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# Review 16/2017

Missing CCTV camera footage of an alleged assault of

s. 47F(1)

Summary of risk ratings				
Pre treatment	Extreme	High	Medium	Low
	0	1	0	0
Post treatment	Extreme	High	Medium	Low
	0	0	0	0

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## The task

1. On 15 November 2017, the Detention Assurance Team (DAT) received a referral from the External Scrutiny Section, requesting a review be undertaken in relation to missing closed circuit television (CCTV) camera footage of an alleged assault by Serco officers on a detainee, s. 47F(1) [REDACTED] s. 47F(1).
2. s. 47F(1) I claimed that [REDACTED] was assaulted by Serco officers on 13 September 2016 at Blaxland compound, Villawood Immigration Detention Centre (VIDC) during a planned transfer from VIDC to North West Point Immigration Detention Centre (NWPIDC).
3. The referral by External Scrutiny Section made reference to correspondence dated 24 August 2017 from the Ombudsman's Office highlighting failures in the management of the complaint, including:
  - failing to retain CCTV camera footage for the full duration of the escort
  - provision of inaccurate information to the Ombudsman's Office
  - Serco officers involved wore vests with body cameras, however, the cameras were not activated during the planned use of force incident (use of mechanical restraints)
  - the possibility of a systemic issue in relation to retaining audio-visual recordings where necessary.
4. The DAT determined that a review (the Review) should be conducted to investigate the alleged incident to examine:
  - the circumstances around the missing CCTV camera footage
  - audio-visual recording requirements
  - relevant policies and procedures which were in effect when the alleged incident occurred.
5. In its assessment, the Review has considered advice and documentation from relevant business areas including:
  - the layout of Blaxland compound at VIDC including CCTV camera coverage
  - CCTV camera footage made available to the Review and the Ombudsman's Office
  - Detention Standard Operating Procedure (DSOP) 39 – Complaints Management
  - DSOP 62 – Use of Force
  - DSOP 77 – Audio-visual Recording
  - Policy and Procedure Manual (PPM) – Incident Response and Management.
6. This Review has not considered the medical care provided to s. 47F(1) [REDACTED]

## Background

s. 47F(1)

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s. 47F(1)

## Actions post incident

12. On 14 September 2016, s. 47F(1) made a complaint to Serco stating that s. 47F(1) was assaulted during s. 47F(1) transfer from Blaxland compound on 13 September 2016. On 23 September 2016, after an internal investigation, Serco responded to s. 47F(1) stating that there was no evidence to suggest an assault had occurred and the matter was closed.
13. On 7 November 2016, the Ombudsman's Office provided a notice of intention to investigate a complaint lodged by s. 47F(1) under Section 8 of the Ombudsman Act 1976. The Ombudsman's notice contained a request for clarification and supporting evidence on the matter.
14. On 28 November 2016, after seeking clarification from Serco, the Department provided a statement and evidence to the Ombudsman's Office. The evidence included s. 47F(1) clinical records and footage of the transfer captured via CCTV cameras which was purported to cover the entirety of the transfer. The Department stated in its response that there was no evidence to substantiate s. 47F(1) claims.
15. On 20 January 2017, upon review of the CCTV camera footage and utilising knowledge of the layout of Blaxland compound, the Ombudsman's Office questioned whether there was footage missing. The Ombudsman's Office sought further advice as to the availability of CCTV camera coverage of a missing corridor, as well as utilisation of body camera units worn by the Serco Emergency Response Team (ERT).
16. On 21 March 2017, following advice from Serco, the Department responded to the Ombudsman's Office. The Department advised that the footage of the corridor could not be provided as it had not been retained by Serco and that body camera units were not activated as the planned use of force did not constitute an incident.
17. On 24 August 2017, the Ombudsman's Office formally wrote to the Department highlighting the failures in the management of this complaint and the integrity of the response provided to the Ombudsman's Office. The Ombudsman's Office also stated the actions taken by Serco, in particular, the mishandling of CCTV camera footage, raised doubts about other similar incidents investigated in the past.
18. On 23 October 2017, following further advice from Serco that camera footage had not been retained, the Department responded to the Ombudsman's Office, to acknowledge that incorrect information had been provided on 21 March 2017 and to note the Department also shared the concerns raised by the Ombudsman's Office.
19. On 3 November 2017, the Department addressed the concerns raised by the Ombudsman's Office by writing to Serco with a request for an internal investigation into the matter. On 24 November 2017, Serco responded to the Department's concerns about mishandling evidence and not following procedural

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guidelines. Serco stated "Serco did not 'edit' or 'delete' footage from the corridor because there was no camera coverage in this area of the BHSC" (Blaxland High Security Centre). A copy of this letter is included at Attachment A.

## Findings and observations

CCTV camera footage was not edited or deleted.

**FINDING 1 – The Review has found that Serco did not edit or delete records.**

20. The Review has confirmed with Serco and Detention Estate Management that no CCTV cameras were installed in the corridor identified by the Ombudsman's Office. The Department must now liaise with the Ombudsman's Office to make a second correction to advice previously provided.
21. Serco provided incorrect information to the Department on two occasions in response to the Ombudsman's concerns:
  - In the first instance, Serco provided CCTV camera footage of **s. 47F(1)** transfer stating that it covered the entirety of **s. 47F(1)** transfer, however, the Ombudsman's Office were able to identify that certain locations were not captured
  - In the second instance, in response to the Ombudsman's Office query about missing footage, Serco advised that the CCTV recording was not retained (destroyed).

Relevant standard operating procedures are interpreted incorrectly.

**FINDING 2 – The planned use of force, involving the application of mechanical restraints, was not adequately recorded.**

**FINDING 3 – Procedural guidance on audio-visual recording requirements during planned use of force involving mechanical restraints is not well understood or being implemented appropriately.**

22. Section 8 of DSOP 77 Audio-visual recording states, "*Audio-visual recording must be undertaken of all planned use of force, except where use of force or restraints is applied when external to the facility. In instances where use of force is required, AV recording provides a safeguard to detainees, departmental staff and contractors.*" Paragraph 8.1.2 requires an officer to "*Turn on the AV equipment and ensure all discussions and activities are recorded until the activity which required planned use of force has been concluded.*" This requirement is also reflected in DSOP 62 Use Of Force, (paragraphs 1.1.11 & 1.12.12)
23. Serco's statement on 24 November 2017, in response to the Department's formal letter dated 3 November 2017, demonstrates that Serco do not believe there is a requirement to have audio-visual recording of planned use of force. Serco stated that the use of body camera units were not required as there was no incident and the use of mechanical restraints was planned. This statement is inconsistent with DSOPs 77 and 62.
24. On 21 March 2017, the Department in its response to the Ombudsman's office question, "Why Serco did not record audio-visual footage of the transfer?", appear to agree with Serco's position by stating "*Some of the Serco officers involved were wearing vests and body camera units. These units are able to be activated when there is an incident which they are responding to or an escalation of a matter. Serco has advised the Department the body camera units were not activated during the movement of s.47F(1) because there was no incident and the movement was largely a 'business as usual' undertaking.*" A copy of this letter is included at Attachment B.

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25. The Onshore Contracts Section (Services Management Branch) are reviewing the issues raised by the Ombudsman's Office. Discussions to be held between the Department and Serco will focus on clarifying the requirements of audio-visual recording during a planned use of force.
26. This meeting is in response to the Ombudsman's Office latest correspondence to the Department dated 24 August 2017 which states, "We suggest the Department review Serco's compliance with its Digital Audio Visual Records PPM and the department's Audio-visual Recording SOP, including the audit data generated through its Performance Assurance Audit Programme, with a view to identifying and addressing any deficiencies in process or training which may affect Serco's compliance with its obligations."
27. The review notes that the DAT has come across the same issue previously, s. 22(1)(a)(ii)
- [REDACTED]
- [REDACTED]

29. The Review notes that relevant business area responsible for implementation of the recommendation have advised the following: "National Detention and Removals Programmes section has reviewed the DSOP – Audio Visual Recording and considers that adequate advice is included on the circumstances when AV recording is appropriate and limitations on the use of Body Cameras. We agree that the DSOP does not specifically include advice on which types of AV devices are appropriate in different circumstances."

**RECOMMENDATION 1** – Detention Services Division and Australian Border Force to ensure: (a) all stakeholders have an understanding of all audio-visual recording requirements in detention; and (b) that they are consistently implemented by stakeholders in accordance with relevant DSOPs.

Key risk	Consequence	Likelihood	Risk rating (pre-treatment)
The Department is unable to defend actions carried out during planned use of force that are lawful, transparent and accountable.	Moderate	Likely	High

**Owner: Onshore Contracts Section (Services Management Branch)**

## Mapping of CCTV cameras at Blaxland compound

### **FINDING 4 – CCTV camera locations in Blaxland compound are not adequately mapped.**

30. The location of CCTV cameras at Blaxland compound have not been clearly mapped in an efficient and readily available manner. The mapping made available to the review was inadequate for review purposes as it did not specify whether:

- certain CCTV cameras were installed
- the dates the CCTV cameras were installed
- the CCTV cameras were operational.

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## Observations

31. The review notes that during the final stages of the escort in Blaxland compound, s.47F(1) appears to display some resistance to being mechanically restrained and escorted by Serco staff. As there was no audio recording of the escort, and some gaps in the CCTV camera recording, the review is unable to confirm there was no excessive use of force.
32. Serco, in their response to s.47F(1) complaint, dismissed s.47F(1) allegations due to a lack of evidence. It is noted however, that Serco are required to ensure that evidence in the form of AV recording, is available to support any investigation.

## Conclusion

33. The review team believes that a further review is not required for this incident.

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# Management Action Plan

This Management Action Plan has been developed in consultation with key business areas as part of the stakeholder consultation process. Business areas have outlined their management strategy (intended treatment column) and have nominated a completion date.

Finding 3 Procedural guidance on audio-visual recording requirements during planned use of force involving mechanical restraints is not well understood or being implemented appropriately.									
Pre-treatment risk rating			Business owner response			Post-treatment risk rating		DAT determination	
Risk description	Rating	Business owner	Intended treatment (Business areas are to articulate how the intended treatment will address findings and reduce risk)	Due date for completion	Consequence	Likelihood	Residual risk rating	DAT assessment	DAT notes
The Department is unable to defend actions carried out during planned use of force that are lawful, transparent and accountable.	High	a) Services Management Branch b) Detention Operations Branch	<p>a) Services Management Branch (SMB) has been in multiple streams of conversation with Serco regarding audio and visual recording requirements in accordance with contractual obligations. Formal letters have been sent to, and received from, Serco on the s.47F(1) alleged assault event following Commonwealth Ombudsman and DAT enquires.</p> <p>The most recent letter was issued to Serco on 25 January 2018 and is found at s.47F(1). Information captured in the letter evidences that the SMB has taken s.47F(1) complaint seriously and reinforced that Serco abide by Contract requirements, Serco PPM 'Digital audio and visual records', Detention SOP 77 'Audio visual recording' and Detention SOP 62 'Use of force'. Similarly, the letter and conversations to date have also highlighted the need for effective records management and incident reporting practice.</p> <p>s. 22(1)(a)(ii) A/g Director Onshore Contracts Section will be in attendance at the meeting with Serco Operational Assurance Team and DAT which is scheduled to occur on 1 March 2018. At this meeting s. 22(1)(a)(ii) will reinforce expectations regarding existing contract, PPM, DSOP controls as mentioned in formal correspondence from Acting Contract Administrator s. 22(1)(a) in the letter of 25 January 2018.</p> <p>b) Detention Operations will request that Serco provide evidence (within a 3 month timeframe) of their compliance with all DSOP and PPM requirements on (audio visual recordings, and specifically audio visual recordings of planned use of force).</p>	<p>a) 1 March 2018</p> <p>b) 31 May 2018</p>	Moderate	Possible	Medium	Supported	The DAT supports the intended treatment and notes that actions are already progressing. The DAT will follow up with Detention Operations Branch after 31 May 2018 to review whether Serco's compliance with audio-visual recording requirements has improved.

