

**QUESTION TAKEN ON NOTICE**

**ADDITIONAL ESTIMATES HEARING: 13 February 2005**

IMMIGRATION AND MULTICULTURAL AND INDIGENOUS AFFAIRS PORTFOLIO

**(15) Output 1.3: Enforcement of Immigration Law**

Senator Crossin (L&C 14) asked:

Would you be able to provide this committee with a copy of the detainee management procedures at Baxter, if they are not too onerous?

*Answer:*

Copies of the two specific documents which govern the management of detainees held in places of more restrictive detention at the Baxter Immigration Detention Facility (IDF) are attached.

There are a large number of other documents which also provide general guidance and instruction on detainee management at Baxter and other IDFs. An index of these documents is enclosed and copies of the documents can be provided to the Committee separately upon request.

## **NO. 2.6 – MANAGEMENT SUPPORT UNIT – TRANSFER AND ACCOMMODATION**

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## **NO. 2.6 – MANAGEMENT SUPPORT UNIT – TRANSFER AND ACCOMMODATION**

### **1 PURPOSE**

- 1.1 To facilitate the transfer of a detainee to a place of more restrictive detention and a regime of closer supervision, when such a placement is necessary for the good order and security of the facility and the safety of those within it, including the detainee being transferred.
- 1.2 To set out the principles that determine the transfer of a detainee to a Management Support Unit (MSU) and the administration of an MSU.

### **2 PRINCIPLES**

- 2.1 The transfer of a detainee to the MSU will occur only when there is no viable alternative for ensuring the safety of an individual or individuals (not necessarily the detainee himself/herself) in their current location.
- 2.2 The principal determinants of placement will be the safety, security and well-being of the individual, taking into account the good order of the facility and the duty of care owed to all detainees.
- 2.3 Every detainee transferred to an MSU will be treated on an individual basis and with appropriate dignity.
- 2.4 Every detainee transferred to an MSU will receive a wide range of services. This will always be dependent on the safety, security and good order of the facility being maintained. (See section 4.10 below).
- 2.5 A case management approach will always be adopted when advance consideration is being given to the transfer of a detainee to an MSU. In all cases the emphasis will be on ensuring that mental health issues are dealt with as a matter of priority and appropriate urgency.
- 2.6 Structured programs will be implemented on an individual basis to ensure that a support network is developed for detainees whilst in the MSU and upon their return to mainstream detention.
- 2.7 This Operational Procedure is to be read in conjunction with:
  - OP 2.2 Dynamic Security / Detainee Interaction
  - OP 2.4 Detainee Code of Conduct
  - OP 2.5 Restrictive Movement Program
  - OP 3.2 Anti Bullying Policy
  - OP 12.4 Assaults
  - OP 12.11 Use of Force and Restraints
  - OP 12.20 Incident Response
  - OP 12.21 Emergency Management
  - OP 13.1 Staff Code of Conduct
  - OP 14.3 Complaints Procedure
  - OP 15.7 Reporting of Incidents

### **3 IMMIGRATION DETENTION STANDARDS**

- 3.1 The Immigration Detention Standards (IDS) will be complied with in all cases of transfer to, and accommodation in, a Management Support Unit.
- 3.2 See Part 6 of this instruction for the key IDS relating to MSUs.

## 4 PROCESS

### 4.1 Transferring Detainees and Authorisation

4.1.1 Except when the General Manager is not available transfer to an MSU will occur only after the initial approval of the General Manager or a higher level. In all cases, this decision must then be endorsed by the:

- Assistant Director, Operations;
- Director, Detention Services; and
- Director, Operations (GSL)

as soon as possible, and in any case within 48 hours of the transfer.

*ISIS TIP: The approval of the General Manager is to be recorded in the "Actions" Screen of the ISIS Incident Report relating to the transfer, in the "Detainees Relocated" field. The endorsement of this decision is to be recorded in the "Case Notes" field of the ISIS Care Plan. These records must include the name of the approving/endorsing Managers/Directors and the time and date of their decision.*

4.1.2 In cases where a unanimous endorsement is not reached, the Managing Director will make the final determination within 72 hours of the transfer. In all cases, a comprehensive report of a transfer to the MSU will be provided to the Managing Director and DIMIA Manager.

*ISIS TIP: The Managing Director's determination is to be included in the "Case Notes" field of the ISIS Care Plan and must include the name of the Managing Director and the time and date of the determination. The comprehensive report is to be attached to or referenced in the "Details" Screen of the ISIS Incident Report in the "Other ISIS Reports" field.*

4.1.3 The DIMIA Manager will be consulted by the General Manager prior to the transfer if possible. If it was not possible to consult prior to transfer, the DIMIA Manager must be consulted as soon as possible, and according to incident reporting protocols.

*ISIS TIP: Where this consultation occurs prior to the transfer, it is to be recorded in the "Case Notes" field of the ISIS Care Plan.*

*ISIS TIP: Where consultation occurs after the transfer, the consultation with the DIMIA Manager is to be recorded in the "Actions" Screen of the ISIS Incident Report in the "Immediate Actions taken in response to Incident" field.*

4.1.4 A transfer to an MSU will only take place after all other placement and management options (see 4.4.1) have been explored and rejected and documented. The following will be considered when determining a transfer to an MSU:

- immediate threat to the security and good order of the facility and/or the safety of those within it;
- ongoing case management strategy, when other behaviour management strategies have been unsuccessful. For example:
  - a detainee exhibits violent and/or unlawful behaviour and repeatedly refuses an order or direction to cease such behaviour;
  - a detainee is a continuing risk to himself or herself, or to others in the facility;
  - there is credible intelligence of an impending and serious incident to be instigated by the detainee; or
  - there is credible intelligence that the detainee may abscond.

4.1.5 A health and mental health assessment will, unless there is an emergency situation, always be conducted by a nurse and psychiatric nurse respectively, prior to the

transfer of a detainee to the MSU. In an emergency situation the assessment is to be no later than 24 hours after transfer.

*ISIS TIP: This assessment is to be recorded in the "Case Notes" field of the ISIS Care Plan. Where appropriate it should be recorded in full.*

- 4.1.6 A detainee may be transferred to an MSU:
- to prevent self-harm;
  - to prevent harm to other detainees, staff or the facility;
  - to protect them from other detainees;
  - for health/medical quarantine purposes (eg tuberculosis cases):
    1. as a last resort (where no other, more appropriate facility, is immediately available);
    2. for no more than 24 hours;
    3. on the condition that more appropriate arrangements are sought immediately upon transfer;
  - for voluntary time away from general accommodation where a more appropriate facility is not available.

- 4.1.7 Where a detainee's circumstances give rise to serious concern in general accommodation, the General Manager will initiate a review of the individual care plan with the aim of case managing the behaviour prior to any decision being taken to transfer the detainee to the MSU.

*ISIS TIP: The name of the reviewing officer and the date and outcome this review is to be recorded in the "Case Notes" field of the ISIS Care Plan.*

- 4.1.8 Alternative accommodation and restrictions on movement may be trialled before making a recommendation to transfer a detainee to an MSU. Refer to OP 2.5 Restricted Movement Program. A health assessment of the detainee, including mental health, will be conducted prior to making any such recommendation.

*ISIS TIP: This assessment is to be recorded in the "Case Notes" field of the ISIS Care Plan. Where appropriate it should be recorded in full.*

- 4.1.9 Under no circumstances will there be any element of punishment or discipline in a decision to transfer a detainee to an MSU.

- 4.1.10 Specific attention will be given to determining whether the circumstances which led to a detainee being considered for transfer to the MSU have underlying medical or mental health features and to establish that the detainee can safely be transferred to the MSU.

*ISIS TIP: This assessment is to be recorded in the "Case Notes" field of the ISIS Care Plan. Where appropriate it should be recorded in full.*

- 4.1.11 All special care needs of the detainee will be identified and appropriate services and facilities will be available to the detainee when accommodated in an MSU. All efforts must be made to ensure that the detainee in a MSU is afforded as much personal privacy as reasonably practicable.

*ISIS TIP: If these have not been updated then these needs must be updated in the ISIS Special Needs functionality.*

- 4.1.12 The following additional principles are paramount in the rare circumstances where a woman or minor is placed in a MSU:

- approval is to be endorsed as required for any other placement but must occur within 24 hours (see 4.1.1);

- there must be immediate notification to the Managing Director and the Contract Administrator together with a full statement as to the reasons why the transfer has taken place;
- there must be gender appropriate supervision at all times;
- all efforts must be made to have appropriate arrangements for the special privacy needs of women and minors, including respecting specific cultural, gender and/or religious considerations.

## **4.2 Where General Manager is Not Available to Make a Transfer Decision**

- 4.2.1 When the General Manager is unavailable the Duty Manager will direct the transfer process. As soon as possible after the placement the Duty Manager will initiate a report detailing the reasons for the placement and submit this immediately upon completion for the attention of the General Manager and others required to endorse the decision. General Manager or higher level approval must be obtained as soon as practicable and no later than 24 hours after transfer.

*ISIS TIP: The approval of the Duty Manager is to be recorded in the "Actions" Screen" of the ISIS Incident Report relating to the transfer, in the "Detainees Relocated" field. The approval of the General Manager or higher level staff is to be recorded in the "Case Notes" field of the ISIS Care Plan. These records must include the name of the Managers/Directors and the time and date of their decision.*

## **4.3 Placement Review Team**

- 4.3.1 The General Manager will establish a specialist Placement Review Team (PRT) to manage individual cases. This team will comprise:
- Deputy General Manager/ Operations Manager;
  - Education/Programs Manager;
  - DIMIA representative;
  - medical representative;
  - mental health professional (eg psychologist or psychiatric nurse); and
  - Detention Services Officer who:
    - has knowledge of the detainee's recent history; and
    - has knowledge of the detainee's behaviour and circumstances during placement in the MSU.

