



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

JOINT STANDING COMMITTEE ON MIGRATION

**Reference: Review of Audit report No. 1 2005-06: management of the detention
centre contracts - part B**

MONDAY, 10 OCTOBER 2005

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**JOINT STANDING COMMITTEE ON
MIGRATION**

Monday, 10 October 2005

Members: Mr Randall (*Chair*), Senator Kirk (*Deputy Chair*), Senators Bartlett, Eggleston and Parry and Mr Burke, Mr Laurie Ferguson, Mr Keenan, Dr Lawrence and Dr Southcott

Members in attendance: Senators Kirk and Parry and Dr Lawrence and Mr Randall

Terms of reference for the inquiry:

To inquire into and report on:

Review of Audit report No.1 2005-06: management of the detention centre contracts—part B

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Committee met at 9.32 am

CHAIR (Mr Randall)—On 10 August 2005, the Joint Standing Committee on Migration agreed to review Audit report No. 1 2005-06: *Management of the detention centre contracts—part B*. The report assessed the management of the detention services contract of the Department of Immigration and Multicultural and Indigenous Affairs with Global Solutions Ltd, GSL, including the transition period and lessons learned from the previous contract. DIMIA agreed with the recommendations made by the ANAO for improvements in the areas of insurance liability and indemnity; planning, performance information and monitoring arrangements; financial reporting; and the management of Commonwealth equipment and assets. Today the committee is interested in following up on these recommendations and other significant issues with the ANAO and DIMIA.

[9.33 am]

COLLAREDA, Ms Rebecca Anne, Acting Director, Performance Audit Services Group, Australian National Audit Office

LACK, Mr Steven William, Executive Director, Australian National Audit Office

MEERT, Mr John, Group Executive Director, Performance Audit Services Group, Australian National Audit Office

WATSON, Mr Greg, Senior Director, Performance Audit Services Group, Australian National Audit Office

CHAIR—Welcome. Although the committee does not require you to give evidence under oath, I should advise you that these hearings are legal proceedings of the parliament and warrant the same respect as proceedings of the House itself. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament. I invite you to make a brief opening statement before we proceed with questions.

Mr Meert—I am happy just to answer questions, if the committee prefers.

CHAIR—As we have time constraints this morning, we will go straight to our questions—and we have a number of them. What are the main strengths of the current arrangements for the provision of detention services?

Mr Meert—Part of the main strengths would be that you have a contract, despite its weaknesses, which does identify service delivery. A strength is that over two detention contract periods have been gone through and consideration has been given to the form of the detention services you will be providing. Therefore, there has been a process of review and consideration of what the detention services will contain. That would be a strength of having it contracted out. My colleagues may want to add to what I have said.

CHAIR—While that is being considered, obviously my follow-up question is: what are the main weaknesses? They might want to take both those questions.

Mr Meert—I can give you some dot points which would have been our opening brief. We had two reports: detention centre contracts part A and part B. These are the areas—just in dot point form—in which we were suggesting improvements. Certainly, we felt that their current arrangements for monitoring and reporting lacked definition and measurement and there was poor record keeping. On the costings of what is considered to be lawful, appropriate, humane and efficient detention in the contract, we thought again that there were poor efficiency measures and no routine reporting on the cost of variations to the contract. We were fairly critical, in a way, of their risk management approach. We thought DIMIA at that time had poor systems for identifying the risks.

On asset management, we thought there was poor identification of ownership of assets and poor asset recording. On contract management, we identified a number of weaknesses: poor identification and clarity of who was responsible for what; lack of clarity and consistency in the definitions in the contract; again, poor performance monitoring of contract deliverables; shortcomings in the terms and conditions attached to insurance liability; monitoring of contract performance being done on an exception basis, so it was after the event as opposed to in a proactive manner; and a slight lack of clarity in and probably too much discretion with what was reported.

In addition, we have said that we think their record keeping could be improved. I note that in a recent report from the secretary, which is a public document, \$10.3 million over five years has been put towards improving record management. A couple of areas we identified as weaknesses—the college of immigration and other sorts of training—the new approach will target or identify as needing to be addressed over the next five years.

CHAIR—What issues do you consider essential for DIMIA to address and/or resolve before extending the existing contract or entering into a new contract? Are there any follow-up issues, besides the ones you have addressed in the strengths and weaknesses?

Mr Meert—In summary—and again I would ask my colleagues whether they want to add to this—it would be to clarify what the service delivery items and the service delivery quality standards will be and then to develop measures to do that, acknowledging that it is a difficult environment; that was in DIMIA's response to us. However, irrespective of the complexity of the environment, to be able to respond you need to be able to measure quality of service delivery. For me, it would be to take a more proactive response towards managing the contract and getting clarity into your expectations of the contractor. In the end, DIMIA is responsible and accountable for it and not the contractor.

CHAIR—Are you optimistic about the way forward?

Mr Meert—Audits always review at a point of time. We would be optimistic because many of the issues that have been identified address some of the concerns we have about current arrangements.

CHAIR—Do any of your colleagues have anything to add?

Mr Watson—In response to your strengths and weaknesses question, the new contract has a lot of information in it. It is very descriptive though; it describes detention services in a very wordy way. That is a good thing in one way; it provides the contractor with a lot of information about detention services and what is required. However, in another sense, it is also a weakness; it never brings anything to a point. That is one of the problems with the contract. That is why there are so many performance measures, which Mr Meert was talking about. They probably need to clarify a little more what precisely they want out of the detention services contract.

Dr LAWRENCE—In finding No. 18 of your report, you highlight specific examples. You mention, in particular:

... that the Contract does not adequately specify key responsibilities that are to be met, either by DIMIA or GSL. In particular, clear and consistent definitions are not provided for health standards that are central to detainee welfare. For example: Duty of Care, and the specific obligations for a subcontractor supplying psychological services are not consistent with the department's Immigration Detention Standards.

That is a fairly clear departure. You have a set of standards and then a failure to reconcile the contract with the standards. I want to talk about the whole issue of the department's response to that, which appears to be to say, 'Well, it's too hard. We can't specify with any greater precision what is required of the contractor.' Are you satisfied with the department's response?

Mr Meert—No, not really. I appreciate the complexity and it is always difficult for me as an auditor, because I am not there. We are not promoting that there is one be-all and end-all quality indicator, be it quantitative or qualitative, but you need to set up a regime of measures around the key deliverables of health, welfare and those sorts of things. In addition, you need to go broader in your environment to look at other examples, be they at other detention facilities or aged care facilities. We just feel that there are standards and measures—albeit surrogate measures—that you can set to give you a more proactive response to your service delivery so that you do not respond to an event but rather can manage events. That is the key message we are trying to drive. We are not saying that you need to have (1), (2) or (3), but you need to have a monitoring regime.

