

The Department of Home Affairs (the Department) values the work of the Australian Human Rights Commission (the Commission) in inspecting immigration detention facilities such as Yongah Hill Immigration Detention Centre (YHIDC) and acknowledges the findings and recommendations identified in this report. The text below provides the Department’s response to the recommendations in each section of the report.

Key Issues and Concerns (Recommendations 1 – 8)

Recommendation 1:

The Government should replace the current system of mandatory immigration detention with a case-by-case assessment process that takes individual circumstances into consideration. Closed detention should only be used as a last resort in circumstances where all of the following elements are present:

- a. **detention is necessary and proportionate to an immigration purpose (for example, a brief period of immigration detention may be necessary to conduct health, security and identity checks before a visa is granted);**
- b. **the person has been individually assessed as posing a risk of absconding or an unacceptable risk to the Australian community, and that risk cannot be managed in a less restrictive way;**
- c. **the necessity for continued detention is subject to periodic re-evaluation and judicial review; and**
- d. **the duration of detention is subject to a maximum time limit.**

This recommendation requires Government consideration.

Immigration detention is mandated under section 189 of the *Migration Act 1958* (the Act). Under the Act, if an officer knows or reasonably suspects that a person in the migration zone is an unlawful non-citizen, the officer must detain the person. The Department has procedures in place to ensure detention is for the shortest practicable time.

Escalations and referrals are used to ensure people are detained in the most appropriate placement to manage their health and welfare, and to manage the resolution of their immigration status.

The Department conducts formal monthly reviews of each detention case to ensure that:

- Detention remains lawful.
- The location of the individual in held or residential detention is appropriate to their individual circumstances and that consideration is undertaken as to whether the person is able to effectively resolve their immigration status from the community.
- Their case is progressing towards a timely and appropriate status resolution outcome and addressing barriers.

Through these reviews, if it is identified that detention is no longer appropriate (including but not limited to a change in the individual’s circumstances), their case may be referred for Ministerial Intervention consideration. It is not a legal requirement that a case be referred for Ministerial Intervention consideration, however, the review mechanisms above (note – these form part of the Status Resolution System Control

Framework) ensure that the option for a Ministerial Intervention referral is considered by the allocated Status Resolution Officer (SRO).

Portfolio Ministers' personal intervention powers under the Act allow them to grant a visa to a person in immigration detention or to make a residence determination if they think it is in the public interest to do so. The Minister's powers are non-compellable and what is in the public interest is a matter for the Minister to determine.

The Community Protection Assessment Tool (CPAT) is a decision support tool to assist the Department in assessing the most appropriate placement of an unlawful non-citizen while status resolution processes are being undertaken. In this context, placement refers to whether the non-citizen resides in the community, either on a bridging visa or subject to a residence determination arrangement, or in held immigration detention. The CPAT provides a placement recommendation based on a point in time assessment of the level of risk of harm a person poses to the Australian community.

Under the Act, detention is not limited by a set timeframe; rather, it ends when the person is either granted a visa or is removed from Australia. Visa processing and removal processes are dependent upon a number of factors, including identity determination, developments in country information and the complexity of processing due to individual circumstances relating to health, character or security matters. These assessments are completed as expeditiously as possible to facilitate the shortest possible timeframe for detaining people in immigration detention facilities.

Recommendation 2:

The Government should decommission the Hawk and Falcon compounds and replace them with multiple smaller compounds. These compounds should be similar in design to the existing high-security compounds but with modifications to reflect their designation as low-security compounds.

This recommendation requires Government consideration.

The Department is exploring options for infrastructure improvements at this facility, noting that projects would require significant financial resourcing.

Recommendation 3:

Until such time as they are decommissioned, Serco and the Department should review the number of officers staffing the Hawk and Falcon compounds with the intention of increasing numbers to respond to the identified safety concerns.

The Department accepts and has an ongoing program to address this recommendation.

While the existing YHIDC facilities are in use, Facilities and Detainee Services Provider (FDSP) staffing numbers and capabilities are reviewed and updated to manage current and emerging operational risks and threats.

Recommendation 4:

The Government should reform the search powers available to detention centre staff to allow for targeted personal searches and room searches to be conducted where there is reasonable suspicion that drugs are being concealed.

This recommendation requires Government consideration.

The Department takes seriously the safety and security of staff and detainees at immigration detention centres. The Department continually assesses program and policy settings and adjusts processes and risk management measures as required in order to enhance the safety and security of detention centres.

