



For Official Use Only

MINUTE

To:
Through

Secretary *MP 18/11/2014*
Deputy Secretary Mark Cormack
Cc: FAS CODD, FAS ISD, FAS CPCD, FAS ED, AS RAB

FOLLOW UP FROM NAURU JOINT MINISTERIAL FORUM

Timing:

This information was requested by you following the recent Nauru-Australia Joint Ministerial Forum. Please action by 28 November 2014. The Minute is for noting only.

Purpose:

To:


1. Provide you with an update on the six matters requested following the Nauru-Australia Joint Ministerial Forum on 5 November 2014 being:
 - The Nauru Five Plan;
 - Moving to an Open Centre on Nauru;
 - Training of Community Liaison Officers;
 - The status of pregnant stateless refugees;
 - The Nauru Trust Fund; and
 - A handling strategy for the Moss Review.

Background:

2. On 7 November 2014, you met with senior executive officers from the Immigration Status Resolution Group following the Joint Ministerial Forum and requested information on the above six matters.

Issues:

Nauru 5 Year Plan

3. s. 33(a)(iii)

4. A draft outline of the Plan was considered at the last Steering Committee meeting and can be found at Attachment A.

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5. At that meeting it was agreed that the Plan should detail:

s. 33(a)(iii), s. 47C, s. 47E(d)



6.


7.

Moving to an Open Centre on Nauru


8. A draft Open Centre consultation paper has been developed and will be ready for s. 33(a)(iii). The current draft is attached for your reference at Attachment B. In its current form, the draft does not incorporate comments outside the Compliance Operations and Detention Division as consultation within the department is still in progress. Finalisation will occur prior to 19 November 2014.
9. In the draft paper an open centre arrangement is defined in the following manner:

- An "open centre" is one where "eligible transferees" resident within a Regional Processing Centre (RPC) may leave the centre through a "designated exit point" unescorted during "open centre hours".

s. 33(a)(iii), s. 47C



- All transferee amenities and services, such as meals, medical care (other than emergency or first aid care), programs and activities (unless otherwise specifically arranged) will be provided within the RPC.

10. s. 33(a)(iii), s. 47E(d)
- 

Training of Community Liaison Officers on Nauru

11. With the introduction of open centre arrangements, and ongoing Refugee Status Determination (RSD) hand-downs, it is anticipated that up to 1,300 refugees and transferees will be permitted free movement within the Nauruan community, by February 2015.
12. To ensure the well-being of refugees and transferees in the community, the Government of Nauru has introduced 86 Community Liaison Officers (CLOs).
13. CLOs are currently responsible for assisting the Nauru Police Force (NPF) in community policing. s. 33(a)(iii) s. 33(a)(iii)

14. s. 33(a)(iii)

s. 33(a)(iii)

15. The department is currently reviewing potential training opportunities for CLOs. s. 33(a)(iii), s. 47C, s. 47E(d) s. 33(a)(iii), s. 47E(d)
- s. 33(a)(iii), s. 47E(d)
- s. 33(a)(iii), s. 47E(d)

16. s. 33(a)(iii), s. 47E(d)

17. s. 33(a)(iii), s. 47E(d)

18. s. 33(a)(iii), s. 47E(d)

19. s. 33(a)(iii), s. 47E(d)

Pregnant Stateless Refugees on Nauru

20. s. 33(a)(iii)

21. s. 47F

22. The refugees will come to Australia without travel documents or visas and will be treated as transitory persons and unlawful non-citizens, s. 47C

23. s. 42(1)

24. s. 47F
s. 33(a)(iii)

s. 33(a)(iii)

Nauru Trust Fund

25. s. 33(a)(iii)

26. s. 33(a)(iii)

27. s. 33(a)(iii)

28. s. 33(a)(iii)

29. s. 33(a)(iii)

30. s. 47E(d), s. 33(a)(iii)

31. s. 33(a)(iii)

Handling Strategy for the Moss Review

32. Discussions are occurring between the Risk and Assurance Branch, Mr Moss and the Review Secretariat. These discussions encompass timing issues, the additional material and allegations that have been progressively referred for review, the nature of the interim report and the action that may immediately arise from this (eg any referral of issues identified to other relevant authorities). The handling strategy for this will be the subject of separate briefing to you shortly by the Risk and Assurance Branch.

Consultation:

33. Consultation has occurred across the relevant Divisions of the Immigration Status Resolution Group and with the Risk and Assurance Branch.

Recommendation:

It is recommended that you:

- Note the contents of this brief.

Noted / Please Discuss

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

John Cahill
First Assistant Secretary
Infrastructure Services Division

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

19/11 / 2014

Contact Officer: s. 22(1)(a)(ii)

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

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

Michael Pezzullo
Secretary

20 / 11 / 2014

Attachments:

- A. Nauru Five Year Plan Draft Outline
- B. DIBP Draft Open Centre Consultation Paper
- C. SM2014/03146 – Stateless Pregnant Women in Nauru

Nauru Memorandum of Understanding Implementation Plan 2015-20

Final – July 2015

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s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

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Nauru Regional Processing Centres

Draft Consultation Paper

Transition to Open Centre Arrangements

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s. 33(a)(iii), s. 47C



DRAFT

Introduction and Purpose

s. 33(a)(iii), s. 47C

s. 33(a)(iii), s. 47C

Age Group	Male (%)	Female (%)
18-24	~85	~90
25-34	~90	~95
35-44	~85	~90
45-54	~75	~85
55-64	~65	~75
65+	~45	~55

Background

On 13 August 2012, the Report of the Expert Panel on Asylum Seekers was released. The report recommended that a capacity be established in Nauru as soon as practicable to process the claims of IMAs in ways consistent with Australian and Nauruan responsibilities under international law. This includes the Refugees Convention which prohibits state parties from restricting the freedom of movement of refugees with the exception of restrictions necessary for regularising their status.

On 29 August 2012, a Memorandum of Understanding (MOU) was signed between Australia and Nauru, which provided for the assurances set out in the *Migration Act 1958* for the designation of a regional processing country. These assurances relate to non-refoulement and assurances that Nauru would undertake refugee status determinations or allow such determinations to be made.