# Endorsement

s. 22(1)(a)(ii)

s. 22(1)(a)

(i) Cheryl-anne Moy  
First Assistant Secretary / Chief Audit Executive  
Integrity, Security and Assurance Division  
Executive Group

s. 22(1)(a)(ii)

25/4/2018

# Attachments

Attachment A – Serco response to the Department - 24 November 2017

Attachment B – The Department's response to the Ombudsman's office – 21 March 2017















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# Detention Assurance Review 04/2018

Use of Force Incident at Villawood Immigration Detention Centre - 10 July 2018

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**Sensitive****2 GLOSSARY OF TERMS**

Term	Definition
<b>ABF</b>	Australian Border Force
<b>Detainee</b>	An unlawful non-citizen held in immigration detention in accordance with the <i>Migration Act 1958</i>
<b>DSO</b>	Detention Service Officer
<b>DSOP</b>	Detention Standard Operating Procedure
<b>EEP</b>	Enhanced escort position
<b>ERT</b>	Emergency response team
<b>FDSP</b>	Facilities and Detainee Services Provider
<b>FDSC</b>	Facilities and Detainees Services Contract 2014
<b>Good order</b>	Good order refers to the situation where the behaviour of the detainees and the security of the facility are conducive to the safety and welfare of detainees, visitors, departmental staff and contractors
<b>Hotham HCA</b>	Hotham high care accommodation
<b>HSP</b>	Health Service Provider
<b>IDF</b>	Immigration Detention Facility
<b>IHMS</b>	International Health and Medical Services
<b>Officer</b>	A staff member employed by the department who has met the necessary training requirements to be classed as an officer under the <i>Migration Act 1958</i>
<b>Planned UoF</b>	Force which is planned, and/or used after a planning process has been undertaken, which has included, risk assessment procedures and/or operational orders; approval from ABF Superintendent, and prior consultation with the HSP in relation to the health of the detainee. Planned use of force may be involved in: <ul style="list-style-type: none"> <li>• behaviour management</li> <li>• deliberate actions to resolve incidents</li> <li>• search</li> <li>• transport and escort tasks.</li> </ul>
<b>PPM</b>	Policy and Procedure Manual
<b>Restraint</b>	Implement approved by the Department to restrain a person

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Term	Definition
<b>Serco</b>	Serco Immigration Services
<b>SRAT</b>	Security risk assessment tool
<b>the Act</b>	<i>Migration Act 1958</i>
<b>the Department</b>	the Department of Home Affairs
<b>the Review</b>	Detention Assurance Review 04/2018
<b>Unplanned UoF</b>	Force used in an immediate or emergency situation where a response is required and circumstances prevent an opportunity to seek approval for the use of force from ABF Superintendent, undertake risk assessment processes and seek prior consultation with the HSP
<b>UoF</b>	Use of force
<b>VIDC</b>	Villawood Immigration Detention Centre

### 3 THE TASK

1. On 10 July 2018, Serco emergency response team (ERT) officers escorted s. 47F(1) (the detainee) from Lima compound to Hotham high care accommodation (Hotham HCA)<sup>1</sup>. Upon reaching the sterile area between Lima compound and the community precinct, s. 47F(1) became non-compliant, refused to walk and dropped s. 47F(1) weight onto the escorting officers.
2. After multiple attempts to persuade s. 47F(1) to walk voluntarily, mechanical restraints were applied and s. 47F(1) was escorted to Hotham HCA. The incident was filmed by another detainee and the video footage posted in a news article on Sydney's, Refugee Action Coalition's website.
3. On 12 July 2018, the Commander of Detention Operations referred this incident to the Detention Assurance Team (DAT) for consideration. The Review commenced on 13 July 2018 following consultation with relevant stakeholders and formal acceptance of the referral.
4. The objective of this Review is to examine the circumstances of the incident to ensure appropriate action was undertaken to manage the incident in accordance with relevant procedures, policies and contractual obligations. The Terms of Reference (TOR) for this Review is included at [Attachment A](#).

### 4 BACKGROUND

5. s. 47F(1)
6. The decision to place s. 47F(1) in Hotham HCA on 10 July 2018 was a consequence of s. 47F(1) disruptive behaviour and numerous separate incidents within the twenty-four hours prior to s. 47F(1) relocation, including:
  - aggressive/abusive behaviour displayed during lunch in the dining room after being asked to stop squeezing salad dressing over the serving counter
  - aggressive/abusive behaviour displayed during a knitting class in the community dining room by yelling and making threats to riot and burn down Lima compound
  - aggressive/abusive behaviour after being told to stop touching other people's property, including obstructing officers from entering the dining room by holding the door closed, spitting, ripping down a curtain and throwing food
  - attempting to incite other detainees in the Lima compound.
7. Further details regarding these incidents are included at [Attachment B](#).

8. ERT officers were instructed by the on duty ABF Superintendent to relocate s. 47F(1) from Lima compound to Hotham HCA. An ERT officer informed s. 47F(1) at approximately 1150hrs of s. 47F(1) pending relocation to Hotham HCA and the reasons why s. 47F(1) was being relocated.
9. Negotiation between s. 47F(1) and the ERT officer commenced, resulting in s. 47F(1) aggressive behaviour escalating. s. 47F(1) stated that s. 47F(1) was not going to walk with the officer and s. 47F(1) pushed the officer's hands away which were held out in front of s. 22(1)(a) in an attempt to encourage s. 47F(1) to move in the appropriate direction.
10. The situation became more hostile as other detainees began to get involved by yelling abuse at officers, filming the incident on a mobile phone and encouraging s. 47F(1) un-cooperative behaviour. After numerous negotiation attempts and directives to s. 47F(1) to cooperate and walk to Hotham HCA, at approximately 1155hrs, two ERT officers applied the enhanced escort position (EEP) and guided s. 47F(1) out of the compound.
11. Once outside of the Lima compound s. 47F(1) continued to resist by dropping s. 47F(1)'s body weight onto the escorting officers and kicking. The ERT attempted again to calm s. 47F(1) down by using de-escalation and negotiation tactics.
12. As s. 47F(1) remained un-cooperative and aggressive, a decision was made by the most senior officer present to apply mechanical restraints. This decision was made to prevent s. 47F(1) from injuring s. 47F(1) and/or the officers involved.
13. Emergency response team officers communicated with s. 47F(1) throughout the relocation and during the application of restraints, which were applied by a s. 22(1)(a)(ii) DSO.
14. After arrival at Hotham HCA, at approximately 1205hrs, the restraints were removed. s. 47F(1) was placed in one of the Hotham HCA rooms, pat searched and wanded<sup>2</sup>. s. 47F(1) was then offered medical support via International Health and Medical Services (IHMS), however, s. 47F(1) declined. ERT officers noted no visual marks were present on s. 47F(1)'s wrists.
15. s. 47F(1) remained in Hotham HCA for approximately five and a half hours, s. 47F(1) was then returned to the Lima compound.

## 5 RECORDS EXAMINED

16. The Review has examined and is informed by the following records and documentation:
  - incident detail reports
  - officers report
  - the post incident review
  - UoF/restraints reports
  - CCTV camera coverage
  - body camera footage

- Serco Policy and Procedure Manual (PPM) – Digital Audio Visual Records
- Serco PPM – Incident Reporting
- Serco PPM – Emergency Response Team
- Detention Standard Operating Procedure (DSOP) – High-care Accommodation
- Detention SOP – Incident Response and Management
- Detention SOP – Use of Force
- Facilities and Detainees Services Contract 2014
- the Detention Services Manual
- advice provided by relevant departmental and ABF stakeholders
- Information in relation to the incident on departmental systems.

## 6 FINDINGS AND OBSERVATIONS

17. The Review finds that officers managed the incident in accordance with relevant policies, procedures and contractual obligations, including operational and administrative procedures relating to the placement of s. 47F(1) into high-care accommodation, the use of force, incident reporting, and incident response and management, including emergency response team protocols.

## 7 HIGH-CARE ACCOMMODATION

18. Following analysis of the available evidence, the DAT is satisfied that s. 47F(1) placement into Hotham HCA was a reasonable decision made to manage s. 47F(1) behaviour, ensure the safety of detainees and staff and protect the good order and security of the Lima compound. In addition, the DAT has not found any evidence of non-compliance with high-care accommodation related policies and procedures.
19. The *High-care Accommodation DSOP* states that 'detainee placement in HCA may be voluntary or involuntary'<sup>3</sup>.
20. The reasons for s. 47F(1) placement in Hotham HCA align with the following involuntary circumstances outlined in the *High-care Accommodation DSOP*:
- a group or individual is displaying aggressive or abusive behaviour
  - a detainee is engaging in disruptive behaviour that has the potential to lead to disorder and unrest in the facility
  - temporary placement is required to provide respite for detainees in the general population.
21. Post incident reports (PIR) provided by Serco Immigration Services (Serco) confirmed that this behaviour was not isolated to the one incident, and was linked to several incidents within the previous 24 hours in which s. 47F(1) had behaved in a similar manner.

22. Procedures for the placement of s. 47F(1) in HCA were carried out in accordance with actions specified in the *High-care Accommodation DSOP*, for example:
- the security risk assessment tool (SRAT) was updated
  - placement authorisation was obtained
  - the placement timeframe was approved
  - the HCA request form was completed
  - IHMS were consulted
  - a Behavioural Management Plan (BMP) was completed.
23. On 10 July 2018 at approximately 1130hrs, s. 47F(1) placement in Hotham HCA was requested by the A/g Facility Operations Manager and reported to the ABF Detention Superintendent. The Serco HCA request form and accompanying documentation, including the security risk assessment tool (SRAT) was completed and the relevant officers were notified.
24. The ABF Detention Superintendent endorsed the HCA placement and approved a temporary placement period of less than 24 hours. During this time, s. 47F(1) was placed on a BMP and referred to IHMS for anger management counselling.

## 8 USE OF FORCE

25. Following analysis of the available evidence and observation of actions undertaken by the ERT and Serco officers through CCTV and body camera footage, the DAT is satisfied that de-escalation and negotiation techniques used by the ERT were in accordance with those specified in the *UoF DSOP* and the *Emergency Response Team PPM*. Techniques employed included:
- prompt response to the incident
  - clear instruction
  - listening to s. 47F(1) concerns
  - stepping back from s. 47F(1) to provide space in an attempt to calm s. 47F(1) down
  - open hand gestures to guide s. 47F(1) out of the Lima compound
  - remaining calm when s. 47F(1) abuse escalated
  - identifying and agreeing to s. 47F(1) being able to take important items with s. 47F(1) in exchange for s. 47F(1) co-operation (for example, a blanket and allowing s. 47F(1) to change her clothes).
26. Despite multiple attempts to de-escalate the situation, s. 47F(1) remained verbally abusive and unwilling to voluntarily go with ERT officers to Hotham HCA. The *UoF DSOP* states that 'where a detainee is non-compliant, the UoF may be necessary in accordance with last resort principles<sup>4</sup> and may be required to complete a task, such as the relocation of a detainee'.