Dr LAWRENCE—Which they clearly did not have, as the courts have found as well as Palmer. I am sure further work by the Ombudsman will identify similar problems.

Mr Meert—That is right.

Dr LAWRENCE—One of the things that is very clear in your work and other reports is that, by the time you get to the second contractor, the subcontractor, the arrangements are particularly thin. In health care, of course, that was relevant both for medical services and psychological services. Do you have any advice to give the committee about how the department can better manage those subcontracted arrangements? They appear to have accepted the contractors' assertions that services were being provided adequately.

Mr Meert—Again my colleagues can come in—but, as a base principle, the department is accountable for service delivery. Again I am probably talking with a little bit of hindsight but, if the service delivery of subcontractors is important regarding welfare delivery or services that impact on people, you need to consider whether or not you should have better controls in there. Irrespective of that, if a subcontractor does something untoward, the department is still accountable in the end. I think that, again, the philosophy behind it is that you cannot abrogate your responsibility. In the end, no matter who delivers the service, it is on behalf of the department and so the department has to take responsibility for it and put in place controls to assure itself that the standards are being met—be it by the primary or secondary contractor. You cannot say, 'I am not responsible.' You need to put in place monitoring regimes to do that.

Mr Lack—I would add to Mr Meert's comments. A section in the report looks at the arrangement that DIMIA had in place for subcontractors. As Mr Meert has said, DIMIA has advised us that it does not have a direct contractual relationship with any subcontractor employed by GSL.

In our approach, one of the things that we looked for was whether there had been any checks on the arrangements for subcontractors. In the report we said that, when we looked at the subcontract for psychological services, we found that DIMIA had a threshold of \$3 million before it required any financial or probity checks and that the arrangement for psychological services came under that limit. Therefore there were none of the checks that you might expect. They had taken a purely financial view rather than a view that, for long-term detainees, psychological services were likely to be a high risk. You might have expected that they would have examined that arrangement more closely.

We also found that the contract that DIMIA had with GSL did not provide for a review of the terms and conditions of the subcontractors. They did make arrangements for that to happen. We have been critical of the immigration detention standards because they tend not to be measurable but, when we examined this particular case, we found that the IDS were not even applicable to the psychological services subcontract. That meant that there was a disconnect between the IDS generally and the psychological services subcontract.

Dr LAWRENCE—I would just like to insert the observation that after a visit I checked on the registration of the two psychologists who were working there more or less permanently at the time, and I found that they were not registered. It was only after the intervention of the South Australian Psychological Board that they became registered. It was a technical breach in many respects but pretty fundamental. One of the psychologists, right now, is clearly not qualified to deal with adult people with mental illness. I am not sure what is going on to improve that. That is the level at which they had not even bothered to check the bona fides of the contractor.

CHAIR—Dr Lawrence, that is a very valid point. They have given some indication that they would like to continue to work with ANAO on implementation. What is happening to the person that Dr Lawrence is talking about, in terms of their qualifications? Why are they still there if they are not up to scratch?

Mr Meert—We have not gone into that level of detail post this audit so I could not answer that.

CHAIR—I know that that is too specific but they are talking about working closely with you. If they are not implementing your suggestions, and that person is still practising, that raises a few questions.

Mr Lack—One of the recommendations in the Palmer inquiry was that the ANAO should provide assistance to DIMIA on how it might implement our recommendations. We have talked to DIMIA on a number of occasions about how we might do that. So, going forward, we will be talking to DIMIA about the findings in these two audits and the recommendations. As John mentioned, we have not got an ongoing brief to check at the level of detail of qualifications or otherwise of the psychologists.

CHAIR—It is more to do with the systems.

Mr Meert—Exactly. The point you make is very valid. We provide this assistance and DIMIA is more receptive to our assistance. You asked about optimism. I am far more optimistic about that now. My advice is that the issue is not about one individual; it is really about the controls

you have to make sure that that is not going to happen somewhere else. It is not about picking off individual little things; it is really about getting the systemic assurance that your subcontractors are going to be capable, trained, and competent—all those things. That is the problem; we are dealing with fundamentals. What is the level of service you are going to be providing and then who is providing it? How do I, in my accountability, get the assurance that all who play a part in this are meeting their obligations so that I can respond ahead of an event rather than wait for something to happen, and then respond and fix it up.

When we get into this detail we will decide what systems we are going to put in place. If qualifications are an issue, how are you going to assure yourself that the prime contractor is going to ensure that the subcontractor is meeting their obligations? That is the complexity of it. As you go down the line it gets more difficult, but you have to put in more controls and more systems—you just have to.

Mr Watson—In chapter 5, at paragraph 5.45, we covered a little bit about how the department's approach to monitoring the contract was based on exceptions and incidents. We provide a suggestion which says that other jurisdictions, such as prisons, articulate more standards. In other words, there should be a quality assurance framework in place—so, for example, a medical practitioner who was not qualified would be picked up in a QA framework.

Dr LAWRENCE—In a routine way?

Mr Watson—That is right; it would happen in a forward-looking way. Rather than waiting for something to go wrong and then having a bit of a look around, having an audit and checking what went wrong, if they had a QA framework in place—the way aged care facilities and hospitals do—you would catch quality issues earlier.

Dr LAWRENCE—That is useful. I think we have seen in the two major reports to date—and even the minister has agreed—that there has been a culture of denial. That makes the sorts of changes you are proposing very difficult to implement because the department is inclined to say, 'There is really nothing wrong.' I asked many, many question on the *Notice Paper* over the years on the quality of health and psychological services and got bland, reassuring statements about what was happening.

In the light of what has emerged it would seem that the department even then was not looking to see whether there was some substance to those allegations. So, even with the incident based reporting, when you were holding up specific cases, they were pushed off—not just from me but from many other people as well. I think that is something that will be very difficult to shift. We will talk to the department about that but I wonder whether you have any comments on how you can address such a systemic attitudinal problem?

Mr Meert—My first response would be this: if you have a look at this report from the secretary, which, as I say, is a public document, you see that the second section of that deals with achieving cultural change in DIMIA, so I think from the secretary there is an acceptance that there is a cultural issue there—and culture is very difficult for auditors to comment on because it gets subjective and we like to deal with evidence. But here it is acknowledged that there is a cultural issue, and for us as auditors it gets down to the systems, and to fix the culture you have really got to have those controls at every level and then you can get that assurance at every level.

