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Joint Standing Committee on Migration

Review of Audit Report No. 1 2005-2006: Management of the Detention Centre Contracts – Part B

Further to the Public Hearing
Monday, 10 October 2005

Questions on Notice

Department of Immigration and Multicultural and Indigenous Affairs – Response

1. Attachment A to the Palmer Implementation Plan (tabled in the Senate on 6 October 2005) notes that DIMIA will work with the ANAO on lessons learned from recent audits (in response to Palmer recommendation 7.5).

- *Could the Department please update the Committee on their progress in working with the ANAO on lessons learned from recent audits? What will this involve?*

The Department has formally requested an opportunity for relevant officers within DIMIA to discuss the findings of ANAO reports regarding the Detention Services Contract (DSC) with the ANAO audit team. DIMIA and the ANAO have agreed that this briefing will involve Mr Mick Roche, who has recently been engaged by the Department to conduct a review of the DSC, and his supporting team.

2. *The term of the Contract is four years, with an option to extend for a further three years. What issues do you consider are essential for the Department to address and/or resolve before extending the existing Contract or entering into a new contract?*

As previously advised, Mr Mick Roche has been engaged by DIMIA to conduct a review of the DSC. The Department does not wish to pre-empt the outcomes of this review, but expects that issues to be addressed or resolved in the context of future contractual arrangements will be identified in this context.

3. DIMIA agreed with Recommendation No. 2 and advised that a review of the detention function's planning process had already commenced as part of the development of the Department's 2005-2006 Divisional Business Plan (page 90, paragraph 5.88).

- *Please provide an update on this review of the detention function planning process.*
- *How will this review address ANAO's concerns relating to divisional planning, risk assessment and strategies to achieve detention outputs?*

- DIMIA noted that the implementation of the 2005-2006 Governance Framework will 'address several of the ANAO's concerns relating to divisional planning and performance information identified through this report.' (p. 118, para 26) How are the Governance Framework and Divisional Business Plan connected?

The governance framework provides an overarching structure for the division's planning and risk management processes. The divisional business plan is one component within this framework. A review of the detention function's governance framework was completed in mid 2005. The outcomes of this review highlighted a number of areas for improvement within the existing framework. The development of a new governance framework will incorporate the outcomes of the review, ANAO recommendations, additional advice from internal and external stakeholders, and a departmental review of business planning (in light of the recent organisational restructure) to ensure consolidated improvements in business planning processes within the detention function.

4. A consideration of meaningful performance measures was to be undertaken as part of the development of the 2005-2006 Divisional Business Plan. (page 90, para 5.88)

- What does the Department consider to be the key features of a 'meaningful performance measure' in relation to the detention function?
- Do current performance measures satisfy these elements?.

As a result of the recent change in Departmental executive leadership, and in line with specific ANAO recommendations and better practice advice, the department is reviewing components of its broad governance framework. Among the components under review, the department is examining options for improved business planning and performance information frameworks.

Performance measures for the detention function are being reviewed in the context of the recent organisational restructure, the review of the DSC, and the ongoing review of business requirements in light of the Government's response to the Palmer inquiry.

The outcome of this review is intended to give the Secretary, the Minister and the Australian community greater assurance that the department is planning its work robustly and can account for its performance effectively.

5. In response to Recommendation No. 2, DIMIA stated that in January 2005, the Department implemented a 'comprehensive contract monitoring regime' to proactively monitor the delivery of service at detention facilities in a systematic and objective way. (page 90, para 5.89) At the time of the audit, ANAO was unable to assess the effectiveness of the new regime due to its recent implementation.

- Has the Department since had the opportunity to review the effectiveness of this monitoring regime?
- If so, what were the results of this review?

- If not, what is the Department's timeframe for reviewing the new monitoring regime?

DIMIA has undertaken informal reviews of the Monitoring Plan since January 2005 as issues have arisen. A number of changes to the Plan have been implemented and revised checklists were distributed to all Immigration Detention Facilities in July 2005. Key changes included a strengthening of the checks concerning the registration of medical professionals, additional checks of the effectiveness of visits processing, and the addition of a new section allowing local DIMIA staff to highlight any issues specific to their Centre that are not sufficiently covered in the generic checks.

Overall findings from the audits have been largely positive. The checklists completed by both DIMIA staff from National Office and at the IDFs have highlighted areas where GSL's actual service delivery has in some way varied from agreed standards as set out in the contract and approved Operational Procedures. Checklists now provide for DIMIA staff to advise GSL of their findings and GSL comment on these findings.

While work will continue on refining the framework, the Department considers that the Monitoring Plan is already proving effective in bringing greater consistency to the monitoring of service delivery across all centres.

A formal review of the current 2005 Risk Assessment and 2005 Monitoring Plan has commenced.

6. DIMIA agreed with Recommendation No. 3 and stated its intention to review the 'financial and non-financial performance information for the detention centre function'.

- Could the Department please describe the scope of this review?
- Will this review specifically examine aspects identified by the ANAO as problematic, in particular improving DIMIA's capacity to report on the contribution of detention to its departmental outcomes and to assess whether the current arrangements are providing value-for-money?

In conjunction with the review of performance measures, the division is also reviewing its financial and non-financial performance information. The review is intended to assess how the department can best measure performance within the detention function, in both qualitative and quantitative measures. As previously stated, the review of performance measures for the detention function is progressing in the context of recent organisational restructure and the ongoing review of business requirements in the post-Palmer environment. The ANAO's comments regarding current performance information and measures will be considered in this review process.

7. The ANAO found that there is 'insufficient information about the quality of services being delivered and their costs to allow a value-for-money calculation'. (page 18, para 42)

- What method is currently used to determine whether detention service providers are providing a value-for-money service?
- Can you please advise whether services provided by GSL (since commencement of the Contract) are considered by the Department to be value-for-money?