The Department wishes to clarify that 'matrix room searches' (random room searches) are not prohibited from being undertaken by officers within the Immigration Detention Network (IDN). FDSPs may conduct searches of immigration detention facilities, including common areas, compounds and detainees' accommodation under the FDSP's common law rights as occupiers of the premises. A search of a detainee and/or their personal property may be conducted under section 252 of the Act if the requirements under that section are met.

Recommendation 5:

The Department and Serco should review its operational instructions, policy guidance and centre staff training with a particular focus on reducing adverse impacts on the privacy and dignity of people subjected to searches.

The Department accepts and has already addressed this recommendation.

Reducing adverse impacts on privacy and dignity of people subjected to searches is an area of continuous improvement. Under current departmental operational policy, all detainees must be treated with dignity and respect and a detainee must not be subjected to greater indignity than is reasonably necessary when conducting a search. Further, all reasonable efforts must be made to ensure that a search of a detainee is conducted in private and away from the view of the public and other persons not involved in the search. These components are covered in ABF training for staff that work in immigration detention (both at facilities and performing national functions), and in any service provider training material.

Recommendation 6:

The Department and Serco should implement wastewater testing to measure the prevalence of drug use within the centre.

The Department partially agrees to this recommendation.

The Department has previously explored this issue and is willing to continue to explore wastewater testing to measure the prevalence of drug use within the IDN.

[REDACTED]

Recommendation 7:

The Department, Serco and IHMS should increase the provision of counselling, rehabilitation services and education to minimise harm and reduce demand for alcohol and other drugs within the detained population at the centre.

The Department accepts and has already addressed this recommendation.

The Detention Health Services Provider (DHSP) provides comprehensive drug and alcohol services to detainees at the YHIDC similar to what is accessible to people in the Australian community through public drug and alcohol specialist services. Drug and alcohol services are available to detainees Monday to Friday during business hours and include, but may not be limited to:

- Induction drug and alcohol screening;
- Scheduled Comprehensive Drug and Alcohol Assessment;
- Self-Management and Recovery Training;
- Case management; and
- Opioid Substitution Treatment Program.

Recommendation 8:

The Department should, in consultation with facility staff and people in detention, review its policy on access to recognised programs of study and vocational training in immigration detention; with a view to enhancing opportunities for rehabilitation and reintegration.

The Department disagrees with this recommendation.

The longstanding position of the Department in relation to recognised programs of study and vocational training for detainees reflects the circumstance that unlawful non-citizens are not entitled to the privileges granted by any visa, including study rights. The provision of access to study and training of that nature would directly compromise the integrity of Australia's visa system. Further, until such time as their status is resolved, there is no presumption of either a visa being granted or their return to the Australian community. Rather it is expected that individuals without a lawful right to remain in Australia should depart at the soonest opportunity.

The Department does however seek to ensure that detainees are provided with learning opportunities to develop their skills and enhance their prospects at successfully gaining certified qualifications in their future endeavours.

ABF, in consultation with service providers, continues to use a strong health promotion approach (and related strategies) to encourage meaningful engagement in the IDN. A range of multilayered and complementary welfare and health related programs are delivered such as smoking cessation, mental health awareness, stress management, and anger management.

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In addition to the above, an enhanced Programs and Activities (P&A) package was developed to allow detainees to be meaningfully engaged and have avenues to contribute into community irrespective of their status resolution outcome.

This includes:

- providing structured P&A from five (5) days a week to seven (7) days a week; resourcing to deliver P&A over the public holidays; and
- provision of a quarterly P&A schedule that was seasonal.

Across the IDN, there have been attempts to provide detainees with targeted courses, some of which use a trauma informed care approach, such as semi-regular visits by the Dog Detector Unit and the possibility of having a therapy dogs programs (proposal currently under consideration). As with any group sessions or courses, these are self-nominated and require detainees to participate and commit to a period of time pending the nature of the content. Current feedback to ABF has been that the uptake is low, however ABF and service providers continue to explore opportunities for increased detainee engagement through the Detainee Consultative Committee at facilities, and direct and indirect feedback from detainees.

Health Services (Recommendations 9 – 26)

Recommendation 9:

The Department and IHMS should make further efforts to attract and retain locally engaged health staff at the centre. Where this is not possible, IHMS should review their contracting arrangements to ensure there is a greater level of consistency in the staffing personnel at the centre.

The Department partially agrees this recommendation.

While not contractually required of the DHSP and recognising recruitment challenges in remote and regional areas, the Department accepts the benefit of engaging locally-based DHSP staff at the YHIDC.