Not only does it give you assurance; it also reminds people of their obligations. It is a moveable feast: you have got to deal with it in a number of ways. We have all heard the cultural direction from the secretary, so that is one thing, and then these standards and systems will come in, which I believe will address some of these fundamental issues. You cannot get away from the fact that some of this is basic administration.

Senator KIRK—It just so happens that, as you know, I am on another committee that is looking into this very issue. As you were talking about standards and controls, that made me think of an example that we were given when we were in Adelaide. A psychiatrist—I think it was Mr Watson—indicated that in the prison system there is a system of independent experts who actually assess the quality of the mental health care that is being provided in prisons. I wonder if you might be able to comment on what happens in the states—perhaps you might not have first-hand knowledge of that—and on whether or not, if it were replicated at the Commonwealth level, that might overcome some of the difficulties that we have seen.

Mr Lack—In the report we highlight that in any contractual arrangement, particularly this one which involved delivering services to people, one of the things is that you have to strike a balance between outcomes, outputs and inputs. One of the things that you have to perhaps give DIMIA some credit for is that they put forward a contract which is based on best endeavours as to health outcomes. For example, one of their standards is that the individual health care needs of detainees are ‘recognised and managed effectively, appropriately and in a timely manner’. That is not a bad outcome focus. Our issue is that if you put that approach forward we would expect you to be able to measure it. One of the criticisms in this report is that we cannot see how you can measure when a health service has been actually provided appropriately.

At the other end of the spectrum, as Mr Watson has already highlighted, in prisons at the state level one of their methods comes a bit more from the input end, which is: are professionals appropriately qualified and do they have accreditation? We also highlight in the report that HREOC, when it looked at the immigration detention standards, said that DIMIA should be mindful of the actual inputs and of the number of accredited health professionals that were actually on standby and on call. So one of the messages we endeavour to get through in the report is that DIMIA’s having an outcomes focus is a good approach but maybe they need to think about the balance in trying to measure outcomes for health, for example—which are quite difficult—and inputs, which, as Mr Watson, mentioned, are accreditation, quality assurance and the number of the health professionals that are actually on the ground in the centres day to day.

Senator KIRK—It was suggested to us that there could be some kind of independent audit body that oversaw the input, as you describe it. I am just wondering if, in your professional opinion, that would meet the sorts of standards and controls that you are speaking of that are required for an audit. I am assuming that that would allow the system to check itself, in a sense, if you were to have an independent body of experts who were to visit the centre from time to time, too, to assess the quality of the health care that is being provided. That is in addition, I would imagine, to ensuring that the inputs, as you describe, are up to scratch.

Mr Meert—I suppose, whether it is independent or not, the fundamental for getting the quality out of a review would be the skill base of the reviewers, the terms of reference and the processes that you apply to the review. So the fundamental review block of it can be done independently or internally. In the end—and I am now talking bureaucratically—the

accountability will still rest with the secretary. You have a whole process of reviews internally—internal audits—and you can set up separate review mechanisms.

The fundamental thing is, again, not to rely on point-in-time reviews but to have the mechanisms which ensure the delivery. Again, you do not want a responsive approach that fixes a problem. You want to make sure that you are constantly on top of the systems and the processes so that you can say: 'I think that there are enough professionals out there to provide the health services. If there aren't I'm going to get an early warning. A red light's going to flash up and say I need to put more people there, I need more funds or whatever.' It identifies in a very timely way where the needs are.

Then you can have quality assurance. Around the Commonwealth there are several models which are both in-house reviews and external independent reviews. The only question I would say that you need to ask yourself—and I do not know which one would be better—for the purpose of independence, is: independence from whom? Who would the reviewer report to? Generally speaking it would be the secretary. It might be a valid question for them whether the independence of it would help. I would put my effort into making sure I have the systems, making sure I have intervention processes, making sure the quality of the systems are there and making sure I can respond in a timely way. But I think it is a valid question. I do not think I have the answer as to whether independence is the way to go.

CHAIR—Just as an anecdote, we visited Baxter—and Dr Lawrence may or may not support me on this—and spoke to the medical professionals there about the level of psych assistance. We suggested it might have been inadequate—and that was post Rau—and they were very defensive and were in denial again. Nothing much had changed.

Mr Meert—No. That is a cultural thing you are going to get from every organisation. When you are auditing, most people are defensive of their own administration. That is why, again, you need to be clear what it is you are delivering, you need to have standards and you need to have measures. If you have got that, if it is documented and if it is dealt with then you are protected from scrutiny—you can demonstrate what you have done. For a lot of areas there are degrees of error and there are tolerable error rates. If in some areas there is no tolerance—and in some areas there is not—then you need to write that in and develop a program that ensures there is no error rate. So these things again go back to the fundamentals. What is it you are doing? It drives the systems you are going to put in place.

We audit Centrelink, and, as you know, there are degrees of errors in payments. There always will be. But what is the tolerable level? Can you accept an error rate in the provision of health services? If you cannot then you need to drive your systems to deliver that.

Senator PARRY—In your opening remarks, Mr Meert, you mentioned poor ownership or poor asset management. I think you used the key words 'poor ownership' of those areas and a 'poor delineation or understanding of organisational structure'. I just want to go to the comments about the governance framework—on page 118 in the response from DIMIA, starting at paragraph 24—which state that the ANAO acknowledges that a governance coordination unit has been established. Do you want to comment on that unit and the effectiveness of that unit in the light of items discussed in paragraph 25 as well?

Mr Meert—I do not think at this stage we would know how well that is operating. It may well be a question for DIMIA. We just knew it was established, but we have not really reviewed the effectiveness of it.

Senator PARRY—Have you been having ongoing dialogue with DIMIA since the publication of the report or the findings handed down in the report?

Mr Meert—We have.

Senator PARRY—On this topic?

Mr Meert—We are doing another audit of the contracting and the development of the contract. So there were three arms to this. There was part A, part B, and now we are looking at—

Senator PARRY—Part C.

Mr Meert—the tendering, the contracting. But we have had broader discussions on the findings. There are a number of reviews including ours. We will get this together and give further advice to the department, and they are very receptive now to that.

Senator PARRY—So the overall feeling, moving forward and since Palmer—if you want to comment on that—is that there has been a great move forward and improvements, generally?

