that she did not answer any questions, that she was not able to participate in the process effectively and asked if there was any provision being made for that. The department officer did not respond at all, she simply shrugged her shoulders. Not long after that time I became aware that this particular client had received a negative response on her refugee status determination. I was very concerned about all of this but was not able to obtain any response or feedback from management or other stakeholders despite repeated attempts.

*Iranian woman with mental health issues*³

150. I attended a stakeholder meeting at which we discussed the circumstances of an Iranian woman aged approximately 30 years old. Wilson Security stated that this client had displayed disruptive behavior and was 'on watch' with two officers. IHMS stated that the client was seeing a male in her nightmares, that they think she has an internalized fear of males and that they do not think she is in psychosis, and that she is in IHMS receiving fluids and will be moved back to RAA when medically cleared. They stated that this client's care plan is written up to encourage self-responsibility and boundaries because 'she needs to learn to look after herself'.
151. After the meeting I visited this client with an interpreter, and was advised by the Wilson Security officer with her that she had slept the entire day. I woke her in an attempt to have a discussion with her. The client did not appear to be lucid and did not focus her eyes on me. She looked around the room and then pointed to the end of her bed and stated 'there is a man there and he is coming to take me, and if he doesn't take me there will be a great war.' She then started drawing with her finger on the wall and stating 'can you see him? He has big eyes and a big head and he is coming to take me.' I explained to the client that there was no man there and asked her to focus her eyes on me, which she appeared to attempt to do but could not.
152. The client continued to speak unintelligibly in Farsi and the interpreter could not understand. I gave the client a piece of scrunched up paper in an attempt to ground her, and she scrunched the paper slightly in her hand and then looked at me. She stated '*my mother is coming I called her and she coming to take me away from here. She is coming soon, can you wait with me until she comes? My mummy is coming soon please wait here don't go.*' I suggested to the client that I would sit with her until she goes to sleep but after that I would have to go. The client stated '*my*

³ This example is drawn from 'Support, Mentor, Engage' (SME stakeholder meeting) I attended in September 2014, in the place of the Casework Manager.

mummy is coming she is coming soon please wait, you have to wait here with me because she's coming soon...' and then the client appeared to fall asleep.

153. I left and contacted the adult casework Manager, stating that I believed the client needed further mental health assessment as she did not appear lucid and appeared to be experiencing psychosis. The next day I alerted her caseworker to this and that caseworker spent significant time with the client over a period of days. I understand that the caseworker was very distressed regarding the mental health state of the client and I do not know what happened to the client after that.

Young man who had self-harmed⁴

154. At a stakeholder meeting we discussed the circumstances of a young man in his early 20s who was in Nauru with his mother, father and brother.
155. I was aware that this client had harmed himself the night before as a caseworker had been quite distressed that morning after finding his mother in her tent crying and holding a blanket with what appeared to be a large volume of blood on it. The caseworker had taken the blanket from the mother and disposed of it.
156. In the stakeholder meeting, we were informed that the young man had self-harmed on his forearm with a razor and that he was on 'high SME', which involves being watched at all times by an officer. IHMS stated that they were concerned about his motivation for self-harm as his brother had requested a DVD player from the mental health nurse that was in property, in order to keep his brother distracted. IHMS and Wilson Security agreed that Wilson Security should withhold the DVD player so that the young man was not rewarded for his behavior. I stated that the caseworker had not believed this to be the motivation and advocated for the provision of the DVD player. IHMS and Wilson Security disagreed.
157. After this conversation I visited the young man in his tent. The client stated that he was very upset because IHMS had 'accused him' of cutting himself to get a DVD player from property. I conducted an explorative conversation with the client to ascertain the cause of his self-harm. He stated that he felt '*hopeless for his future and that he had suddenly decided there is no future for him.*' He stated that he has '*had trouble his whole life, trouble in Iran and trouble here.*' Upon discussion about what he wanted for his future he stated that he only wants to drive trucks or operate machinery and meet a nice girl and have a family. I stated that wherever he is he can achieve this dream.
158. The client stated in response that he has been in the camp too long and his mind is broken, and he didn't know how to control his feelings of hopelessness, and he's sorry because he knows he upset his mother but he knew that other people cut themselves in the camp and he thought it might help him feel something as the hopelessness had become too much for him to deal with.
159. The caseworker continued to check on the client for a period of days and continued to advocate for his DVD player to be given to him, as he had nothing to do to distract him while feeling unwell. I do not know if he ever received it.