On 12 September 2012, Nauru was designated under Australian law as a regional processing country and on 14 September 2012, the first group of asylum seekers arrived at the Nauru RPC, from Australian immigration detention on Christmas Island.

s. 33(a)(iii), s. 47C

s. 33(a)(iii), s. 47C

s. 33(a)(iii), s. 47C

Open Centre Arrangements

For the purposes of this paper, s. 33(a)(iii), s. 47C

, an open centre arrangement is defined in the following manner (see also 'definitions' section):

- An "open centre" is one where "eligible asylum seeker" resident within an RPC may leave the centre through a "designated exit point" unescorted during "open centre hours".

- s. 33(a)(iii), s. 47C

- s. 33(a)(iii), s. 47C

- s. 33(a)(iii), s. 47C

- s. 33(a)(iii), s. 47C

- s. 33(a)(iii), s. 47C

- s. 33(a)(iii), s. 47C

- s. 33(a)(iii), s. 47C

- s. 33(a)(iii), s. 47C

- s. 33(a)(iii), s. 47C

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Australian Government

Department of Immigration and Border Protection

Submission

For decision

ExecCorro Reg.Number *SM2014/03146*

To Minister for Immigration and Border Protection

Subject Stateless Pregnant Women in Nauru

Timing s. 33(a)(iii), s. 47F

Recommendations

That you:

s. 33(a)(iii)

s. 33(a)(iii), s. 47F

Minister for Immigration and Border Protection

Signature

Date: *12 12* / / 2014



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Minister's Comments				
Rejected Yes/No	Timely Yes/No	Relevance <input type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

Key Issues

1. s. 33(a)(iii), s. 47F s. 33(a)(iii)
s. 33(a)(iii)

2. s. 33(a)(iii)

3. The current arrangement for pregnant transferees is that they transfer to Australia to give birth at the 28 week point. s. 47F

4. s. 33(a)(iii), s. 47C

s. 33(a)(iii), s. 47F

5. s. 33(a)(iii)

6. s. 33(a)(iii)

7. s. 33(a)(iii), s. 47F

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s. 42(1)

s. 42(1)

8. s. 42(1), s. 47C

9. s. 42(1), s. 33(a)(iii)

s. 42(1), s. 47E(d), s. 47C

10. s. 42(1), s. 47C

s. 42(1), s. 47F, s. 47C

Babies born in Australia to UMA parents

11. Following your win at the Federal Circuit Court in *Plaintiff B9/2014*, babies born in Australia to UMA parents ('UMA babies') will also be UMAs. That decision is being appealed in the Federal Court but remains in effect unless and until the appeal is decided in the litigant's favour.

12. The issue of the status of UMA babies born in Australia is being addressed in the Migration and Maritime Powers Legislation Amendment (Resolving the Asylum Legacy Caseload) Bill 2014. The Bill passed the House of Representatives on 22 October 2014 and is now before the Senate.

13. If a baby were to be born in Australia to UMA parents after a hypothetical Federal Court loss, that baby would not be a UMA and would not be subject to the application bar in section 46A of the Act, which only applies to UMAs in Australia who are unlawful non-citizens.

14. However, should the Bill be passed, the baby would retrospectively become a UMA. Consequently, any visa application that the baby made prior to the commencement of the Bill would also be retrospectively taken to have been made invalidly (because section 46A would have applied to the baby).

15. In circumstances where the baby is born in Australia to Stateless UMA parents, although such a baby would also be considered a UMA because of the retrospective effect of that amendment in the Bill (if passed), s. 42(1), s. 47C

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Medical Arrangements

16. s. 47E(d), s. 47F

s. 47E(d), s. 47F

s. 47E(d)

Background

17. Case details

s. 47F

s. 47F

Consultation – internal/external

18. The following consultation has taken place:

- Travel document advice provided by Border Security Policy Branch
- Case details provided by DIBP Nauru
- s. 33(a)(iii)
- s. 42(1)
- s. 42(1)
- Advice on medical arrangements provided by Detention Health Branch

Client service implications

19. Limited client service implications, s. 47F

Financial/systems/legislation/deregulation implications


20. There are no notable financial or other implications of this matter.

Attachment

Attachment A

s. 33(a)(iii)

Authorising Officer



John Cahill
A/g Deputy Secretary

13, 11, 14

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

Contact Officer Kate Pope, FAS, Community Programmes and Children Division s. 22(1)(a)(ii)

13/11/14

Through

CC Assistant Minister for Immigration and Border Protection
Secretary
Deputy Secretaries

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Australian Government

Department of Immigration and Border Protection

Submission

For information

PDMS Ref. Number MS15-009504

To Minister for Immigration and Border Protection

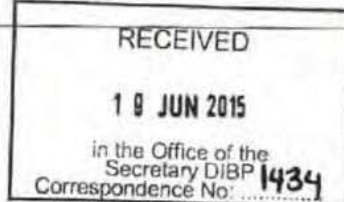
Subject Improving arrangements for medical transfers from the Nauru Regional Processing Centre to Australia

Timing Please action by 29 May 2015

Update me as at 1st July.

Recommendations

That you:



MP

19/06/2015.

1. Note the Secretary has agreed to expand health services

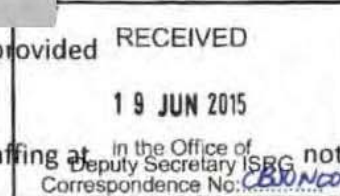
noted / please discuss

Nauru in s. 47E(d)

s. 47E(d)

ar

The priority services to be provided



- a. MRI and CT scanning capability and staffing at Republic of Nauru Hospital;

noted/please discuss

- b. A full time obstetrician to be placed at Republic of Nauru Hospital; and

noted/please discuss

- c. A multidisciplinary mental health team with in-patient psychiatric facility at Republic of Nauru Hospital.

2. s. 47E(d)

noted/please discuss

- a. s. 47E(d)

noted/please discuss

3. s. 47E(d)

noted/please discuss

4. note, as the Secretary has discussed with you on 12 May, he intends to establish a Band 2 level Chief Medical officer/Surgeon General of the ABF at the portfolio level who will provide oversight and ultimate decision making on timing of returns;

noted / please discuss

5. s. 47E(d)

noted / please discuss

6. s. 47C, s. 47E(d), s. 33(a)(iii)

noted / please discuss

Minister for Immigration and Border Protection

Signature.....