The Department pursued a value for money outcome for detention service provision during the evaluation of tenders for the DSC in 2002. Recent amendments to the detention environment, for example the removal of razor wire, have resulted in increased costs to the Commonwealth. However, the Department considers that such expenditure has also produced a better quality of services and environment within immigration detention facilities. The Department continues to pursue a value for money balance in the detention environment.

8. DIMIA advised the ANAO that 'the department accepts that it retains ultimate Duty of Care to detainees, but fulfils many aspects of this (without absolving itself of ultimate responsibility) by engaging and monitoring a detention services provider who, via the Detention Services Contract, shares responsibility and liability in some ways.' (page 42, para 3.22)

- Can the Department comment on the adequacy of these arrangements for meeting its duty of care obligations to detainees?

It is the case that the Commonwealth retains the ultimate duty of care for all immigration detainees. That is, the Commonwealth has a responsibility to take all reasonable care for detainees. The Commonwealth has held this position for a number of years but it was confirmed by the Federal Court in *S and M v Secretary, DIMIA* (5 May 2005). This is the case whether or not the Commonwealth contracts with a private Detention Services Provider (DSP) to provide particular services to immigration detainees or not.

Although the ultimate duty of care remains with the Commonwealth, the Commonwealth is entitled to engage independent contractors to manage the provision of certain services within Immigration Detention Facilities (IDFs) and other places of detention. The current DSP, GSL Australia Pty Ltd (GSL) was engaged after a comprehensive tender process. The role of GSL, and its subcontractors, is to provide day to day services to immigration detainees, under the overall supervision of DIMIA.

Far from being an attempt to absolve itself of its duty of care, the engagement of independent service providers in IDFs and other places of detention represents an exercise of the duty of care. For example, DIMIA officers employed at IDFs do not necessarily have any medical skills or qualifications. It would therefore be remiss of DIMIA not to ensure the engagement of qualified medical practitioners to provide medical services at IDFs. While the Commonwealth has contracted only with GSL to provide services in IDFs and other places of detention, GSL has engaged a number of subcontractors to provide services such as health care, catering and maintenance, all of which are essential for the efficient management of IDFs and the provision of essential services to detainees.

DIMIA recognises, and the Federal Court in *S and M* confirmed, that DIMIA's duty of care does not end with selecting a competent service provider. DIMIA recognises that it maintains an obligation to monitor the performance of GSL and its subcontractors and to actively ensure that necessary services are provided to agreed standards. As a result of the decision in *S and M*, DIMIA has improved the provision of mental health services at the Baxter IDF, which was the subject of criticism in that case.

9. How will the long-term detention health services delivery strategy being developed by the Detention Health Services Delivery Taskforce, address ANAO's concerns about the inadequacy of health care performance measures used in the detention contract?

DIMIA has established a Health Service Delivery Group which held its first meeting on 20 June 2005. It currently meets every two to three weeks to ensure health service delivery issues are managed in a timely and appropriate way. Senior representatives from DIMIA, GSL Health Management, IHMS and PSS are members of this group. The Health Service Delivery Group is currently working to develop and implement health service performance measures for immigration detention facilities that will provide a comparable level of monitoring to those that are applied in the mainstream health sector. Models being considered are those used by the Australian Health Care Standards Agency, the Aged Care Accreditation Standards Agency and the National Standards for Mental Health Services.

10. The ANAO report comments on the merit points scheme and states that in 'its current form the scheme represents a risk to the Commonwealth as the distinction between 'meaningful activity' and 'paid employment' is not made clear.' (page 41, para 3.16)

- Is the Department developing provisions in the Contract that articulate the Department's intended approach in relation to the merit points scheme, as suggested by the ANAO?
- If not, how does the Department intend to address ANAO's concerns?

The Department is preparing to commence a policy review of the meaningful activities and merit points scheme. The ANAO's comments about the merit points scheme will be examined in this context.

11. The Department produced an Operation Transition of Detention Centres Report outlining the transition procedures and circumstances arising at each detention centre during transition. (page 36, paragraph 2.26)

- Does this report examine the costs associated with the transition? If so, what were its findings?

The Operation Transition of Detention Centres Report focussed on lessons to be learned from the transition process. The costs associated with transition were not examined in the report.

12. The ANAO identified a number of areas in which arrangements were not finalised before the contract was signed and transition to the new Services Provider occurred, including agreements with State agencies, the Preventative and Planned Maintenance Plan and the list of Commonwealth equipment.

- Would it have been feasible for DIMIA to delay signing the new Contract and undertaking the transition until these arrangements were finalised?
- Does the Department think that it would be more beneficial to finalise such arrangements before signing a contract with a new Services Provider?

At the time of transition the Department considered that, given the significant complexity of the project, the costs and risks associated with delaying the transition process outweighed the benefits to be derived from such a delay.

The Department agrees that it would be beneficial to finalise the abovementioned arrangements before signing a contract with a new services provider.

13. The ANAO reported that at the time of the audit DIMIA was 'yet to finalise more than half of the relevant agreements with State agencies'. (page 49, para 3.55)

- Please provide an update on the progress of these negotiations.
- How many agreements are yet to be finalised?
- Has the Department set a target completion date?

The MOU between DIMIA and the South Australia Police was signed on 22 September 2005.

As at 18 October 2005 there are 7 Memoranda of Understanding (MOUs) being actively progressed.

The Department has not set a specific date for completion of the MOUs, as each requires negotiation with an autonomous third party. The Department is also reviewing its MOU requirements in light of recent changes to policy, for example the requirement that women and children be detained as a last resort.

14. ANAO noted that by January 2005, only a partial agreement had been reached regarding the Preventative and Planned Maintenance Plan (page 100, para 6.37).