Mr Meert—In terms of responsiveness to the ANAO, its reporting and its findings, I think there is a move forward in accepting that and a willingness to work with us in identifying those areas of improvement that we put in these reports, yes.

Senator PARRY—You indicated that you feel as though the fall-down is the lack of review of performance. There is some indication in paragraph 25; in particular, ‘quarterly monitoring of progress against business goals’. Assuming business goals encompass all the issues that have been discussed here this morning, do you feel as though that is an accurate statement?

Mr Watson—We have not audited that yet. That came out just as this report was being finalised.

Senator PARRY—So there has been no follow-through on that?

Mr Watson—We have not really followed this up.

Dr LAWRENCE—I know that your task as auditors is to audit the department and its activities, including contracts that it lets and the extent to which it is satisfactorily monitoring and therefore insisting on the conditions of contract. I wonder if, in the course of your observations, you have anything to say about, if you like, the compliance of the contractors with the expectations of the department. How hard does the department have to work, in a sense, to extract compliance with the contract conditions? The final question is: at what point might you reach the conclusion that it would be easier for everyone concerned if there were not a contract and if they were employees of the Commonwealth? That is a value for money question, I suppose. But the first one is about compliance and the second one is: does there come a point,

especially with health services where you have this double contract, when it might be preferable in terms of both effectiveness of the service and cost if the Commonwealth directly employed those people?

Mr Meert—Just as a broad comment: with a contractor, compliance is always going to revolve around the terms of the contract, so the clarity within the contract will drive that, especially when you have disputes about the quality of service delivery—then it becomes a hard job. Again, it is easy, in a way, for me to sit here and provide advice. Contracting is a difficult thing, because you can have—as everyone here would know—some very detailed contracts with hundreds and hundreds of terms of delivery, and that becomes almost a nightmare as well. But, in a sense, in this one, the clear terms of delivery in this environment have to be known, because for you to monitor the delivery it will again involve the relationship and how clear it is, including this issue that we spoke about before that you raised about subcontractors. So that is why in here we talk about clarifying the terms of the contract. If you do not have it in there and if there is a dispute, it is very difficult to resolve.

Dr LAWRENCE—The question is: how much money is the department having to spend now in monitoring these contracts and getting compliance? You get a layer of the bureaucracy that, it would seem, is entirely devoted—or a good proportion of its time is devoted—to monitoring. I am not suggesting that if these were employees of the Commonwealth you would not still need to meet standards; you would, but it would not be such a legal obligation, if you like, and now one that has been subject to very close scrutiny, as would be the case if they were Commonwealth employees. There is this extra layer of a bureaucracy. What are the dollar costs, and are there are other ways of more effectively delivering the service? I guess that is the question.

Mr Meert—One of the issues with contract monitoring is whether you do it on an exception basis so that you have a monitoring regime which is relatively cheaper, I suppose, but which relies on you being told of breaches, non-delivery or issues.

Dr LAWRENCE—And you have been critical of that. You do not think that has worked and you do not think it should apply.

Mr Meert—Yes. That is cheap in terms of monitoring but it has other repercussions. Or do you put in place a more robust system which is more proactive and does not rely just on exception reporting, which is where we go and report? There is, again, a bit of subjectivity about the cost—the value for money. But first you really need to drive your philosophy about which way you are going to go. Can you accept exception based reporting in this environment or should you be more in there? Again, as I have been saying, that is the more proactive approach. There is a cost to that but there is also a benefit as a trade-off.

Mr Lack—In part A and part B we talk about financial management and financial reporting and provide some data which broadly indicates some trends over the last few years. There has been a decreasing detainee population but at the same time increasing payments to the services provider and increasing overheads, including repairs and the number of DIMIA staff administering the contract. We are critical about DIMIA's trend analysis and, in that regard, the quality of the financial information that has been made available to DIMIA's executive.

Mr Meert has talked about value for money. One of the opinions that we have come to is that it is very difficult for an external body such as ours to see whether DIMIA understands whether or not it is achieving value for money through that contracting arrangement. For example, there is no data that might lead you to having some idea about efficiency—whether they are producing increased outputs from the same level of input for example. But perhaps more importantly, there is no data to give you an idea of how effective the contractual arrangements have been—has the service quality been increasing or decreasing? There is also, for example, health care. That goes back to Mr Meert's point, which was that one of the things we could not see was how they were measuring health outcomes.

CHAIR—ANAO identified a number of areas in which arrangements were not finalised before the current contract was signed and transition to a new service provider occurred. They included the preventative maintenance plan, agreements with the state agencies and the list of Commonwealth assets. Would it have been feasible for DIMIA to delay signing the new contract and undertaking the transition until those arrangements were finalised? Secondly, is it reasonable to expect significant arrangements to be finalised before extending the existing contract or entering into a new contract?

Mr Meert—The short answer is that the decision about whether or not to delay is one that you would have to make a conscious decision about at the time. If you decided not to delay then you would have a good management rationale for that. We did not find that, I would be correct in saying. So it would be a management decision based on a risk assessment of what would happen if you did not and what the impact might be further on. As DIMIA rightly says, it is a very difficult environment. It is not a huge market of suppliers. But what we are saying, again, is that from a management approach you must consider these things and make a rational decision about it going forward.

Mr Watson—In relation to the MOUs, we have raised that issue with state agencies in two reports now. It seems to be taking them a long time to finalise and I do not think it would have been a realistic option for them to delay it any further. I think they had to go with what they had. So I think they had a reasonable excuse on that one.

CHAIR—Your report says:

An audit of the tender, evaluation and contract negotiation processes is in progress and it is expected that this report will be tabled separately, later in 2005.

Do have an update on that? Do you have any idea or expectation about when the report will be finalised?

Mr Meert—We have identified a number of issues to date. Those issues have been communicated to the department and to some of the individuals involved under a natural justice process. We are waiting on a response to those. Once we have those responses we will develop a draft report. That is the progress on it. Once we have the draft report we will send it to the agency and, again, back to the individuals. We will prepare a final report based on the responses.

CHAIR—So it will still be in late 2005?

Mr Meert—Yes.

CHAIR—Then we have not got much time to go, have we? Thank you very much for attending the hearing today. The secretariat will send you a copy of the transcript for any corrections that need to be made. The secretariat may also send you questions on notice that the committee did not get the opportunity to ask at today's hearing. I would be grateful if you could also send the secretariat any additional material that you have undertaken to provide as soon as possible. We appreciate your attendance.