Date:...../...../2015

Minister's Comments

Rejected Yes/No	Timely Yes/No	Relevance <input type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

Key Issues

1. In response to Submission MS15-001045 Nauru Regional Processing Centre – Transfers to Australia for Medical Treatment (Attachment A) you requested further advice regarding:

- Providing MRI and CT capability at Nauru;
- International recruitment of specialist obstetrician) s. 47C, s. 47E(d);
- Establishment of acute psychiatric services; and
- s. 47C, s. 47E(d)

MRI and CT scanning capability

2. While establishing MRI/CT scanning technology in Nauru would require a significant up-front capital expenditure, both for the equipment and necessary infrastructure requirements, as well as on-going expenditure for operation and maintenance, I have discussed the matter with the Secretary and he has agreed with my recommendation that these services should be provided as a priority. As at 31 March 2015, musculoskeletal issues requiring transfer to Australia from Nauru make up 18% of the medical transferee cohort detained in Australia.

3. s. 47C, s. 47E(d)

4. s. 47C, s. 47E(d)

5. s. 47C, s. 47E(d)

6. The construction of additional surgical and inpatient facilities at the Republic of Nauru (RoN) Hospital is progressing (expected completion late 2015) and once completed will further reduce the need for scheduled minor surgical medical transfers to Australia, but will not address issues regarding more complex surgeries and/or acute presentations (the facilities will be staffed on a fly-in fly out basis for pre-scheduled surgeries).

Recruitment of an Obstetrician

7. The Secretary has also agreed with my recommendation that a full time permanent obstetrician be placed at the Republic of Nauru Hospital s. 47C, s. 47E(d)

s. 47C, s. 47E(d)

s. 47C, s. 47E(d), s. 33(a)(iii)

s. 47C, s. 47E(d)

8. s. 47C, s. 47E(d)

s. 47C, s. 47E(d), s. 33(a)(iii)

9. s. 47C, s. 47E(d)

Establishment of acute psychiatric services

10. s. 47E(d)

s. 47E(d), s. 47F

11. IHMS advises that some of the psychiatric care currently provided to transferees in Australia could be provided on Nauru with the provision of appropriate equipment and staffing. IHMS has identified two options to enhance the mental health support capability on Nauru:

- the establishment of an in-patient psychiatric unit at the RoN Hospital; or
- s. 47C, s. 47E(d)

12. The Secretary has further agreed with my recommendation that we move to establish a multidisciplinary mental health team (including Psychiatrists, Psychologists, and Mental Health Nurses) with in-patient psychiatric facility at the Republic of Nauru Hospital. s. 47C, s. 47E(d), s. 33(a)(iii)

13. s. 47C, s. 47E(d), s. 33(a)(iii)

14. s. 47C, s. 47E(d), s. 33(a)(iii)

15. Introduction of these services builds on initiatives implemented in Nauru to-date, including the provision of x-ray and ultrasound and improved pathology and dental services, the programme of visiting specialists, and the establishment of tele-health services. s. 47C, s. 47E(d)

16. s. 47C, s. 47E(d)

s. 47C, s. 47E(d)

17. The department acknowledges that keeping families together, particularly minor children and their parents, contributes to better health and mental health outcomes for families. This is in keeping with Articles 9(1) (children should not be separated from their parents against their will unless it is their best interests, for example, in cases of abuse or neglect), 16(1) (children should not be subjected to arbitrary/unlawful interference with their family) and 3(1) (best interests of the child) of the Convention on the Rights of the Child (CRC). The presence of family, including an extended family member or other appropriate support person, may also be appropriate where a medical diagnosis may be traumatic (for example, in relation to possible cancer diagnosis), where there are daily caring and assistance needs, or for cultural reasons (for example, a young woman travelling alone). Article 16(1) of the CRC is also reflected in Article 17(1) of the International Covenant on Civil and Political Rights (ICCPR), and Article 23(1) of the ICCPR also recognises that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State. Australia is a party to the CRC and the ICCPR.

18. Maintaining the family unit is also widely recognised as one of the key positive protective factors in keeping children safe from abuse. Risk factors for children increase where children are separated from one or more of their primary care givers, including where they are placed in the care of extended family such as aunts and uncles.

19. s. 47E(d)

[REDACTED]

s. 47E(d)

[REDACTED]

20. s. 47E(d)

[REDACTED]

21. s. 47E(d)

[REDACTED]

22. s. 47E(d)

s. 47E(d)

[REDACTED]

23. Going forward, the outcome of the Secretary's health review (establishment of a Band 2 level Chief Medical Officer/Surgeon General of the Australian Border Force) will provide the opportunity for further direct clinical oversight of both IHMS recommendations for medical transfer to Australia and timing of returns.

s. 47E(d)

[REDACTED]

24. s. 47C, s. 47E(d)

[REDACTED]

- s. 47E(d)

[REDACTED]

- s. 47E(d)

[REDACTED];

- s. 47E(d)

[REDACTED]);

- s. 47E(d)

[REDACTED]

- s. 47E(d)

[REDACTED]

s. 42(1), s. 47C

[REDACTED]

25. s. 42(1), s. 47C

[REDACTED]

26. Increasingly, transferees undergoing medical treatment in Australia have obtained legal representation to attempt to prevent their return to Nauru. s. 42(1), s. 47C

[REDACTED]

[REDACTED]

[REDACTED]

Background

27. IHMS provides primary health care services (contractually required to be at a level which is broadly comparable with Australian standard) and advanced life support capacity onsite at the Nauru RPC (with a view to stabilising and maintaining a patient until they can be moved to an appropriate tertiary level care facility). IHMS also facilitates the provision of allied, secondary and tertiary care for transferees, utilising the RoN Hospital where possible.

28. s. 47C, s. 33(a)(iii)

[REDACTED]

[REDACTED] s. 47C, s. 33(a)(iii)

[REDACTED] Overseas Medical Referral Programme, through which Nauruan nationals requiring more complex diagnosis and health care travel to countries including Fiji, India and Taiwan to obtain these services. s. 42(1), s. 47C

[REDACTED] s. 42(1), s. 47C

[REDACTED]

[REDACTED]

[REDACTED]. Accordingly, transferees currently are transferred to Australia for necessary allied, secondary and tertiary care that cannot be provided in Nauru, based on clinical recommendations from IHMS and with the approval, on a case by case basis, of the First Assistant Secretary Infrastructure and Services Division.

29. The department has worked with IHMS and the Government of Nauru to expand the health capability and range of health services available to transferees on Nauru, thereby reducing the number of medical transfers to Australia (recent health capability improvements are listed at Attachment B). A tele-health service at the RPC and a programme of visiting specialists and allied health providers has been established. A summary of the visiting specialists attending Nauru from June 2014 – May 2015 is included at Attachment C.