27. s. 47F(1) behaviour intensified when another detainee began filming the incident on s. 47F(1) mobile phone and inciting rebellion from fellow detainees. As a result of s. 47F(1) continued non-compliance, two ERT officers applied the EEP. After observation of this incident via CCTV and body camera footage the actions undertaken by the ERT were cross-referenced, with required operational and administrative actions outlined in the UoF DSOP and requirements under the *Facilities and Detainees Services Contract*. The DAT is satisfied that the reasons for and application of the EEP were in accordance with the cross-referenced documentation.
28. After s. 47F(1) was moved out of the Lima compound, s. 47F(1) resisted further by ignoring directions to walk, s. 47F(1) commenced kicking and spitting, continued to yell abuse and assaulted an ERT officer. These actions resulted in two ERT officers guiding s. 47F(1) to the ground and applying a leg lock to restrain s. 47F(1) from kicking while a s. 22(1)(a)(ii) DSO secured the mechanical restraints to s. 47F(1) wrists.
29. Upon consideration of actions taken by the ERT and analysis of these actions against UoF requirements and procedures when applying mechanical restraints, including advice received about the correct application of UoF techniques, the DAT is satisfied that restraints, including mechanical restraints, were applied in a timely and correct manner and the use of restraints was proportionate to the threat that s. 47F(1) aggressive and un-cooperative behaviour presented.
30. The UoF DSOP and the *Detention Services Manual* states that force is only to be used:
- after conflict resolution through negotiation and de-escalation has been attempted
  - to prevent the detainee inflicting self-injury, injury to others, escaping or destruction of property, and
  - used for the shortest amount of time possible to the extent that is both lawfully and reasonably necessary.
31. The use of force and/or restraint must not be used for the purposes of punishment. Excessive use of force and/or restraint is unlawful and must not occur in any circumstances.
32. The decision to apply mechanical restraints to s. 47F(1) was made after multiple attempts of negotiation and de-escalation techniques had been un-successful, and the EEP failed to deter s. 47F(1) aggressive behaviour.
33. Restraints were applied to mitigate the risk of the situation escalating further and to reduce the potential of injury to s. 47F(1) and the two ERT officers. This process included guiding s. 47F(1) to the ground and applying a leg lock.
34. The UoF DSOP states that, 'restraints must be removed once the threat has diminished and the officer believes that the detainee is no longer a risk or threat to themselves, others or property'. CCTV footage confirms that the leg lock was removed once the mechanical restraints were secured and the mechanical restraints were removed approximately 10 minutes after application.
35. The UoF DSOP, states that 'force may be used in held detention by officers who possess the necessary knowledge, training and skills to safely, effectively and lawfully apply reasonable force'. In accordance with advice from Serco, and the training requirements outlined in the *Serco PPM – Emergency Response Team*, the officers involved in s. 47F(1) relocation and the UoF incident were required to have completed the induction-training course. This course includes operational safety training comprising of conflict de-escalation, communication, personal safety, use of force and use of restraints techniques and results the officer receiving a Certificate II in Security.

36. The DAT reviewed the relevant training compliance records to confirm that all officers involved were trained and held current qualifications in the UoF procedures administered during this incident. Further, after observation of CCTV and body camera footage the DAT is satisfied that all officers appeared to remain professional throughout and their actions were in accordance with training/qualification requirements.
37. The officers involved all completed the Certificate II Security refresher and were assessed as fully compliant as at the 1 July 2018.

## 9 INCIDENT REPORTING

38. Upon examination of the post incident review, incident reports, UoF reports, officer reports and advice provided by Serco and Detention Operations, the DAT is satisfied that officers reported consistent evidence of s. 47F(1) behaviour leading up to the incident and appropriate reasoning for the application of restraints.
39. Actions taken by Serco officers were reviewed via CCTV and body camera footage and cross-referenced with information provided in the incident reports. The DAT found that the details contained within incident reporting was consistent with CCTV and body camera footage.
40. Examination of incident reporting found discrepancies in the wording used to indicate if UoF during this incident was 'planned' or 'unplanned'. The majority of incident reports identified the UoF as 'unplanned', however there were references in some of the reporting to the UoF in this incident being 'planned'. It was confirmed that the UoF during this incident was unplanned, and therefore, any reporting references to planned UoF is inaccurate.
41. Reporting processes were followed on conclusion of the incident and documented in accordance with reporting procedures outlined in the *UoF DSOP* and the *Incident Response and Management DSOP*. For example:
  - the SRAT was reviewed
  - prior consultation with the Health Service Provider (HSP) in relation to the health of the detainee was documented
  - well-being checks during and after force were administered and documented
  - CCTV and body camera footage was placed on the detainees TRIM file, a note of the TRIM file number was made in the CCMD portal and copies forwarded to s. 47F(1) status resolution officer.
42. All six incident reports were attached to the portal within incident reporting timeframes as outlined in the *Incident Response and Management DSOP* which states that the FDSP must complete all incident reporting on the Compliance, Case Management and Detention (CCMD) Portal within:
  - 4 hours for a critical incident
  - 6 hours for a major incident
  - 24 hours for a minor incident
43. One incident was classified as a major incident and this report was attached to the portal approximately 8 hours after it occurred. The remaining five reports were classified as minor incidents and were all attached to the portal within the 24 hour requirement.

## 10 ACKNOWLEDGEMENTS

---

44. A number of stakeholders were engaged throughout the course of the Review for comment and advice:

- Detention Operations and Offshore Command
- ABF Governance
- Legal Opinions Branch
- Detention and Offshore Operational Command
- Status Resolution Branch
- Serco Immigration Services

## 11 OPPORTUNITIES FOR IMPROVEMENT

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45. On 20 November 2018, the DAT met with Serco's Operational Assurance Team (OAT) and the Department's Onshore Contracts Section. The discrepancy of the wording used in incident reporting to indicate if UoF was planned or unplanned, was discussed. Serco advised that they may use this as an example in future training courses to demonstrate the importance of accuracy when completing incident reports.

## 12 CONCLUSION

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46. Upon evaluation and analysis of the records and documentation listed under 'records examined', the DAT is satisfied that officers complied with policy, procedures and contractual obligations in relation to this incident.

## 13 ATTACHMENTS

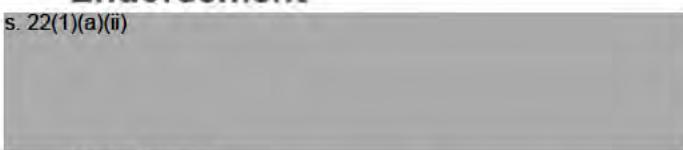
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Attachment A: Terms of Reference (TOR)

Attachment B: Chronology of events

### Endorsement

s. 22(1)(a)(ii)



Mark Brown  
First Assistant Secretary / Chief Audit Executive

Integrity, Security and Assurance Division  
Executive Group

31/12/2018



**For Official Use Only**

## Terms of Reference – Detention Assurance Review

04/2018 Use of force incident that occurred 10 July 2018

### Background

s. 47F(1)

On 12 July 2018, this matter was referred to the Detention Assurance Team by Commander, Detention Operations for an independent Detention Assurance Team (DAT) review with a focus on the appropriateness of actions taken by Serco ERT.

### Objective

The objective of this review is to examine the circumstances of the incident at VIDC on 10 July 2018 to ensure appropriate action was undertaken to manage the incident in accordance with relevant procedures, policies and contractual obligations.

### Methodology

In conducting this review, the following activities will be undertaken:

- a) gather advice and information from internal stakeholders and relevant business areas<sup>1</sup>
- b) analyse footage of the Incident including closed circuit television and body camera footage
- c) analyse incident reporting
- d) examine relevant legislation, policies, procedures and contractual obligations.

---

<sup>1</sup> ERT officers involved in this incident will only be interviewed if information gathered is insufficient to support evidence based findings and conclusions.

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### Scope

#### In Scope

This review will include key considerations, decisions and actions taken by Serco ERT in relation to the incident involving **s. 47F(1)** on 10 July 2018. Due to the close association to this incident, the review will also consider the Federal Court's judgment of 22 June 2018 on mobile phone policy in detention facilities.

#### Out of Scope

This review will not consider the Federal Court's judgement of 22 June 2018 on mobile phone policy in detention facilities outside the context of this incident.

The scope of the review may be amended where agreed to by the Department's Chief Audit Executive.

### Review milestones

Milestone	Due
Task referred to DAT	12 July 2018
Develop and agree to terms of reference and review plan, consult with stakeholders on the terms of reference and gather preliminary information	13 July – 31 July 2018
Gather additional information and develop chronology of events	17 July - 1 August 2018
Draft report and progress report through clearance processes	1 August - 24 August 2018
Circulate report for stakeholder comment <sup>2</sup>	27 August - 31 August 2018
Finalise report and progress report through clearance processes	3 September - 13 September 2018

### Primary stakeholders

The Detention Assurance Team will engage with the following primary stakeholders outlined in the table below. Further stakeholders may be engaged throughout the review.

Name	Position
<b>s. 22(1)(a)(ii)</b>	Commander Detention Operations   Detention and Offshore Operations Command
<b>s. 22(1)(a)(ii)</b>	Superintendent Detention Operations National   Detention and Offshore Operations Command
<b>s. 22(1)(a)(ii)</b>	Director Onshore Contracts   Property and Major Contracts Division
<b>s. 22(1)(a)(ii)</b>	Principal Legal Officer Legal Opinions A   Legal Division

<sup>2</sup> The stakeholder consultation process will be extended by a period of 10 working days if review findings/risks require treatment options to be developed.

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Name	Position
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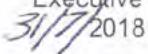
s. 22(1)(a)(ii)

Superintendent Detention and Removals Program |  
Strategic Border Command

**Endorsement**

s. 22(1)(a)(ii)

Mark Brown  
A/g Chief Audit Executive  
Integrity, Security and Assurance Division  
Executive Group



2018

s. 47F(1)

s. 47F(1)

s. 47F(1)



s. 47F(1)

s. 47F(1)





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# Detention Assurance Review 05/2018

Use of force incident on Christmas Island – April 2018

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## The task

On 18 July 2018, Detention Operations Command sent a referral to the Detention Assurance Team (DAT) requesting independent review of the appropriateness of the actions undertaken in relation to a use of force incident that occurred on Christmas Island on 21 April 2018. The referral is included at [Attachment A](#).

The detainee, s.47F(1) (Client ID: s.47F(1)) lodged multiple complaints against Serco and IHMS in relation to this incident. s.47F(1) alleges, for example, that emergency response team (ERT) officers applied excessive/brutal force, his human rights were breached and that s.47F was refused medication and medical treatment.

Serco officers also reported that s.47F(1) assaulted an ERT officer multiple times during this incident including by head butting and kicking.

The incident was referred to the Australian Federal Police (AFP) for investigation and s.47F(1) has been subsequently charged with 'harm Commonwealth Public Official'. The AFP advised, however, that they will not be considering the matter in terms of the appropriateness of the force applied by Serco officers.

The DAT has discussed this referral with the External Scrutiny Section as the matter is also being considered by the Commonwealth Ombudsman's Office under section 8 of the *Ombudsman Act 1976* and the Australian Human Rights Commission under section 11(1)(f) of the *Australian Human Rights Commission Act 1986*.

Following initial enquiries, the DAT decided to undertake a preliminary review into this incident to determine whether the actions of Australian Border Force (ABF) and/or service provider officers were in line with relevant policies and procedures. A more thorough examination may be undertaken if any significant issues are identified.

## The incident

In the interests of efficiency, this review does not include a detailed description of the timeline of events associated with this incident. However, the section of the DAT referral titled 'description of the event / incident being referred' provides a brief overview of the incident ([Attachment A](#)).