*Note: This may be the same DSO, or two separate DSOs.*

- 4.3.2 The PRT will appoint a Team Leader and the team will meet as set out in section 4.9.6 below. The aim of the PRT will be:
- the progressive management of the detainee to address their circumstances after other options have been exhausted;
  - to gain input from a range of staff into the development and implementation of effective care plans;
  - to ensure that the detainee is managed in a consistent, equitable and transparent manner;
  - to ensure that the detainee is not unduly disadvantaged by his/her placement, as against the conditions that applied prior to the placement;
  - to assess and review all physical and mental health issues with the object of ensuring that a thorough and comprehensive care plan is implemented;
  - to ensure that the detainee maximises the periods of time spent outside his or her room. Zero room confinement will be the optimal goal when developing the plan; and
  - to ensure that the decisions relating to the placement and ongoing case management of the detainee are recorded in ISIS and relevant files in accordance with this Operational Procedure.

#### **4.4 Case Management Strategies**

4.4.1 Except in emergencies, before consideration is given to transferring a detainee to an MSU, a range of strategies must already have been considered and/or trialed, including:

- positive praise and feedback;
- involvement in merit point activity program;
- involvement in recreation and education programs;
- counselling;
- mediation by delegates' committee;
- medical and mental health re/assessments;
- referral to external agencies for assistance or investigation;
- formulation of care plan/s; and
- restricted periods of access to specific areas.

*ISIS TIP: These strategies are to be documented in the ISIS Care Plan- both in the "Plan Point" fields as agreed actions and in the "Case Note" fields as they are implemented.*

#### **4.5 Notifying Detainees Prior to Transfer**

4.5.1 Except in emergencies member/s of the PRT will notify the detainee that they are being considered for transfer at the earliest opportunity.

4.5.2 The reasons why they are being considered for transfer will be clearly explained to the detainee, in a language and in terms that he or she understands, utilising interpreter services when required.

4.5.3 Whenever possible, the context of the discussion should be to explain to the detainee what steps or behaviour changes the detainee may adopt to avoid the transfer.

4.5.4 A written record of the discussion must be provided to the detainee, including any agreed behaviour changes.

4.5.5 Prior to recommending a transfer, the detainee's health and mental health will be assessed by qualified health services professionals, and thereafter at least every 24 hours.

*ISIS TIP: The notification process and any written assessment or records of discussions are to be recorded in the "Case Notes" fields of the ISIS Care Plan where appropriate.*

#### **4.6 Care Plans**

4.6.1 When Case Management strategies have not been effective and the PRT is satisfied that it is appropriate to transfer a detainee to the MSU, or to maintain a placement in the unit, the detainee's Care Plan will again be reviewed to ensure that all other options have been exhausted.

*ISIS TIP: Where appropriate this review is to be recorded in the "Case Notes" field of the ISIS Care Plan.*

4.6.2 Detailed records will be maintained in the ISIS Care Plan, where appropriate, or otherwise on file, and will include:

- background history of the detainee in immigration detention;
- immigration processing status;
- health assessment, including mental health, and specialist reports;
- details of contact with, or advice received from, community or welfare organisations;
- details of behaviour/management difficulties;
- details of behaviour/case management strategies already trialled or currently in place, with records of the discussion emphasising issues and measures that have and have not brought about positive change in the detainee;
- an outline of the actions that resulted in the recommendation to transfer the detainee to the MSU;
- details of relevant discussions and agreements with the detainee; and
- daily case note reviews.

4.6.3 The Care Plan will then be extended to include:

- specific recommendations:
  - that the transfer occurs or does not occur or continues;
  - the timing of the transfer (to ensure discretion and minimal disruption within the facility);
  - details of the detainee's access to amenities while in the Management Support Unit; and
  - details of the detainee's access to visitors while in the Management Support Unit.
- identification of potential transfer-related risks and contingency strategies. (Refer to the GSL Quality Manual – Chapter 20: Risk Opportunity Management);
- personal property considerations;
- monitoring the time frame; and
- reviewing the timeframe (scheduled meetings of the PRT).

4.6.4 The PRT will provide the General Manager with the Care Plan and it will be discussed by the General Manager and DIMIA Manager and signed by both prior to implementation.

## **4.7 Transfer**

4.7.1 If the transfer is to proceed, consideration will be given to the timing of the transfer. Wherever possible, the transfer will be initiated under circumstances where no other detainees are present, or are able to view the transfer.

4.7.2 The General Manager will arrange for the transfer to be video-recorded. The footage will be secured by the General Manager/Duty Manager immediately after the transfer and will be released only to designated investigating agencies, or as directed by DIMIA (refer to 4.13 below).

*ISIS TIP: The existence of video-footage is to be noted in the relevant ISIS Incident Report or Care Plan.*

## **4.8 Care Plan Agreement**

4.8.1 A Care Plan Agreement may be formulated between the detainee and the PRT, with the aim of addressing the behaviour or circumstances that led to the transfer.

4.8.2 In formulating the Care Plan Agreement, the PRT should, in consultation with the detainee, discuss strategies and goals that will enhance the possibility of reducing the period of time spent in the MSU. During these discussions, the detainee will always be encouraged to state his or her views.



*ISIS TIP: These discussions are to be recorded in the "Case Notes" field of the ISIS Care Plan.*

- 4.8.3 If a transfer for behaviour management purposes is to proceed, a Care Plan Agreement will be put in place. The purpose of the agreement is to provide incentives for detainees to amend their behaviour. It will include:
- an undertaking from GSL to treat the detainee in a dignified, respectful and impartial manner;
  - an undertaking by the detainee to behave in a specific manner;
  - agreement about the detainee's access to amenities and visitors;
  - arrangements about personal property;
  - an outline of specific goals and responsibilities;
  - proposed timeframes to achieve goals by both the detainee and GSL; and
  - GSL responsibilities to the detainee in assisting in obtaining specified goals.

*ISIS TIP: The Care Plan Agreement should be recorded in the Plan Point fields of the ISIS Care Plan*

- 4.8.4 The Care Plan Agreement will then be presented to the General Manager for approval, to the DIMIA Manager for consultation and to the detainee for agreement. If the detainee refuses to sign their Care Plan Agreement, they will be given the opportunity to record the reasons why they refuse to sign, but its implementation will not be delayed or varied by a refusal to sign.

#### **4.9 Timeframes and Reporting**

- 4.9.1 It is not appropriate for a detainee to remain in an MSU for an extended period of time and alternative measures must be considered after placement of a detainee.
- 4.9.2 Consideration and implementation of alternative measures is encouraged as soon as possible but no later than 48 hours after placement in an MSU.
- 4.9.3 If the General Manager, after reviewing all the facts, is satisfied that it is necessary for a detainee to remain in the MSU for longer than 48 hours, he or she will initiate a full review of the placement in conference with:
- Assistant Director, Operations;
  - Director, Detention Services; and
  - Director, Operations (GSL).
- 4.9.4 The ongoing management of the case will be the responsibility of the PRT. However, there will be an ongoing requirement for hierarchical consideration of cases when detainees remain in the MSU.
- 4.9.5 PRT reviews will occur every day. The PRT must report to senior GSL officers or the Contract Administrator on detainee placements in MSUs every 3 days, as follows:
- Initial Transfer: General Manager approval required.
  - 3 day PRT report: Director, Detention Services approval required.
  - 6 day PRT report: Director, Operations approval required.
  - 9 day PRT report: Managing Director approval required.
  - 12 day PRT report: Contract Administrator approval required.
- 4.9.6 A detainee transferred to the MSU does not need to wait for the PRT to meet on the next day in order to be returned to mainstream detention, if the General Manager evaluates that the risk has subsided. In appropriate situations, the time a detainee is held in the MSU may be a short period.

*ISIS TIP: When a detainee is transferred out of the MSU, this is to be documented in the relevant Incident Report and on the ISIS Care Plan.*

- 4.9.7 Note: The circumstances of the transfer to and from the MSU must be fully documented, irrespective of how long the detainee spends in the MSU.
- 4.9.8 A detainee may request in writing a review of the reason for their placement and this will be considered as a matter of urgency by the General Manager. This right of review will be explained to the detainee upon transfer to the MSU and, if required, an interpreter will be made available for this purpose.

#### **4.10 Access to Services**

- 4.10.1 To the extent that it can reasonably be facilitated, a detainee in the MSU will have access to the same services that are available to detainees in mainstream detention, with an open door policy adopted.
- 4.10.2 A comprehensive risk assessment will be carried out by the PRT and reviewed by the General Manager.

*ISIS TIP: This assessment is to be recorded in the ISIS Security Screen, with General Manager comments recorded in the "Case Notes" field of the ISIS Care Plan.*

- 4.10.3 With the exception of restrictions specifically imposed by the General Manager, there should be no restrictions on:
- time spent outside their room;
  - incoming or outgoing telephone calls;
  - association with other detainees in the MSU through regular visits;
  - organised external visits in the visits centre;
  - access to religious services through organised visits, either in the visits centre or facility interview rooms;
  - the opportunity to purchase the usual range of canteen items;
  - access to education material upon request and, where appropriate, visits from the education officer or visits to the education compound on a regular basis; and
  - daily exercise in the open air and, where appropriate, other recreational activities.
- 4.10.4 Detainees will be given access to an appropriate range of clothing and personal effects taking into account individual personal needs and circumstances.
- 4.10.5 Detainees will be given access to activities materials and be considered for external activity.

#### **4.11 Health Services**

- 4.11.1 The detainee will be assessed daily by a health professional and at a minimum, seen by the General Practitioner once a week. A copy of the detainee's daily health assessment and weekly GP health assessment will be recorded on CHIRON and be provided to the PRT.
- 4.11.2 The detainee will also be assessed daily by a mental health nurse. A copy of the detainee's daily mental health assessment will be recorded on CHIRON and be provided to the PRT.
- 4.11.3 If the detainee requires further specialist mental health services including psychiatric care, psychological support or counselling, the psychiatric nurse will make a referral to the appropriate health professional and advise the Multidisciplinary Mental Health Team (MDMHT) of this referral. The referral should be recorded in CHIRON and a copy should be placed on the detainees medical file.