[10.19 am]

CORRELL, Mr Bob, Deputy Secretary, Department of Immigration and Multicultural and Indigenous Affairs

DOHERTY, Mr David, Assistant Secretary, Detention Infrastructure Management Branch, Detention Services Division, Department of Immigration and Multicultural and Indigenous Affairs

O'CONNELL, Mrs Lyn, First Assistant Secretary, Detention Services Division, Department of Immigration and Multicultural and Indigenous Affairs

CHAIR—Welcome. Although the committee does not require you to give evidence under oath, I should advise you that these hearings are legal proceedings of the parliament and warrant the same respect as proceedings of the House itself. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament. I invite you to make a brief opening statement before we proceed with questions.

Mr Correll—Thank you. I will make a brief opening statement. The ANAO's *Management of the detention centre contracts—Part B* report was tabled on 7 July 2005. The following week the minister tabled the Palmer report stemming from the inquiry into the circumstances of the immigration detention of Cornelia Rau. Given the significance of the Palmer report, the department's efforts have been focused towards addressing these recommendations, many of which involve complex and significant projects. The ANAO's recommendations from the part B report, which were accepted in full by the department, have been incorporated into the follow-up process from the Palmer report. The major component of the department's response to the Palmer report has been the acceptance of Palmer recommendations 7.6 and 7.7 regarding a comprehensive review of the detention services contract. The department acknowledges that there is room for improvement in the management of a function as complex as the immigration detention environment and the current contract forms a key part in maximising performance to clients in detention.

As announced by the minister last Thursday, Mr Mick Roche, a former Deputy CEO of the Australian Customs Service, Deputy Secretary in the Department of Health and head of the Defence Materiel Organisation, has been engaged to review the functions and operations of detention and compliance activities within the department. Mr Roche will also conduct a review of the detention services contract, and the Australian National Audit Office has already been approached by the department to brief relevant officers about the findings and issues identified through the part B audit.

Another aspect of the departmental change process has been the movement of a number of senior DIMIA personnel, including some who played significant roles in the ANAO's fieldwork for the part B audit. This has some impact on the detailed contextual knowledge available to the department in responding to your comments today.

Senator KIRK—You mention that Mr Roche has been engaged to oversee the functions and operation of detention centres and contracts. Is that correct?

Mr Correll—Yes. Mr Roche has been engaged following on from the Palmer report recommendations to review the compliance and detention functions within the department and, as part of looking at detention functions, to look specifically at the detention services contract and review the shape of the contract, which was another Palmer report recommendation. We expect he will be starting work later this week.

Senator KIRK—Has he been engaged as a consultant? What is the nature of his contract?

Mr Correll—He has been engaged as a consultant following a tender process that was conducted.

Senator KIRK—What is the expected time that it will take him to undertake these inquiries?

Mr Correll—We expect he will work on the review activity through until around Christmas this year. Beyond then would be subject to review as issues emerged.

Senator KIRK—His contract is just a three-month contract?

Mr Correll—Yes, I believe so. It is initially a three-month contract with an opportunity for subsequent comeback, depending on the issues as they emerge in the initial three-month period.

Senator KIRK—It does not seem a very long time to look at these matters. Can you give us some idea how he is going to undertake his role or is it left entirely to his discretion?

Mr Correll—Mr Roche will be working very closely with the two key divisions involved. As part of the follow-up to the Palmer recommendations, the departmental secretary and the minister last Thursday announced organisational changes in the department, with the formation of a new detention services division and a new compliance and case management division. Mr Roche will be working closely with the two division heads and me in reviewing key elements of the functions. Specifically, in relation to the detention services contract he will have the job of reviewing the contract and its provisions.

Senator KIRK—Are there any terms of reference that he needs to follow or areas he needs to consider?

Mr Correll—When the tender went out there was a defined scope of work outlined within the tender. We will be meeting with Mr Roche later this week to flesh that out into his detailed work plan.

Senator KIRK—Are the areas he has been asked to focus on available to the committee—the written document?

Mr Correll—Yes. The key document at this stage would be the tender brief that went out. There would be no difficulty in that document being made available to the committee.

Mrs O'Connell—In terms of that brief, it also specifically addresses two Palmer recommendations, which are publicly available. So it is directly in response to them. They are recommendations 7.6 and 7.7.

CHAIR—So, just to be clear, will you provide the committee with a copy of the tender document?

Mr Correll—Yes. We are happy to do so.

CHAIR—Thanks.

Senator KIRK—What is the relationship, if any, between the consultant and the detention contract management group?

Mr Correll—The consultant will be working hand in hand with the detention services division, which includes the detention contract management team within it, and also the other compliance division. Effectively, we will be establishing a small internal steering committee to oversee Mr Roche's work with the department.

Senator KIRK—Have staff been allocated to work with Mr Roche?

Mr Correll—Not yet. That will occur in the course of this week and will be linked into the detailed work plan for Mr Roche.

Senator KIRK—Is it envisaged that he will produce a report at the end of his three months?

Mr Correll—We would envisage that he would be contributing proposals progressively during the three-month period and in the discussion that we will be having with him to work out the work plan. We will then look at whether or not it makes sense for that to be aggregated. But it is not envisaged that we will have Mr Roche do his work and us getting a report at the end of three months and then doing something. It is more that we envisage working closely with him to progressively implement a range of measures. For example, in the implementation plan that was released by the minister last Thursday, in relation to the government's follow-up action to the Palmer report, there is a review of detention services health arrangements and a review of long-term detention services strategy. We would be looking at Mr Roche contributing to all of those areas during the course of the coming three months. In relation to the detention services contract, it is more likely that we would expect to see more of a formal report from him with suggestions on that contract.

CHAIR—DIMIA agreed with recommendation No. 1 from the ANAO report, but indicated its intention to defer further consideration until the ANAO's tender process audit findings are released later this year. ANAO's view is that any findings relating to the tender process are not a prerequisite for examining this issue. Page 67 of the report says:

... given the level of risk to the Commonwealth created by the current regime, DIMIA should act promptly to develop a more suitable insurance, liability and indemnity regime to better protect the Commonwealth's interests.

Has any action been taken to review the current insurance, liability and indemnity regime? If so, can you advise the committee of any progress? Will the review address ANAO's concerns about the ambiguity of the contract clauses relating to insurance, liability and indemnity, in particular clauses 9.42, 9.55 and 16? What action has been taken to clarify the definition of 'incident'?