30. As at 14 May 2015 there are 296 medical transferees and their accompanying family from Nauru in Australia. Data analysis as at 14 May 2015 (Attachment D) provides the nature of medical condition in the Nauru RPC cohort detained in Australia. The most common reasons for medical transfers to Australia are musculoskeletal, pregnancy/birthing/family planning and mental health conditions (these three conditions account for 45% of transfers).

Consultation – internal/external

International Health and Medical Services, Legal Division, Offshore Operations Branch, Child Protection and Wellbeing Branch, Infrastructure Branch, Detention and Compliance Branch and the Chief Medical Officer have been consulted in the preparation of this submission.

Consultation – Secretary/CEO

The Secretary is aware of the content of this brief.

Client service implications

There are no client service implications. s. 47C

Sensitivities

There is likely to be criticism by advocacy groups in regards to any changes in the family policy.

s. 47C, s. 33(a)(iii)

Financial/systems/legislation/deregulation implications

s. 33(a)(iii), s. 47C

This is further compounded by the Budget decision to reduce RPC operations funding by three percent.

The current Regional Processing Countries Health Services Contract expires on 31 October 2015. This may pose a challenge in recruitment given the limited tenure.

Attachments

- Attachment A** MS15-001045 Nauru Regional Processing Centre – Transfers to Australia for Medical Treatment
- Attachment B** Recent Health Capability Improvements on Nauru
- Attachment C** Visiting Specialists to Nauru RPC June 2014 – May 2015
- Attachment D** Nature of Medical Conditions of the Nauru RPC Cohort Currently Detained in Australia (as at 14 May 2015)

Authorising Officer

Cleared by:

Cindy Briscoe
Deputy Secretary
Immigration Status Resolution Group

Date: 15 May 2015

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

Contact Officer Through Mark Painting, A/g First Assistant Secretary, Infrastructure and Services Division, Ph: s. 22(1)(a)(ii)

CC Minister for Immigration and Border Protection
Secretary
Deputy Secretaries

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FOI Document B



Australian Government

Department of Immigration and Border Protection

Submission

For information

PDMS Ref. Number MS15-001045

To Minister for Immigration and Border Protection

Subject Nauru Regional Processing Centre - Transfers to Australia for Medical Treatment

Timing Please action by 17 April 2015

Recommendations

That you:

1. Note the information provided in this submission.

(noted) please discuss

Minister for Immigration and Border Protection

Signature...

Date: 21/04/2015

Received

31 MAR 2015

Minister for Immigration
and Border Protection

Minister's Comments

s. 47C

Rejected Yes/No	Timely Yes/No	Relevance <input type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

Key Issues

1. International Health and Medical Services (IHMS) is contracted to provide health care to transferees at the Nauru Regional Processing Centre (RPC) that is 'the best available in the circumstances and broadly comparable with health services available within the Australian community'. s. 47C

2. IHMS provides primary health care services and advanced life support capacity onsite at the Nauru RPC. It also arranges the provision of allied, secondary and tertiary care for transferees.

3. Where possible, IHMS utilises the Republic of Nauru (RoN) Hospital, specialist consultations through a tele-health facility and a program of visiting clinicians to provide the contracted level of care.

4. Although the RoN Hospital can provide some services similar to the services available at an Australian rural hospital, it lacks more advanced diagnostic equipment, such as a CT and MRI scanner, s. 33(a)(iii), s. 47C

. Nauru also lacks an acute psychiatric care facility.

5. s. 47C, s. 33(a)(iii)

s. 47C, s. 33(a)(iii)

Overseas Medical Referral Programme, through which Nauruan nationals requiring more complex diagnosis and health care travel to countries including Fiji, India and Taiwan to obtain these services.

6. s. 47C, s. 42(1)

7. IHMS therefore recommends the movement of transferees to Australia when required services cannot be accessed on Nauru. Transfer recommendations are subject to the approval of the First Assistant Secretary, Infrastructure and Services Division, after consideration of the clinical recommendation. s. 47E(d)

[REDACTED]

[REDACTED]

8. The most common reasons for medical transfer to Australia currently include enabling access to more advanced diagnostic services, musculoskeletal, birthing, psychological/psychiatric acute care, cardiovascular and ophthalmological review or treatment (refer **Attachment B** for a summary of the current onshore Nauru RPC medical treatment cohort).

9. s. 47F

[REDACTED]

s. 33(a)(iii)

[REDACTED]

Accompanying family

10. Under current departmental policy, transferees are accompanied by nuclear family members when transferred to Australia. Accompanying family members make up around 50% (as at 16 March 2015) of the Nauru RPC caseload currently onshore for medical reasons.

11. s. 47E(d)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Returns to Nauru

12. The department continues to reinforce with IHMS that medical transfers must be managed to ensure timely return to the RPC, upon completion of the medical treatment or investigation for which the transfer occurred.

13. The return of medical transferees and their families to Nauru may be delayed due to the identification of further medical issues with the transferee, or their accompanying family, which are serious enough to require further treatment in Australia and/or legal action. s. 47E(d), s. 47F, s. 42(1)

[REDACTED]

[REDACTED]

Improvements to Health Services on Nauru

14. The department is working with IHMS and the Government of Nauru to expand the range of health services available on Nauru and thereby reduce the number of transfers to Australia. A tele-health service at the RPC and a programme of visiting specialists and allied health providers have been established. The construction of additional surgical and inpatient facilities at the Republic of Nauru (RoN) Hospital is progressing (expected completion late 2015) and once completed will further reduce the need for medical transfers to Australia.

15. s. 47C, s. 33(a)(iii)

[REDACTED]

Background

Birthing

16. Initial IHMS advice was that routine births could occur on Nauru, subject to the provision of additional equipment and a blood bank, with potentially more complex births to occur in Australia (refer IHMS advice of 20 November 2013 at **Attachment C**). In response the department agreed to fund the provision of the equipment and the establishment of a blood bank.

17. s. 47C, s. 33(a)(iii)

[REDACTED]

18. s. 47C, s. 33(a)(iii)

[REDACTED]

19. The department will continue to explore, in consultation with IHMS and the department's Chief Medical Officer, options to enable birthing on Nauru.

Obstacles to return to Nauru RPC from Australia

Legal action

20. Legal action is an obstacle to effecting returns to Nauru RPC over which the department has limited control.

21. Although it is expected that children born in Australia will return to Nauru RPC with their families from three months of age, subject to confirmation of fitness to return, s. 47F, s. 47E(d)

[REDACTED]

22. Similarly, the department is unable to promptly return a number of other medical transferees from Nauru RPC currently in detention in Australia due to ongoing court action to prevent the returns.