- 4.11.4 Each attendance by a health professional, including psychiatrists, psychologists, psychiatric nurses and counsellors will be recorded in the detainee's medical record and ISIS case notes.
- 4.11.5 If the detainee refuses to see a health professional, the reasons given by the detainee for his/her refusal should be documented in CHIRON and the ISIS case notes and referred to the MDMHT. The MDMHT will decide and document what further efforts will be made to communicate with the detainee.

#### **Issue with Management of Health Care**

- 4.11.6 Where the detainee in an MSU makes a complaint about their physical or mental health care, the matter will be referred to both the GSL Manager and the IHMS Health Services Manager for information and action.
- 4.11.7 In accordance with the OP 14.1 Issues/Complaints Resolution the detainee will be advised of the outcome of the complaint.

#### **Issue with Diagnosis**

- 4.11.8 Where a detainee has an issue with a diagnosis provided by a treating health professional, the detainee may nominate a preferred medical services provider and request a medical opinion from an external health care provider at their own expense.
- 4.11.9 If the detainee requests a specialist opinion, a referral should be provided by the detainee's treating doctor. Where a detainee nominates an allied health professional such as a chiropractor or podiatrist, this should be accommodated wherever practicable.
- 4.11.10 If, after a detainee sees the external medical provider and the two medical opinions agree on the diagnosis, treatment should proceed if the detainee consents. Treatment may also proceed if the detainee is subject to involuntary admission to a mental health facility or treatment has been authorised under Regulation 5.35 of the Migration Regulations.
- 4.11.11 If the medical opinions concur but the detainee disagrees with the diagnosis then the IHSM Health Services Manager will advise the GSL Manager who will in turn notify the DIMIA Manager for their information. It is possible that in this instance a third medical opinion may be sought.
- 4.11.12 Where the two medical opinions differ or where IHSM consider it the most appropriate resolution, a third medical opinion will be sought by an external health provider. The Health Care Protocol relating to Medical Assessments by Non-Treating External Health Care Providers must be followed.

#### **4.12 Monitoring by the Placement Review Team**

- 4.12.1 The PRT is responsible for monitoring and reviewing each individual case.
- 4.12.2 The PRT will meet daily to review placement in the MSU. A quorum of at least three members is required, one of which must be a health professional. A health/medical/psychological report will be presented at every PRT meeting (which may include a nil response where there is no health concern).
- 4.12.3 The PRT will establish goals, objectives and timeframes, with input from the detainee, the aim of which is the detainee's return to mainstream detention.

- 4.12.4 The case management approach outlined above (see 4.4) should be maintained throughout the detainee's placement in the MSU and, where appropriate, after transfer back to a place of less restrictive detention.
- 4.12.5 The PRT will provide a daily report to the General Manager which details all relevant issues, including goals, objectives and timeframes relating to the detainee's return to mainstream detention.

*ISIS TIP: Where appropriate the report of this meeting is to be recorded or referenced in the "Case Notes" and "Plan Points" fields of the ISIS Care Plan.*

#### **4.13 Record Keeping**

- 4.13.1 Detailed case notes are, where appropriate, to be recorded in the "Care Plan" field of the ISIS care plan. If this information is not appropriate for recording in full on ISIS, a reference note is to be made to the presence of these notes on the detainee's individual file (and see section 4.6.2 above). They will include:

- pre-transfer paperwork and reports;
- times spent restricted in a room and the reasons for any such restriction;
- case management strategies;
- pre-emptive and immediate actions;
- care plan/s;
- care plan agreements;
- property agreements;
- detainee comments;
- transfer details;
- files notes (including related discussions, phone conversations and detainee comments);
- detailed case notes;
- medical reports;
- psychological reports;
- details of the outcome of monitoring and review processes;
- paperwork and reports detailing the reasons for the detainee's transfer out of the MSU and back into the general community of the compound; and
- any other information relevant to the detainee's welfare or good management.

- 4.13.2 A minimum of one case note entry will be made in every 12-hour shift.
- 4.13.3 The video footage from the MSU should be recorded at all times, occupied or not.
- 4.13.4 The video footage should be labelled appropriately, identifying when the footage was taken.
- 4.13.5 A copy of the footage should be given to the General Manager/Duty Manager as soon as practicable.
- 4.13.6 All footage of the MSU should be stored and preserved in accordance with the *National Archives Act 1983*.

## **5 APPLICABILITY TO SEPARATION DETENTION**

- 5.1 This Operational Procedure applies to all detainees. If the detainee has been transferred from the Separation Detention area to the MSU, care will be applied to ensure that the visa application process is not comprised.
- 5.2 For more information see *OP 5.1 – Separation Detention: Principles/Detainee Behaviour*.

## **6 KEY IMMIGRATION DETENTION STANDARDS**

### **1.2 Administrative Detention**

#### **1.2.1**

Detainees have as much freedom of movement, association, and individual expression as possible within an administrative detention environment, subject to:

- The security and good order of the detention facility and the safety of all those within it; and
- The integrity of the visa assessment processes.

### **1.4 Fundamental Principles**

#### **1.4.1 Dignity**

##### **1.4.1.1**

Each detainee is treated with dignity and in a humane manner, and is accorded respect; and the individuality of each detainee is recognised and acknowledged.

##### **1.4.1.2**

Detainees are not subjected to discrimination on any ground, including race, colour, gender, sexual preference, language, religion, political or other opinion, national or social origin, property, birth or other status, or disability.

#### **1.4.2 Privacy - personal and information privacy**

##### **1.4.2.1**

Each detainee is afforded as much personal privacy as is reasonably practicable; in particular, each detainee can undertake personal activities, such as bathing toileting and dressing in private.

### **2.1.2 Detainee Property**

#### **2.1.2.2**

Property retained by the Services Provider is properly recorded, safely stored, maintained and returned, on a detainee's transfer, release or removal, or in any instance in which property is lost or stolen appropriate restitution is made, according to the Property Protocol approved by the Department.

#### **2.1.2.5**

With respect to property retained with them, detainees:

- have access to secure storage for their personal use;
- are informed of the need to respect other detainees' personal property;
- can expect that their personal effects will not be used by others in the detention facility without their consent; and
- are assisted, on transfer, release or removal, to identify and take with them such personal property.

## **2.2 CARE NEEDS**

### **2.2.1 Health**

#### **2.2.1.1 General**

##### **2.2.1.1.1**

Detainees are able to access timely and effective primary health care, including psychological/psychiatric services (including counselling):

- in a culturally responsive framework; and
- where a condition cannot be managed within the facility, by referral to external advice and/or treatment.

### **2.2.1.2 Public health and quarantine**

#### **2.2.1.2.1**

Any risks to public health in the detention environment are managed in accordance with Commonwealth and State/Territory public health and quarantine laws and regulations and, as a result, minimised.

#### **2.2.1.2.2**

The provisions of any agreed Protocol between the Department and health authorities relating to health processing of unauthorised boat arrivals are adhered to.

#### **2.2.1.2.3**

Detainees quarantined for health reasons can expect to be afforded the same rights and privileges as other detainees so long as the health of others in the facility is not jeopardised.

#### **2.2.1.2.4**

The Department's Manager is notified immediately, with supporting medical certification, of any instances of quarantine for health reasons.

### **2.2.1.3 Individual health**

#### **2.2.1.3.1**

The individual health care needs of detainees are recognised and managed effectively, appropriately and in a timely manner.

#### **2.2.1.3.2**

A detainee can expect:

- to be consulted and informed about his or her medical condition and treatment, including transfer for medical reasons, in a language or in terms he or she understands; and
- that the communication of such information and advice will be consistent with the requirements to maintain accuracy and his or her privacy.

### **2.2.1.5 Hygiene – clothing, footwear and bedding**

#### **2.2.1.5.1**

Where detainees do not have their own clothing or footwear, they have access to adequate supplies which appropriately address their needs.

## **2.2.3 Special care needs, including detainees with special illnesses and conditions**

### **2.2.3.1 General**

#### **2.2.3.1.1**

The special care needs of detainees are identified, assessed and responded to. Detainees with special care needs may include but are not limited to the following:

- elderly detainees, whether accompanied or unaccompanied;
- minors, in particular unaccompanied minors;
- expectant mothers
- women, whether accompanied or unaccompanied;
- detainees in need of psychiatric or psychological treatment;
- detainees at risk of self-harm

- long-term detainees
- victims of torture and trauma; or
- detainees with a physical/mental disability.

#### **2.2.3.4 Self-harm**

##### **2.2.3.4.2**

Detainees who self-harm or attempt self-harm are provided with medical assistance as soon as possible and, post-incident, with ongoing appropriate treatment including but not limited to psychological/psychiatric assessment and counselling.

##### **2.2.3.4.3**

Detainees whose movements are restricted because they are a danger to themselves:

- have an effective Detainee Care Plan in place;
- have access to open air, subject to the security and good order of the detention facility and the safety of those within it;
- are provided with adequate supervised exercise periods on a daily basis.

### **3 EDUCATION AND OTHER ACTIVITIES**

#### **3.2 Sporting, Recreation and Leisure Activities**

##### **3.2.4**

Detainees whose movements are restricted for management reasons have:

- access to open air, subject to the security and good order of the detention facility and the safety of those within it; and
- adequate supervised exercise periods are scheduled on a daily basis.

### **4 COMMUNICATION and VISITS**

#### **4.2 Detainees not in Separation Detention: communication and visits**

##### **4.2.1 Contacts (other than visits)**

###### **4.2.1.1**

Detainees are able to maintain a reasonable level of contact with their relatives, friends and community contacts, subject to the good order and security of the detention facility or except where a detainee's movement in the facility is restricted for management reasons.