Mr Correll—The action we would be looking to take, again, would be part of the review of the current contract. Certainly there are references to that issue coming up through the current tender process audit that ANAO are undertaking. We will be keen to discuss those with the ANAO. But, in relation to immediate action to follow up on this recommendation, we would be looking at picking that up as part of the current detention services contract review that Mr Roche will be undertaking. That review is going to look at all aspects of the existing contract, including the indemnity and insurance arrangements within the current contract.

CHAIR—What action has been taken to clarify the definition of 'incident', as per the report?

Mr Correll—I do not believe to date that there has been action to do that; therefore, it would again be picked up under the detention services contract review.

Dr LAWRENCE—You indicated in your opening remarks that the department has accepted all of the key findings of the most recent audit report. Finding 18 in chapter 3 says that the Audit Office:

... found that the Contract does not adequately specify key responsibilities that are to be met, either by DIMIA or GSL. In particular, clear and consistent definitions are not provided for health standards that are central to detainee welfare. For example; Duty of Care, and the specific obligations for a subcontractor supplying psychological services are not consistent with the department's Immigration Detention Standards.

The finding went on to say:

... the Contract does not clearly specify mechanisms for the ongoing monitoring of subcontractor arrangements ...

That is quite a significant gap, obviously, in the performance. We have seen the consequences, sadly, for all concerned of that failure. But I note that the department's response to that specific finding says:

... it is not possible to define these requirements in simplified ways, and that it was a misconception that services, standards and reporting can be simply and inflexibly stated.

I think most people would agree with that, but what do you propose to do about it? You cannot just sidestep it on the grounds that it is too hard.

Mr Correll—I think that, in that response, we provided an example of how it can be difficult to specify in highly quantitative terms precise performance requirements for all circumstances. However, I would still expect that our contracts with providers should have very clear outlines of expectation of service. That can be met in different ways. In reviewing the detention services contract, we would certainly have that issue and those comments that they now have made squarely on the table for review and consideration. It may not be possible to have a precise quantitative measure but other ranges of standards might be able to be set in the contract. We

would take those comments from the ANAO on board as part of that review, recognising that there may be difficulties in being highly precise in all cases.

Dr LAWRENCE—This morning the officers from ANAO pointed out that there are a great many areas of human service delivery, obviously, that the Commonwealth is responsible for, including, for instance, aged care, where specification is, in fact, quite exacting, which I am sure that many of the providers would tell you. So there are models there. Do you propose to have a look at other areas of Commonwealth activity where, particularly in relation to health and psychological services, there are quite precise standards of care specified for people who are in much the same relationship with the government as your contractors and subcontractors are?

Mrs O'Connell—Certainly, and we will be taking those on board and having a look at those, and also the relevant state health standards where they can be more precise in terms of the definition. In addition to what my colleague had to say, we have put in place some improved health standards within the Baxter immigration detention centre which do have some more specific measures around them, such as the time in which a detainee will be seen and assessed by a health nurse and a psychiatric nurse after entering into a detention services facility. So we are putting in place some immediate measures about addressing health and mental health standards issues but we take on board the more broad comment as well.

Dr LAWRENCE—So your response is not a way of saying: 'We can't do it. It's too hard'?

Mrs O'Connell—No. We will be doing it, and where it is possible to do it we will put those standards in place.

Dr LAWRENCE—Obviously, as a result of the inquiries and in terms of the changes to the department and your attempts to shift the culture from one that was described in very unflattering terms by two independent inquiries and now admitted to by the minister, you have a very significant task ahead of you, and I do not think anyone underestimates it.

But in looking at the contracts in particular—and I asked the Audit Office this—at what point do you say it is actually not worth your while to have these very complicated arrangements—as they must ultimately be—for monitoring, measuring and checking the performance of contractors and subcontractors? What assessment are you making in the course of your now very substantial investigations about exactly at what point it is value for money? Rather than having the direct control of an employee, you have got to go through a contracting arrangement with a whole layer of the bureaucracy devoted to contract monitoring. It is now clearly agreed that it should not be on an exceptions status, but that there should be regular monitoring. How do you measure whether the department is getting value for money in those arrangements, as opposed to in direct employment? Do you have any control over that? It is an entirely political matter for the minister.

Mr Correll—I think you do have control over performance. Indeed, the contract provides the framework for performance management with the contracted service organisation. There are strong examples in the public sector where high performance is being achieved through contracted service provision.

Dr LAWRENCE—Sure. I am not saying it is impossible. But this level of monitoring will be pretty demanding on everybody.

Mr Correll—It means that, in reviewing the current contract, we need a clear description of definitions and very clear key performance indicators—without having too many in the contract. We also need mechanisms for measuring those indicators very clearly and in a timely way and a strong national contract management framework in place so that we have people on the ground—as we do—in detention centres able to work in close partnership with the contractor to deliver results. Issues such as the use of subcontractors would also be very much within the scope of a review of the detention services contract, as we have said. A subcontracting operation can work effectively but it needs to be properly managed in the context of the contract framework. We want to look at that very closely as part of this contract review.

Dr LAWRENCE—You mentioned close partnership. Obviously, for the purposes of operations, you need that. But one problem that has occurred—as indicated by these reports—is that that partnership probably got to be too close and there was too much of an identity between DIMIA staff and GSL when it came to the identification of these problems. They were as one in seeing, for instance, that psychological services were adequate when clearly they were not. How do you maintain the necessary professional distance while having the necessary professional closeness and what mechanisms have you got in there for watching your people who are involved in this? I know that is tricky and it is another layer but it is important that you get that identification.

Mr Correll—There are a couple of things. The first is the capabilities of the contract management staff involved. One thing that we would want to be focusing on—which is one element of the broader Palmer report follow-up—is extensive input into building capabilities and training of our staff. Contract management is one area of training and there are contract management resources and tools that are available to help in that area. The second aspect goes to support tools that are available to our staff working in the field so that they have good on-tap information: they know what is going on and they know the circumstances of individuals who are in detention. The third area is in the establishment of a health advisory panel—

Dr LAWRENCE—I was going to ask you about that.

Mr Correll—Yes. This is where we can bring specialists into play, and their knowledge can be used through our contract management resources. All of those things have to be brought into play. Establishing a partnership with a contracted service provider is basically a model where you can work closely with a provider and collaboratively develop solutions to problems. But it does not back away from strong performance management with that provider.

Dr LAWRENCE—Exactly. It is tough. It is a tricky arrangement.

Mr Correll—Yes.