Identification of further medical issues

23. On occasion, after transfer to Australia, other serious medical issues develop and/or are identified in the transferee or an accompanying family member. If the treatment for the condition is not available in Nauru the individual or family will stay longer in Australia than originally anticipated, while further treatment occurs.

24. s. 47E(d)

25. s. 47E(d)

s. 47E(d), s. 47C

Tele-health and visiting specialists

26. A tele-health service was installed at the Nauru RPC in September 2014. s. 47E(d)

27. IHMS runs a programme of visiting specialists to Nauru including psychiatrists, child and adolescent psychiatrist, paediatricians, obstetricians and sonographers (who use onsite sonography equipment) which has reduced the need for some transfers to Australia, particularly for pre-natal checkups.

28. s. 47E(d), s. 47C

Increased in-patient health care capability on Nauru

29. The department is working to establish a surgical and in-patient unit at the RoN Hospital. This facility, which will be accessible by IHMS, is due for completion by late 2015. IHMS advises that once this facility is completed there would be scope to arrange visiting surgeons for some surgery demands, and also scope for some acute psychiatric care, s. 47E(d), s. 47C

Consultation – internal/external

This submission has been discussed with IHMS and the department's Chief Medical Officer.

Consultation – Secretary/CEO

The Secretary has not been consulted about the content of this submission.

Client service implications

There are nil client service implications.

Sensitivities

N/a

Financial/systems/legislation/deregulation implications

N/a

Attachments

Attachment A Submission SM2013/03588 – Managing Health Issues at Offshore Processing Centres (21 November 2013)

Attachment B Summary of the Nauru RPC medical treatment cohort – Detained in Australia as at 16 March 2015

Attachment C IHMS advice regarding the risks of birthing in Nauru – 20 November 2013

Authorising Officer

Cleared by:

Cindy Briscoe
Deputy Secretary
Immigration Status Resolution Group

Date: 26/03/2015

Ph: S. 22(1)(a)(ii)

Contact Officer Paul Windsor, Assistant Secretary, Detention Health Services Branch Ph: S. 22(1)(a)(ii)

Through Mark Painting
A/g First Assistant Secretary
Infrastructure and Services Division

CC Assistant Minister for Immigration and Border Protection
Secretary

For Official Use Only

FOI Document B



Australian Government

Department of Immigration and Border Protection

Submission

For decision

ExecCorro Reg.Number 5112013/03588

To **Minister for Immigration and Border Protection**

Subject **Managing Health Issues at Offshore Processing Centres**

Timing *Please action by 27 November 2013*

Received

22 NOV 2013

Minister for Immigration
and Border Protection

Recommendations

That you:

1. Note the Commonwealth's duty of care obligations to detainees and transferees; (noted) / please discuss
2. Note changes to the contracted standard of healthcare at offshore processing centres (OPCs) may be possible but would result in an increased level of risk; (noted) / please discuss
3. Note the current administrative arrangements with Papua New Guinea and Nauru, their impact on transfers and the ongoing engagement with Papua New Guinea officials in relation to this issue; (noted) / please discuss
4. s. 47E(d) [REDACTED] (noted) / please discuss
5. Note the health risks the department will need to manage in sending all IMAs to OPCs; (noted) / please discuss
6. Provide in-principle agreement to the measures outlined in this submission to mitigate risks for cohorts with additional healthcare needs, noting associated costs that will be included in the forthcoming Cabinet Submission; and (agreed) / not agreed
7. Agree to the principles for medical transfers and evacuations from an OPC at Attachment C. (agreed) / not agreed

Minister for Immigration and Border Protection

Signature.....

Date 25/11/2013

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

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FOI Document B

Minister's/Assistant Minister's Comments				
Rejected Yes/No	Timely Yes/No	Relevance <input checked="" type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input checked="" type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

Key Issues

Duty of care

1. s. 47E(d), s. 47C, s. 42(1)

[REDACTED]

Standard of care provided at OPCs

2. The Department of Immigration and Border Protection's contracted health service provider, International Health and Medical Services (IHMS) delivers onsite emergency, primary and mental health care to transferees at the Manus and Nauru OPCs. IHMS is contractually required to deliver health care to transferees that is the best available in the circumstances and broadly comparable with health services available within the Australian community.

3. s. 47E(d), s. 47C

[REDACTED]

4. s. 47E(d), s. 47C

[REDACTED]

s. 47E(d), s. 47C

Administrative arrangements

5. Administrative arrangements with the governments of Nauru and Papua New Guinea provide

s. 47E(d), s. 33(a)(iii)

s. 47E(d), s. 33(a)(iii)

6. s. 47E(d), s. 33(a)(iii), s. 47C

s. 47E(d), s. 33(a)(iii)

s. 47E(d), s. 33(a)(iii)

7. s. 47E(d), s. 33(a)(iii), s. 47F

s. 47E(d), s. 33(a)(iii)

Medical Issues in the IMA cohort

8. s. 47E(d)

s. 47E(d), s. 47F

9. s. 47E(d)

10. These transfers are occurring on an ongoing basis. The majority of medical transfers from Christmas Island to the mainland are effected via commercial flight or spare seating capacity on departmental charter flights transiting Darwin or Perth. Family members may accompany the

detainee, depending upon the nature of the condition, likely duration of the treatment, and care arrangements for any minor childrens. 47E(d)

s. 47E(d)

11. s. 47E(d)

12. s. 47E(d)

13. s. 47E(d)

s. 47E(d)

14. All decisions to authorise medical transfer, whether from an OPC to Australia, or from Christmas Island to the mainland, are operational decisions made by the department based on professional clinical advice from IHMS, affirmed where necessary by the department's Chief Medical Officer or other medical advice. Family members are included in transfers s. 47E(d)

s. 47E(d), s. 47C

Measures to mitigate risks – additional healthcare needs

15. s. 47E(d), s. 33(a)(iii)

16. s. 47E(d), s. 33(a)(iii)

17. s. 47E(d)

s. 47E(d)

s. 47E(d)

s. 47E(d)

s. 47E(d)

s. 47E(d)

s. 47E(d), s. 33(a)(iii)

18. s. 47E(d), s. 47C

19. s. 47E(d), s. 47C, s. 33(a)(iii)

20. s. 47E(d), s. 47C


Principles for medical transfers and evacuations from OPCs

21. In line with current practice, transferees are medically transferred or evacuated from Manus to Port Moresby or Australia, and from Nauru to Australia where an assessment is made that appropriate health services are not available to meet their health needs s. 47E(d)

22. s. 47E(d), s. 47C

23. s. 47E(d), s. 47C, s. 33(a)(iii)

s. 47E(d), s. 47C, s. 33(a)(iii)



24. Guiding principles for future medical transfers or evacuations for your consideration and agreement are at Attachment C.