- Please provide an update on the progress of finalising maintenance plans. In particular, when does the Department expect to finalise this agreement?

Although the overarching Maintenance Plan was not finalised until January 2005, the Planned Preventative Maintenance Plan (PPMP), which is a component of the Maintenance Plan, has been operational since August 2004.

15. At the hearing, Departmental representatives indicated that the Commonwealth is currently in the process of purchasing from GSL certain assets (equipment) that GSL purchased from the former service provider, but should more appropriately be provided by the Commonwealth.

- Could the Department provide a summary of these items? What is the estimated total value of this equipment?
- Is the Department able to estimate costs (beyond the costs of purchasing the items from GSL) incurred in pursuing a resolution with GSL?

Items to be purchased by the Department include volume items such as beds, mattresses, kitchenware, loose furniture, whitegoods and various electrical items. As yet GSL has not provided DIMIA with a list of specific items to be purchased for final reconciliation. At this stage, the total value of the goods to be purchased is expected to be in the order of \$150,000.

The Department is managing the issue of asset ownership in the context of its normal stocktake tasks and as such it is not possible to identify the specific number of hours spent on this issue.

16. Is the 'exceptions-based' approach (in which DIMIA relies on the reporting of incidents to call attention to standards not being met) the most appropriate approach for assessing service provider performance in the detention services environment? Please expand.

The DSC contains 148 immigration detention standards and 243 performance measures. Given the volume of standards to be met, evaluative information regarding the Services Provider's performance is targeted towards instances of non-compliance with the IDS. This exceptions based reporting highlights to the Department aspects of service delivery which are not being met to an acceptable level. This allows the Contract Administrator to utilise the available mechanisms under the Contract to take appropriate action, including the application of sanctions against the Detention Services Provider (DSP).

The focus of monitoring arrangements is to sustain a systematic approach to assessing performance. The 2005 Monitoring Plan provides for a proactive and systematic approach to monitoring, drawing upon a range of monitoring tools including National Office monitoring reports, performance reports from DIMIA immigration detention facility staff, expert panel reviews and GSL self reporting.

17. DIMIA advised in their response that standard checklists have been distributed to all centres to provide guidance to DIMIA onsite staff involved in monitoring. (page 118, para 23)

- Can the Department provide the Committee with copies of these standard checklists?
- Are these checklists (or a variation) made available to GSL (and its subcontractors) as a guide?

The 2005 Monitoring Plan includes 25 audit checklists that cover the areas of risk identified in the 2005 Risk Assessment. Copies of the checklists are attached (see Attachment A) and cover the following:

**Access to IDF and Tool Control
Accommodation (Condition and Suitability)
Communication
Complaints
Contacts
Cultural Awareness
Detainee Placement
Detainee Welfare
Education
Emergency and Assaults Response (previously Security Part 2)
Food
General Security (previously Security Part 1)
GSL Self-Reports
Health Care
Meaningful Activities
Programs
Property
Reception & Induction
Records
Release & Removals
Risk Assessment
Searches
Special Needs
Staffing/Human Resource Management
Transport
Visits**

The checklists have not been formally provided to GSL. GSL and sub-contractor staff interviewed by DIMIA monitoring staff are familiar with the monitoring checklists, their content and format as they are discussed and completed in their presence.

GSL have their own auditing program and both parties have agreed that there is scope for a more integrated approach to both GSL and DIMIA audits. Discussions are underway to progress such an approach.

18. 'ANAO found that the Immigration Detention Standards and Performance Measures, which are to inform the Services Provider of the service delivery requirements, identify only the broad requirement of meeting day-to-day needs of detainees without specifying actual responsibilities and accountabilities.' (page 43, para 3.24)
- How are the 'day-to-day needs' of detainees in a given detention facility identified?
 - By what means do DIMIA officers determine whether detainees' day-to-day needs are being met in a particular detention facility?

The DSC contains 148 immigration detention standards, 243 measures and more than 300 descriptions of detention services. The Department's intention in developing a contract of this nature was to identify a broad range of day-to-day needs which individuals from diverse backgrounds may have in the detention environment. The day-to-day needs of detainees in immigration detention facilities, and the services required to meet these day-to-day needs, will be reviewed in the context of Mr Roche's review of the DSC.

DIMIA officers assess whether the day-to-day needs of detainees are being met through the department's contract monitoring regime, contact with detainees (including through the Detainee Consultative Committee) and complaints handling mechanisms. As previously advised, given the volume of standards to be met, evaluative information regarding the Services Provider's performance is targeted towards instances of non-compliance with the IDS. This exceptions based reporting highlights to the Department aspects of service delivery which are not being met to an acceptable level.

Questions taken on Notice during hearing

1. Provision of copy of tender document under which Mr Mick Roche has been engaged by the Department.

Please see document at Attachment B.

2. Clarification regarding whether consultations with private practitioners were held regarding the introduction of health audits.

The Department has not conducted formal consultations with private practitioners except those working for the Detention Services Provider's sub contractors. DIMIA does not anticipate that appropriate peer review of clinical work will be objected to where there is a contractual rather than a referral relationship. Where the relationship is referral, clinical oversight is usually handled by the appropriate standards body.

3. Information relating to the additional expertise that has been recruited by GSL in the health area.

Mental health services in Immigration Detention Facilities (IDFs) have recently been enhanced. Baxter IDF now has a multidisciplinary mental health clinical team. An equivalent capability is being established in other IDFs, depending on the number of detainees.