## Evidence considered

This review considered the following records:

- the Detention Services Manual
- Use of Force Detention Standard Operating Procedure (DSOP)
- Audio-visual Recording DSOP
- Incident Response and Management DSOP
- Screening and Search of Detainees DSOP
- incident detail reports
- post incident review reports
- use of force / restraints reports
- officer's reports
- complaints related to this incident
- advice from the Facility and Detainee Service Provider (Serco)

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- advice from relevant departmental/ABF business areas
- closed circuit television (CCTV) and body camera footage of the incident
- Information/advice gathered from stakeholders in response to enquiries from the Commonwealth Ombudsman's Office and the Australian Human Rights Commission.

## Findings

**FINDING 1 – Following analysis of the evidence outlined above, the DAT is satisfied that this incident was managed and reported in accordance with relevant policies and procedures, including the use of force policies and procedures.**

In undertaking this review, the DAT considered the actions of ABF and service provider officers, including ERT officers and analysed these actions against the requirements outlined in relevant policies and procedures, in particular, the Use of Force DSOP.

The Use of Force DSOP stipulates the following requirements:

- the use of restraints must always be necessary, proportionate and reported
- conflict resolution through negotiation and de-escalation is to be considered before the use of force
- reasonable force is only to be used as a measure of last resort
- reasonable force maybe used to prevent any person from inflicting self-harm or harm to others
- reasonable force must only be used for the shortest amount of time necessary to gain control of a person and to the extent that is both lawfully and reasonably necessary, if the management of a person can be achieved by any other means, force must not be used
- the use of force must not include cruel, inhumane or degrading punishment
- the use of force must not be used for the purpose of punishment
- the use of excessive force is unlawful and must not occur in any circumstances
- the use of excessive force on a detainee or any person may constitute an assault
- all instances where use of force is applied, must be reported in accordance with the relevant departmental and Facilities and Detainee Services Provider operational procedures
- use of force should be proportionate to the situation and objectively justifiable.

Following analysis of the evidence available, the DAT is satisfied that the above use of force requirements were met. Reasons for coming to this conclusion include:

- Serco officers spoke calmly to the detainee, listened to the detainee, attempted to de-escalate the situation and calm **s. 47F(1)** down throughout the duration of the incident (evidence: CCTV footage and body camera footage)
- Serco officers demonstrated genuine concern for **s. 47F(1)** welfare during the incident (evidence: CCTV footage and body camera footage)
- Serco engaged with and sought advice from both the ABF and health service provider during the incident (evidence: incident reports, CCMD records and health records)
- the decision to apply the enhanced escort position (EEP) when moving **s. 47F(1)** to White Compound was only made after the detainee:
  - self-harmed by hitting **s. 47F(1)** head (several times) (evidence: CCTV footage)

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- c. was given reasonable opportunity to comply with Serco's request (evidence: CCTV footage and body camera footage)
- the decision to apply restraints was only made after the detainee had both self-harmed and attempted to harm an ERT officer (evidence: CCTV footage and body camera footage)
- restraints were only applied for short periods of time and removed promptly (evidence: incident reports, medical reports, CCTV footage and body camera footage)
- CCTV and body camera footage shows that the detainee's abusive and aggressive behaviour was significant and constant throughout the duration of the Incident and included verbal assaults, spitting, kicking and head butting (evidence: CCTV footage and body camera footage). The DAT notes that the incident reporting only mentions a small portion of this abusive/aggressive behaviour.
- incident and use of force reporting comply with procedural requirements (evidence: incident reports and CCMD records).

The DAT notes that this use of force Incident could have further aggravated s. 47F(1) pre-existing s. 47F(1) injury and that s. 47F(1) makes it very clear throughout the incident that s. 47F is in a lot of s. 47F(1) pain. Conversely, officers also have a duty to ensure that detainees are kept safe. In this instance, the DAT is satisfied that the decisions of the officers throughout this incident, including the decision to apply force, took all of the relevant circumstances into consideration and were ultimately undertaken to prevent s. 47F(1) from inflicting self-harm or harm to others.

In addition to the points outlined above, the DAT has not identified any actions, or lack of action(s), that demonstrate significant non-compliance with the procedural requirements consider as part of this review.

## **What is working well**

In undertaking this review, the DAT noted the following positive actions:

- Line two assurance: The post incident review notes that the 'occurred on' and 'informed on' times were recorded inaccurately in the incident reports. This incorrect information was then amended in the Compliance, Case Management and Detention Portal. This demonstrates a line two assurance measure that is identifying and rectifying incident management and reporting related issues. The DAT also notes that some improvements have been seen in regards to the quality and detail of this post incident review in comparison to post incident reviews analysed by the DAT over the past 12-18 months.

## **What is not working well**

In undertaking this review, the DAT noted the following areas for improvement:

- From the evidence available to the DAT, it appears that only one body camera is used throughout the duration of the incident and although this body camera captures the majority of the incident, there are some short gaps. Importantly, body camera footage captures Serco officers applying EEP and applying restraints for the first time. The body camera footage does not, however, show the minutes prior to, or leading up to the moment when s. 47F(1) goes into a 'spasm' or 'catatonic' state and there does not appear to be CCTV coverage of this particular room. The DAT notes that all ERT officers are required to record using the body camera system when an incident occurs and this requirement was not fully complied with which has resulted in some evidentiary gaps. The DAT considers the audio recorded by the body cameras during this incident provided valuable evidence to demonstrate that the officer's actions were professional and in accordance with procedural requirements. However, further body camera footage would be helpful to eliminate evidentiary gaps and would provide additional accountability and transparency of the management of this incident.

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- It appears that there is a three minute gap in the CCTV footage of this incident and this three minute gap is consistent across four different CCTV camera angles at one particular point in time. Serco advised that this three minute gap is most likely due to an administrative error caused by the operator inadvertently exporting three minutes of footage as opposed to six minutes of footage for this section of the incident. The DAT notes that the available body camera footage covers the entire period of the three minute gap and is satisfied that Serco officers continued to act professionally during this period of time.

The DAT discussed these issues with Serco's Operational Assurance Team and Onshore Contracts Section.

## Conclusion

Following analysis of the evidence outlined above, the DAT is satisfied that this incident was, for the most part, managed and reported in accordance with relevant policies and procedures, including the use of force policies and procedures. Therefore, the DAT does not make any recommendations and considers that further analysis of this incident is not required.

Going forward, the DAT will engage with ABF Business Services Division to confirm whether or not use of force incidents such as this one will be considered within the scope of the Use of Force Incident Review Panel.

## Endorsement

s. 22(1)(a)(ii)

Penny McKay  
Assistant Secretary / Audit and Assurance Branch  
Integrity, Security and Assurance Division  
Executive Group

10/10/2018



**Sensitive: Personal**

# Review 07/2017

Management of extreme risk detainee placement and escort prior to escape on 26 April 2017

Summary of risk ratings				
Pre treatment	Extreme	High	Medium	Low
	0	0	5	0
Post treatment	Extreme	High	Medium	Low
	0	0	5	0

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

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**Attachment A – Terms of Reference**

**Attachment B – Review Plan**

## Glossary of Terms

Term	Definition
<b>ABF</b>	Australian Border Force
<b>AseTTS</b>	Association for Services to Torture and Trauma Survivors
<b>BMP</b>	Behaviour Management Plan
<b>CCMD</b>	Compliance, Case Management and Detention (Portal)
<b>CCTV</b>	Close Circuit Television
<b>DPAT</b>	Detention Placement Assessment Tool
<b>DSOPs</b>	Detention Standard Operation Procedures
<b>IDF</b>	Immigration Detention Facility
<b>IHMS</b>	International Health and Medical Services Pty Ltd
<b>IMP</b>	Individual Management Plan
<b>IMPRC</b>	Individual Management Placements and Review Committee
<b>PIDC</b>	Perth Immigration Detention Centre
<b>Serco</b>	Serco Australia Pty Ltd
<b>SIR</b>	Security Information Report
<b>WA Corrections</b>	Western Australia Department of Corrective Services
<b>YHIDC</b>	Yongah Hill Immigration Detention Centre

# Executive Summary

## The task

s. 47F(1)

Serco's post incident review of the escape<sup>2</sup> raised a number of concerns in relation to s. placement at PIDC. In particular, it suggested s. 47F(1) may have been able to influence and manipulate, in s. 47F(1) favour, escort operations decision-making to create opportunities for escape, such as avoiding mechanical restraints.

On 2 July 2017, a terms of reference was endorsed for the Detention Assurance Team to undertake a Post Action Review (Review) into the matter ([Attachment A](#)). The objective of the Review is to examine the placement and escort of s. 47F(1), including operational considerations and/or challenges, to identify lessons for the future management of high and extreme risk detainees.

The Review was suspended from 14 August 2017 to 28 November 2017 due to other business priorities. A review plan is available at ([Attachment B](#)).

## What is working well

The Review team observed positive working relationships between the Australian Border Force (ABF) and contracted service providers at PIDC.

At the working level, information appears to have been reaching staff through daily centre engagement, with stakeholders having a good understanding of each other's challenges and activities in relation to the management of s. 47F(1).

The Review also observed that stakeholders appeared supportive of each other's efforts and recognised each other's limitations.

## What is not working well

The Review identified failures in record keeping for s. 47F(1) placement at PIDC, and a need to improve oversight and documentation for the assessment, escalation and resolution of ongoing placement concerns.

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The strategies in place to manage s. 47F(1) [REDACTED] appeared heavily dependent on the working level knowledge and initiative of existing staff at PIDC, as a high quality behaviour management plan was not maintained.

Of particular concern, it was well known by all stakeholders that s. 47F(1) [REDACTED] . While there is no evidence to suggest that any such attempt was successful at PIDC, available records contain no reference to the concerns, or evidence that the risks presented by this behaviour were formally reported. Further, the Review identified areas of concern around the intelligence management processes that supported s. 47F(1) [REDACTED] detainee risk profile, namely the potential intent and capability for escape.

## Conclusion

The Review's assessment was largely limited to anecdotal evidence, due to a lack of record keeping and limitations in the content and quality of decision-making documentation made available to the Review.

s. 47F(1) [REDACTED] case highlights the need for ABF to continue to mature its arrangements around the placement and management of high and extreme risk detainees, specifically those subject to a transfer to, or from, a correctional facility.

In an effort to minimise risk, the ABF has implemented a number of significant control measures over detainee transport and escort activity since s. 47F(1) [REDACTED] escape in April 2017.

The ABF Directive dated 12 July 2017, outlines that extreme risk detainees are only to be considered for transport and escort activity if a critical operational requirement exists. Where the activity is approved, the ABF Commander - Detention Operations, is to be informed immediately by email, including the reasons for the approval.

In addition, an ABF Instruction dated 28 November 2017, provides that pending a formal review of procedures, all offsite excursions and appointments must be temporarily ceased, beside court appearances, removals from Australia and any medical appointments deemed critical/urgent by IHMS.

To further improve visibility and accountability over external medical escorts, national oversight has also been introduced for all requests to ensure the appropriateness of each proposed medical escort.<sup>3</sup>

Ultimately, the transport and escort of a detainee has inherent risk, as mitigation measures have practical limitations, which in some instances are influenced by the requirements of an external health provider, responsible for providing appropriate care and treatment. The ABF should, as much as reasonably practicable, minimise external escorts, unless deemed essential.

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s. 47F(1)

Released by the Department of Home Affairs  
under the *Freedom of Information Act 1982*

**Sensitive: Personal**

s. 47F(1)

Released by the Department of Home Affairs  
under the *Freedom of Information Act 1982*

# Detailed findings

## Placement

**FINDING 1 – Although appearing reasonable in the circumstances, the placement for s. 47F(1) at PIDC was not supported by comprehensive or readily accessible records to validate decision-making.**

The Review established that it was the strong preference of the ABF and its stakeholders that s. 47F(1) remain in the care of WA Corrections and not return to an IDF. This however, was not possible as WA Corrections was no longer willing to accommodate s. 47F(1).