Suicidal pregnant woman

160. At a stakeholder meeting we discussed a woman who had expressed suicidal ideation and an urge to kill herself and her unborn child.⁵
161. We were informed by Wilson Security that they had removed the woman to the SAA and that they had not allowed her to have contact with her other children due to possible risk to them. I suggested that perhaps the Save the Children child protection team should be given the

⁴ This example is drawn from Support, Mentor, Engage (SME stakeholder meeting) I attended in September 2014, in the place of the Casework Manager.

⁵ This example is drawn from 'Support, Mentor, Engage' (SME stakeholder meeting) I attended in September 2014, in the place of the Casework Manager.

opportunity to assess the woman for contact with her children, as it was possible that she acted protectively and therefore would not disclose these feelings to her children. I suggested that perhaps a Save the Children specialist child protection worker could arrange supervised contact if they assessed this to be in the children's interest.

162. Wilson Security declined my offer and stated that they would have their own cultural advisor make this assessment. I disagreed due to their lack of expertise and suggested that we could see if we had a child protection specialist who spoke the same language as the family, or conduct the assessment with an interpreter. Wilson Security again declined my offer.
163. I fed this back to the Casework Manager to follow up as I did not feel that an untrained Wilson Security cultural advisor should conduct a child protection assessment.

Transfer of 157 Tamil Asylum Seekers (Boat QLN)

164. Prior to my return to Nauru for rotation in August 2014, the Tamil asylum seekers who arrived on boat QLN were transferred to the RPC. I had one female client from that boat who was approximately 50 years old. This woman informed me that she had been given medication for a stomach ulcer when she was on the navy ship for 20 days. This medication had now been removed from her and she had not been prescribed more medication.
165. She stated that when they were transferred to Nauru they had been moved to a separate area by van at lunchtime and had then been placed on a flight at night. She stated that their lawyer had informed them that they should not agree to go anywhere without speaking with him, but they had not been allowed to speak with their lawyer. This client stated that when they were in this room they all sat down and refused to move until they could talk to their lawyer, but then Serco officers dragged them all and tore their clothing. I asked this client if anyone had mistreated her and she stated that they had not.
166. When speaking about this particular cohort of clients other caseworkers who had been present when they arrived informed me that some arrived with no shoes or with only torn clothing, and that many had clothing in washing machines or elsewhere at Curtin that they had not been able to bring because of the sudden nature of the move. These other caseworkers informed me that it had taken several weeks to provide sufficient clothing to many of these people. Indeed, when I met my client she did not have any shoes, only thongs, and was later issued with men's shoes as outlined previously in this submission.
167. These caseworkers also informed me that the arrival of the Tamil clients had happened very suddenly with only a few hours notice. While I was on that shift in August it became apparent that many of these Tamil clients and their children had hair lice, and the Save the Children Child Protection team and teaching staff worked very hard to clean all of the children's hair and remove all of the bed linen from the area to stop the spread of the lice.

Summary

168. It is very apparent to me, due to the examples outlined above and more that could be given, that the security framework takes precedence over the welfare framework in the RPC.
169. It is very clear that there is a fundamental misunderstanding of the role of Save the Children and the importance of caring for the mental health and wellbeing of asylum seekers.
170. The overwhelming impression that I had while working in the RPC was that issues stemming from mental health concerns, distress, confusion, lack of understanding or fear were treated as 'behavioural issues' and that managing the behavior from a security perspective took precedence over addressing the underlying welfare concerns that were causing the behavior.
171. I believe that a most telling example of this occurred immediately prior to my removal from Nauru. These events are outlined below.