However, recruitment practices are governed within the current DHSP outcomes based contract, with responsibility for attraction, selection and retention of personnel managed through internal processes and subject to ongoing monitoring by the Department through agreed mechanisms.

Recommendations 10 and 11

10. The Department and IHMS should ensure that every initial assessment includes a robust assessment of mental health and cognitive disability, as well as screening for neurodevelopmental disability to identify support needs.

11. Where a screening assessment identifies a significant mental impairment, cognitive disability or neurodevelopmental disability, this should prompt an assessment by the Department and IHMS of the decision-making supports that may be required by that person.

The Department accepts and has already addressed these recommendations.

It is Departmental policy that all detainees are offered health screening and assessments that are appropriate for each individual circumstance and commensurate with the healthcare practices that would be available in the Australian community as per the Royal Australian College of General Practitioners (RACGP) *Standards for health services in Australian immigration detention facilities, 2nd edition*.

Key principles that guide universal health screening processes in immigration detention include:

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- health services and screening processes comply with relevant domestic legislation, including the *Privacy Act 1988*;
- health services are accessible, comprehensive and timely;
- health services are based on expert advice from health professionals;
- screening processes are informed by the principles of individual and public health risk assessments;
- screening processes are informed by principles of human rights;
- screening processes consider the best interests of vulnerable persons including children, and promote child wellbeing;
- early identification and management of public health risks;
- individualised screening based on a detainee's relevant past medical, social and family history, age and sex; and
- assessment and screening for any significant pre-existing mental or physical health conditions, nutritional deficiencies and/or psychological evidence of torture and/or trauma and other health risk factors.

The DHSP conducts mental health screening, and assessment includes the preliminary mental health screening performed on entry to an IDF, the comprehensive mental health assessment performed within 10-30 days of arrival, and repeated scheduled and clinically indicated re-screenings. The option of any further scheduled mental health re-screening processes are made available where clinically indicated to maintain the detainee's safety and health. Detainees are afforded the same community standards in mental health care when undertaking mental health screening.

Mental health screening and assessment measures and clinical processes used to identify and support mental health issues, survivors of any form of trauma and detainees at risk of self-harm include:

- general Health Questionnaire;
- Harvard Trauma Questionnaire (to assist in identifying survivors of torture or trauma);
- self-harm risk assessment interview (to identify detainees at risk of self-harm);
- the Kessler psychological distress scale questionnaire for those aged 18 and above; and
- the Strength and Difficulties Questionnaire for those aged 4-17 inclusive.

If the DHSP identifies or diagnoses a detainee as having an acute mental health issue, referrals for specialist clinical assessment are arranged as required and subject to the consent of the detainee and privacy requirements.

In the case where there are indications of cognitive impairment such as intellectual disability, borderline intellectual disability, acquired brain injury where there are associated limitations in living, or with communication and social skills, further investigations are undertaken. Given a number of unlawful non-citizens being detained are coming directly from a correctional environment which includes high

proportions of people with cognitive impairment or mental illness, screening for these issues is factored into procedural advice and practices. This is addressed through screening for cognitive impairment during the health induction process and consideration of cognitive impairment issues in the health management plan for detainees, including provision of appropriate advice to the FDSP and the Department. The healthcare plan for cognitive impairment is updated as required and referenced by all stakeholders. Currently, the DHSP is responsible for administering an assessment interview and/or standardised assessment tools to screen detainees for cognitive impairment, as per community standards in the relevant state/territory.

Recommendation 12:

The Government should support and provide resourcing to the Department to liaise with state and territory corrective services, youth justice departments and justice health agencies in the development of national practice guidelines for screening in custody, as recommended by the Disability Royal Commission.

This recommendation requires Government consideration.

The Department will be guided by Government and other Australian Public Service agencies such as the Department of Social Services and National Disability Insurance Agency on the outcomes of recommendations by the Royal Commission.

Recommendations 13, 14, 15 and 16

13. The Department and IHMS should review the efficiency of the current health services referral and triage procedures within immigration detention. This review should include examining the accessibility of the procedures and whether the mental health and torture and trauma referral system aligns with community mental health service standards and best practice.

14. The Government and the Department must urgently address the lack of on-site healthcare out-of-hours in immigration detention and return to a 24/7 staffing mode.

15. The Department and IHMS must ensure that there is consistent, timely access to pain relief and other urgent/unplanned medication needs at the centre across the whole out of hours and weekend period.