The ABF Detention Superintendent WA had determined that a placement at another IDF, such as Yongah Hill Immigration Detention Centre (YHIDC), was not the preferred option in the circumstances. While a transfer to Christmas Island was considered, a range of barriers existed, including a lack of necessary health services (namely s. 47F(1) and s. 47F(1) being on a voluntary removal pathway at that time).

The Detention Standard Operation Procedures (SOPs) require that detainee placement decisions are supported by the Detention Placement Assessment Tool (DPAT), with associated records stored in the detainee's file in the Compliance, Case Management and Detention Portal<sup>6</sup> (CCMD) and TRIM<sup>7</sup>. The SOPs were introduced on 2 September 2016, 3 months prior to s. 47F(1) placement at PIDC.

While a significant amount of information was provided on the context and considerations surrounding s. 47F(1) placement at PIDC, the Review team's ability to objectively assess the placement was limited by the absence of a finalised DPAT or equivalent reliable record of the approved placement decision.

As a result, the Review is unable to provide a high level of assurance over the ABF's decision-making process, in the context of s. 47F(1) risk profile and complex behavioural and health requirements.

Ultimately, the Review does not form a view on whether the initial placement at PIDC was appropriate, but accepts that under DPAT assessment criterion, PIDC is listed as a 'suitable facility' for placement of a detainee with s. 47F(1) background. Further, the placement by the ABF Detention Superintendent was overseen by the ABF Commander - Detention Operations, which provided appropriate oversight and support.

However, where a high or extreme risk detainee is transferred between a correctional facility and IDF, the ABF must ensure transparency and accountability by maintaining placement decision-making records.

Key risk	Consequence	Likelihood	Risk rating (pre-treatment)
The ABF fails to adhere to record keeping requirements when managing detainee placements. As a consequence, the ABF is unable to demonstrate transparency and accountability in its decision-making.	Moderate	Possible	Medium
<b>Owner: Detention and Offshore Operations Command</b>			

**FINDING 2 – Senior centre management strongly disagreed with the placement of s. 47F(1) at PIDC.** While raised through appropriate forums, there is limited evidence that concerns were comprehensively and collaboratively assessed by the ABF, or when escalated (in the form of action items), considered outside of PIDC to determine whether a transfer between IDFs was required.

The SOPs provide that where a detainee's placement is deemed unsuitable and suitable alternative arrangements are not available within the facility, the detainee will be moved to another IDF. This conversation is typically initiated through the Individual Management Placements and Review Committee (IMPRC) meeting.

During interviews with ABF, Serco and IHMS management at PIDC, serious concerns were raised about the placement of s. 47F(1) at PIDC. These concerns were based on risks associated with s. 47F(1) behaviour and the risks <sup>s. 47F</sup> presented to other detainees, staff and the overall safety and good order within the facility.

As early as January 2017, one month following <sup>s. 47F(1)</sup>' transfer to PIDC, records state that IHMS wanted s. 47F(1) transferred out of PIDC on the basis of mental health concerns. IHMS advised that remaining in a small centre would enhance the chance of behavioural outbursts due to agitation and frustration. IHMS further recommended family contact for s. 47F(1) as a protective factor, to reduce further outbursts of behaviour – which was available through a transfer to Melbourne Immigration Detention Centre (MIDC).

While it was acknowledged that s. 47F(1) was previously placed at MIDC and had 'caused issues', records indicate that the ABF did consider MIDC as an alternative placement option, however MIDC had declined<sup>8</sup> the placement of s. 47F(1) when approached.<sup>9</sup> Available records do not outline the specific reasons for this decision or the decision-making arrangements. Further, meeting minutes included an update from ABF at PIDC stating that no facilities in Australia were willing to accept a transfer of s. 47F(1).<sup>10</sup>

The range of concerns were reflected in documents examined by the Review, including minutes from the IMPRC meeting and daily morning meetings where stakeholders discuss issues affecting PIDCs operations.

However, there is limited evidence the concerns were comprehensively and collaboratively assessed by ABF, or when escalated (in the form of action items), considered outside of PIDC to determine whether a transfer between IDFs was required – for instance through the ABF Detention Superintendent WA or ABF Detention Placements (National).

At the time, the ABF Detention Superintendent was located at YHIDC, and delegated the daily functions of PIDC to the most senior officer at the facility, the ABF Detention Inspector. The ABF Detention Superintendent, therefore, did not attend daily stakeholder meetings at PIDC, only receiving copies of meeting minutes.

The Review was informed that under this arrangement, the expectation of the ABF Detention Superintendent was that key issues raised in stakeholder forums at PIDC would be escalated by the ABF Detention Inspector.

Meeting minutes included action items for the ABF Detention Inspector to escalate concerns around s. 47F(1) to the ABF Detention Superintendent. While this was stated to have occurred verbally, there are no documents available to the Review to support these conversations.

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The ABF Detention Superintendent is now located at PIDC two days a week, which may go some way to improving senior management visibility of PIDC operations. However, the circumstances in this Review highlights the need to examine existing controls for assessing, escalating and responding to placement concerns, including documenting information that supports decision-making around alternative placements.

The Review was informed by stakeholders that meetings and forums at PIDC are an important and necessary method for collaboration, but are neither outcome focused nor effective for addressing action items.

Where the assessment, escalation and responses to placement concerns are not adequately documented, there is a risk of unsuitable detainee placements.

Key risk	Consequence	Likelihood	Risk rating (pre-treatment)
Placement concerns are not assessed, escalated and responded to adequately, resulting in unsuitable detainee placements. As a consequence, the safety and security of immigration detention facilities, detainees, workers and visitors is impacted.	Moderate	Possible	Medium
<b>Owner: Detention &amp; Offshore Operations Command</b>			

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**FINDING 3 –The management of s. 47F(1) behaviour was not commensurate with s. 47F(1) risk profile and not supported by a well-documented and multi-disciplinary behavioural management plan.**

At the time of s. 47F(1) placement at PIDC, s. 47F(1) risk rating was extreme and all stakeholders noted that they were aware of, and concerned about, s. 47F(1) and the challenges s. 47F(1) had presented while at s. 47F(1) Prison.

According to IHMS, s. 47F(1) also entered PIDC with several medical diagnosis including: s. 47F(1)

Individual Management Plan

Serco develop an Individual Management Plan (IMP) for each detainee to monitor and manage their welfare and tailor ongoing care and services. Detainees are supported by regular IMP reviews and interactions with an assigned Serco Personal Officer, responsible for updating the IMP with progress notes - recording interactions, incidents and observations.

Through this process, Serco may on occasions, observe continued anti-social behaviour<sup>10</sup> from a detainee. In consultation with IHMS, Serco may determine the need to develop a Behaviour Management Plan (BMP).

Behaviour Management Plan

The purpose of a BMP is to support the detainee in addressing any specific behaviours that threaten to undermine the good order of the facility.

The BMP includes observations, background and actions taken relating to the detainee's behaviour. In addition, the BMP is to include clear objectives for the detainee to meet; proposed measures to manage any escalation in their behaviour; and details of any medical, psychological or psychiatric assessment by IHMS.

While on a BMP, a detainee's behaviour must be monitored at least weekly, with unplanned reviews triggered by specific events and/or stakeholder input. The BMP must also be reviewed with the detainee weekly, with a report produced on completion of each review.

The Review team examined the BMP developed by Serco for s. 47F(1) on his arrival at PIDC. The BMP was developed on 1 December 2016 and reviewed weekly until 19 December 2016.

The BMP included limited generic commentary relating to s. 47F(1) previous behaviour in immigration detention and s. 47F(1) Prison. The BMP contained no information about s. 47F(1) health assessment and did not contain feedback or input from stakeholders.

On 19 December 2016, the BMP in place for s. 47F(1) was closed. At the time of closure, the BMP stated:

s. 47F(1)

A BMP must incorporate a multi-disciplinary approach by stakeholders to effectively manage an individual. The Review was not presented evidence of input by stakeholders into the BMP, or that agreement was reached that there was no need to continue s. 47F(1) on a BMP.

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The SOPs do not provide guidance or specify minimum requirements for ceasing or closing a BMP. The Review considers that this does not provide the necessary assurance for decision-making to close a BMP.

The Review notes that on 10 December 2016, prior to the closure of the BMP, s. 47F(1)

The seriousness of this incident indicates the BMP may have been closed prematurely.

Although the incident was noted in the BMP, it appears the Serco officer responsible for reviewing the BMP accepted claims by s. 47F(1) that s. 47F(1) was not the offender in the incident, despite incident details and officer reports being attached to CCMD which provided a conflicting account.

Between the closure of the BMP on 19 December 2016 and s. 47F(1) escape from immigration detention on s. 47F(1), s. 47F(1) was the subject of s. 47F(1) recorded incidents<sup>11</sup> of minor and major categories.

The Review examined various records that demonstrate stakeholders continued to have serious concerns with s. 47F(1), with morning meeting minutes referencing several key concerns following incidents, and Serco stating their intent to write up a proposed management plan for consideration by ABF.

The Review also found stakeholders were of the view that s. 47F(1) attempted to s. 47F(1) and influence decision-making in s. 47F(1) favour. s. 47F(1)

While the Review did not identify evidence to suggest s. 47F(1) was successful in any such attempt at PIDC, s. 47F(1) BMP contained no reference to any such behaviour.

Noting all of the above considerations, the Review was not able to establish why a BMP was not in place for s. 47F(1).

#### Controlled Items

The Serco post incident review into s. 47F(1) raised concerns regarding the ABF providing approval for visitors to bring controlled items (in the form of outside takeaway food) into PIDC for s. 47F(1). During the Review, it was established that the concerns were based around:

- risk of entry of illicit drugs into PIDC
- actual entry of illicit drugs into PIDC
- risk to health and safety as a result of illicit drugs entering PIDC
- risk to health and safety due to an inability for Serco to ensure food quality (temperatures etc.).

The Review established that the ABF Detention Superintendent did approve visitors to bring in outside takeaway food for s. 47F(1), along with other detainees at PIDC for several months, which was intended as incentive for good behaviour.

While statements were made that approvals continued for several months, the Review was unable to obtain full complement of records to confirm the number, or the period of time in which approvals were given. The approval records that were examined by the Review were in-line with the requirements of the SOPs.

Serco's concerns that illicit drugs were entering PIDC as a result of outside takeaway food approvals were reflected in email records and meeting minutes between Serco and the ABF. However, evidence to support the concerns was limited to one statement by a detainee, referenced in a Security Information Report<sup>12</sup>.

**Sensitive: Personal**

While the specific date was not able to be ascertained, the Review was informed that approvals by the ABF Detention Superintendent ceased, following advice from Serco that serious risks had been identified.

The Review notes that an ABF Directive has since been put in place which limits the food items able to be brought in to an IDF by visitors.<sup>13</sup>

During the Review, senior management at PIDC expressed concerns that BMPs were not effective at PIDC, due to infrastructure limitations such as the inability to scale internal accommodation placement between compounds to incentivise behaviour. PIDC does not have a separate outdoor area for detainees that require separation from the main cohort. In addition, areas are utilised separately by both male and female detainees.

Also of note, stakeholders advised the Review that PIDC does not have dedicated Serco Personal Officers, which are typically assigned under the Personal Officer Scheme (POS). This was stated to be due to PIDC's size, lower accommodation capacity and limited staffing resources.