Consultation – internal/external

IHMS has provided input on certain aspects of the submission.

The DIBP Chief Medical Officer Dr Paul Douglas and the Chair of the Immigration Health Advisory Group, Dr Paul Alexander AO have been consulted and agreed with the content of submission.

The DIBP Chief Financial Officer has been consulted and is aware of the financial impacts.


Client service implications

Not Applicable

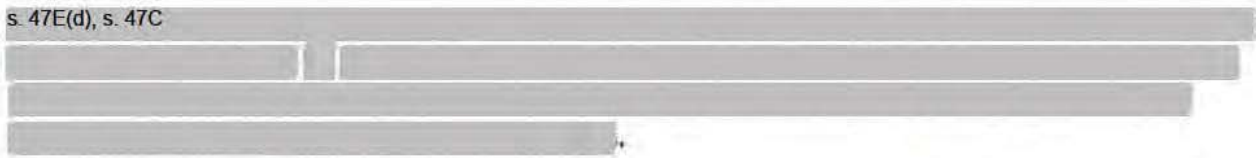
Financial/systems/legislation implications

The costs below are an estimate only and further detailed costing will be provided in the forthcoming Cabinet submission if you agree to the measures.

s. 33(a)(iii), s. 47C



s. 47E(d), s. 47C



Attachments

Attachment A s. 47C

Attachment B Health risks at offshore processing centres

Attachment C Principles for medical transfer or evacuation

Authorising Officer

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

Mark Cormack

Deputy Secretary

21/11/13

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

Contact Officer: Offshore - Simon Schiwy, Assistant Secretary, Offshore Detention Services, Ph: s. 22(1)(a)(ii)
Onshore - Paul Windsor, Assistant Secretary, Detention Health Services, Ph: s. 22(1)(a)(ii)

CC Assistant Minister for Immigration and Border Protection
Commander, Operation Sovereign Borders
Deputy Secretaries
Head, Offshore Detention and Returns Task Group
FAS Detention Infrastructure and Services
FAS Status Resolution Services
FAS Community Programs and Children
Chief Medical Officer
Chief Financial Officer
Special Counsel

Principles for medical transfer and evacuation

Life threatening emergencies and essential health conditions

IHMS will arrange medical evacuation to an appropriate location, including Port Moresby or Australia, where there is a life threatening medical emergency or essential health condition that cannot be reasonably managed at an OPC or the local hospital.

Non-urgent medical procedures

Non-urgent medical investigations, assessments and treatments will be managed in line with reasonable standards and consideration of how a similar medical issue would be managed for a Nauru or Manus Island resident. They will be treated either by IHMS staff at the OPC or at the local hospital.

Mental Health

Mental Health issues will be managed by IHMS at the OPCs.

s. 47E(d)

[REDACTED]

Approvals

All medical transfers for life threatening emergencies and essential health treatment will be based on clinical assessment and recommendations by the contracted health services provider (IHMS)

s. 47E(d)

[REDACTED]

**Summary of the Nauru RPC medical treatment cohort
Detained in Australia as at 16 March 2015**

Cohort composition

Medical Transferees		
<i>With family group</i>	74	
<i>Single adult male</i>	29	
<i>Single adult female</i>	7	
Total	110	43%
Accompanying family	133	52%
Children born in Australia	14	5%
Grand Total	257	100%

Nature of medical condition – Top 10

Musculoskeletal	20	18%
Pregnancy / Childbearing / Family Planning	16	15%
Psychological / Psychiatric	9	8%
Cardiovascular	9	8%
Eye	9	8%
Neurological	8	7%
Urological	7	6%
Digestive	5	5%
Ear	5	5%
Genital	5	5%
Other	17	15%
Total	110	100%

Simon Schiwy
Assistant Secretary
Offshore Detention Services Branch
Department of Immigration and Border Protection
6 Chan Street,
Belconnen ACT 2616

20 November 2013

RE: Childbirth and infant health services on Nauru

Dear Simon,

We refer to the Regional Processing Countries Health Services Contract between the Commonwealth of Australia represented by the Department of Immigration and Citizenship (Department), and International Health and Medical Services Pty Limited (IHMS) dated 29 January 2013 (Contract).

As discussed between IHMS and the Department on 14 November 2013, IHMS provides below details of proposed care arrangements for mothers to give birth at Nauru and for the care of infants under 4 months, as well as additional information on care of children between 4 months and 4 years of age.

The following information and advice should be read in conjunction with previous advice and recommendations provided to the Department on Reproductive Health Service in Nauru. s. 47E(d), s. 33(a)(iii), s. 47C, s. 33(a)(iii), s. 47C, s. 47E(d)

1. Conditions required

In general the conditions should comply with all appropriate international standards and guidelines published by relevant bodies. These include:

- United Nations Rules for the Protection of Juveniles Deprived of their Liberty. United Nations 68th plenary meeting 14 December 1990 A/RES/45/113.
- UNHCR Guidelines on Applicable Criteria and Standards relating to the Detention of Asylum Seekers. Office Of The United Nations High Commissioner For Refugees Geneva February 1999.
- United Nations Convention on the Rights of the Child. G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force Sept. 2 1990.
- United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. G.A. res. 39/46, [annex, 39 U.N. GAOR Supp. (No. 51) at 197, U.N. Doc. A/39/51 (1984)], entered into force June 26, 198.
- Australian Human Rights and Equal Opportunity Commission Detention Guidelines March 2000.
- RANZCP Position Statement 52 Children in Immigration Detention September 2011.
- AMA Position Statement. Health Care of Asylum Seekers and Refugees 2011.