16. The Department and IHMS should ensure that people detained at the centre have consistent access to clinical staff, including both nursing and medical staff with Emergency Department level competencies and experience. At the very least, if there are periods when this is not possible onsite, it should be accessible through telehealth.

The Department accepts and has already addressed recommendation 13. The Department disagrees with recommendations 14 to 16.

All detainees, including at YHIDC, have access to health (including mental health) services broadly comparable to those available in the Australian community.

Under the current health services delivery model, the Department and DHSP have processes in place that are designed to respond to the majority of health events, including clinical responses and the operation of an after-hours Health Advice Service.

Where medical management and treatment requirements occur out of hours, the current Health Assistance Service triage process, which is linked to tertiary health care i.e. hospital and emergency ambulance services, is aligned with existing standards for the broader community.

The DHSP must ensure that all personnel (including subcontractors) have the necessary and appropriate registrations, accreditations, qualifications, professional association or scheme memberships, skills, training

and experience to provide health care to detainees and, that at all times, there are adequate numbers of personnel to perform and deliver health care to the detainees. Where appropriate, detainees already have access to telehealth arrangements.

The Department is currently undertaking a high-risk, high-value procurement activity for future immigration services in line with services broadly comparable to those available in the Australian community.

Recommendations 17 and 18

17. The Department and IHMS should develop retrieval options for emergencies (e.g. trauma) at the centre, in addition to the local St Johns Ambulance service. This should include when rapid access directly to a tertiary Emergency Department in Perth is required.

18. There should be high level (executive level) liaison on a regular basis between IHMS central office and the WA Country Health Service (Northam Hospital), St John of God (Midland Hospital), and St Johns Ambulance to ensure that there are clear service level agreements and pathways in place.

The Department partially agrees with these recommendations.

The retrieval options for emergencies at the centre are the same as for members of the local community.

The department is working to strengthen relationships with local health services in order to improve information flows and reduce risk of harm in the event of a critical incident or health event at the YHIDC.

These arrangements are entered into locally but due to the status of the current contractual arrangements any new agreements may be premature until the current procurement exercises are finalised and relationships established in the 2024 environment.

Recommendations 19 and 20

19. The Department and Serco should ensure that all its use of force policies, guidelines, decision making documentation and training clearly state that the use of handcuffs or other restraints when accessing external healthcare appointments should be recognised to cause harm and should be avoided as far as possible.

20. The Procedural Instruction relating to the use of force should be amended to require that the impact that not being escorted outside of a detention centre may have on the health or wellbeing of the individual be considered as a mandatory factor in the risk analysis prepared when seeking approval for a planned use of force.

The Department partially agrees with these recommendations.

Under current departmental operational policy, planned use of force, including application of restraints, may only be applied to a detainee where an individual assessment of the risk shows that it is warranted and the relevant ABF Detention Superintendent has provided written approval for such force to be used in the particular circumstances and prior to those controls being applied.

Where there is a planned use of force or use of restraints, the DHSP is required to complete a 'Request - Risk Assessment for planned Use of Force' form, which considers both the mental, trauma and torture history and physical conditions of detainees. If a detainee has any pre-existing condition that may be exacerbated by use of force, the DHSP will provide advice on the impact of the proposed course of action. It is the responsibility of the detention service providers to advise the Department on the measures applied to assist in reducing potential risk for detainees. In addition, there are current risk assessment processes in place that enable the DHSP to identify and document on the existing form any impacts on a detainee's health of non-attendance at a medical appointment.

The existing policy requires that:

- there is a presumption against the use of force, including restraints, during transport and escort activities outside of immigration detention facilities;
- use of force should only be used as a measure of last resort;
- the amount of force used and the application of restraints must be reasonable;
- use of force may be used to prevent the detainee inflicting self-injury, injury to others, escaping or destruction of property;
- the level of force must be proportionate to the threat being faced and always at the minimum level required to achieve legislative outcomes; and
- all officers must assess every situation and use all options available that do not involve the use of force to manage any given situation.

Recommendation 21:

IHMS should review its practices at the centre, with a view of improving privacy within the dispensing area.

The Department agrees with this recommendation.

The Department will seek to improve detainee privacy at the medication dispensing area. Improvements will need to be considered in light of contractual limitations, infrastructure considerations and engagement with other stakeholders on management of risks of medication diversion or other non-compliance.

Recommendation 22:

The Department should establish an independent review of healthcare at the centre, with a view to assessing the standard of care currently provided and proposing measures to address any identified deficiencies.