Senator PARRY—On page 7 of the supplementary paper we received this morning, the report from the secretary to the minister of 28 September, I think, there is a list of items under ‘Health and wellbeing of detainees’ which are pleasing to see. It says that a memorandum of

understanding with the South Australian Department of Health is close to finalisation. Has that been finalised? How has that developed?

Mrs O'Connell—It is close to finalisation. We were expecting it would be signed by Friday; I checked but it was not signed on Friday. I have not checked this morning whether it has been signed, but we certainly expect it will be signed this week.

Senator PARRY—So it is imminent.

Mrs O'Connell—It is certainly imminent.

Senator PARRY—Point 5 says that clinical audits of health services have been commissioned and that they will be undertaken by members of the Royal Australian and New Zealand College of Psychiatrists and the Royal Australian College of General Practitioners. Has the health audit aspect been received well?

Mrs O'Connell—When you say received, do you mean received by our current service providers in those areas?

Senator PARRY—What comment have you had, from any area of the practitioners involved, about the fact that there are going to be clinical audits conducted by these two groups?

Mrs O'Connell—Our current health service providers have not resisted putting that in place. They have accepted it.

Senator PARRY—What about the private practitioners who access the facilities from time to time? Are they complimentary of this process?

Mrs O'Connell—I will have to get back to you on that. I am not aware of the consultations that we have had with the private practitioners. I am aware of consultation with the contracted service providers but not with the private practitioners. Can I take that on notice and get back to you about what consultations we have had with private practitioners?

Senator PARRY—Certainly. The committee would be keen to know of any feedback you have had. The sixth point says that additional expertise has been recruited by the detention service contractor. Can you describe who and what type of services?

Mrs O'Connell—I am aware that the health providers have contracted some additional expertise. I cannot give you those people's names and roles, but I can certainly come back to you on those. I know that within their organisations they have constructed some additional roles specifically related to health and health services provision to improve the standard of health service delivery. I can come back to you with the job descriptions and functions and the names of the people.

Senator PARRY—It does not have to be too detailed, just an indication of what sort of professional area is covered in additional service delivery. You have just outlined that it is in the health area. Finally, in relation to the ANAO report and the response from the agency on 16 June, when we spoke to them this morning, they said that if they had an area they were critical of

it is the review process and being able to monitor activity from here on. I notice that on page 118 of their report, under the 'Governance framework' heading they acknowledge the establishment of a governance coordination unit. Has that been established and how is that working?

Mr Correll—Yes, the governance coordination unit has been established within the detention services division and is contributing in this area. I suggest that one of the biggest things we need to advance, hand-in-hand with the review of the services contract, is an overall contract management framework for getting performance management right with the contracted organisations. We need to have very clearly defined authority and responsibility levels and skill levels with local contract management staff who are in day-to-day contact with GSL managers at local detention services centres. At the same time there needs to be a national account management role to work closely with the CEO level of the contracted organisation but with the right decision-making powers at the appropriate levels so that local issues can be solved quickly and readily on the ground and do not need high-level escalation to get them fixed quickly.

Senator PARRY—So you see this as another positive in a continuum of improvements throughout the whole process?

Mr Correll—Yes.

CHAIR—As a supplementary to that, in response to the Palmer recommendations, the government stated that it will establish a group of external experts to advise the minister on the management of the contract. Could you provide any further information on the work and composition of this group of external experts? Will the group address the ANAO's findings?

Mr Correll—We have not yet established the group of experts, because we see the first step being to review the existing contract. Then, depending on the shape of the contract from there, it will potentially influence the next step with the panel. We would look to Mr Roche providing us with some advice on the suggested composition with respect to independent expertise in that area.

Dr LAWRENCE—I would like to follow up on a couple of questions on the health of detainees. The minister, following the Palmer report, announced an integrated mental health strategy. Would you mind giving us some further information on that strategy? How has it developed? Who is involved? Does the department plan to assess whether similar improvements are needed in other detention centres? I doubt that it is an isolated case.

Mrs O'Connell—In order to commence the development of the integrated mental health strategy, the department has seconded a senior executive from the Department of Health and Ageing who previously worked in the area of mental health. He has been working with us to develop that integrated mental health strategy. We have also had the services of and advice from Professor Harvey Whiteford, who is a significant expert in mental health. He has been directly advising us in the development of this integrated mental health strategy.

CHAIR—Can you tell us where Dr Harvey Whiteford is from and a bit about him?

Mr Doherty—He is a professor from the University of Queensland.

CHAIR—Thanks.

Mrs O'Connell—We have also held discussions with Dr David Chaplow from New Zealand, who was a consultant to Palmer during the Palmer inquiry. He was formative in those recommendations that related to health and mental health. We have had discussions with David Chaplow on the integrated mental health strategy to ensure that it meets the areas expressed in the Palmer report. We have a report that I can make available to you. We provided it to the Senate Select Committee on Mental Health, which met last Friday. We provided a strategy document that specifically addresses mental health and what we are doing in the mental health strategy. It outlines the strategy in broad terms but also detailed against each recommendation in the Palmer report. I am happy to provide that.

Dr LAWRENCE—That would be very useful.

Mrs O'Connell—You also asked about whether we see that being used generically in other detention centres. The answer to that is absolutely yes. We are putting it in place first in Baxter. We will refine it, make sure it is right and then replicate it in the other detention centres.

Dr LAWRENCE—One of the things that struck me about Port Hedland, when it was operating—and Curtin, Woomera and Baxter—is the very considerable difficulty in getting the standard of quality staff you need, especially in health areas but I imagine it is true elsewhere. I do not mean to reflect badly on the people who go to those places, but having someone fly in from Newcastle, for instance, does not seem to be an entirely satisfactory arrangement. Are you building into your planning the very real problem of obtaining the necessary specialist, skilled staff in a remote location like Baxter? It does not apply in the capital cities, although there is probably an attitude amongst some professionals that they would rather work anywhere else but the detention centre environment. In Baxter, there is a very real problem of getting people to go there at all. I know there is a very high turnover of nursing staff, for instance. Do you have plans to deal with that? It is not just a question of setting down the standards; you actually have to have people who can deliver the services.

Mrs O'Connell—That is right. One of the things we have recently introduced into Baxter is psych nurses, and they are basically available 24 hours a day to the detainees in Baxter. One of those services is local, but the others are brought in on a roster basis by the contracted service provider. I acknowledge that there are issues in staffing and staffing resources. To some extent, they are similar issues that are faced by any regional community in Australia in providing and ensuring adequate and appropriate health services. We are certainly aware that there are issues. We are working with the service provider to ensure that we have appropriately qualified, trained staff available in the locations at the times at which we need them.