In terms of practicable implementation of these standards and guidelines IHMS also recommends as a minimum standard:

- s. 47C, s. 47E(d)

s. 47C, s. 47E(d)

- Adequate privacy and space for the family rooms. The current room space per person is 4.6 metres squared.
- A wash area that is specifically for the bathing of babies – laundry sinks / easy cleaning with adequate bench space.
- Baby / infant change tables.
- Readily accessible bathroom and toilets close to the accommodation area.
- A private space for parents / mothers to feed the babies away from others.
- Separate accommodation would be required for anticipated higher risk cases that require a higher degree of clinical interventions, and which can be set up for mothers and babies that are having difficulties with settling/feeding/bonding. This needs to be close to the medical centre for ongoing monitoring. This would also be required for those mothers that we anticipate developing post-natal depression for which there is expected to be a higher risk in this environment.
- It would be appropriate for mother/infant/family to be housed in separate area for the first three months and transition to general accommodation following successful completion of three month checks.
- Washing facilities with specific sensitive detergent for the babies clothing

2. Additional equipment required and the timeframe for delivery

IHMS recommends the following equipment is purchased to support very young children under the age of four months. These quotes are approximate and only one quote for each item has been sourced at this stage.

IHMS will seek further quotes for these items and advise the Department if more cost-effective quotes can be sourced. These figures exclude GST. Once ordered these will be delivered to site within two to four weeks.

Item	Indicative cost (each)
A fully equipped Paediatric and Neonate Broslow Trolley	s. 47G(1)(a), s. 47E(d)
Neonate and Paediatric intubation handles / blades/straight 0,1,2 Curved 2,3 (sizes)	
I20 ventilator /humidicrib/neonatal	
Basic Vent Baby Log VN500	
Baby Log 8000	
* note only one of these will be procured depending on requirements.	
Paediatric specific rapid infuser plus accessories	
Resuscitare - Clinicart Emergency Trolley + Accessories	
Bair Hugger	s. 47G(1)(a), s. 47E(d)
Fluid warmer	

Item	Indicative cost (each)
Blanket warmer medium (12x blankets) size	s. 47G(1)(a), s. 47E(d)
Cot	
Bassinet on stand	
Additional Welch Allen monitor	
Fully functional Isolette	

In addition, we note the following equipment for children 4 months – 4 years has also been specified. Low cost items will be on site before 30 November 2013 however any items over \$500 will need to be approved by the Department prior to purchase.

Item	Indicative cost (each)
Broslow trolley	s. 47G(1)(a), s. 47E(d)
Child blood pressure cuffs x 3 different sizes	
Paediatric ECG dots	
Additional resus bed	
Safety cot	
Rectal thermometers	
Child canulars	
Paediatric monitor	

All other required medical consumables and equipment for children aged >4 months to 4 years is now on site.

3. Staffing adjustments

As discussed, IHMS would need to adjust the current staffing profile as detailed below. This would not result in an increase in staff but rather an adjustment in specialties of staff.

- Would need to have 4 qualified midwives to assist women in labour and with current experience as well as qualifications and experience in early childhood nursing.
- At least 1 GP with Advanced GP O+G Diploma. At least 1 GP with Paediatric Diploma. All GPs to have up to date Paediatric ALS certification

4. Options for a small blood bank and timeframe for implementation

IHMS strongly recommends that births only take place on Nauru once there is a blood supply available at the Nauru Hospital. This is due to the increased risks of infant and maternal mortality that are discussed at Item 6 (Risks) below. There is currently no blood bank on Nauru and this will need to be set up at the hospital. We expect that IHMS will be responsible for coordination of the purchase of blood supply only and that all other blood bank requirements will be the responsibility of the Nauru Hospital.

We note some of the key considerations below:

- Blood supply:
 - > 6 units of red blood cells and fresh frozen plasma (FFP) are recommended for. Red blood cells will last for 42 days and FFP for 1 year
 - > Recommend O negative only to minimise reactions (such as allergies) to the blood
 - > Blood takes two weeks to prepare once ordered so will need to be done in advance. Australian Red Cross collection point in Brisbane would be recommended.
 - > IHMS is in preliminary discussions with the Australian Red Cross in relation to sourcing the blood supply, however access to the blood supply is not certain. For example, there are only limited supplies of O negative blood available. It is also not clear whether the Australian Red Cross has a policy relating to supply of blood to non-Australian citizens and they are currently seeking advice on this issue.
- Licensing
 - > The Department must have a blood export license to export out of Australia (required by TGA). The Australian Red Cross may be able to assist the Department in gaining the license.
 - > The Nauruan government does not appear to have any licensing requirements.
- Storage and handling
 - > Medical staff at the hospital must follow standards for the storage of the blood including regular checking of the blood fridge to ensure the integrity of the supply.
 - > There are Australian standards that apply that could be adopted.
- Equipment
 - > The Nauru Hospital will need to acquire extensive blood bank equipment. For example, the blood will need to be stored in a special blood fridge, FFP will need to be stored in separate special plasma freezer, plus a thawing basket must also be acquired. Other equipment will include IVs and stands, laboratory equipment for testing, such as a centrifuge and microscope.
 - > This equipment is expensive and it will take time to have the blood bank fully set up.
- Staff and Training
 - > A laboratory technician trained in handling and testing blood supplies is recommended.
 - > Training of Nauru Hospital staff would be required in order to ensure correct handling of the blood, in addition to the proper process for blood transfusions.
- Transport
 - > Cold chain requirements would apply, the packing of the blood is the most important component. Normal freight charges would apply.
- s. 33(a)(iii), s. 47C, s. 47E(d)

s. 33(a)(iii), s. 47C, s. 47E(d)

5. Recommendations to support new born babies and their mothers returning to the OPC

s. 33(a)(iii), s. 47C, s. 47E(d)

- This would require a period for initial bonding and establishment of sleep and feeding routines and establishment of weight gain and normal developmental milestones.
- Expectation is that the level of risk in sending an infant to Nauru will be reduced substantially if it occurs after the above have been achieved and the child is at least 3 months of age.

6. Risk categories for pregnant women where alternative care arrangements may be required in high risk cases.

This will require further specialist advice however, in general see the previous report plus the below clinical assessment of high risk pregnancies. There are number of conditions and past conditions that place women in high risk category. s. 33(a)(iii), s. 47C, s. 47E(d)

The WHO and other international organisations regularly publish health statistics for all countries. The basic statistics for Nauru we are concerned with are:

- Maternal Mortality
- Neonatal Mortality
- Infant Mortality
- Under 5 Mortality

All these rates are substantially higher in Nauru than in Australia indicating the chance each of these outcomes that is several times higher in Nauru than in Australia. See table below.