The Department disagrees with this recommendation.

The Chief Medical Officer Branch (CMOB) leads the clinical assurance of health services provided to detainees under the Department's health governance framework.

The Department's existing health governance framework supports the provision of health services and clinical risk management, through which the Department contributes to safeguarding high standards of health, while continuously monitoring and improving the quality of these services.

A key aspect of the health governance framework is ensuring effective processes and systems to identify, manage and resolve issues and incidents relating to:

- healthcare quality;
- health privacy;
- risk-mitigation; and
- non-conformance with policies, standards and procedures.

The DHSP is contracted by the Department to provide quality health services in accordance with Detention Health policy modules and the Immigration Detention Health Services Contract (IDHSC) deliverables, consistent with the RACGP *Standards for health services in Australian immigration detention facilities, 2nd edition*.

The Department undertakes a range of coordination, oversight and clinical assurance activities across all facilities within the IDN, including at YHIDC. Assurance activities include on-site policy and clinical assurance reviews and desktop incident, complaint, and clinical governance reviews. The DHSPs are required to provide evidence of meeting assurance recommendations and the Department's clinical team reviews evidence quality. The assurance program has the capacity to adapt to emerging issues and incorporate ad hoc reviews to address emerging risks.

The Department's Health Governance Framework and assurance program complies with the National Safety and Quality Health Service Standards (NSQHS). The NSQHS would also be applied by any independent review.

Recommendations 23 and 24

23. The Department and IHMS should review and ensure that planning for mental health service provision recognises the very high level of morbidity in the current detention population, and the need for an assertive case management and crisis response-based model, rather than a clinic-based model alone.

24. Given the very high mental health morbidity, the Government and Department must ensure out of hours mental health clinicians are available to respond to mental health crises either in person or by telehealth if it is not practicable to have them on site.

The Department accepts and has already addressed this recommendation.

The Department continues to manage the delivery of mental health services in a manner commensurate with Australian community standards with access to additional resources where indicated by the DHSP and clinical expertise. This is available during the clinic operating hours and supported through the after-hours Health Advisory Service.

Recommendation 25:

The Government should establish and resource an independent body to monitor the provision of mental health services in immigration detention.

This recommendation requires Government consideration.

The CMOB leads the clinical assurance of health services provided to detainees under the Department's health governance framework.

The Department's health governance framework and existing clinical assurance program (see recommendation 22) includes assurance activities on the provision of mental health services within IDCs. This includes assurance activities to review mental health screening and management policies and their application, mental health service procedures and compliance, health discharge assessments, placements and transfers, referrals and access to allied health services, alcohol and drug services and continuity of care.

The Department's Health Governance Framework and assurance program complies with the National Safety and Quality Health Service Standards. The NSQHS would also be applied by any independent body.

Recommendation 26:

The Department should cease the use of high-care accommodation at YHIDC for quarantine purposes and use alternative, less restrictive options for quarantine as it does for group transfers.

The Department disagrees with this recommendation.

The Department's response to COVID-19 is progressing towards a 'business-as-usual' approach, with the virus being treated like other transmissible respiratory illnesses. While COVID-19 controls in community settings have relaxed, the Communicable Diseases Network Australia Guidelines still consider the detention environment a 'high risk' COVID-19 setting.

Appropriate governance arrangements remain critical to ensure the safety of detainees, staff and visitors within the IDN, including at YHIDC. Should an outbreak occur, COVID-19 mitigation strategies are reintroduced flexibly, effectively and in a timely manner.

High care accommodation is not used for (COVID-19) quarantine purposes and the Department notes previous advice to the Commission to this effect. This is referenced in a series of operational notifications, including:

- Operational Notification ON2020-11 '*Process for approval of clinical isolation arrangements, including quarantine, to manage COVID-19 and other communicable diseases with immigration detention facilities*' dated 6 April 2020.
- Operational Notification ON2020-17a '*Placement and care of new detainees and those returning from offsite activities*' dated 16 June 2020.
- Operational Notification ON2020-35 '*Approving isolation placement arrangements for a detainee with COVID-19 in an immigration detention facility*' dated 29 October 2020.

High care accommodation refers to an environment where closer supervision and engagement of the detainee can be maintained. The concept of high care accommodation is not limited to a specified location, however, some immigration detention facilities have accommodation areas that are suited for and routinely used as high care accommodation.

There may be a range of scenarios in which high care accommodation is used, but in all cases of involuntary placement it is used to ensure the safety and security of detainees, staff and the IDF.