###### **4.2.1.2**

Detainees have reasonable access to facilities to communicate with the diplomatic and consular representatives of the country to which they belong or with their legal representatives.

##### **4.2.2 Personal Visits**

###### **4.2.2.1**

Detainees are able to receive visits from relatives, friends, community (including religious) contacts or their diplomatic, consular or legal representatives, subject to:

- the good order and security of the detention facility;
- the safety of all those within it;
- the protection of the dignity and privacy of all detainees;
- the restrictions of a detainee's movements for management reasons; and
- the agreement of detainees.

###### **4.2.2.2**

At the request of a detainee, access by that detainee is facilitated to visits by:

- the Human Rights and Equal Opportunity Commission (HREOC);
- the Commonwealth Ombudsman; and
- the Australian Red Cross, and other organisations or groups as determined by the Department.

#### **4.2.3 Other visits**

##### **4.2.3.1**

Visitors other than personal visitors are admitted, subject to:

- the good order and security of the detention facility;
- the safety of all those within it;
- the protection of the dignity and privacy of detainees; and
- appropriate prior Departmental approval.

##### **4.2.3.2**

Visits by and at the request of the Commonwealth Ombudsman and the Human Rights and Equal Opportunity Commission (HREOC) for the purposes of investigations are facilitated by the Department and the Services Provider.

#### **4.2.4 Telephone and correspondence**

##### **4.2.4.1**

Once through initial processing stages and subject to the good order and security of the facility, detainees are able to communicate at their own cost with family, friends, diplomatic, consular and other representatives through access to telephones, faxes, and mail.

##### **4.2.4.2**

Where detainees do not have sufficient funds, they are provided with reasonable access to means of communicating with family and diplomatic, consular or legal representatives.

##### **4.2.4.3**

Detainees can expect that written communications from them or addressed to them are not opened, read or prevented from reaching them, subject to the good order and security of the facility and the safety of those within it.

#### **6.4 Obeying laws, orders and directions, including conflict resolution**

##### **6.4.1**

In the interests of the security and good order of the facility and the safety and management of detainees, detainees comply with all reasonable orders and directions.

##### **6.4.2**

Non-compliance, uncooperative behaviour or conflict are addressed as far as practicable through communication, negotiation and conflict resolution.

##### **6.4.3**

Collective, corporal, cruel, inhumane or degrading treatments and punishments are not used.

##### **6.4.4**

Detainees are informed that, if they commit a criminal act, they can expect to be charged according to State/Territory/Commonwealth law and, if convicted, may be transferred to a correctional facility.

##### **6.4.5**

Where a potential criminal act is suspected, the Services Provider takes appropriate action.



**6.4.6**

As a result of non-compliance with orders and directions, detainees may:

- be transferred to another part of the facility;
- have their movements within the facility restricted; or
- be transferred to another place of detention.

**6.4.7**

Force is used as a measure of last resort and only where all other control methods have failed or have been assessed as inadequate. Only such force as is reasonably necessary and proportionate in the particular circumstances to resolve the situation is used.

**6.4.9**

Only such instruments of restraint are used as are reasonably necessary and proportionate in the particular circumstances to resolve the situation.

**6.4.10**

Instruments of restraint are never used as punishment.

**BAXTER NO. BX-02-01\_0 HIGHER SECURITY COMPOUND (RED ONE) - TRANSFER  
AND ACCOMMODATION**

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## **BAXTER NO. 02-01\_0 HIGHER SECURITY COMPOUND (RED ONE) - TRANSFER AND ACCOMMODATION**

### **1 PURPOSE**

- 1.1 To facilitate the transfer of a detainee to a place of more restrictive detention and a regime of closer supervision, when there is no viable alternative and such a placement is necessary for the good order and security of the facility and the safety of those within it, including the detainee being transferred.
- 1.2 The Red One Compound should be considered to be an intermediate compound, to be used in circumstances where it is not appropriate for a detainee to remain in general accommodation. Arrangements which are more restrictive than Red One, such as the Management Support Unit, should only be considered when a detainee cannot be appropriately accommodated elsewhere.
- 1.3 This Operational Procedure (OP) will not apply to detainees who, at their own request, are transferred to Red One and who have signed, jointly with the General Manager or his delegate, an agreement permitting them to leave Red One at a time of their own choosing. All other placements in Red One will be subject to this OP.

### **2 PRINCIPLES**

- 2.1 Transfer to Red One is provided for in *Migration Series Instruction (MSI) 403: Transfer of Detainees within Immigration Detention Facilities* which allows for the transfer of detainees within Immigration Detention Facilities in order to meet duty of care obligations to detainees.
- 2.2 The principal determinant of placement will be the good order and security of the facility and the safety of those within it, including the detainee being transferred. No detainee will be held in Red One for longer than is reasonably necessary to meet this purpose.
- 2.3 Under no circumstances will there be any element of punishment in a decision to transfer a detainee to Red One.
- 2.4 Detainees in Red One will be treated fairly and impartially in accordance with the Immigration Detention Standards, and relevant Commonwealth and State or Territory legislation.
- 2.5 Detainees transferred to Red One will be treated on an individual basis and with appropriate politeness and dignity.
- 2.6 Red One compound is divided into Side A and Side B. The General Manager will determine the use of the two sub-compounds and advise the DIMIA Manager accordingly on their use. Placement in either side does not indicate the level of restrictions placed on a detainee's movement or access to facilities, but only provides added flexibility in the management of detainees in Red One.
- 2.7 Subject to 2.8 below, in the first instance detainees will have zero restrictions on their movement within the compound and on access to a wide range of services. This will always be dependent on the safety of the individual and others and the security and good order of the facility being maintained.
- 2.8 When necessary for the good order and security of the facility and the safety of those within it, including the detainee being transferred, the General Manager may impose restrictions on a detainee's movement and access to services immediately upon arrival in Red One.

- 2.9 Detainees will be informed in writing, as soon as reasonably practicable (and no later than 48 hours after transfer), of the reasons why they have been transferred to Red One, and the reasons for any restrictions imposed.
- 2.10 A case management approach will always be adopted when consideration is being given to the transfer of a detainee to Red One. In all cases the emphasis will be on ensuring that mental health issues are dealt with as a matter of priority and appropriate urgency.
- 2.11 Structured programs may be implemented on an individual basis to address behavioural problems when appropriate.
- 2.12 In all cases a support network must be developed for detainees whilst in Red One and upon their return to mainstream detention.
- 2.13 This Operational Procedure is to be read in conjunction with:
- |          |   |
|----------|---|
| OP 2.2   | Dynamic Security / Detainee Interaction |
| OP 2.4   | Detainee Code of Conduct                |
| OP 2.5   | Restrictive Movement Program            |
| OP 3.2   | Anti Bullying Policy                    |
| OP 12.4  | Assaults                                |
| OP 12.11 | Use of Force and Restraints             |
| OP 12.20 | Incident Response                       |
| OP 12.21 | Emergency Management                    |
| OP 13.1  | Staff Code of Conduct                   |
| OP 14.3  | Complaints Procedure                    |
| OP 15.7  | Reporting of Incidents                  |

### **3 IMMIGRATION DETENTION STANDARDS**

- 3.1 The Immigration Detention Standards (IDS) will be complied with in all cases of transfer to, and accommodation in Red One.
- 3.2 See Part 6 of this Operational Procedure for the key IDS relating to Red One.

## **4 PROCESS**

### **4.1 Prior to Transfer**

- 4.1.1 Where a detainee's circumstances give rise to concern in general accommodation, the General Manager will, except in emergencies, initiate a review of the individual care plan by a Placement Review Team (PRT) with the aim of case managing the behaviour prior to any decision being taken to transfer the detainee to Red One.
- 4.1.2 The PRT will comprise:
- Deputy General Manager/ Operations Manager;
  - Education/Programs Manager;
  - DIMIA representative;
  - Medical representative;
  - Mental health professional (eg psychologist or psychiatric nurse);
  - Detention Services Officer who:
    - has knowledge of the detainee's recent history; and
    - has knowledge of the detainee's behaviour and circumstances during placement in Red One.

*Note: This may be the same DSO, or two separate DSOs.*

- 4.1.3 The PRT should consider all alternative strategies, including:
- positive praise and feedback;
  - involvement in merit point activity program;
  - involvement in recreation and education programs;
  - counselling;
  - mediation by delegates' committee;
  - medical and mental health re/assessments;
  - referral to external agencies for assistance or investigation;
  - the structure, contents and requirements of care plan/s; and
  - restricted periods of access to specific areas.
- 4.1.4 Alternative accommodation and restrictions on movement should also, where possible, be trialled before making a recommendation to transfer a detainee to Red One. Refer to OP 2.5 Restricted Movement Program.
- 4.1.5 A transfer to Red One will only take place after all other placement and management options have been explored and rejected, noting that transfer to Red One is preferable to the Management Support Unit (MSU).
- 4.1.6 The following will be considered when determining a transfer to Red One:
- immediate threat to the security and good order of the facility and/or the safety of those within it;
  - ongoing case management strategy, when other behaviour management strategies have been unsuccessful. For example:
    - a detainee exhibits violent and/or unlawful behaviour and repeatedly refuses an order or direction to cease such behaviour;
    - a detainee is a continuing risk to himself or herself, or to others in the facility;
    - there is credible intelligence of an impending and serious incident which the detainee is instigating or involved in; and
    - there is credible intelligence that the detainee may abscond.
- 4.1.7 Specific attention will be given to determining whether the circumstances which led to consideration of a transfer to Red One, have underlying medical or mental health features and to establish that the detainee can be safely transferred to Red One.
- 4.1.8 Except in emergencies, the PRT will notify the detainee at the earliest opportunity that they are being considered for transfer.
- 4.1.9 The reasons why they are being considered for transfer will be clearly explained to the detainee, in a language and in terms that they understand, utilising interpreter services when required.
- 4.1.10 Whenever possible, the focus of the discussion should be on explaining to the detainee the steps or behavioural changes that are necessary to avoid the transfer.
- 4.1.11 A written record of the discussion must be provided to the detainee, including any agreed behaviour changes.
- 4.1.12 When Case Management strategies have not been effective and the PRT is satisfied that it is appropriate to transfer a detainee to Red One, the detainee's Care Plan will be reviewed by the PRT to ensure that all other options have been exhausted.
- 4.1.13 Detailed case notes are, where appropriate, to be recorded in the "Care Plan" field of the ISIS care plan. If this information is not appropriate for recording in full on ISIS, a reference note is to be made to the presence of these notes on the detainee's

individual file. Records kept should include:

- background history of the detainee in immigration detention;
- immigration processing status;
- health assessment and specialist reports;
- details of contact with, or advice received from, community or welfare organisations;
- details of behaviour/management difficulties;
- details of behaviour/case management strategies already trialled or currently in place, with the discussion emphasising issues and measures that have and have not brought about positive change in the detainee;
- an outline of the actions that resulted in the recommendation to transfer the detainee to Red One;
- details of relevant discussions and agreements with the detainee; and
- daily case note reviews.