The following professionals have recently been employed in new positions at Baxter IDF:

- **Mental Health Multidisciplinary Team Leader – Full time (Qualified Senior Counsellor currently seeking registration in South Australia as a psychologist)**
- **Two Mental Health Nurses – Seven day coverage 1000-2000 (South Australian Registered Mental Health Nurses)**
- **An Australian registered psychiatrist now consults fortnightly at Baxter IDF (previous coverage was every six weeks)**

International Health and Medical Services (contracted health service provider to IDFs) has appointed Dr Tony Falconer to the new full time position of Medical Director – Immigration Detention Health Services. Dr Falconer is a registered medical practitioner with a Masters Degree in Health Administration and membership of the Royal Australian College of Health Administrators. He was previously Director of Health with Queensland Corrective Services.

GSL has engaged a new Assistant Director of Detention Services. Ms Moore has qualifications in psychology and a background in corrections health.

4. Provision of copy of integrated mental health strategy in response to Palmer recommendations.

Please see document at Attachment C.

DISCUSSION PAPER

MENTAL HEALTH STRATEGY – PALMER RECOMMENDATIONS

Introduction:

This paper sets out the directions being pursued by DIMIA, in conjunction with GSL, its sub contractors IHMS and PSS and SA Health in response to the issues raised by Mr Palmer in his report in to the *Inquiry into the Circumstances of the Immigration Detention of Cornelia Rau*. It reflects actions already taken, directions being put in place and issues being considered for the future. It has been developed for discussions with IDAG members and to underpin advice to Government as part of a broader response that the Government has committed to making into the recommendations made by Mr. Palmer.

The mental health and well-being of IDF detainees will be enhanced by two major initiatives:

- an improved physical and social environment for immigration detainees
- improved organization and increased professional inputs into monitoring and assessment of detainees with the aim of providing better health services for those in immigration detention.

Improved physical and social environment

In the first instance an Environmental Change Program (ECP) is being implemented at Baxter IDF focussing on increased activities for detainees within and outside of the Centre.

Enhancements include new sports facilities such as a floodlit oval with soccer and hockey pitches, a basketball hard court and volleyball turf court. Detainees will have the opportunity to participate in additional outside activities such as local outings for fishing expeditions, attending sporting games and shopping. A new entrance and improved visitor's centre has also been planned.

GSL have recommended wide-ranging changes to buildings infrastructure at Baxter IDF and other detention facilities. Architectural advice is currently being sought on these changes and those recommended by Palmer.

These changes will significantly alter the look and feel of the Baxter facility and demonstrate how the Government is going above and beyond the Palmer recommendations to improve facilities for detainees.

Improved organization and increased professional inputs into monitoring and assessment of detainees

The Environmental Change Program will include enhancements to the existing physical environment including new design and facility enhancements and a greatly improved range of activities for detainees.

The Enhanced Integrated Mental Health Service is summarised in the attached initial flow chart, developed from discussions with DIMIA, Professor Harvey Whiteford (Mental Health Advisor to the Australian Government), GSL, IHMS and PSS. All detainees will be screened on admission to, and monitored while in, an IDF using internationally recognized mental health instruments by staff trained in their use. The instruments include the clinician rated Health of the Nation Outcomes Scale (HoNOS), the client rated Kessler 10 (K 10) and a suicide assessment instrument. The HoNOS and K 10 are widely used in mainstream mental health services. The K 10 in particular is very well validated in different cultures and available in many languages. The use of these instruments would also allow benchmarking against mainstream mental health services.

All detainees who screen positive on these instruments will be referred to a multidisciplinary mental health team for diagnosis and the development of a management plan. If the management plan requires inpatient mental health treatment this will be arranged through clinical pathways developed with identified public and private sector health providers.

All detainees who screen negative can be reassessed at their own request, at the request of GSL staff, if any concerns are noted by IHMS or PSS staff, at the request of DIMIA or at the request of an agreed third party (e.g. official visitor). If not re-screened earlier, all detainees will be re-screened at 90 days to ensure no person develops an unrecognized mental disorder.

Whilst this flow chart may require modification and enhancement, through further discussions with relevant stakeholders, including IDAG, SA Health and other health authorities, it does assist in understanding the comments which follow:

Recommendation 6.2

The Inquiry recommends that government and health authorities take steps to encourage clinicians to be more clinically assertive in creating the optimum conditions in which to assess patients – noting that there is little point in making a referral to an in-patient unit if adequate assessment cannot take place.

In consultation with the hospital, facility or clinic, DIMIA should establish containment arrangements that do not adversely affect the assessment environment and also meet the requirements of the Migration Act. If the problem lies in the Act, the Act should be changed.

Recommendation 6.3

The Inquiry recommends that, when immigration detainees are entrusted to the care of a hospital, medical centre or other health care facility, DIMIA ensure that clinicians are asked to pay particular attention to 'odd' presentation features and to any 'odd' history. If a detainee provides little information or is uncooperative, collateral history should be sought from officers and others, including fellow detainees.

Enhanced clinical services and assertiveness are achieved by:

- Increased full time and visiting mental health staff at Baxter IDF and at other IDFs.
- Baxter IDF now has a multidisciplinary mental health clinical team. An equivalent capability is being established in other IDFs, depending on the number of detainees.
- Each detainee diagnosed with a mental disorder will have a treatment plan agreed by all clinicians in the multidisciplinary team, with the implications of the plan for IDF staff clearly communicated by the mental health team leader.
- Clinical ratings will be done every three months on persons in detention or more often (as is clinically indicated) by people with established mental disorder.
- Ensuring the two functions of the multidisciplinary team are carried out:
 - assembling the clinical management plan, having it signed off by the psychiatrist and allocating clinical staff for its implementation.
 - the multidisciplinary team leader ensuring the treatment plan is implemented. In the case of the Baxter IDF this person would specifically ensure the integration of the current activities of the IHMS and PSS staff. The team leader would ensure that the treatment plan (most likely the psychological and social components) would be delivered in the environment of the IDF by liaison with the GSL case manager. The team leader could also be responsible for coordination of requests for clinical information.