Events and incidents: 25 September 2014 to 29 September 2014

25 September 2014 — protests immediately following Minister's "messaging"

172. In the afternoon of Thursday, 25 September 2014, I observed several officers of the Department entering the compound via the main checkpoint, with a number of interpreters. I do not remember what time. I was not in the camp at the time — I was in the office tent.
173. Some time later, some Caseworkers returned to the camp stating that there had been a large scuffle. They stated that they had been near the recreation tent when "messaging" had occurred and, immediately after the messaging, a large number of people had moved out of the tent and a disturbance of some type had occurred. They informed me that at this time Wilson Security officers started to urgently move them out of the camp.
174. On that day, the Adult Casework Manager was on a rostered day off, and as such I was the most senior staff member present in the Adult Casework Team. I did not receive any prior information regarding the content or timing of the messaging that occurred that day. The first I became aware of the messaging was when I observed several Department staff members and a large number of interpreters entering the compound.
175. I went outside the office tent and could hear a lot of shouting. More caseworkers returned to the office and, not long afterwards, the Save the Children Operations Manager arrived. I was informed that Wilson Security was sweeping the camp to identify and remove any other Save the Children staff members for their own safety.
176. We then realised that one of our caseworkers was missing inside the camp and Wilson Security informed me that they would find her. Our team waited in the office for approximately 1-2 hours, and then the missing Caseworker returned.
177. A couple of times during this time, we were informed that we were being moved by bus to RPC1, however this plan appeared to change several times.
178. Once the missing caseworker returned, all of the staff except me and a couple of others returned to RPC1, as we were advised that it was unlikely we would be permitted back into the camp that day.
179. I remained behind and began researching the policy changes and Minister's announcements online and putting together a fact sheet with information that could be provided by caseworkers to clients the next day.
180. In my professional opinion, accurate and timely information can often calm the distress of clients, as rumours spread quickly based on limited information provided by the Department. Further, caseworkers receive a lot of questions from clients, and if they are not provided with hard, researched facts, they can sometimes unintentionally give incorrect information or conjecture. Asylum policy is complex and rapidly changing, and accurate information is critical.
181. When I had completed the document, I sent it to the Adult Casework Manager requesting it to be escalated to the Operations Manager for approval, and I returned back to the staff accommodation at RPC1. I believe I left the office tent at approximately 7pm.
182. We did not receive official notification of the contents of the messaging until the next day. In the same email, we were advised by Save the Children Management not to provide further information to clients, and that any further information would be provided by the Department in due course.

26 September 2014

183. In the morning of Friday, 26 September 2014, I caught the bus to RPC3 before 9am. While on the bus, several colleagues and I overheard information coming from Wilson Security officers' radios stating that several Unaccompanied Minors had self-harmed by cutting their forearms.
184. Upon arrival at the camp I went to the Wilson Security office and asked them if there had been

any events overnight that our team should be aware of. A senior officer informed me that there had been a large protest until late at night, and that the Unaccompanied Minors had sat on the road next to the main checkpoint (normally off-limits to asylum seekers) overnight. The officer stated that in the morning they had been convinced to return to their accommodation, and had done so. However, not long after their return six of the unaccompanied minors had been discovered to have self-harmed all together by razor to their forearms, one of whom had required stitches.

185. I do not recall much of the rest of this day, as I was seeing clients to calm them where possible and debriefing with caseworkers. I found out sometime mid morning that a teenage girl had been evacuated to Australia overnight after ingesting washing powder.
186. On Saturday 27th September I had the day off and stayed in my accommodation.

28 September 2014

187. On Sunday, 28 September 2014, I returned to work and presented at the Wilson Security tent for a briefing to provide to the rest of the team. I was informed that overnight two women had ingested washing powder in a suicide attempt and had been transferred to IHMS. I was informed that 7 males currently had stitched lips, including 3 minors, and was given the details of 3 men with stitched lips who were clients of the adult casework team. I was also informed that there had been protesting overnight from approximately 2100-2300 with approximately 300 people in attendance, and that it had been peaceful and orderly.
188. I then went to the morning meeting and briefed the rest of the team with this information. After the meeting, I spoke with the Adult Casework Manager and suggested that she and I should go and speak with the 3 clients of our team who had stitched their lips and attempt to commence influencing them to unstitch. The Manager agreed and we booked a Farsi interpreter and set a time to attend. I cannot recall what time it was. We then went into the RPC with a Farsi interpreter. I recall his name but have chosen to omit it here. However, I am sure this interpreter would give his consent for me to provide his name if he is required to give evidence relating to the conversation that we had on this day.
189. The Manager and I located our three male clients, who were sitting in front of the mess area in front of a sign, with 4 other males who had also stitched their lips. I requested of our three clients that they come with us for a private conversation, however they informed us that they would not leave the protest and that we could speak with everyone together. They stated that they did not really know what we could say, as Save the Children does not have power to help them.
190. I took the lead in speaking with the group, with my Manager providing back up, agreement and additional information. I stated that I understood that the men felt desperate, and that they felt that they had not been heard for a long time. I stated that I could see that they felt that they did not have any recourse or ability for self-advocacy. At this time they interrupted, and several of the men told long stories about their experiences in the camp, their feeling that their human rights were being abused, and their desperation.
191. At this point an unknown male person who did not have stitched lips interrupted, stating that we should know that everyone in the camp had plans to commit suicide. I noted that a crowd had gathered, including children, and I informed the man that while I respected him and wished to listen to him, that we should ask the crowd including the children to move on before he spoke. One of the men with stitched lips stood up and indicated that everyone should leave, and the crowd dispersed. I then asked the unknown male to continue.
192. This man stated that everyone in the camp has a plan to kill themselves in a mass suicide, and that the date is not known but the plan of some of the men is to take star pickets from the ground and use them as skewers to put through their hearts. He stated that there were at least 15 people who planned to commit suicide in this manner, but many other people also have a plan.