Dr LAWRENCE—The other question is in relation to food services and the media release the minister put out on 12 September that released the findings of the independent review. It said:

... the department will also consider whether any amendments are needed to the descriptions and standards for food services in the contract.

Is that part of your contract considerations as well?

Mr Doherty—No.

Dr LAWRENCE—What will that consideration involve? I know there have been some announcements about improving food here and there, but I have not seen a systematic response.

Mrs O'Connell—It is coming in two parts. One is the longer term review of the contract, and, yes, it would be subject to that, but there are some more immediate measures we are putting in place to improve the food standards.

Mr Doherty—The minister announced a range of improvements to Baxter recently, including improvements to food services at Baxter. GSL, our contracted service provider, has commenced some immediate changes in terms of improved choice—more regular fresh food coming to each of the compounds throughout the day. We have also entered into plans to create a co-located central dining room at Baxter so as to move away from the concept of taking food from a central kitchen out to each compound. We are moving back to the creation of a central dining room, co-located with the kitchen, which will allow mealtimes to become much more of a community event. It will also give us the opportunity to provide a wider set of choices, because we will have the infrastructure there. We expect to progressively bring on those changes over the next three to four months.

CHAIR—If you are heading towards a communal sort of food regime, will detainees have the choice of having food in their own quarters? It is not mutually exclusive, is it?

Mr Doherty—No. Pursuant to the government's response to the Palmer recommendations, we are providing self-catering arrangements within the compounds—for example, we are installing quite sophisticated barbecue facilities in each of the compounds, which will give people the opportunity of cooking their own food, and the facilities have halal and non-halal elements to the barbecue area. We are progressively looking at trying to encourage our clients in the centres to do more for themselves in terms of catering and therefore perhaps providing a better personal food outcome for them.

Senator PARRY—There are two questions I would like to get on the record before we close today, and I will then ask that you respond to others in writing. Recommendation No. 4 in the ANAO report said:

The ANAO recommends, as a matter of priority, that DIMIA develop a comprehensive asset register for Commonwealth Equipment at each of the detention facilities.

At page 102, paragraphs 6.48 and 6.49, DIMIA agreed with this recommendation. DIMIA acknowledged the need for a comprehensive asset register and advised that, in response to the ANAO's audit of the detention centre contracts part A, progress was already under way with stocktakes off three centres completed and the remainder planned. Can you provide an update of the progress of these stocktakes? What progress has been made towards finalising a register of Commonwealth assets, and what is the target completion date for this register?

Mr Doherty—As the ANAO report indicated, we first became aware very soon after the contract was signed that some confusion had occurred with regard to the list of assets that were available. That progressively became more difficult for us as we transitioned through to starting

with GSL as the new detention services provider. Since then, we have been working closely with GSL to go back to first principles on the assets—go back to stocktakes in every detention centre, including Port Hedland which was currently mothballed, and Christmas Island. We now have those agreed asset lists, and we are negotiating with GSL to purchase some assets that they were forced to buy at transition from the other service provider. We had promised a particular list of assets in the contract and we did not deliver them, basically, because of the confusion about particular lists. We are now at a point where we are ready to purchase from GSL the assets that they purchased, because they were things the Commonwealth should have provided.

In terms of the process, we have finally settled all the stocktakes. We have a comprehensive asset list now. Once we have agreed with GSL on the purchase of the assets we believe should be Commonwealth assets, they will be added to the asset list and we will then have a comprehensive Commonwealth asset list as recommended by the ANAO.

Dr LAWRENCE—I have one last question to complete the picture on the mental health issue and health generally. A lot of detainees, especially those who are held for long periods of time, continue to experience psychological fallout, if I can put it that way. Many of those are now in the community, a lot of them without access to adequate health care and support services, especially those who are on various forms of bridging visa. I am wondering whether the department has, in its thinking about a comprehensive mental health care plan, looked at those people, because at the moment they are falling largely to community groups who are ill-equipped to provide the necessary support.

Mr Correll—Yes, the department has been focusing on that issue as well as part of the response to the Palmer recommendations. In the minister's announcement last Thursday, a document was referred to which I would be happy to table. It is an overall information plan.

Dr LAWRENCE—We have a copy of that. I have had only a brief chance to have a look at it.

Mr Correll—That includes a reference to case management and a community care project which will then feed longer term developments in that area. It is the intention to have that pilot project up and running before Christmas this year as one of the immediate developments. A lot of work has already been undertaken on that, and it focuses on the ongoing case management arrangements by the department for an individual as they move through the various services in the system. That is one part of it. The second part is the actual services available to an individual in detention under a residential determination in the community. That community care element is being worked up in consultation with the non-government organisations that are involved in providing those services at the present stage, such as the Red Cross and others. That is well under way and a pilot will be commencing in that area in the near future.

Dr LAWRENCE—It is much needed in cases every other day where families are collapsing and people are in serious trouble without adequate support.

Mr Correll—Yes.

CHAIR—In February 2005, a quarterly committee was established to review performance and improved communications between all parties in relation to subcontracting arrangements for detention services. Can the department provide an update on the work of this committee? Has

the committee improved the service delivery and communication between the parties to this date?

Mr Doherty—Two subcommittees were created. The first of them related to health, where we brought together GSL, the PSS and IHMS, who are the core people delivering health services. They meet on a monthly basis, and they progressively deal with health issues that arise and work through and find solutions to those things. That is one of the subcommittees. The other is an infrastructure subcommittee, which brings together GSL and the infrastructure service provider, Tempo Facility Services. Again, it meets monthly and deals with issues, for example, like progressing the asset stocktakes, the purchase of assets from GSL, the progress on maintenance plans, expert panel reports on maintenance issues and coming to agreement about prioritisation for minor capital works in centres. Those subcommittees are meeting on a monthly basis.

CHAIR—I appreciate your attendance at today's hearing. The secretariat will send you a copy of the transcript for any corrections that need to be made. The secretariat may—and I am sure in this case they will—send you questions on notice that the committee did not get an opportunity to ask at today's hearing. I would be grateful if you could also send the secretariat any additional material that you may have undertaken to provide as soon as possible. Thank you very much.

Resolved (on motion by **Senator Parry**):

That this committee authorises publication of the transcript of the evidence given before it at the public hearing this day.

Committee adjourned at 11.04 am