Enhanced clinical services when detainees require transfer to an inpatient mental health service outside an IDF is being achieved by:

- Finalisation of an MOU with SA Health in late September 2005 which will formalize the current clinical protocols that are in place (but which will be reviewed in conjunction with GSL) and will be implemented by common training for clinical staff on the ground over the remainder of the year. Central to the revision and training associated with these protocols will be communication and confirmation guidelines. This MOU includes provision for SA Health staff to be 'designated persons' under the Migration Act and mitigate the need for intrusive security measures in appropriate cases.
- DIMIA, through the Department of Health and Ageing, will be discussing with other jurisdictions similar arrangements to provide enhanced services at Immigration Detention Facilities in Western Australia, Victoria and New South Wales. This is scheduled to commence at the next meeting of the National Mental Health Working Group on 4 November 2005.
- Access to private psychiatric facilities has also been established and this additional pathway to inpatient services will be expanded in discussions with relevant providers and professional groups.

Recommendation 6.4

The Inquiry recommends that DIMIA develop and implement procedures and systems at immigration detention facilities to provide for the progressive collection, integration and assessment of cumulative data from all records of detainee activity. It should ensure that such information is available and is provided along with medical information when clinicians are making mental health assessments and determining treatment options.

This recommendation is addressed by:

- the use of standardized screening tools as described above.
- an integrated case management plan for each detainee with a mental disorder.
- The use of a single clinical record for each detainee with a mental health treatment plan.

By systemizing the protocols around assessment, care planning and review, through an integrated health team, improved care will be afforded with all those involved working from and informing the same plan. This will reduce the risk of miscommunication. As part of the information source to inform the clinical team, non clinical staff will be requested to provide information about aspects of the clients other day to day activities.

Recommendation 6.5

The Inquiry recommends that the Commonwealth /government initiate early discussion with the Queensland Government to identify and explore ways in the Queensland mental health system of more effectively aligning existing clinical pathways between prison and in-patient units, to allow for continuity of clinical care and assessment following an immigration detention patient's return to prison, so that clinicians assessing patients can follow them up.

Issues concerning the clinical care of detainees in both IDFs and correctional facilities impact across a number of states and territories. DIMIA will take forward this recommendation through the National Mental Health Working Group in conjunction with the Australian Department of Health and Ageing. A number of policy frameworks developed in response to mental health issues in the Australian community, in particular forensic principle, practice standards for the workforce, national standards for mental health services are relevant to systems improvements needed in responding to health care needs in 'unlawful non-citizens'.

The Minister announced, on 29 July 2005, the establishment of the Queensland Immigration Transit Accommodation at the Shaftesbury Campus, near Burpengary, in South East Queensland. This accommodation is to provide for short-term detainees whilst their departure arrangements from Australia are being made. The accommodation is intended to replace motel rooms and minimize the use of state correctional institutions, for short-term detainees. It also assists DIMIA meet its duty of care, including health assessments, for people taken into detention in South East Queensland.

Recommendation 6.6

The Inquiry recommends that DIMIA work closely with the Queensland Department of Corrective Services to review existing clinical pathways and training to:

- **Identify and explore practical ways in which preliminary observations of an immigration detainee showing signs of possible mental illness could be more speedily advanced towards action for assessment**
- **Institute effective reporting and consultation mechanisms, so that DIMIA can discharge its responsibilities for the care and safety of detainees.**

DIMIA will participate in discussions undertaken in the proposed response to the implementation of Recommendation 6.5 to help facilitate the implementation of Recommendation 6.6. In particular, it will be important to engage jurisdictional health authorities as well as corrections portfolios in addressing these concerns.

Recommendation 6.7

The Inquiry recommends that DIMIA ensure that mechanisms are established to:

- **require GSL to provide for detention officers training in observing, recognizing and reporting behaviour and signs that may be symptomatic of mental illness**
- **ensure that as much emphasis is given to recruiting people with health and welfare training and skills as is given to custodial and security qualifications and experience**
- **capture significant concerns about the wellbeing of any detainee, as expressed by detention officers, other detainees and visitors**
- **ensure that this information is communicated in a timely manner to medical staff, to allow the information to be taken into account in the mental health assessment process.**

This recommendation can be addressed by:

- **GSL, IHMS and PSS will ensure that clinical staff with appropriate mental health expertise are employed. Training will be provided in the use of the Health of the Nation Outcomes Scale (HoNOS), the client rated Kessler 10 (K 10). Contact has already been made with the Australian Mental Health Classification and Outcomes Network which does the training for public mental health services.**
- **Consideration will be given to the National Practice Standards for the Mental Health Workforce being made available to facilitate the training of detention officers and other staff. These Standards identify the attitudes, knowledge and**

skills required by all mental health professionals and while they will be at a higher level than should be expected of detention officers, being able to draw from them should prove useful. The Standards are at:

<http://www7.health.gov.au/hsdd/mentalhc/mhinfo/ems/pdfs/natpracstd.pdf>

- For detention officers and other non clinical staff there are a number of mental health tools that have been developed to increase awareness and understanding amongst the general community that have relevance to this recommendation, including 'Mental Health First Aid Training'. Increasing staff understanding of mental health will be addressed through ongoing training.
- Appropriate cross cultural training will also be provided as necessary and advice on this is being sought from members of IDAC.

Recommendation 6.8

The Inquiry recommends that DIMIA explore the possibility of contracting the South Australian Mental Health Service or the South Australian Forensic Mental Health Service to service the mental health care needs of immigration detainees at Baxter, with a view to providing seamless, effective service and improving the continuity of patient care.

This recommendation will be considered in any revision of the existing contracted services and in plans to review the future of the contracting of detention services. In the meantime protocols have been agreed between SA Health and medical staff at BDF to address concerns regarding the needs of detainees requiring inpatient specialist care. An MOU between DIMIA and SA Health is due to be formalized before the end of September 2005.