193. Some of the other men interrupted before I could respond and stated that they were also extremely frustrated because last night at the protest, the Wilson Security officers had filmed for a while with their cameras, but after a certain time they switched off the cameras and attempted to provoke the asylum seekers into violence, but that the asylum seekers maintained the protest as peaceful because there were children with them.
194. I then stated to the group that while I understand their frustration and that they feel they have no option, that stitching their lips is not a way to get the Department to listen to them. I explained that many people have stitched their lips in the past and that the general approach is for the Department to not give anything in response as the Department doesn't want to encourage self-harm.
195. I explained that a better way might be to write a very strong letter to the Refugee Council of Australia, and to request that this letter be given to their CEO. I stated that while it was unlikely they would see outcomes on their individual situations, it is the job of the Refugee Council as the peak body in Australia to engage in systemic advocacy to the Australian government in relation to asylum seekers. I explained that the Council could take their concerns and incorporate them into ongoing advocacy.
196. The clients stated that this was a good idea and asked me if I could write the letter for them. I explained that I could not, as Save the Children have signed agreements not to provide information outside of the RPC, and that if we breach this we will not be able to be here with them in the future. However I stated that the clients were the ones with the power, and they could advocate for themselves more effectively than I could, and more effectively than stitching their lips. The men agreed.
197. At that point my manager stated that she needed to go, and asked if I was ok to provide the contact details to the men. I stated that I could, as I knew the email address for RCOA. My manager then left. I provided the men with the email address and they asked me how to request that the letter be forwarded to the CEO. I wrote down the name of the CEO, Mr Paul Power, and a sentence to the effect of 'please forward this correspondence to Paul Power.' The men thanked me for this, we had a short conversation where I encouraged them to eat food and drink water and stay in the shade, and then the interpreter and myself left.
198. I wrote an incident report immediately upon return to the tent regarding the threat of mass suicide, and then assisted Wilson Security officers to identify the male person who disclosed this by photograph. I then informed my Manager that I was very concerned that many Wilson Security officers had heard me giving the contact for the Refugee Council to the clients, and that I was sure they would make complaints or attempt to have me disciplined or removed for this, even though I was aware it was well within centre guidelines. My Manager informed me that she had been present for the whole conversation and that if there was an issue with providing peak body contact details for self-advocacy to clients, then she would strongly defend me. I thanked her and documented the entire discussion in case notes.
199. For the rest of the afternoon, I spent a lot of time signing incident reports and providing verbal notifications to Wilson Security, as various caseworkers were receiving information from their clients that mass suicides were planned. At the end of that day, I took the last pile of incident reports relating to mass suicide threats into the Wilson Security office. I believe I had about 5 or 6, and I spoke to the Wilson Security Command officer and informed him of this. I tried to hand them to him and he asked me if they were all mass suicide threats. I stated that they were. He then told me to put them in the office across the corridor, on the table, with the rest of them. I walked into that office and there was a large white folding table covered in piles of incident reports. I put the reports I had on the table, and returned to command. I asked him if they were all from that day and he stated that they were.