The POS is a formalised mechanism used by Serco to ensure that all detainees have meaningful interaction and engagement with an identified member of staff. Under the scheme, Personal Officers are assigned to oversee the care and well-being of a detainee in immigration detention.

At PIDC, a Serco Welfare Officer working Monday to Friday implements the principles and objectives of the POS, which includes undertaking IMP reviews. While the IMP reviews examined appeared sufficient, s. 47F(1) BMP brings into question the individual detainee management arrangements at PIDC.

The Review considers that regardless of perceptions around the effectiveness of BMPs at PIDC, they are the primary tool available to the ABF and its service providers to manage detainee behavioural issues.

Therefore, where a detainee presents continued complex anti-social behaviour, it is imperative that a high quality BMP be maintained, with clear expectations outlined through the coordinated efforts of stakeholders.

Key risk	Consequence	Likelihood	Risk rating (pre-treatment)
Detainee behavioural difficulties are not managed due to a lack of comprehensive behavioural management strategies coordinated by stakeholders. As a consequence, the well-being of the detainee, other detainees and staff is impacted, in turn potentially compromising the good order of the IDF.	Moderate	Possible	Medium
Owner: Detention Services Division			

**Sensitive: Personal**

## External Escort

**FINDING 4 – As an extreme risk detainee at PIDC, s. 47F(1) was regularly escorted to external health appointments without mechanical restraints. While this was in-line with local ABF expectations, approval records do not outline critical underlying factors or provide the supporting context necessary for a third party to understand the basis of the decision in each instance.**

The Serco post incident review of s. 47F(1) raised a number of concerns. In particular, it suggested s. 47F(1) may have been able to influence or manipulate in s. 47F(1) favour, decision-making for escort operations in order to avoid the application of mechanical restraints.

The ABF Detention Superintendent was responsible for approving extreme risk escort requests from Serco for s. 47F(1), including recommended risk mitigation measures for the escort task, such as the planned use of force (application of restraints) or use of additional personnel.

The ABF Directive dated 18 February 2016 outlines an expectation that where a detainee is being escorted to torture and trauma counselling outside of an IDF, mechanical restraints are only to be used as a last resort, if the detainee poses a threat to themselves or others. Where the risk of an escort remains a concern, consideration may be given to having the activity occur within the IDF, where the IDF's operations allow it.

In the event mechanical restraints are used on a detainee during an escort to an external consultation such as torture and trauma counselling, the restraints are typically applied only during transit and then removed prior to, and during the consultation.

While at PIDC, s. 47F(1) required health services from external providers, including regular s. 47F(1) and s. 47F(1), in addition to s. 47F(1) services for s. 47F(1) and s. 47F(1) characteristics.

s. 47F(1) was not restrained as part of the escort on the day of s. 47F(1) escape. s. 47F(1)

However, the Review sought to determine more generally, the reasons why as an extreme risk detainee, s. 47F(1) was not restrained during the transit phase of the majority of s. 47F(1) external escorts.

According to available records, s. 47F(1) was transported and escorted by Serco on s. 47F(1) occasions while placed at PIDC. Of the s. 47F(1) escorts:

- s. 47F(1) transfer from s. 47F(1) Prison to s. 47F(1) was facilitated without the use of mechanical restraints s. 47F(1)

- s. 47F(1) external health appointments were facilitated with the use of mechanical restraints s. 47F(1)

- s. 47F(1) external health appointments were facilitated without the use of mechanical restraints s. 47F(1)

**Sensitive: Personal**

Serco remained of the view that mechanical restraints were required for all **s. 47F(1)** external escorts. However, records indicate that Serco did not clearly seek this approval from ABF, and instead routinely requested approval for the use of additional escort personnel as an alternative.

The Review notes that escort approval request records consisted of a standardised email template with brief supporting commentary, which often provided a conflicting description of the mitigation measures requested.

The records examined indicate two primary considerations as to why Serco did not seek approval for restraints:

- **s. 47F(1)** failing to attend external health appointments where restraints were applied during escort
- Serco being of the view that ABF would not approve any such request, as **s. 47F(1)** was affected by the ABF Directive regarding the use of mechanical restraints on survivors or torture and trauma.

Escort approval records contain numerous references that **s. 47F(1)** failed to attend external health appointments where restraints were applied during escort. Although this was raised verbally as a challenge, the Review did not identify evidence to suggest that it was a determining factor in ABF decision-making. Instead, the ABF Directive's emphasis on avoiding the use of restraints on a survivor or torture and trauma was the stated basis of ABF decision-making.

According to email correspondence, an agreement was reached between Serco's Transport and Escort Manager and the Acting ABF Detention Superintendent, that where the ABF did not approve a request for the use of restraints, Serco would seek approval for the use of additional officers as an alternative.

On the majority of occasions, records reflect that Serco did not directly seek approval for the use of restraints, instead routinely requested approval for additional personnel, despite holding conflicting views on the matter.

While the above factors were to some degree reflected in approval records, they do not in and of themselves, outline critical underlying factors or provide the supporting context necessary for a third party to understand the basis of the decision in each instance.

Recommendations made by Serco in escort approval requests were more in-line with the verbally stated expectations of the ABF, as opposed to Serco's true assessment and position on the appropriate planned use of force option for **s. 47F(1)**, being the use of mechanical restraints.

Irrespective of an ABF decision to approve, or not approve, a planned use of force, Serco's underlying assessment of the escort risk and recommended use of mechanical restraints should have been clearly documented, to ensure transparency, accountability and an evidence base for external scrutiny.

#### Placement at PIDC

The Review notes that in many instances, escapes from immigration detention occur during external escorts **s. 47F(1)**

IHMS advised the Review team that the required **s. 47F(1)** were not available at PIDC. IHMS advised that associated contracted service arrangements are not in place, and expressed that there are infrastructure limitations which would otherwise restrict services being provided at PIDC. For example, there is no **s. 47F(1)** suites at PIDC.

**s. 47F(1)**

**Sensitive: Personal**

s. 47F(1)

The Review was unable to ascertain whether IHMS' advice was considered by the ABF, noting s. 47F(1) placement at PIDC necessitated ongoing extreme risk external escorts. It is not clear to the Review the level to which alternative options were considered, such as transporting s. 47F(1) to YHIDC to receive on-site services.

Ultimately, the underlying position maintained by Serco was that restraints were necessary for s. 47F(1) to mitigate safety, security and escape related risks during external escort. Serco did not, however, seek approval from the ABF consistent with this position.

In the majority of instances, ABF decision-makers were not presented a request to approve mechanical restraints. Regardless, it appears that by all accounts, any such request would not have been approved. This was at the discretion of ABF decision-makers, who were aware of the ABF Directive and would have otherwise made a conscious decision to avoid potentially exacerbating s. 47F(1) pre-existing condition – s. 47F(1)

The transport and escort of a detainee has inherent risk, as mitigation measures have practical limitations, which in some instances are influenced by the requirements of an external health provider, responsible for providing appropriate care and treatment. The ABF should, as much as reasonably practicable, minimise external escorts, unless deemed essential.

Key risk	Consequence	Likelihood	Risk rating (pre-treatment)
Detainees escape during transport and escort due to an ongoing requirement to facilitate external appointments, As a consequence, the integrity and reputation of the ABF is compromised.	Moderate	Possible	Medium

**Owner: Detention and Offshore Operations Command**

**Sensitive: Personal**

**FINDING 5 – Prior to s. 47F(1) escape from immigration detention, information s. 47E(d) existed that indicated intent and capability for escape. This did not result in change to ongoing external escort activities.**

s. 47E(d)

s. 47F(1)

The Review found that specific s. 47E(d) and associated stakeholder commentary was tabled at ABF morning meetings that demonstrated concerns around the intent and capability of s. 47F(1) for escape.

The Review could not, however, establish whether actions were taken as a consequence of the s. 47E(d) s. including whether a change to ongoing external escort activities was considered.

#### Escape indicators

On 16 January 2017, a Serco SIR was tabled at the ABF morning meeting, which involved a Serco Property Officer stating concerns of s. 47F(1) attempting to escape, due to s. 47F(1) wanting to sign out the majority of his property. Serco allegedly spoke to s. 47F(1) about the matter. During the morning meeting, the ABF Detention Inspector issued a directive to service providers to closely monitor s. 47F(1) at all times, especially on escort.

On 17 January 2017, a Serco SIR was tabled at the ABF morning meeting, which involved a Serco Detainee Services Officer being concerned about s. 47F(1) increased exercise regime, which included sprint runs, boxing bag bouts and gym workouts, suggestive of a possible escape attempt.

On 18 January 2017, ABF morning meeting minutes include reference to Serco advising that all external escorts for s. 47F(1) had been cancelled for the week due to his behaviour.

On 19 January 2017, ABF morning meeting minutes include reference to the Serco Centre Manager confirming that s. 47F(1) posed a significant threat of escape and behavioural concerns, noting his excessive use of the gym, short running sprints, and that he had recently given away his property and banked a significant amount of s. 47F(1) personal money. During this meeting, s. 47F(1) Case Manager also advised that s. 47F(1) had withdrawn his voluntary removal status.

On 5 April 2017, ABF morning meeting minutes included reference to a Serco SIR, which stated that s. 47F(1) had 'acted up' on medical escort to Life Resolutions, did not want the enhanced escort procedure applied and made threats of escape.

#### Diverting and/or secreting of medication

The Review also found that concerns had been raised by ABF, Serco and IHMS that s. 47F(1) was diverting and/or secreting his medication for epilepsy.

On 16 January 2017, the ABF raised concerns that s. 47F(1) may not be taking s. 47F(1) medication 'in order to achieve other outcomes'. During this meeting, IHMS raised concerns that s. 47F(1) diverting of medication placed a risk to the safety of IHMS nursing staff.

On 17 January 2017, a Serco SIR was tabled at the ABF morning meeting, which referred to s. 47F(1) making a comment to a Serco Detainee Services Officer about how s. 47F(1) was deliberately s. 47F(1).

**Sensitive: Personal**

While anecdotal, Serco's post incident review of the escape suggested that a deliberate attempt by s. 47F(1) to be hospitalised for a s. 47F(1) was an indicator of escape intent. While an important consideration, the Review considers this claim to be unsubstantiated.

Attempts to manipulate staff and influence decision-making

The Review also found that s. 47F(1) was known to attempt to manipulate staff and influence decision-making in his favour while in s. 47F(1) Prison and PIDC.

While the Review did not identify evidence to suggest that s. 47F(1) was successful in any such attempt while at PIDC, the records provided to the Review contain no reference to these concerns, or evidence that the risk presented was formally reported, through such means as an SIR.

Detainee Security Risk Assessment Tool

s. 47F(1) SRAT dated 7 April 2017, did not reflect the s. 47E(d) with regard to intent and capability for escape. The SRAT rated s. 47F(1) 'extreme risk' for placement and escort and 'low risk' for escape.

The extreme escort risk rating was due to s. 47F(1) criminal history, significant incidents, aggression, non-compliant behaviour and violent characteristics – not concerns around s. 47F(1)'potential for escape.'

The risk rating for escape was low, despite the SRAT containing reference to five escape related SIRs, three of which were considered by the Review in relation to s. 47F(1) placement at PIDC. Specifically, the SRATs criteria for 'escape' under the behavioural risk category was listed as 'NIL'.

Further, the criterion for 'property', s. 47E(d) and 'physical training' under the SRATs escape Indicator category were listed as 'NIL', despite each of these subjects being identified previously and raised as a concern through SIRs and stakeholder meetings.

While the absence of this information in the SRAT may not have directly impacted s. 47F(1) escort risk rating, it was essential in maintaining a comprehensive and holistically picture of his escape risk profile, and critical to inform the activities of decision-makers and escort staff.