Recommendation 6.9

The Inquiry recommends that – in consultation with the Rural and Remote Mental Health Service and the Baxter medical team – DIMIA and the South Australian Department of Health:

- **conduct a thorough review of clinical pathways, arrangements and consultative machinery proposed in the memorandum of understanding to make certain that respective responsibilities, and particularly lead responsibilities, are clearly defined.**
- **ensure that consultation, coordination and reporting arrangements are clearly defined and enable management oversight of the delivery of appropriate levels of mental health care to detainees and provide to DIMIA adequate information to enable it to demonstrably meet its duty of care on behalf of the Commonwealth Government.**

Plans to implement this recommendation have been agreed and are being progressed. The attached flow chart reflects the directions being proposed in helping plan the clinical pathways required by this recommendation.

Recommendation 6.10

- **The Inquiry recommends that, as a matter of urgency, DIMIA establish the Health Advisory Panel, as specified in the detention services contract, to help GSL develop and review Baxter's health plans and to provide, for health and social service professionals employed by GSL, access to well-qualified specialists and consultants – particularly in more complex cases or cases that have become protracted.**

At this time DIMIA has enhanced its expert capacity to develop and review health strategies through the engagement of Professor Harvey Whiteford, Kratzmann Professor of Psychiatry at the University of Queensland and an advisor on mental health to the World Health Organisation and World Bank. It has also transferred Dermot Casey from the Department of Health & Ageing. Mr. Casey has experience in managing the Australian Government's National Mental Health Strategy and National Suicide Prevention Strategy and headed the Australian Health Quality and Safety Taskforce.

Since this recommendation was made DIMIA has also commissioned a number of clinical audits of health services through Knowledge Consulting undertaken by members of the Royal Australian and New Zealand College of Psychiatrists and the Royal Australian College of General Practitioners. GSL have engaged a new Assistant Director of Detention Services, with psychology qualifications and a background in Corrections Health. IMHS have engaged Dr Tony Paulkner, former head of Corrections Health in Queensland and further management structures are being considered to enhance the expertise capacity, particularly for detainees with clinically complex needs. In the medium term further strategies will be implemented to enable DIMIA to have regular and expert advice on the quality of health care provision being made available to detainees.

The exact model for the Health Advisory Panel has yet to be agreed but DIMIA recognizes that health standards need to be developed for Immigration Detention Facilities with appropriate professional and clinical input; that internal reviews of health service delivery need to be undertaken; and that a Health Advisory Panel should have a significant role in advancing these strategies.

Recommendation 6.11

The Inquiry recommends that the Minister for Immigration establish an Immigration Detention Health Review Commission as an independent body under the Commonwealth Ombudsman's legislation to carry out independent external reviews of health and medical services provided to immigration detainees and of their welfare. The Commission should report to the Minister and;

- **be appropriately staffed and resource, with a core of experienced people with relevant skills**
- **have the ability to invite specialists to participate in particular reviews and audits**

- **have the power to initiate its own reviews and audits**
- **in consultation with the Immigration Detention Advisory Group and the Health Advisory Panel, carry out an independent assessment of the current structure of health care arrangements at immigration detention facilities and of the adequacy and quality of the services provided**
- **in consultation with the Detention Contract Management Group (see recommendation 7.6), review each health and medical care performance measure specified in the detention services contract and, where necessary, replace it with a more appropriate measure and propose arrangements for monitoring the measures**
- **recommend more effective arrangements for providing health and medical services to immigration detainees, together with arrangements for monitoring and management of the provision of those services**
- **identify the most appropriate national accreditation standards application to the immigration detention environment that service providers should be required to meet**
- **coordinate its operations with the Ombudsman and the Immigration Detention Advisory Group (IDAG) in order to maximize the effectiveness of oversight machinery.**

These recommendations need to be more fully discussed with IDAG and Dr Chaplow to ensure that DIMIA understand what essentially is being proposed and to design mechanisms that give effect to this. Since the Georgiou changes the Commonwealth Ombudsman's new role as Immigration Ombudsman and his plans to develop a Health Advisory Panel and appropriate expertise in health review, the exact role envisaged for a Commission needs more discussion.

Recommendation 6.12

The Inquiry recommend that the Immigration Detention Health Review Commission, in consultation with the Health Advisory Panel and the Mental Health Council for Australia, investigate relevant studies of detainee populations and advise on the level of mental health service applicable to the immigration detention population in Baxter, to reflect the much higher incidence of mental disorders that is evident.

As all detainees be screened on admission to, and monitored while in, an IDF, data on the prevalence of psychological distress (on the Kessler 10), mental disorder (Health of the Nation Outcomes Scale) and suicide risk will be routinely collected and reviewed by a mental health team. Using this information service need and planning will be much better informed and the need for separate prevalence studies made redundant. However, within this context, consideration will be given as to whether further research needs to be commissioned to inform both policy development and health service for detainees and those people whose migration status is unclear. This

work will be taken forward in conjunction with advice from the Mental Health Council of Australia, the IDAG and relevant academic experts.

Recommendation 6.13

The Inquiry recommends that the Immigration Detention Health Review Commission work closely with the Immigration Detention /Advisory Group and the Health Advisory Panel to review the adequacy of current systems for continuing professional development, to ensure the maintenance of high standards in the delivery of health services to immigration detainees.

This recommendation will need further discussion to both reflect the nature of health advice that surrounds the development and implementation of detention services and how that is monitored.