4.1.14 The Care Plan will then be extended to include:

- specific recommendations to the General Manager:
  - that the transfer occurs or does not occur;
  - the timing of the transfer (to ensure discretion and minimal disruption within the facility);
  - details of the detainee's access to amenities while in Red One; and
  - details of the detainee's access to visitors while in Red One;
- identification of potential transfer-related risks and contingency strategies. (Refer to the GSL Quality Manual – Chapter 20: *Risk Opportunity Management*);
- personal property considerations;
- monitoring the time frame; and
- reviewing the timeframe (scheduled meetings of the PRT).

4.1.15 The PRT will provide the General Manager with the Care Plan. It will be discussed by the General Manager and DIMIA Manager and signed by the General Manager prior to implementation.

## **4.2 Transfer to Red One**

4.2.1 Ensure that all relevant options in 4.1 – *Prior to Transfer*, above, have been considered, trialled and rejected.

4.2.2 Except when the General Manager is not available, transfer to Red One will occur only after the initial approval of the General Manager.

4.2.3 When the General Manager is unavailable the Duty Manager will direct the transfer process. As soon as possible after the placement, the Duty Manager will initiate a report detailing the reasons for the placement and submit this for the attention of the General Manager or, if not available, a higher level manager. General Manager or higher level approval must be obtained as soon as practicable and no later than 48 hours after the transfer. Refer to paragraph 4.2.8 for procedures regarding the transfer of women and minors.

4.2.4 In all cases, this decision must be advised to the Assistant Director, Operations and endorsed within 48 hours of the transfer. The Assistant Director, Operations will provide the information to the Director, Detention Services at the earliest opportunity.

4.2.5 In all cases, a comprehensive report, including reasons for transfer, will be provided to the DIMIA Manager as soon as is reasonably practicable and according to incident reporting protocols.

- 4.2.6 Except in an emergency situation, a health and mental health assessment will always be conducted prior to the transfer of a detainee to Red One. In an emergency situation the assessment is to be conducted as soon as possible and no later than 24 hours after transfer.
- 4.2.7 All special care needs of the detainee will be identified and appropriate services and facilities available to the detainee when placed in Red One.
- 4.2.8 The following additional principles will be paramount in the rare circumstances where a woman or minor is placed in Red One:
- approval is to be endorsed as required for any other placement but must occur within 12 hours;
  - there must be immediate notification to the Managing Director and the Contract Administrator, together with a full statement as to the reasons why the transfer has taken place;
  - there must be gender appropriate supervision at all times;
  - all efforts must be made to have appropriate arrangements for the special privacy needs of women and minors, including respecting specific cultural, gender and/or religious considerations.
- 4.2.9 If a transfer is to proceed, consideration will be given to the timing of the transfer. Wherever possible, the transfer will be initiated under circumstances where no other detainees are present, or are able to view the transfer.
- 4.2.10 If there is an anticipated need for the use of reasonable force (refer to OP 12.11 Use of Force and Restraints), which may include the use of restraints, the General Manager will arrange for the transfer to be video recorded. The video recording will be secured by the General Manager/Duty Manager immediately after the transfer and will be released only to designated investigating agencies, or as directed by DIMIA.

### **4.3 Accommodation in Red One**

- 4.3.1 The sole determinant of how long a detainee spends in Red One will be the risk to the good order and security of the facility and the safety of those within it, including the detainee being transferred. Transfer out of Red One shall never be delayed in order to complete programs or activities undertaken or scheduled in Red One, or solely to await the next PRT meeting.
- 4.3.2 Where a detainee is in Red One for over 24 hours, the PRT will appoint a Team Leader. For the duration of the time the detainee is in Red One the PRT will meet daily with the aim of:
- ensuring that the detainee is not unduly disadvantaged by his/her placement, as against the conditions that applied prior to the placement;
  - ensuring that the detainee is managed in a consistent, equitable and transparent manner;
  - assessing and reviewing all physical and mental health issues with the object of ensuring that a thorough and comprehensive care plan is implemented;
  - ensuring that the detainee maximises the periods of time spent outside his or her room. Zero room confinement will be the optimal goal when developing the plan;
  - gaining input from a range of staff into the development and implementation of effective care plans;
  - assisting in meeting the duty of care to all persons in the facility; and
  - facilitating the progressive management of the detainee to address their circumstances after other options have been exhausted.
- 4.3.3 As soon as possible after being transferred to Red One, all detainees will be provided with a new Care Plan Agreement, setting out the objectives that are common to all detainees in Red One. For example:

- an undertaking from GSL to treat the detainee in a dignified, respectful and impartial manner;
  - an undertaking from the detainee to abide by the Detainee Code of Conduct while in Red One;
  - general information about the routines of the Red One compound;
  - information about the detainee's rights. For example:
    - to request a review of their placement in Red One;
    - to submit written requests and receive written answers;
    - to request a review of any restrictions;
  - signature of both the General Manager, DIMIA Manager (or delegates) and the detainee.
- 4.3.4 In addition, the Care Plan Agreement will set out any specific details or conditions of the individual detainee's placement in Red One. For example:
- an explanation of why they were transferred to Red One;
  - details about the detainee's access to amenities and visitors;
  - arrangements about personal property;
  - an outline of specific goals and responsibilities;
  - GSL responsibilities to the detainee in helping them achieve specified goals;
  - Where the detainee is transferred for behavioural reasons, the PRT should consult with the detainee to establish strategies and goals that will enhance the possibility of reducing the period of time spent in Red One.
- 4.3.5 Behaviour Milestones may be added to a detainee's Care Plan Agreement where the General Manager considers it necessary to provide guidance to the detainee about the expectations set out in the Detainee Code of Conduct. Behaviour Milestones must relate directly to breaches of the Code, and must be targeted at encouraging their compliance with the Code. Milestones may include:
- an undertaking by the detainee to behave in a specific manner;
  - proposed steps toward achieving goals by both the detainee and GSL; and
  - GSL responsibilities to the detainee in helping them achieve specified behaviour milestones.
- 4.3.6 Time spent in Red One should not be linked to the milestones. Detainee's progress against set milestones should, however, be monitored and feedback provided on a regular basis.
- 4.3.7 The content of the Care Plan Agreement must be explained to the detainee, using an interpreter if required.
- 4.3.8 Detainees will be encouraged to sign their Care Plan Agreement. If the detainee refuses to sign their Care Plan Agreement, they will be given the opportunity to record the reasons why they refuse to sign, but its implementation will not be delayed or varied by a refusal to sign.
- 4.3.9 Meeting detainees' individual needs is paramount in the formulation of each Care Plan Agreement.
- 4.3.10 Failure to meet the set behaviour milestones is not in itself an adequate reason for a detainee to remain in Red One. However, repeated breaches of the Detainee Code of Conduct may contribute to the PRT risk assessment when recommending continued placement in Red One.



- 4.3.11 While transfer to Red One may in certain circumstances be considered an appropriate step-down from the MSU on the way to returning to mainstream compounds, it should not be considered to be the default progression.
- 4.3.12 In most cases, a detainee will return to mainstream detention after leaving Red One.

#### **4.4 Access to Services**

- 4.4.1 To the extent that it can reasonably be facilitated, and subject to any restrictions on their movement or access to services, detainees in Red One will have access to the same services that are available to detainees in mainstream detention.
- 4.4.2 Unless there are reasons to the contrary, there will be no restrictions on:
- time spent outside their room;
  - incoming or outgoing telephone calls;
  - association with other detainees in Red One;
  - organised external visits in the visits centre;
  - access to religious services through organised visits, either in the visits centre or facility interview rooms;
  - the opportunity to purchase the usual range of canteen items;
  - access to education material upon request and, where appropriate, visits from the education officer or visits to the education compound on a regular basis;
  - daily exercise in the open air and, where appropriate, other recreational activities.
- 4.4.3 Subject to storage limits and safety and security considerations, there will be no restrictions on the amount of personal property detainees can have in their room.
- 4.4.4 Detainees will always be provided with timely written responses to written requests, including an explanation when a request is refused.
- 4.4.5 An education officer will visit each detainee in Red One at least every three days to discuss an appropriate education and recreation program.
- 4.4.6 Detainees may have education packs and a reasonable number of books and writing materials in their rooms at all times.
- 4.4.7 Detainees can access a variety of Meaningful Activities, subject to restrictions imposed by the General Manager.