Monday, 29 September 2014

200. On Monday, 29 September 2014, I attended the Wilson Security office for a briefing first thing, and was informed that there remained 7 persons in total with their lips stitched, and that there was more protesting overnight involving approximately 270 people.
201. On that day I went to see if the men with stitched lips were still protesting outside the mess, and they were not. I went to see one of those men in his tent. He could not speak because his lips had swollen significantly. I informed him that I was very distressed to see him like this and asked him to please unstitch his lips. I asked him if he sent the email to RCOA and he nodded. I then asked him again to either unstitch his lips or at least attempt to drink water. He wrote me a note as he could not speak, and the interpreter who was with me informed me that it said in Farsi that he would not unstitch and that he was refusing food and water. I asked him to at least stay in the shade and asked him to think about un-stitching as it was not useful. I shook his hand and left.
202. Sometime that afternoon I saw one of the Wilson Security Welfare officers crying, and soon after that she left the RPC and I did not see her again. I asked a caseworker what had happened and this caseworker informed me that a male client had beaten his head against the fence until he started bleeding significantly, and then he had gone to the ground and began beating his head with a rock until he lost consciousness. This caseworker stated that she thought that particular Wilson Security Welfare officer had responded to this incident, and that there had been a lot of blood and children around.
203. I do not remember anything else particularly significant from that day and I believe that after this things started to calm down, although the protesting continued. I am sure there were further incidents that other caseworkers were aware of, but this is all I know about that time period.

Removal from Nauru

Events 3 October 2014 to 4 October 2014

204. On Friday 3rd of October I was on the way to work at the RPC and was stopped by a caseworker, who informed me that she had a letter stating that she had been stood down from work pending investigation. She asked me to check in on her clients. I then went to find the Casework Manager and inform her of this, as she was on a day off. I located the Manager and informed her and then took the bus to work, where I attended the morning meeting with our team.
205. The HR Manager then informed me that she needed to speak with me. I declined a support person and went outside to speak with her. She handed me a letter (**Annexure B** to this statement) stating that I had been stood down pending an investigation, and explained that she needed to speak to a few other people and then we must go back to RPC1. I agreed.
206. On the way back to RPC1 the HR Manager received a phone call informing her that we must pack our things and leave the RPC. We packed our things and were informed we needed to wait to be escorted out by Wilson Security officers. During the time we were waiting, we became aware from people in Australia that there had been a press conference in Australia and that the Minister for Immigration had made very serious allegations against Save the Children staff.
207. We were then transported from the RPC by the HR Manager, and given rooms at the Odn Hotel. We spent the afternoon in the rooms there. During the afternoon, the Operations Manager came and gave us all a letter from the Nauruan Government stating that our visas were cancelled and we had been declared 'prohibited immigrants'. A copy of my removal notice is **Annexure C** to this statement. He also gave us plane tickets for the next day. Later that afternoon, our teams came down from the RPC to provide us with emotional support and we all had dinner together.
208. In the morning of 4 October 2014, while we were preparing to leave for the airport, several Nauruan Police officers arrived. We informed them that we would not speak with them without our Managers present. They agreed to wait for our Managers, and the Operations and HR

Managers attended the hotel. The police then informed us that we had 20 minutes to get ready and that they would be escorting us to the airport in their vehicles and onto the plane.

209. We packed and they transported us to the airport in their vehicles. The police escorted us through the airport and asked us to sit in a specific area. When we needed to leave that area we needed to have an officer escort us. The police then escorted us across the tarmac and onto the plane, where we were seated together in the last row of the aircraft. At all times the Nauruan Police were polite to us and treated us well. On arrival to Australia we had no further problems and went on to see our families or catch our connecting flights.

Reason for my removal from Nauru

210. At no stage has anyone explained to me why I was removed from Nauru and why the Commonwealth Government selected me to be removed.
211. I believe that I was selected by the Commonwealth to be removed from Nauru because I actively and persistently sought to ensure that, as far as practicable, the health and wellbeing of asylum seekers was protected.
212. I have suffered as a consequence of my removal. However, I believe that the conduct of the Commonwealth has undermined the welfare framework under which SCA operates.
213. This can only lead to the exposure of asylum seekers to harm. The risks of harm are great — as Mr Moss has reported.

Part D — Conclusions and recommendations

Based on my experience, I recommend that the Senate Inquiry consider making the following recommendations:

Provision of basic needs, hygiene, health care and personal safety

Recommendation 1

The provision of built accommodation for asylum seekers, with adequate and regularly cleaned facilities for the provision of appropriate hygiene, privacy and personal safety and security.