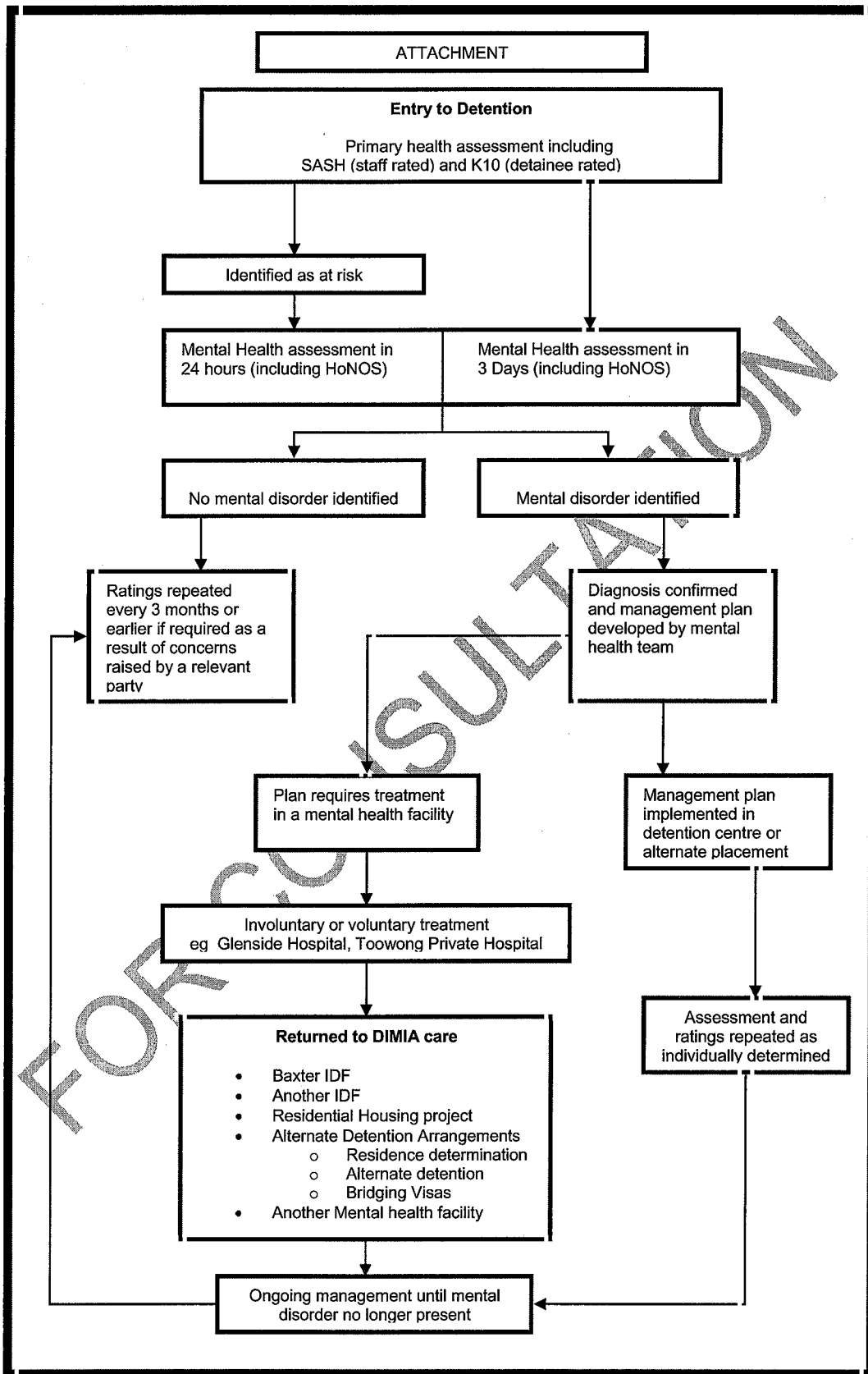
The National Practice Standards for the Mental Health Workforce (<http://www7.health.gov.au/hsdd/mentalhe/mhinfo/ems/pdfs/natpracstd.pdf>) identify the core attitudes, knowledge and skills required by all mental health professionals and, while possibly needing modification, can be used as a basis for staff training. These Standards were developed in conjunction with the Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society, the Australian College of Mental Health Nurses, Royal Australian College of General Practitioners, Australian Association of Social Workers and the Australian Occupational Therapy Association. Discipline specific skills are additional to these and ensuring the development and maintenance of discipline specific standards would need to be done in conjunction with the relevant professional body.

The Department of Health and Ageing has established a national group to facilitate the implementation of the National Standards in the public sector. This group could provide advice to DIMIA, GSL, IHMS and PSS on the use of the Standards in training. The Better Outcomes in Mental Health Advisory Group established by the Department of Health and Ageing could also be involved in assisting with training where it involves general practitioners.

Recommendation 6.14

The Inquiry recommends that, in redrafting the state's Mental Health Act 1993, the South Australian Department of Health ensure that the Act makes provision for greater access to psychiatric in-patient assessment for involuntary patients. The Queensland Mental Health Act 2000 and other legislation, such as that applying in New Zealand, might offer useful insights.

Recommendation 6.14 is the responsibility of the South Australian Government and is currently under consideration.





Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

REQUEST FOR PROPOSAL (RFP)

for the provision of

Advisory services on the functions and operations of DIMIA's Border Control and Compliance and Unauthorised Arrivals and Detention Divisions

RFP No. 05/51

Invitation to provide a proposal

The Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) is seeking Proposals from suitably qualified persons or bodies for the provision of advisory services on the compliance and detention functions and operations of DIMIA's Border Control and Compliance (BCC) and Unauthorised Arrivals and Detention (UAD) Divisions and State and Territory Offices.

The purpose of this RFP is to invite Proposals to be submitted by 2 September 2005, as specified under 'Lodgement of Proposals', below.

Proposals should include the information requested below (see 'Information required').