Treatment of people in detention (Recommendations 27 – 31)

Recommendation 27:

The Department and Serco should provide breathing apparatus training to the centre's Emergency Response Team.

The Department disagrees with this recommendation.

The use of fire breathing apparatus requires specialist technical knowledge about how to use the equipment safely in a live threat environment. It also substantially increases the WHS risks to detention officers. Where operational improvements are identified in response to an incident or identified risk, the Department and service providers may design and implement enhanced emergency response capabilities subject to evaluation of the benefits of deploying these and the impact of a robust risk assessment through contract governance mechanisms. Presently, the Department considers it appropriate to rely on emergency services in the event of a fire or threat at site.

Recommendations 28 and 29

28. The Department, IHMS and Serco staff working in the centre should be provided with adequate and ongoing mental health training and specific training regarding trauma, its impacts and working with traumatised people.

29. The Department, IHMS and Serco should ensure a Trauma Management Plan should be developed for everyone who has experienced torture and trauma. This plan should form part of the existing Individual Management Plan that guides the collaborative work and approach of staff in the centre.

The Department accepts and has an ongoing program to address these recommendations.

Consciousness of the impacts of mental health has improved over recent years with enhancements made to current Departmental guidance and detention service provider practices. Staff working in immigration detention facilities, including detention services providers, undertake ongoing mental health training.

The existing 'Psychological Support Program' detailed in the Departmental 2023 Mental Health Procedural Instruction provides a mechanism that is analogous to the recommended 'Trauma Management Plan' but is applied to all detainees on arrival. It provides an overarching framework for clinically recommended approaches to identifying and supporting detainees who are at risk of self-harm and suicide. This program is designed to support detainees and also reduce uncertainty and stress for staff dealing with detainees who exhibit self-harming and/or suicidal behaviour.

The program provides clinically informed interventions to assist in the management of a detainee's risk of self-harm and suicide. The Program is managed on a day-to-day basis by the review participants, led by a mental health clinician and supported by representatives from the other service providers and the Department (including the ABF and Status Resolution).

Recommendation 30:

The Department should ensure that all people in immigration detention have the opportunity for regular, face-to-face contact with status resolution officers, including provision of adequate resourcing for this.

The Department agrees with this recommendation.

All people in immigration detention are currently able to request face-to-face contact with their Status Resolution Officer (SRO) at any time. The Department is also developing a Status Resolution Engagement model, which proposes to increase face-to-face engagement with both people in immigration detention and clients in the community, ensuring that there is a nationally consistent approach. The engagement model proposes different levels of engagement approaches to be adopted, depending on the individual's circumstances, their immigration matters/pathway and the complexity of the case.

To assist with increased face-to-face engagement, Interview Techniques training has been rolled out as part of the Status Resolution Officer Training Roadmap.

Recommendation 31:

The Government should introduce legislation to ban the use of spit hoods in immigration detention.

This recommendation is for Government consideration.

As the Commission is aware, following an internal review that included understanding practices applied in other jurisdictions, the Department issued an instruction in March 2023 to the FDSP to no longer use spit hoods in the IDN.

Conditions of Detention (Recommendation 32 – 33)

Recommendation 32:

The Department should accommodate people in immigration detention as close as possible to family members and friends living in the Australian community.

The Department accepts and has an ongoing program to address this recommendation.

The Department acknowledges the importance of family unity and community connections. It can be operationally challenging to place all detainees in the same region as their family or community connections without compromising the safety and good order of the IDN through, for example, over-crowding particular immigration detention centres.

In considering the placement of an individual, the broader IDN is also considered. There is finite capacity across the IDN and there is often an operational need to transfer detainees to rebalance the IDN and ensure IDF stability. Placement of individuals in all IDFs is determined with careful consideration of a number of factors including a rigorous risk assessment which ensures the safety and security of detainees and others. Where possible, the Department will not transfer a detainee where family or community links can be evidenced, but these links will need to be weighed against competing requirements of capacity and legal and security obligations. In some circumstances, family and community links may be outweighed by operational and safety requirements.

Recommendation 33:

The Department and Serco should explore options for providing additional computer terminals in the YHIDC accommodation compounds and common areas, ensure their regular maintenance and update their operating system.

The Department agrees with this recommendation.

The Department agrees on the significance of detainee access to contemporary communication and computing facilities to promote self-agency in resolving their immigration status and related matters.

The management of these and other IT assets will be reviewed as part of the transition to the new detention services contracts later in 2024.