#### **4.5 Health Services**

- 4.5.1 The detainee will be assessed daily by a health professional and at a minimum, seen by the General Practitioner once a fortnight. A copy of the detainee's daily health assessment and fortnightly GP health assessment will be recorded on CHIRON and be provided to the PRT.
- 4.5.2 The detainee will also receive a mental state examination daily, administered by a health professional, and will be assessed weekly by a mental health professional. A copy of the detainee's daily mental state examination and weekly mental health assessment will be recorded on CHIRON and be provided to the PRT.
- 4.5.3 If the detainee requires further specialist mental health services including psychiatric care, psychological support or counselling, the psychiatric nurse will make a referral to the appropriate health professional and advise the Multidisciplinary Mental Health

Team (MDMHT) of this referral. The referral should be recorded in CHIRON and a copy should be placed on the detainees medical file.

- 4.5.4 Each attendance by a health professional, including psychiatrists, psychiatric nurses and counsellors will be recorded in the detainee's medical record and case notes.
- 4.5.5 If the detainee refuses to see a health professional, the reasons given by the detainee for his/her refusal should be documented and referred to the MDMHT for further action as required.

#### **Issue with Management of Health Care**

- 4.5.6 Where a detainee in Red One makes a complaint about their physical or mental health care, the matter will be referred to both the GSL Manager and the IHMS Health Services Manager for information and action.
- 4.5.7 In accordance with the OP 14.1 Issues/Complaints Resolution the detainee will be advised of the progress of the complaint.

#### **Issue with Diagnosis**

- 4.5.8 Where a detainee has an issue with a diagnosis provided by a treating health professional, the detainee may nominate a preferred medical services provider and request a medical opinion from an external health care provider at their own expense.
- 4.5.9 If the detainee requests a specialist opinion, a referral should be provided by the detainee's treating doctor. Where a detainee nominates an allied health professional such as a chiropractor or podiatrist, this should be accommodated wherever practicable.
- 4.5.10 If, after a detainee sees the external medical provider and the two medical opinions agree on the diagnosis, treatment should proceed if the detainee consents. Treatment may also proceed if the detainee is subject to involuntary admission to a mental health facility or treatment has been authorised under Regulation 5.35 of the Migration Regulations.
- 4.5.11 If the medical opinions concur but the detainee disagrees with the diagnosis then the IHSM Health Services Manager will advise the GSL Manager who will in turn notify the DIMIA Manager for their information. It is possible that in this instance a third medical opinion may be sought.
- 4.5.12 Where the two medical opinions differ or where IHSM consider it the most appropriate resolution, a third medical opinion will be sought by an external health provider. The Health Care Protocol relating to Medical Assessments by Non-Treating External Health Care Providers must be followed.

#### **4.6 Restrictions**

- 4.6.1 The General Manager may place restrictions on detainees accommodated in Red One Compound where this is considered necessary to ensure the good order and security of the facility and the safety of those within it, including the individual detainee.
- 4.6.2 Restrictions must directly relate to the risk being managed.
- 4.6.3 Details of restrictions, and the reason they have been imposed must be recorded in the detainee's Care Plan Agreement and explained to the detainee.

- 4.6.4 The PRT may recommend restrictions to the General Manager. Where the General Manager declines to follow the recommendation of the PRT, the reasons for this must be recorded.
- 4.6.5 Detainees in Red One may submit a request in writing for any restrictions to be lifted. The request must be considered at the next meeting of the PRT and a recommendation submitted to the General Manager for approval. Where the General Manager declines to follow the recommendation of the PRT, the reasons for this must be recorded. The General Manager may also consider a request independent of a recommendation by the PRT.
- 4.6.6 Leaving detainees on any particular restriction for more than two weeks is to be strongly discouraged and alternatives must be considered in consultation with DIMIA.
- 4.6.7 Detainees who are placed in more restrictive forms of detention are likely to require the continuing support of family, friends and other contacts. Therefore, generally it will not be appropriate for detainees in more restrictive places of detention to have restrictions on communications and visits placed upon them.
- 4.6.8 Restrictions imposed must specifically address the unacceptable behaviour. The exceptions to this are restrictions on participation in merit points activities and curfew between 2200 and 0800, which may be used at the discretion of the General Manager. *Note: Detainees must always be allowed to spend merit points already earned.*

#### **4.7 Monitoring and Reporting by the Placement Review Team**

##### **Monitoring**

- 4.7.1 The PRT is responsible for monitoring and reviewing each individual case.
- 4.7.2 The PRT will meet daily to review placements in Red One. A quorum of at least three members is required, one of whom must be a health professional. A health/medical/psychological report will be presented at every PRT meeting (which may include a nil response where there is no health concern).
- 4.7.3 The PRT will establish goals, objectives and timeframes, with input from the detainee, the aim of which is the detainee's return to mainstream detention.
- 4.7.4 The case management approach should be maintained throughout the detainee's placement in Red One and, where appropriate, after transfer back to a place of less restrictive detention.
- 4.7.5 The PRT will provide a daily report to the General Manager which details all relevant issues. These reports will form the basis of submissions for escalated decision making in paragraph 4.7.8 below.
- 4.7.6 Detainees may submit a request in writing for transfer which the PRT must consider at their next meeting, or earlier by the General Manager or his/her delegate.
- 4.7.7 In addition to daily monitoring and reporting to the General Manager, the PRT will provide a report to the General Manager on each detainee held in Red One at least every seven days, including an initial comprehensive risk assessment. If a weekend or public holiday would prevent the review being carried out by the seventh day, it will be carried out earlier.
- 4.7.8 The General Manager will escalate significant events as follows:

*The Assistant Director, Operations will be informed immediately of all the following scenarios.*

<u>INCIDENT</u>	<u>ACTION REQUIRED</u>
Initial Transfer	General Manager's approval in writing where practicable. Assistant Director Operations, Director Detention Services and DIMIA manger informed.
7 days in Red One including any time in the MSU.	Approval in writing of Director, Detention Services. Director Operations and DIMIA Manager informed.
14 days in Red One	Approval in writing of Director Operations. Managing Director and Contract Administrator to be informed.
21 days in Red One	Approval in writing of Managing Director.
28 days in Red One	Approval in writing of the Contract Administrator.
Transfer of a detainee from MSU to Red One	Inform Director Detention Services, Managing Director and Contract Administrator.
Transfer from Red One to mainstream accommodation	Inform Assistant Director Operations, Director Detention Services and if appropriate Director Operations for information.
Significant events at PRT	As appropriate.

4.7.9 A detainee does not need to wait for the PRT to meet in order to be returned to mainstream detention. The General Manager has authority to evaluate whether the risk has subsided and in appropriate situations, direct the immediate transfer out from Red One to mainstream accommodation.

4.7.10 A detainee may at any time request in writing a review of their placement in Red One. The request will be reviewed as a priority by the General Manager. The detainees' right of review will be explained to the detainee upon transfer to Red One and, if required, an interpreter will be made available for this purpose.

#### **4.8 Record Keeping**

4.8.1 Detailed case notes will be recorded on the detainee's individual file. They will include:

- pre-transfer paperwork and reports;
- times spent restricted in a room and the reasons for any such restriction;
- case management strategies;
- pre-emptive and immediate actions;
- care plan/s;
- care plan agreements;
- property agreements;
- detainee comments;
- transfer details;

- files notes (including related discussions, phone conversations and detainee comments);
- detailed case notes;
- medical reports;
- psychological reports;
- details of the outcome of monitoring and review processes;
- paperwork and reports detailing the reasons and circumstances for the detainee's transfer out of Red One and into the MSU (if applicable);
- paperwork and reports detailing the reasons and circumstances for the detainee's transfer out of the MSU and into Red One (if applicable);
- paperwork and reports detailing the detainee's transfer out of Red One and back into the general community of the compound; and
- Any other information relevant to the detainee's welfare or good management.

4.8.2 A minimum of one case note entry will be made in every 12-hour shift.

4.8.3 The camera footage from Red One should be recorded at all times when it is occupied.

4.8.4 The video footage should be labelled appropriately, identifying when the footage was taken.

4.8.5 A copy of the video footage should be given to the General Manager/Duty Manager as soon as practicable.

4.8.6 All video footage of Red One should be stored and preserved in accordance with the *National Archives Act 1983*.

## **5 Applicability to Separation Detention**

5.1 This OP applies to all detainees. If the detainee has been transferred from the Separation Detention area to Red One, care will be applied to ensure that the visa application process is not compromised.

5.2 For more information see *OP 5.1 – Separation Detention: Principles/Detainee Behaviour*.

## **6 Key Immigration Detention Standards**

### **1.2 Administrative Detention**

**1.2.1** Detainees have as much freedom of movement, association, and individual expression as possible within an administrative detention environment, subject to:

- The security and good order of the detention facility and the safety of all those within it; and
- The integrity of the visa assessment processes.

### **1.4 Fundamental Principles**

#### **1.4.1 Dignity**

##### **1.4.1.1**

Each detainee is treated with dignity and in a humane manner, and is accorded respect; and the individuality of each detainee is recognised and acknowledged.

#### **1.4.1.2**

Detainees are not subjected to discrimination on any ground, including race, colour, gender, sexual preference, language, religion, political or other opinion, national or social origin, property, birth or other status, or disability.

### **1.4.2 Privacy**

#### **1.4.2.1**

Each detainee is afforded as much personal privacy as is reasonably practicable. In particular, each detainee can undertake personal activities, such as bathing, toileting and dressing in private.

### **2.1.2 Detainee Property**

#### **2.1.2.2**

Property retained by the Services Provider is properly recorded, safely stored, maintained and returned, on a detainee's transfer, release or removal, or in any instance in which property is lost or stolen appropriate restitution is made, according to the Property Protocol approved by the Department.

#### **2.1.2.5**

With respect to property retained with them, detainees:

- have access to secure storage for their personal use;
- are informed of the need to respect other detainees' personal property;
- can expect that their personal effects will not be used by others in the detention facility without their consent; and
- are assisted, on transfer, release or removal, to identify and take with them all personal property.