Recommendation 2

The effective and timely administration of the basic needs of clients, particularly in relation to clothing and other material needs, hygiene and sanitary requirements, frequent communication with family members, appropriate access to drinking water and food, and an increase in recreation and meaningful activities providing for individual development.

Recommendation 3

Direct access by asylum seekers to a triage nurse who is able to prioritise care and access to emergency health and mental health care where necessary — functioning in a similar manner to the presentation of individuals at a hospital or GP in any other health care environment.

The removal of the requirement to make a written request and security service providers acting as intermediaries in accessing health and mental health care.

Recommendation 4

Amendments to be made to all service provider contracts that expressly prohibit the victimisation of, or adverse treatment of service provider personnel who make complaints and escalate concerns in relation to the welfare of asylum seekers within the Regional Processing Centre environment.

Case management, advocacy and accountability

Recommendation 5

The ongoing and rapid, responsive development of comprehensive communications guidelines for caseworkers and other staff, for the provision of accurate and timely publically available information to clients on government policy development that may affect them.

The codification of policy and procedure affirming that any publically available and accurate information may be provided to clients by staff members at their discretion.

Recommendation 6

Increased liaison with external organisations to ascertain appropriate referral pathways for provision of information and contacts to clients for self-advocacy.

Clarification in policy and procedure that this is a recognised and necessary function of casework.

Recommendation 7

The Department to allow for the sending of client information to third parties via appropriate referral pathways with client consent, as occurs in other casework environments. Recognition of the skills of caseworkers to assist clients to identify and articulate the pertinent information required to make appropriate and useful complaints to have their specific wellbeing needs met within the processing centre environment.

Recommendation 8

A greater level of collaboration between caseworkers and health/mental health professionals in order to contribute to better outcomes for clients. This collaboration would also assist in reducing distress levels and critical incidents, as protest and self-harm behaviours are often linked to frustration with and/or lack of understanding of health status and treatment, and to deterioration of mental health.

Recommendation 9

The development of stronger relationships between on-island management staff and Department decision-makers so that appropriate individual advocacy can take place where necessary. Recognition that a humanitarian perspective is necessary in ensuring the safety and security of the regional processing centre and its inhabitants.

Recommendation 10

The development of robust and independent accountability mechanisms to allow for complaints to be made by staff and asylum seekers, for investigation by an independent body or ombudsman that has the power to enforce its recommendations, both in relation to individual and systemic issues.

Strengthening the welfare framework

Recommendation 11

Increased education of security service provider staff as to the skills and abilities of welfare service provider staff in order to provide more effective responses to clients during critical incidences. Response to these incidents from a humanitarian framework rather than a security framework would in my opinion provide more effective outcomes and lead to reduced severity and frequency of critical incidences.

Recommendation 12

Strong and consistent directives to ensure the use of names and not numbers as a primary identifier by all service providers at all times. The editing of necessary paperwork, provision of alphabetised lists by name to all service provider staff and a concerted campaign to change this culture is necessary.

Recommendation 13

The development and distribution at all security officer stations of a living document outlining rules of the centre, which can be easily referred to for accountability and accurate enforcement of rules. This could be provided in electronic form on tablets for ease of editing and distribution. This would

allow for rules that affect asylum seekers to be consistent and allow both asylum seekers and officers to quickly refer to a document where disputes arise. This would significantly decrease client distress and levels of frustration, and provide accountability in relation to the power held by security officers.

Recommendation 14

Significant increases in provision of training for security service provider staff in cultural competence, appropriate professional relationships, the illegality of sexual harassment and exploitation, working with people of refugee background and mental health first aid. Ongoing professional development for all stakeholder staff.

Recommendation 15

A greater focus by all service providers on working from a humanitarian rather than security framework. While the security framework has value and is necessary to ensure safety, it must be tempered by the humanitarian approach in order to provide effective wellbeing outcomes for clients.

Position Description

Job Title: Senior Adult Caseworker
Department: Programs & Humanitarian Response
Reporting to: Adult Caseworker Manager
Direct Reports: Adult Caseworkers
Location: Nauru Regional Processing Centre (NRPC)

Save the Children Australia

Our Vision: Our vision is a world in which every child attains the right to survival, protection, development and participation.
Our Purpose is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

Save the Children's Role In Regional Processing Centres

Save the Children provide education, recreation and child protection services to children sent to Nauru by the Australian Government.