Command of PIDC

Under the Detention SOPs, the ABF Detention Superintendent has overall command of an IDF and attends daily stakeholder meetings, receiving briefings on s. 47E(d) as it relates to the IDF. In turn, based on their background and experience, they might provide advice or guidance in relation to the s. 47E(d) discussed at the meetings.

The Review notes the ABF Detention Superintendent was based out of YHIDC and therefore did not attend daily stakeholder meetings, delegating the daily responsibilities of PIDC to the ABF Detention Inspector, being the most senior officer at the facility.

Notably, the ABF Detention Superintendent is the decision-maker for planned use of force (escort approvals), but in s. 47F(1) circumstances, the decision-maker's visibility of s. 47E(d) at PIDC was limited to receiving meeting minutes, with a stated expectation the ABF Detention Inspector would escalate issues.

In light of the circumstances of s. 47F(1), the ABF should review the effectiveness of s. 47E(d) management processes within IDFs with regard to detainee risk.

**Sensitive: Personal**

Key risk	Consequence	Likelihood	Risk rating (pre-treatment)
Detainee escapes during external escort, due to a failure in s. 47E(d) information sharing arrangements. As a consequence, community safety and the reputation of the ABF is compromised.	Moderate	Possible	Medium
<b>Owner: Detention and Offshore Operations Command</b>			

Key risk	Consequence	Likelihood	Risk rating (pre-treatment)
A detainee is successful in grooming and/or manipulating ABF or service provider staff in order to influence decision-making in their favour, due to such behaviours not being reported, which allows an appropriate management strategy and response to be implemented.	Moderate	Possible	Medium
<b>Owner: Detention and Offshore Operations Command</b>			

**Sensitive: Personal**

# Management Action Plan

This Management Action Plan has been developed in consultation with key business areas as part of the stakeholder consultation process. Business areas have outlined their management strategy (intended treatment column) and have nominated a completion date.

Finding 1										
Pre-treatment risk rating			Business owner response			Post-treatment risk rating			DAT determination	
Risk description	Rating	Business owner	Intended treatment (Business areas are to articulate how the intended treatment will address findings and reduce risk)	Due date for completion	Consequence	Likelihood	Residual risk rating	DAT assessment	DAT notes	
ABF fails to adhere to record keeping requirements when managing detainee placements. As a consequence, ABF is unable to demonstrate transparency and accountability in its decision-making.	Medium	Detention and Offshore Operations Command (DOOC)	<p>The Detention Placement Assessment Tool (DPAT) must be used as the primary decision record for ALL detainee placements inclusive of individuals released from criminal custody. This requirement will be reinforced through a revised Policy Instruction and Detention Standard Operating Procedure (DSOP).</p> <p>The completion of a DPAT is a defined KPI for DOOC and will be reported against its KPI and Risk Management Register. Issues that are identified are escalated to Superintendents to rectify.</p> <p>Introduced in October 2017, the Person of Interest (POI) Placement Assurance Framework provides transparency and accountability for detainees who meet predefined identified risk factors.</p> <p>The POI Advisory Committee is responsible for reviewing, and where required, amending decisions relating to the held detention placements of unlawful non-citizens who have an assessed placement risk rating of extreme; or predefined POI indicators as per the framework. The committee meets monthly. Decisions of the committee are documented as per departmental requirements.</p>	30 June 2018	Minor	Possible	Medium	Supported	DAT supports the intended business treatment provided and that appropriate actions are being taken to address the risk.	

**Sensitive: Personal****Finding 2**

Senior centre management strongly disagreed with the placement of s. 47F(1) at PIDC. While raised through appropriate forums, there is limited evidence that concerns were comprehensively and collaboratively assessed by the ABF, or when escalated (in the form of action items), considered outside of PIDC to determine whether a transfer between IDFs was required.

Pre-treatment risk rating			Business owner response			Post-treatment risk rating			DAT determination	
Risk description	Rating	Business owner	Intended treatment (Business areas are to articulate how the intended treatment will address findings and reduce risk)	Due date for completion	Consequence	Likelihood	Residual risk rating	DAT assessment	DAT notes	
Placement concerns are not assessed, escalated and responded to adequately, resulting in unsuitable detainee placements. As a consequence, the safety and security of immigration detention facilities, detainees, workers and visitors is impacted.	Medium	Detention and Offshore Operations Command	<p>All extreme risk placements, and those who meet specific other criteria, where an individual is deemed a POI (under the POI Placement Assurance Framework), are discussed on a rotating basis by the Person of Interest Assurance Committee. Further, placements of individuals who meet a specific threshold of criteria (as defined under the framework – such as national security threats) will be authorised by the Commander, Detention Operations.</p> <p>As noted in response to Finding 1, the use of a DPAT to ensure record-keeping requirements is being reinforced through an update of the DSOPs. In the meeting of 26/03/2018, the DAT was advised that a 'placements instructions' is also being updated.</p> <p>Project Resolute Alliance is currently underway to review onshore detention facility meeting procedures. It is expected this review will support the IDN through more detailed and formalised records of meeting outcomes/actions.</p>	30 June 2018	Minor	Possible	Medium	Supported	DAT supports the intended business treatment provided and that appropriate actions are being taken to address the risk.	

**Sensitive: Personal**

Finding 3										
Pre-treatment risk rating			Business owner response			Post-treatment risk rating			DAT determination	
Risk description	Rating	Business owner	Intended treatment (Business areas are to articulate how the intended treatment will address findings and reduce risk)	Due date for completion	Consequence	Likelihood	Residual risk rating	DAT assessment	DAT notes	
Detainee behavioural difficulties are not managed due to a lack of comprehensive behavioural management strategies coordinated by stakeholders. As a consequence, the well-being of the detainee, other detainees and staff is impacted, in turn potentially compromising the good order of the IDF.	Medium	Immigration Compliance	The DSOPs will be updated to provide guidance and minimum requirements for ceasing/closing a behaviour management plan (BMP).  As noted in Finding 2, Project Resolute Alliance is currently underway to review onshore detention facility meeting procedures. It is expected this review will support the IDN through more detailed and formalised records of meeting outcomes/actions.	30 June 2018	Moderate	Possible	Medium	Supported	DAT supports the intended business treatment provided and that appropriate actions are being taken to address the risk.	

**Sensitive: Personal****Finding 4**

As an extreme risk detainee at PIDC s. 47F(1) was regularly escorted to external health appointments without mechanical restraints. While this was in-line with local ABF expectations, approval records do not outline critical underlying factors or provide the supporting context necessary for a third party to understand the basis of the decision in each instance.

Pre-treatment risk rating			Business owner response			Post-treatment risk rating			DAT determination	
Risk description	Rating	Business owner	Intended treatment (Business areas are to articulate how the intended treatment will address findings and reduce risk)	Due date for completion	Consequence	Likelihood	Residual risk rating	DAT assessment	DAT notes	
Detainees escape during transport and escort due to an ongoing requirement to facilitate external appointments. As a consequence, the integrity and reputation of the ABF is compromised.	Medium	Detention and Offshore Operations Command (DOOC)	<p>The POI Framework and associated governance documentation for a defined individual provide Detention Operations officers, including the relevant Superintendent, with a detailed profile of the detainee, which should then be referred to when administrative decisions are required. This includes consideration of off-site movement requirements.</p> <p>T &amp; T counselling is now provided on-site at PIDC. This will reduce external health appointments, as detainees are now not required to be transported externally for appointments.</p> <p>Detention Health Operations Section (DHOS), in conjunction with Health Services Contract Management and IHMS, has recently provided advice that additional service requests are underway to improve Opiate Substitution Therapy processes at the Yongah Hill Immigration Detention Centre (IDC); expand dental services at the Villawood IDC; and improve pathology collection. These additional services are expected to be online in late 2018.</p> <p>However, noting that there is likely to always be occasions where detainees require escort off-site, Detention Operations, in conjunction with Serco, introduced a new national Escort Operation Order (EOO) tool that appropriately documents the decision points and justifications around application of restraints/use of force in March 2018.</p> <p>Detention Operations Command, Services Management Branch and National Detention and Removals Programme Branch is in the process of reviewing Transport and Escort practices more broadly, including Escort Operational Orders (as noted above) and Site Risk Assessments.</p> <p>In response to an increased occurrence of escapes from immigration detention, DSD, in collaboration with National Detention Operations, issued formal correspondence to Serco on 01 December 2017 addressing offsite escorts,</p>	Q4 2018 for all associated work	Moderate	Likely	Medium	Supported	<p>DAT supports the intended business treatment provided and acknowledges the measures already in place for all T &amp; T counselling to be provided on-site at PIDC.</p> <p>Post-Treatment has been given a moderate and likely post treatment rating, noting that the actions to address this risk will not be implemented until Q4 2018.</p>	

**Sensitive: Personal**

		<p>including medical escorts (ADD2017/3777466). The correspondence advised Serco of the following:</p> <p>All health escort requests need to go to Detention Health Operations Section for review prior to being forwarded to the facility Superintendent for consideration. Detention Health Operations Section will engage with the Detention Health Services Provider to ascertain whether the proposed appointment is an urgent/critical appointment and whether or not the services could be provided onsite.</p> <p>DSD believes this additional measure of having Detention Health Operations Section liaise with IHMS to ascertain whether the offsite excursion is required addresses the Reviews concerns.</p>						
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**Finding 5**

Prior to s. 47F(1) escape from immigration detention, information and intelligence existed that indicated intent and capability for escape. This did not result in change to ongoing external escort activities.

Pre-treatment risk rating			Business owner response			Post-treatment risk rating			DAT determination	
Risk description	Rating	Business owner	Intended treatment (Business areas are to articulate how the intended treatment will address findings and reduce risk)	Due date for completion	Consequence	Likelihood	Residual risk rating	DAT assessment	DAT notes	
Detainee escapes during external escort, due to a failure in s. 47E(d) information sharing arrangements. As a consequence, community safety and the reputation of the ABF is compromised.	Medium	Detention and Offshore Operations Command Detention Services Division	<p>Detention Operations has recently re-enlivened the Security Liaison Officer Network and is working with Intelligence Division and Serco to refine the relationships and expectations of the DOOC regarding formal and informal information sharing between Serco and ABF</p> <p>Legal Division is to determine whether legislation (or amendments to legislation) can facilitate improved provision of information and remove impediments around information sharing between ABF and service providers.</p> <p>ABF Detention Operations National is currently conducting a review of all governance meetings across the immigration detention network (Project Resolute Alliance). As part of this review, the responsibility for chairing governance meetings will be given to the facility Superintendent. By Superintendent's chairing these meetings, the management of information sharing will be improved and ensure meeting minutes accurately reflect discussions between stakeholders.</p>	31 July 2018	Moderate	Possible	Medium	Supported	DAT supports the intended business treatment provided and that appropriate actions are being taken to address the risk.	