## **2.2 CARE NEEDS**

### **2.2.1 Health**

#### **2.2.1.1 General**

##### **2.2.1.1.1**

Detainees are able to access timely and effective primary health care, including psychological/psychiatric services (including counselling):

- in a culturally responsive framework; and
- where a condition cannot be managed within the facility, by referral to external advice and/or treatment.

#### **2.2.1.2 Public health and quarantine**

##### **2.2.1.2.1**

Any risks to public health in the detention environment are managed in accordance with Commonwealth and State/Territory public health and quarantine laws and regulations and, as a result, minimised.

##### **2.2.1.2.2**

The provisions of any agreed Protocol between the Department and health authorities relating to health processing of unauthorised boat arrivals are adhered to.

##### **2.2.1.2.3**

Detainees quarantined for health reasons can expect to be afforded the same rights and privileges as other detainees so long as the health of others in the facility is not jeopardised.

#### **2.2.1.2.4**

The Department's Manager is notified immediately, with supporting medical certification, of any instances of quarantine for health reasons.

#### **2.2.1.3 Individual health**

##### **2.2.1.3.1**

The individual health care needs of detainees are recognised and managed effectively, appropriately and in a timely manner.

##### **2.2.1.3.2**

A detainee can expect:

- to be consulted and informed about his or her medical condition and treatment, including transfer for medical reasons, in a language or in terms he or she understands; and
- that the communication of such information and advice will be consistent with the requirements to maintain accuracy and his or her privacy.

#### **2.2.1.5 Hygiene – clothing, footwear and bedding**

##### **2.2.1.5.1**

Where detainees do not have their own clothing or footwear, they have access to adequate supplies which appropriately address their needs.

#### **2.2.3 Special care needs, including detainees with special illnesses and conditions**

##### **2.2.3.1 General**

###### **2.2.3.1.1**

The special care needs of detainees are identified, assessed and responded to.

Detainees with special care needs may include but are not limited to the following:

- elderly detainees, whether accompanied or unaccompanied;
- minors, in particular unaccompanied minors;
- expectant mothers
- women, whether accompanied or unaccompanied;
- detainees in need of psychiatric or psychological treatment;
- detainees at risk of self-harm
- long-term detainees
- victims of torture and trauma; or
- detainees with a physical/mental disability.

###### **2.2.3.4 Self-harm**

###### **2.2.3.4.2**

Detainees who self-harm or attempt self-harm are provided with medical assistance as soon as possible and, post-incident, with ongoing appropriate treatment including but not limited to psychological/psychiatric assessment and counselling.

###### **2.2.3.4.3**

Detainees whose movements are restricted because they are a danger to themselves:

- have an effective Detainee Care Plan in place;
- have access to open air, subject to the security and good order of the detention facility and the safety of those within it;
- are provided with adequate supervised exercise periods on a daily basis.

### **3 EDUCATION AND OTHER ACTIVITIES**

#### **3.2 Sporting, Recreation and Leisure Activities**

##### **3.2.4**

Detainees whose movements are restricted for management reasons have:

- access to open air, subject to the security and good order of the detention facility and the safety of those within it; and
- adequate supervised exercise periods are scheduled on a daily basis.

### **4 COMMUNICATION and VISITS**

#### **4.2 Detainees not in separation detention: communication and visits**

##### **4.2.1 Contacts (other than visits)**

###### **4.2.1.1**

Detainees are able to maintain a reasonable level of contact with their relatives, friends and community contacts, subject to the good order and security of the detention facility or except where a detainee's movement in the facility is restricted for management reasons.

###### **4.2.1.2**

Detainees have reasonable access to facilities to communicate with the diplomatic and consular representatives of the country to which they belong or with their legal representatives.

##### **4.2.2 Personal Visits**

###### **4.2.2.1**

Detainees are able to receive visits from relatives, friends, community (including religious) contacts or their diplomatic, consular or legal representatives, subject to:

- the good order and security of the detention facility;
- the safety of all those within it;
- the protection of the dignity and privacy of all detainees;
- the restrictions of a detainee's movements for management reasons; and
- the agreement of detainees.

###### **4.2.2.2**

At the request of a detainee, access by that detainee is facilitated to visits by:

- the Human Rights and Equal Opportunity Commission (HREOC);
- the Commonwealth Ombudsman; and
- the Australian Red Cross, and other organisations or groups as determined by the Department.

##### **4.2.3 Other visits**

###### **4.2.3.1**

Visitors other than personal visitors are admitted, subject to:

- the good order and security of the detention facility;
- the safety of all those within it;
- the protection of the dignity and privacy of detainees; and
- appropriate prior Departmental approval.



#### **4.2.3.2**

Visits by and at the request of the Commonwealth Ombudsman and the Human Rights and Equal Opportunity Commission (HREOC) for the purposes of investigations are facilitated by the Department and the Services Provider.

#### **4.2.4 Telephone and correspondence**

##### **4.2.4.1**

Once through initial processing stages and subject to the good order and security of the facility, detainees are able to communicate at their own cost with family, friends, diplomatic, consular and other representatives through access to telephones, faxes, and mail.

##### **4.2.4.2**

Where detainees do not have sufficient funds, they are provided with reasonable access to means of communicating with family and diplomatic, consular or legal representatives.

##### **4.2.4.3**

Detainees can expect that written communications from them or addressed to them are not opened, read or prevented from reaching them, subject to the good order and security of the facility and the safety of those within it.

#### **6.4 Obeying laws, orders and directions, including conflict resolution**

##### **6.4.1**

In the interests of the security and good order of the facility and the safety and management of detainees, detainees comply with all reasonable orders and directions.

##### **6.4.2**

Non-compliance, uncooperative behaviour or conflict are addressed as far as practicable through communication, negotiation and conflict resolution.

##### **6.4.3**

Collective, corporal, cruel, inhumane or degrading treatments and punishments are not used.

##### **6.4.4**

Detainees are informed that, if they commit a criminal act, they can expect to be charged according to State/Territory/Commonwealth law and, if convicted, may be transferred to a correctional facility.

##### **6.4.5**

Where a potential criminal act is suspected, the Services Provider takes appropriate action.

##### **6.4.6**

As a result of non-compliance with orders and directions, detainees may:

- be transferred to another part of the facility;
- have their movements within the facility restricted; or
- be transferred to another place of detention.

##### **6.4.7**

Force is used as a measure of last resort and only where all other control methods have failed or have been assessed as inadequate. Only such force as is reasonably necessary and proportionate in the particular circumstances to resolve the situation is used.

##### **6.4.9**

Only such instruments of restraint are used as are reasonably necessary and proportionate in the particular circumstances to resolve the situation.

**6.4.10**

Instruments of restraint are never used as punishment.

## **INDEX OF MANAGEMENT PROCEDURES AND RELATED DOCUMENTS**

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## **GLOBAL SOLUTIONS LIMITED (GSL) SOURCES**

### **Detention Services Contract**

Contract

Schedule 2 – Detention Services

Schedule 3 – Immigration Detention Standards

### **Operational Procedures**

#### **1. Lawfulness of Detention**

1.1 - Lawfulness of Detention

1.2 - Migration Act 1958 and Migration Regulations

1.3 - Selection Training and Authorising of Detention Services Officers

1.4 - Quarantine Requirements for Recent Arrivals

#### **2. Administrative Detention**

2.1 - Overview/General Operating Procedures

2.2 - Dynamic Security/Detainee Interaction

2.3 - Cultural Awareness (Display of Offensive Material)

2.4 - Detainee Behaviour/Code of Conduct

2.5 - Restricted Movement Program

2.6 - Management Support Unit - Transfer and Accommodation

2.7 - Meaningful Activity Merit Points System

2.8 - Safety Inspections

2.9 - Detainee Welfare Check: Accounting for Numbers

2.10 - Smoking Policy

2.11 - Movement of Detainees - Internal escorts for Timetabled Activity

#### **3. Duty of Care, Dignity and Other Fundamental Principles**

3.1 - Human Rights Policy /Equal Opportunities

3.2 - Anti-Bullying Policy

3.3 - Suicide and Self Harm (SASH) Prevention

3.4 - Detainee Clothing & Laundry Facilities

3.5 - Maintenance Personal of Hygiene

3.6 - Provision and Access to Interpreting and Translating Services for Detainees

3.7 - Religious and Spiritual Provision

3.8 - Control of Detainee Personal Information

#### **4. Reception and Discharge**

4.1 - Reception

4.2 - Discharge Operational Procedure

4.3 - Detainee Induction

4.4 - Property Protocol

4.5 - Detainee Induction Handbook

## **5. Separation Detention**

5.1 - Separation Detention - Principles / Detainee Behaviour

## **6. Care Need**

6.2 - Health Care Provision

6.3 - Control of Drugs (Alcohol and other Drugs)

6.4 - Special Care for Pregnant Women

6.6 - Voluntary Starvation/Hunger Strike

6.7 - Contacting State Authorities/Agencies

## **7. Care Need: Special**

7.1 - Care of Unaccompanied Minors

7.2 - Care for Children (Child Protection Procedures)