Our experience shows that sending children to offshore or onshore immigration processing centres threatens their physical, mental and emotional wellbeing. But given that the Australian Government is sending children to Nauru and given our mandate to the world's most vulnerable children, we will work to ensure the best possible conditions and services for children on Nauru.



Role Purpose

The role of the Senior Adult Case Worker is to support highly complex asylum seeker adults when they are sent to the NRPC by the Australian Government.

The Senior Adult Case Worker works collaboratively with Save the Children's Education and Recreation staff and asylum seeker families. The Senior Adult Case Worker is responsible for providing assessment, case planning and review, support and referrals to relevant agencies inside the offshore processing centre to help safeguard the mental, emotional and physical wellbeing of adult asylum seekers on NRPC. This role may also provide practical support and one-on-one support, as required and where appropriate. This role will involve the mentoring, supervision and management of Adult Caseworkers.

In addition, this role would incorporate representing Save the Children at stakeholder meetings and process and policy development.

Key Areas of Accountability

- Work in collaboration with educators and recreation officers to maximise support and assist them to meet their additional needs.
- Arrange time with interpreters to facilitate meetings.
- Participate in case management meetings with supporting agencies.
- Promote the development of positive relationships with role modelling, education and practical support.
- Build on and help improve living skills including behaviour management and effective communication.
- Assist to link adults with NRPC contracted health provider and associated services.
- Adhere to Save the Children Policies & Procedures including Health and Safety and Child Protection.
- Adhere to Child Safeguarding Protocol
- Provide support and referral to adults by providing information and facilitating their access to other services, as required.
- Participate in the development of appropriate referral processes and protocols with local requirements.
- Collaboratively assess the needs of adults and make timely referrals to appropriate, relevant, and/or specialist support services.
- Establish and maintain effective and respectful relationships with all asylum seekers within the NRPC.
- Contribute to data collection and monitoring and evaluation processes by liaising with the Project Support Officer to enter all case notes in SAMIS on a daily basis.
- Supervise and mentor Adult Caseworkers.
- Carry out other duties in line with the philosophy and objectives of the project and as directed by the Adult Caseworker Manager.
- Meet regularly with the Adult Caseworker Manager to discuss progress, achievements and raise any issues or concerns.

- Immediately assess and report any protection risks and concerns to the Adult Caseworker Manager.
 - Lead in psychosocial assessment, planning, goal setting and reviews.
 - Plan, co-facilitate and evaluate support groups where required, i.e. resilience training etc.
 - Participate in professional development opportunities as they arise.
 - Engage and participate in professional supervision with the adult caseworkers.
- Health, Safety, Security and Risk Management Requirements**
- Act in a safe manner at all times, including complying with all safety instructions and training given at the workplace.
 - Participate in and contribute to Health and Safety awareness and improvements.
 - Comply with emergency evacuation procedures.
 - Report all incidents/injuries and potential hazards in a timely manner.
 - Be aware of, and consider, the risks associated with your everyday work and apply appropriate mitigation measures.

Person Specification

Skills/Abilities

- Demonstrated understanding of and ability to practice: strength based practice.
- Ability to manage a number of key relationships and to work in collaboration with internal and external stakeholders.
- Understanding of complex and cultural practices and be sensitive, mindful and respectful of these.
- Highly developed written and verbal communication skills.
- Ability to communicate effectively across cultures, family groups and with other stakeholders.
- High level leadership and mentoring skills.
- Ability to represent Save the Children at stakeholder meetings.
- Ability to contribute to writing policies and procedures and their implementation.
- Sound time management and organizational skills.
- High level of integrity and confidentiality.
- Resilient with the ability to live and work in a challenging and complex environment.
- Ability to work as an effective team member, demonstrating high level communication skills and a flexible and cooperative approach.
- Ability to identify and effectively deal with and manage stress levels in a complex fast paced political environment.
- Willingness and capacity to implement required Health and Safety policies and safe work practices.
- Willingness to engage in supervision of professional practice.
- Willingness to undertake continuing professional development opportunities as required of the position.



- Willingness to participate in team decision making regarding case management and other aspects of service provision to ensure quality outcomes, and effective team functioning.