## Sensitive: Personal

Pre-treatment risk rating			Business owner response			Post-treatment risk rating			DAT determination	
Risk description	Rating	Business owner	Intended treatment (Business areas are to articulate how the intended treatment will address findings and reduce risk)	Due date for completion	Consequence	Likelihood	Residual risk rating	DAT assessment	DAT notes	
A detainee is successful in grooming and/or manipulating ABF or service provider staff in order to influence decision-making in their favour, due to such behaviours not being reported, which allows an appropriate management strategy and response to be implemented.	Medium	Detention and Offshore Operations Command (Lead)  Detention Services Divisions (Support)	Serco presented a series of mandatory national toolbox talks all Serco and ABF staff across the immigration detention network between September and December 2017. These toolbox talks specifically covered professional boundaries and grooming.  Professional Boundaries and grooming are topics covered in the Situational Awareness Courses provided to all ABF, Status Resolution and IHMS staff nationally. These courses will continue to be implemented.  In addition, a Professional Boundaries component has been added to the Detention Essentials Training; this will be conducted in April 2018.  DSD assess that Serco's Professional Boundaries Manual provides adequate detail in relation to identifying instances where detainees are attempting to manipulate Serco staff.  Serco has advised that Coaching of relevant staff (Perth IDC) by the National Operational Intelligence Manager and the National Welfare and Engagement manager (or delegates) will be undertaken to ensure a shared understanding of the importance of reporting grooming behaviour through the intelligence function, and the sharing of that intelligence where appropriate. It is anticipated that this coaching / remedial training will be completed by 31 March 2018.  At the Detention Services Provider Committee (DSCP) meeting of 31 January 2017, Serco Managing Director, s. 22(1)(a)(ii), advised that Serco would be recruiting a National Integrity Manager and a short list of applicants has been identified for interview. At the subsequent (DSPC) meeting of 23 February 2018, s. 22(1)(a)(ii) informed the committee that an Integrity Manager and a s. 47E(d) Manager would be employed imminently and that once the recruitment process was finalised Department stakeholders would be informed.	30 June 2018  Detention Essentials training is scheduled for April 2018	Moderate	Possible	Medium	Supported	DAT supports the intended business treatment provided and that appropriate actions are being taken to address the risk.	

**Sensitive: Personal**

## Endorsement

s. 22(1)(a)(ii)

Cheryl-anne Moy /  
First Assistant Secretary / Chief Audit Executive  
Integrity, Security and Assurance Division  
Executive Group

25/4 / 2018



**For Official Use Only**

## **Detention Assurance Review 01/2018**

Melbourne Immigration Transit Accommodation (MITA)  
Escape - 1 January 2018

**For Official Use Only**

**For Official Use Only****The task**

1. On 1 January 2018, two detainees escaped from immigration detention s. 47F(1) [REDACTED]. On 22 January 2018, the Commander Detention Operations referred the escape to the Detention Assurance Team (DAT) for consideration. This review commenced on 1 February 2018 following formal acceptance of the referral.
2. The review has considered, and addresses, the issues raised within Serco's local and national post incident reports (PIRs). This includes infrastructure, response to the incident, training of Serco staff and the status of relevant recommendations.

**Background**

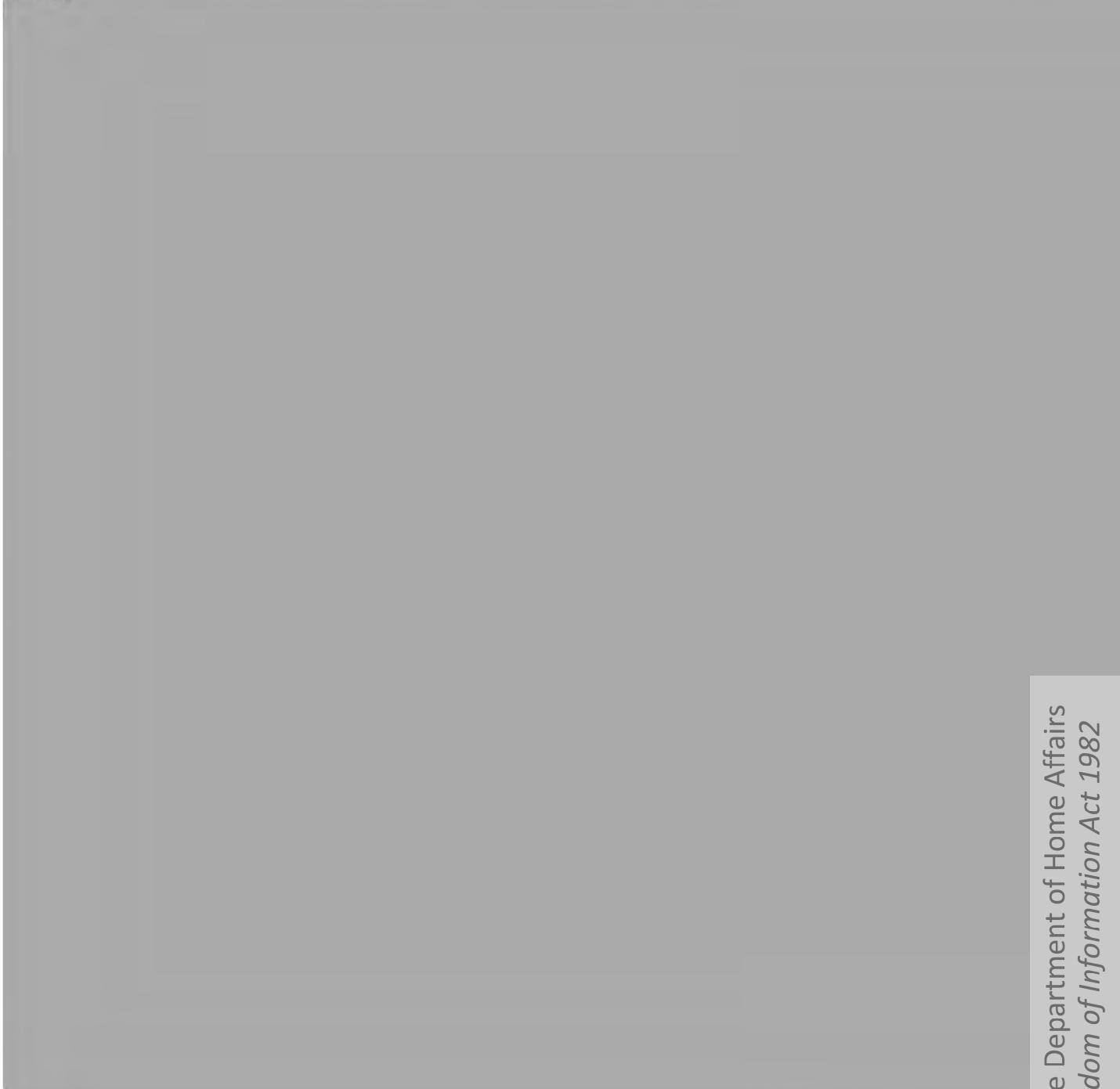
3. s. 47F(1) [REDACTED]
4. s. 47F(1) [REDACTED] s. 47E(d)
5. s. 47E(d) [REDACTED]
 

A Serco emergency response team (ERT) officer quickly arrived at the location and searched the area before reporting to the control room that no issues had been identified.
6. During the morning headcount, s. 47F(1) [REDACTED], it was not identified that the two detainees were missing. The officer conducting the headcount did not cite the detainees, however noted that in each of the respective rooms, it appeared that a body was present in bed.
7. At 11:30hrs, s. 47F(1) [REDACTED] Serco were unable to locate s. 47F(1) [REDACTED]. After a wider search did not locate s. 47F(1) [REDACTED] the Serco duty manager was informed.
8. At 12:16hrs, s. 47F(1) [REDACTED] had still not been located and the duty facilities office manager (FOM) was informed of the situation. The FOM directed that an s. 47E(d) [REDACTED] check take place. s. 47E(d), Serco staff s. 47E(d) [REDACTED] noting that s. 47F(1) [REDACTED] and s. 47F(1) [REDACTED] could not be located.
9. At 12:49hrs, the Serco Centre Manager was notified of the missing detainees and was provided with an update on what actions were being taken to locate them. The Serco Centre Manager also made contact with the ABF at this time.
10. At 13:01hrs, the Serco intelligence officer and control room officer began reviewing alarms and corresponding CCTV footage. At 13:42hrs, review of the previous night's CCTV footage confirmed that the two missing detainees had escaped from the MITA by scaling the perimeter fence.
11. The ABF duty manager was formally notified of the escape at 13:47hrs.
12. Both detainees have not been located and re-detained.
13. The detainee's profiles are included at [Attachment A](#).

**For Official Use Only****Observations and findings**

14. The Review finds that the escape could have been prevented by having control measures to mitigate identified security risks **s. 47E(d)**. The Review also finds that various opportunities to confirm the escape was missed due to processes not being followed.

**s. 47E(d)**



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23. The DAT has no evidence to show what mitigation strategies were put in place for the escape area given the known issues identified in the PIRs. Examples of mitigation strategies could have included:

s. 47E(d)

24. s. 47E(d)

**Response**

25. The Review finds that Serco staff did not follow processes which would have led to earlier detection of the two missing detainees. Although earlier confirmation would not have prevented the escape, it would have allowed earlier reporting to the ABF and a more timely search of the local area by Victoria Police.

s. 47E(d)

**Response – The following day**

31. s. 47F(1) failure to attend the appointment triggered a search which led to the eventual discovery that two detainees had escaped.
32. The Review notes that once requested, s. 47E(d) checks of detainees occurred within 20 minutes. The Review considers that once Serco had confirmed, at 12:36hrs, that two detainees were missing, checks of s. 47E(d) should have commenced. However, there was a further 25-minute delay before these checks commenced.

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33. Overall, it took 90 minutes to confirm that two detainees were missing. The Review agrees with the local PIR in that emergency s. 47E(d) checks should have been conducted earlier and that earlier deployment of appropriate staff s. 47E(d) to identify s. 47E(d) should have occurred.

**Training**

s. 47E(d)

**Exercise Management**

s. 47E(d)

**Exercise One**

s. 47E(d)

**For Official Use Only****Recommendations**

44. Following the escape of s.47F(1) and s.47F(1) Serco developed a number of recommendations which have been provided and accepted by local ABF. A full list of these recommendations is at **Attachment C**. A number of recommendations relevant to this review and their status as at 16 February 2018 is as follows:

**National PIR**

- **Recommendation 3:** Serco and ABF to consider restricted external movement at night in order to reduce the likelihood of exploitation of identified vulnerabilities and the risk of escape. The review would need to also consider the detainees who smoke.
  - **Update:** There has been some changes to the movements of detainees at night. This includes the relocation of an electronic security cigarette lighter, and restricted access to the area (smoking hut) at which the escape occurred.
- **Recommendation 4:** A disciplinary process to be conducted in relation to the actions of the DSO and Control Room officer.
  - **Update:** This has commenced. Initial investigations have been completed and recommendations put to the Centre Manager, which may include disciplinary action.
- **Recommendation 5:** Serco FOM to brief all staff of the requirements of a welfare check including a physical demonstration.
  - **Update:** This has commenced, throughout the month of January headcounts and welfare checks occurred were regularly overseen by each of the FOM's on different shifts to ensure all staff were involved in these activities.

**Local PIR**

45. There are two relevant recommendations in the local PIR. Their status, as at 16 February 2018, is as follows:

- **Recommendation 1:** Infrastructure Vulnerability Assessment to be submitted to ABF in relation to Avon soccer pitch and adjacent smoking area – identified need to create a discrete, fenced area.
  - **Update:** Assessment submitted to ABF on 18 January 2018 for upgrades to the fencing. Approval was given on 20 February 2018 for this work to be carried out.
- **Recommendation 2:** Infrastructure Vulnerability Assessment to be submitted to ABF in relation to Avon north courtyard – identified need to install restricted door accesses.
  - **Update:** Relevant work was completed 9 February 2018.

**Conclusion**

46. Given the breadth of recommendations already made within the Serco national and local PIRs, the Review does not make any additional recommendations, and considers this review closed.

**Reviewer**

s. 22(1)(a)(ii)  
 [Redacted]  
 Detention Assurance Team  
 Audit and Assurance Branch  
 Integrity, Security and Assurance Division

21 March 2018

ATTACHMENT A – DETAINEE PROFILE

s. 47F(1)

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