7.3 - Physical and Intellectual Disabilities

## **8. Food and Beverages**

8.1 - Menu Preparation and Dining Arrangements

8.3 - Food Services Hygiene, Preparation and Delivery

## **9. Education and Recreation Services**

9.1 - Activities and Programs

9.2 - Recreational, Fitness and Sporting Programs

9.3 - Library Facilities

9.4 - Personal Development and Life Skills Program

## **10. Communication and Visits**

10.1 - Communication between Facility Management and Detainees

10.2 - Detainee Use of Telephones and Fax Machines

10.3 - Detainee Mail

10.4 - Visits Entitlement and Processing

10.5 - Access to Outside Representatives and Interested Bodies

10.6 - Volunteers and Community Involvement

## **11. Facility - Infrastructure and Equipment**

11.1 - Maintenance & Repairs: Urgent and Minor

11.2 - Asset Register

11.3 - Prevention of Loss and Damage to Property

11.4 - Refurbishment Maintenance Works

11.5 - Planned Preventative Maintenance

11.6 - Maintenance of Grounds

11.7 - Waste Disposal

11.8 - Pest Control

## **12. Security**

12.1 - Security Intelligence Procedures

12.2 - Preservation of Evidence

12.3 - Permanent Logs/Notebooks

12.4 - Assault

- 12.5 - External Transport and Escort Services
- 12.6(A) - Entry of Visitors (s 252G)
- 12.6(B) - Screening Detainees (s 252AA)
- 12.6(C) - Searches of Vehicles
- 12.6(D) - Searches of Detainees (s 252)
- 12.6(E) - Strip Searches of Detainees(s 252A)
- 12.6(F) - Searching Detainee Accommodation
- 12.7 - Items Presenting Particular Risk to Security
- 12.8 - Control of Entry to the Facility
- 12.9 - Visits Security
- 12.10 - Control of Tools (Dangerous Goods & Equipment)
- 12.11 - The Use of Force and Restraints
- 12.13 - Removing a Person from a Barrier Tape Entanglement
- 12.14 - UHF Radio Procedures
- 12.15 - Control Room Duties
- 12.16 - Management of Maintenance Contractors/Internal Escorts
- 12.17 - The Issue and Control of Keys
- 12.18 - Use of Ladders and Access Equipment
- 12.19 - Integrity of Security System
- 12.20 - Incident Response
- 12.21 - Emergency Management

### **13. Human Resources Management**

- 13.1 - Staff Code of Conduct
- 13.2 - Staff Training and Skills Development
- 13.3 - Staff Consultative Arrangements
- 13.4 - Critical Incident Debriefing

### **14. Complaints Mechanisms and Scrutiny**

- 14.1 - Issues/Complaints Resolution
- 14.2 - Management of Investigations
- 14.3 - Complaints (Specified Agencies)

### **15. Monitoring and Reporting**

- 15.1 - Immigration Detention Standards
- 15.2 - Internal Audit Procedure
- 15.3 - DIMIA Contract Monitoring / Compliance
- 15.4 - Document Control
- 15.5 - Operational Procedures/Emergency Operational Procedures - Process for Revision
- 15.6 - Reporting Accidents and Injuries
- 15.7 - Reporting of Incidents

### **16. Respective Roles of GSL and the Department**

- 16.1 - Respective Roles of GSL and the Department
- 16.2 - Media and Public Relations

## **17. Contract Management**

17.1 - Management and Reporting Structure

17.2 - Quality Management

## **18. Detainee Monies and Administration**

18.1 - Detainee Accounts

18.2 - Detainee Purchases

## **Emergency Operational Procedures**

The following are a list of Emergency Operational Procedures:

- 1 - Fire
- 2 - Failure of Main Services
- 3 - Escape / Attempted Escape / Detainee Unaccounted For
- 4 - Hostage Situation
- 5 - Industrial Action by Staff
- 6 - Security Keys Unaccounted For or Tampered With
- 7 - Bomb Threat
- 8 - Death of a Detainee
- 9 - Cut Down Procedure
- 10 - Critical Incidents
- 12 - External Threat to Perimeter
- 13 - Actual or Suspected Unauthorised Entry
- 14 - Natural Disasters
- 15 - Voluntary Starvation/Hunger Strike
- 16 - Sit In or Barricade
- 17 - Infectious Disease and Food Poisoning
- 18 - Fights between Detainees

\*\* - Baxter Site Specific Operational Procedure Higher Security Compound (Red One) – Transfer and Accommodation.

## **International Health and Medical Services (IHMS) Operational Procedures**

- International Health and Medical Services - Health Modules

## **DIMA SOURCES**

### **Migration Series Instructions (MSIs)**

- MSI 17: Issue Of Documents To Facilitate Travel For Unlawful Non-Citizens
- MSI-139: Release From Detention Of Certain Unauthorised Arrivals Under Section 72(1)(c)
- MSI-167: Detention Of Deportees
- MSI-171: Deportation - General Policy
- MSI-234: General Detention Procedures
- MSI-244: Transfer Of Detainees To State Prisons
- MSI 289: Non-Citizens Held In Prison Liable To Enforced Departure
- MSI 292: Non-Citizens Using False Identities And/Or Bogus Or Fraudulent Documents
- MSI 296: Ministerial Directions Under S 499 Of The Migration Act
- MSI 321: Detention Of Unlawful Non-Citizens
- MSI 329: Unlawful Non-Citizens
- MSI 337: Bridging B Visa
- MSI 345: Powers Under S 252G Of The Migration Act - Entry Of Persons To Immigration Detention Centres
- MSI 346: Screening Procedures In Relation To Immigration Detainees (S252AA)
- MSI 347: Strip Search Of Immigration Detainees (S 252A)
- MSI 348: Judicial Review Of Migration Act Decisions
- MSI 350: Bridging Visas - Overview
- MSI 370: Procedures For Unaccompanied Wards In Immigration Detention Facilities
- MSI 371: Alternative Places Of Detention
- MSI 374: Schedule 3: Additional Criteria Applicable To Unlawful Non-Citizens And Certain Bridging Visa Classes
- MSI 384: Bridging E Visa (Subclass 051) - Legislation And Guidelines
- MSI 388: Bridging E Visa (Subclass 050) - Legislative Framework And Further Guidelines
- MSI 392: Resident Return Visas
- MSI 396: Liability Of Non-Citizens To Repay Costs Of Detention, Removal Or Deportation
- MSI 403: Transfer Of Detainees Within Immigration Detention Facilities
- MSI 405: Personal Identifiers: Collection From Immigration Detainees
- MSI 409: Establishing Identity In The Field And In Detention
- MSI 411: Establishing Immigration Status In The Field And In Detention

### **Departmental Checklists**

- A request is received to provide a gift to a detainee
- Monitoring Checklist Access to IDF and Tool Control Audit



- Monitoring Checklist General Security and Emergency Response Audit
- Monitoring Checklist Removals Audit
- Monitoring Checklist Risk Assessment Audit
- Monitoring Checklist Searches Audit
- Case Management of Immigration Detainees
- Monitoring Checklist Transport Audit
- Monitoring Checklist Accommodation (condition and suitability)
- Monitoring Checklist Detainee Placement Audit
- Monitoring Checklist Induction Audit
- Monitoring Checklist Meaningful Activities Audit
- Conjugal Visits
- Monitoring Checklist Communication Audit
- Monitoring Checklist Programs Audit
- Records Management Guide
- Request for access to documents under Freedom of Information Act 1982 - Form 424
- Translating and Interpreting Service
- Monitoring Checklist Complaints Process Audit
- Monitoring Checklist Records Audit
- Charter of Public Service in a Culturally Diverse Society
- Diary of Australia
- A detainee requests a Bridging Visa E
- Immigration Advice and Application Assistance Scheme (IAAAS)
- An unlawful unaccompanied ward (minor) is to be admitted to an immigration detention facility
- Monitoring Checklist Property Audit
- If a Detainee Advises of Intention to Marry
- A Child is Born in Detention (ie neither parent is an Australian citizen or a visa holder)
- SA Mental Health Protocol
- Monitoring Checklist Health Care Audit
- Monitoring Checklist Detainees Welfare Audit

- Application for Secretarial Instrument (reg 5.35)
- Monitoring Checklist Special Needs Audit
- If medical treatment is required for a detainee without their consent
- Monitoring Checklist Release and Removals Audit
- Case Management of Immigration Detainees Guidance for DIMIA Staff
- Monitoring Checklist Education Audit
- Religious representatives visiting an Immigration Detention Facility (IDF)
- Multicultural Diary
- Information on Immigration Detention Facility (IDF) at Villawood, Baxter, Maribyrnong and Perth
- Visiting an Immigration Detention Facility (IDF)
- Providing Presents to people in Immigration Detention
- Monitoring Checklist Contacts Audit
- Baxter, Maribyrnong and Perth
- Maintenance Guidelines for Detention Facilities
- Proposal for Capital Expenditure Form
- Managing Risk
- A strip search is proposed
- Monitoring Checklist Cultural Awareness Audit
- Risk Assessment for the Contract and IDS
- Risk Summary for the Contract and IDS
- 2005 Contract Monitoring Plan
- Monitoring Checklist Detainee Welfare Audit
- Monitoring Checklist HR and Training Audit
- Monitoring Checklist Meaningful Activities Audit
- Monitoring Checklist Food Audit
- Monitoring Checklist Visits Audit
- Monitoring Checklist - Emergency and Assault Response (security Part 2 ) Audit
- Monitoring Checklist - GSL Self Report
- APS Code of Conduct
- Client Service Charter
- UADD Statement of Program Expectations

- UADD Roles and Responsibilities
- UADD Business Plan
- Financial Management

**Memoranda of Understanding (MOUs)**

- Australian Red Cross (ARC) MOU
- Education MOU with South Australia
- Child Protection MOU with Family and Youth Services (SA)
- Police MOU with South Australia Police (SAPol)

## **LEGISLATION, CONVENTIONS AND AGREEMENTS**

### **Immigration Legislation**

Migration Act 1958

Migration Regulations 1994

Immigration (Guardianship of Children) Act 1946

### **Commonwealth Legislation**

Human Rights and Equal Opportunities Act 1986

Ombudsman Act 1976

Freedom of Information Act 1982

Privacy Act 1988

### **International Conventions**

International Covenant on Civil and Political Rights (ICCPR)

UN Refugees Convention

UN Convention on the Rights of the Child

Universal Declaration of Human Rights

Australia - United States Free Trade Agreement