Knowledge/Experience

- Significant experience in psychosocial assessment and case management processes, including rigorous case note documentation.
- Extensive knowledge of adult development.
- Demonstrated knowledge of effective behaviour management strategies.
- Experience in the delivery of collaborative casework practice.
- Knowledge and understanding of the stresses on vulnerable adults.
- Knowledge/experience in working with culturally and linguistically diverse communities.
- Knowledge and understanding of the asylum seeker/refugee experience, including trauma and other mental health issues.
- Knowledge and understanding of importance of maintaining professional boundaries.
- Experience of providing a range of casework services to the community, including involvement and responsibility in casework assessment, planning, goal setting and review.
- Experience in writing and implementing policy and procedures.
- Experience in the development and facilitation of group education and support programs, specifically in regard to, behaviour management, resilience training.
- Experience in maintaining appropriate documentation, including statistics and client case notes and files in accordance with Save the Children Australia's procedures.
- Comply with, and be accountable for professional, ethical and clinical standards of practice, adhering to safe work practices and NRPC policy and procedures.

Qualifications

- Bachelor Degree in Social Work, Psychology preferable, or Human Services equivalent, along with relevant experience to undertake the range of activities required.

Personal Behaviours & Attributes

- Be open to and works well with others, shows empathy towards different views, shares knowledge and has a positive attitude.
- Achieves maximum results with minimum resources with sound judgement.
- Communicates and acts openly, clearly and effectively.
- Strong commitment to providing very high levels of customer service (both internal and external customers).
- Initiative, flexibility and ability to work independently as well as in a team.
- High levels of self-motivation and initiative.
- Ownership and accountability of one's work.
- High levels of confidentiality and integrity (relating to both data and verbal communication).
- Awareness of own strengths and weaknesses and a commitment to self-managed personal development.
- Commitment to Save the Children's purpose and values.

Additional Information

- Any offer of employment at Save the Children Australia will be subject to a satisfactory National Police Record Check and Working with Children Check.
- Employees must sign onto Save the Children Australia's Child Protection Policy and Code of Conduct.
- Ongoing performance & employment will be measured against KPI's, values and demonstrated behaviours outlined above.
- Save the Children Australia is an Equal Opportunity Employer.
- Completing a pre-employment medical assessment is a compulsory part of your application process as it ensures that you have the appropriate level of health and fitness to meet the inherent requirements of the role.
- Applicants must have permanent Australian Residency to apply for this position.



Save the Children
Australia

3 October 2014

Dear Natasha,

SUSPENSION OF EMPLOYMENT

Save The Children Australia (SCA) have been formally requested by the Department of Immigration and Border Protection (DIBP) to temporarily suspend your employment pending a formal investigation. Under clause 5.7 of the contract between SCA and the DIBP, the Department may, in its absolute discretion, give notice requiring the Service Provider to remove any Service Provider Personnel from work in respect of the Services.

We are unable to provide you with any details of the allegation or rationale for the temporary suspension at this time and will continue to work closely with the DIBP to resolve this matter as quickly as possible and in a fair and respectful manner for you.

During the period of temporary suspension you will continue to receive full salary payment and deployment allowance units. You will remain accommodated within RPC 1 and will have access to all employee services and facilities. You are directed not to attend your actual place of work or participate in any work related tasks or activities.

The DIBP also require you to immediately return any Official Information and Contract Material you have in your possession. This should be returned to your immediate manager or me today.

We appreciate your cooperation during this period and will keep you informed as and when we can of any further information we are provided.

If you require support during this time please contact Psycare, either in person, by tablet alert, phone or email.

Kind regards,

Trisha Vollmer
Human Resources Business Partner, Nauru Program
Save the Children Australia



REPUBLIC OF NAURU
REMOVAL ORDER

Friday 3rd October, 2014

Dear Natasha Blutcher,

This is to inform you that pursuant to the Immigration Act 2014, you have been declared a Prohibited Immigrant and your removal from the Republic of Nauru has been scheduled for within 7 days or the next flight to Australia, whichever is the soonest.

You are advised that you must demonstrate that you are making every effort to comply with this removal order and that you are cooperating with the Department of Justice and Border Control's effort to effect your removal.

If you have any questions in regards to this matter, you may contact the Department directly.

Thank you.

Hon. Charmaine Scotty, MP
Acting Minister for Justice and Border Control