Requirements

DIMIA's requirements are for one or more individuals or organisations with experience in the provision of advice to senior level managers in the Public Sector to provide change management and program delivery advice and guidance to the Executive and other senior officers in DIMIA's Border Control and Compliance and Unauthorised Arrivals and Detention functions in Central Office and State and Territory Offices. This request has been initiated in accordance with the recommendations of the Inquiry into the Circumstances of the Immigration Detention of Cornelia Rau (Palmer Report).

The consultant(s) is (are) to provide advice consistent with the Palmer Report on processes that will ensure the following:

- DIMIA's compliance and detention functions are effectively coordinated and integrated.
- That arrangements are in place to monitor and manage the high-level risks to the Commonwealth inherent in immigration detention.
- There is a seamless approach to dealing with *compliance* case management, immigration detention operations and *removals*.
- The aims and objectives of the Government's immigration detention policy are fairly and equitably achieved and human dignity is demonstrably respected.

Key deliverables will include:

- Advice and guidance on the effective implementation of change;
- Advice and guidance on appropriate organisational arrangements;
- Advice and guidance on the development and implementation of improvements to legislation, policy, practice and procedure; and
- Advice and guidance on ensuring the sustainability of the change process.

North Building, Chan Street Belconnen ACT 2617

PO Box 25 BELCONNEN ACT 2616 • Telephone (02) 6264 1111 • Facsimile (02) 6264 2747 • Website: www.immi.gov.au



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Department of Immigration and Multicultural and Indigenous Affairs

Request for Proposal 05/51, Continued

Key considerations

Respondents should be aware of the following key considerations and address them in providing a Proposal:

- The advisory services will be required to commence in September 2005 and be delivered in two phases comprising:
 - Phase 1. Implementation of restructured arrangements for DIMIA's compliance and detention functions and operations.
 - Phase 2. Consolidation and continuous improvement of the restructured compliance and detention arrangements.
- The intensity of the requirement for advisory services is likely to vary:
 - Phase 1 is likely to require an intensive, on-site advisory service between September and December 2005
 - Phase 2 is likely to require periodic advisory services in accordance with a review plan.

Other considerations

- The Inquiry into the circumstances of the Immigration Detention of Cornelia Rau (Palmer Report).
- Australia's *Migration Act 1958*
 - requires that all non-Australian citizens who are unlawfully in Australia be detained; and,
 - sets out DIMIA's responsibilities to ensure that Australia's immigration border controls are an effective barrier to the entry of persons who have no legal entitlement to enter.
- Management of immigration detention facilities will be the subject of another review.

Information required

Your response must include your name and contact details.

Proposals must include the following information:

- a plan for the advisory services, showing key personnel to be involved;
- an estimate of the daily rate and the total cost of the advisory services; and
- key deliverables and timelines clearly outlined and explained.

Your response should also include:

- a summary of your understanding of the requirements and how you will address the requirements;
- a statement of your capability to address the requirements in the way proposed; and
- a list of referees which may be contacted by DIMIA if required.

Responses which do not include all of the required information may not be further considered.



Request for Proposal 05/51, Continued

Conditions

DIMIA will accept responses on the basis that you have:

- examined this RFP, any documents referenced in this RFP and any other information made available for the purpose of making the proposal;
- examined all further information which is obtainable by the making of reasonable inquiries relevant to the risks, contingencies and other circumstances having an effect on their Proposal; and
- satisfied yourself as to the correctness and sufficiency of your Proposal, including prices.

Provision of your Proposal is made on the basis that you acknowledge:

- that nothing in this request will be construed to create any binding contract (express or implied) between DIMIA and yourself;
- that you have not relied on any representation, letter, document or arrangement, whether oral or in writing, or other conduct as adding to or amending these conditions other than addenda issued by DIMIA;
- that you have not relied upon any warranty or representation made by or on behalf of the department, except as are expressly provided for in the RFP, but have relied entirely upon your own inquiries and inspections in respect of the subject matter of your Proposal;
- that DIMIA shall not be responsible for any costs or expenses incurred by bidders in complying with the requirements of this RFP;
- that DIMIA may disclose, at any time, any information contained in or regarding your response, without your written consent where that information is required by law, or by a parliamentary committee, agency or authority or where it is required to be disclosed for any other legal, policy or other Commonwealth accountability requirement; and
- that you must not disclose any of DIMIA's confidential information to a third party.

DIMIA reserves the right to:

- not proceed with this procurement, if it is not in the public interest to do so;
 - change, vary or modify its requirements at any time without notifying any party;
 - not accept the lowest cost or any Proposal; and
 - approach the market at any time to conduct a tender or for any other purpose, whether or not consistent with this RFP.
-



Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

Request for Proposal 05/51, Continued

Lodgement of Proposal

Your response should be forwarded to Lyn Hearfield, either by **mail** or by **hand**, at the appropriate address below, and should be received **no later than 2pm on 2 September 2005**.

A Proposal lodged after the specified date and time will not be considered unless the late lodgement is due to the mishandling of DIMIA.

Delivery method	Delivery address
Posted	Lyn Hearfield C/- DIMIA PO Box 25 Belconnen ACT 2616
Hand delivered	Tender Box Foyer, Benjamin North Building Chan St, Belconnen ACT 2617

Outcome

DIMIA will decide on any further action after considering all responses received. The ways in which DIMIA may decide to proceed include, but are not limited to:

- Approaching the market with an open Request for Tender (RFT) or seeking further Quotations or Expressions of Interest;
- Shortlisting of respondents to this RFP and inviting those shortlisted to submit Tenders; or
- Entering into further negotiations with a selected respondent or selected respondents.

DIMIA contact

If you have any further queries about this RFP, please contact:

Bruce Mackay
Change Management Taskforce

Phone: 6264 4374 Email:
bruce.mackay@immi.gov.au