	Australia	Nauru
Maternal Mortality/100 000	8-12	300
Neonatal Mortality/1000 (deaths >20wks gestation)	3	22
Infant Mortality/1000 (deaths < 1yr)	4.5	32
Under 5 Mortality/1000 (deaths <5yrs)	4.5	40

s. 33(a)(iii), s. 47C, s. 47E(d)

s. 33(a)(iii), s. 47C, s. 47E(d)

s. 33(a)(iii), s. 47C, s. 47E(d)

s. 33(a)(iii), s. 47C, s. 47E(d)

We look forward to discussing this report with you in more detail to clarify any of the items discussed above.

Please contact me using my contact details below, or contact Dr Peter Young on s. 22(1)(a)(ii) or

s. 22(1)(a)(ii), Dr Deky Souvannavong on +s. 22(1)(a)(ii) or

s. 22(1)(a)(ii) Dr Anthony Renshaw on +s. 22(1)(a)(ii) or

s. 22(1)(a)(ii) to discuss this matter further.

Yours Sincerely,



Ian Gilbert

Chief Operating Officer

International Health and Medical Services

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

Fax:

E-mail: s. 22(1)(a)(ii)

Attachment B

Recent Health Capability Improvements on Nauru

Health Capability	Date Approved by DIBP	Comment
Procurement of equipment required to provide medical services for children aged 4 months to 4 years	21 November 2013	The equipment was procured and commissioned by IHMS by 8 January 2014.
Establishment of a Blood Bank to allow birthing of babies on Nauru	17 January 2014	Established by 1 April 2014, complete with blood supply from the Australian Red Cross.
Procurement of ultrasound and maintenance costs and in principle approval for visiting specialists (sonographer and obstetrician – for antenatal checks and support)	17 January 2014	The equipment was procured and commissioned by IHMS by early March 2014.
Equipment for the Surgical and Inpatient Facility	19 September 2014	The equipment was procured by IHMS and arrived on Nauru on 4 December 2014. Due to the change in location of the Surgical and Inpatient Facility and the subsequent delays, it remains in a storage container.
Procurement of replacement dental equipment for Republic of Nauru (RON) Hospital	23 October 2014	The equipment was procured by IHMS and commissioned at the RON Hospital on 21 November 2014.
Deployment of ADF Field Dental Kit to reduce the backlog of dental cases and reduce the number of transfers to the mainland for dental treatment.	7 November 2014	The ADF Field Dental Kit was operational on Nauru between 17 November and 13 December 2015.
Procurement of Transducer to extend ultrasound ability	23 January 2015	The transducer was procured and commissioned by mid-March 2015.
Procurement of Point of Care Testing Equipment for the RPC	23 February 2015	The equipment is expected to arrive on Nauru and be commissioned by the end of April 2015.
Establishment of The Club Pilot Programme on Nauru	26 February 2015	The Club Pilot Programme mental health initiative commenced 1 April 2015.

Visiting Specialists to Nauru RPC June 2014 – May 2015

2014	
General Physician	23 - 25 June
Optometrist	29 July -7 August
Obstetrician (+sonographer)	30 July - 2 August
Ear Nose & Throat Specialist	15-18 August
Obstetrician	1 -4 September
Paediatrician	12 -17 September
Sonographer	6-10 October
Obstetrician	6-10 October
Obstetrician (+ Sonographer)	2-4 November
Paediatrician + Paediatric Nurse	29 November - 3 December
Optometrist/Optical Dispenser	1 - 12 December
2015	
Physiotherapist	3 -10 January
Obstetrician (+ Sonographer)	28 -31 January
Physiotherapist	11 - 17 February
Obstetrician	28 February – 2 March
Optometrist	18 – 28 March
Physiotherapist	9 -16 March
Optometrist	18 – 28 March
Neonatal Nurse	29 -31 March
Obstetrician & Sonographer	29 – 31 March
Physiotherapist	13 - 20 April
ENT Specialist	15 - 20 April
Sonographer	29 April – 2 May
Obstetrician	29 April – 2 May
General Physician	2 -7 May 2015

Attachment D

**Nature of Medical Conditions of the Nauru RPC Cohort Currently Detained in Australia
(as at 14 May 2015)**

Musculoskeletal	26	20%
Pregnancy / Childbearing / Family Planning	20	15%
Psychological / Psychiatric	12	9%
Eye	10	8%
Cardiovascular	9	7%
Neurological	8	6%
Urological	9	7%
Digestive	7	5%
Ear	6	5%
Genital	7	5%
Other	17	13%
Total	131	100%

Ministerial Submission MS15-009504 – Advice for the Secretary

Ministerial Submission – Improving arrangements for medical transfers from the Nauru RPC to Australia

Secretary Correspondence No. 1434/2015

The Secretary has agreed to expand health services on Nauru in order to further reduce the number of medical transfers. The priority services to be provided are:

a. MRI and CT scanning capability and staffing at Republic of Nauru Hospital;

- s. 47E(d), s. 33(a)(iii)

[Redacted text block]

b. A full time obstetrician to be placed at Republic of Nauru Hospital; and

- s. 47E(d), s. 33(a)(iii)

[Redacted text block]

c. A multidisciplinary mental health team with in-patient psychiatric facility at Republic of Nauru Hospital.

- s. 47E(d), s. 33(a)(iii)

[Redacted text block]

s. 47E(d), s. 47C

[Redacted text block]

- s. 47E(d), s. 47C

[Redacted text block]

That a new triage process has been implemented to ensure more efficient treatment and transfer outcomes, reducing the time spent in Australia for treatment

- s. 47E(d) [REDACTED]
 - s. 47E(d), s. 47F
s. 47E(d), s. 47F
 - s. 47E(d), s. 47F
- s. 47E(d), s. 47C [REDACTED]
 - s. 47E(d), s. 47F [REDACTED]
 - s. 47E(d) [REDACTED]

Note, as the Secretary has discussed with you on 12 May, he intends to establish a Band 2 level Chief Medical officer/Surgeon General of the ABF at the portfolio level who will provide oversight and ultimate decision making on timing of returns;

- On 15 June 2015, the Department advertised for the position of “Surgeon General - Chief Medical Officer” at the SES Band 2 classification to provide expert medical advice to the ABF Commissioner and the Secretary on a range of portfolio health matters and contribute to the overall strategic direction from a clinical health care perspective. Applications close on Friday 3rd July 2015.

s. 47E(d) [REDACTED]

- s. 47E(d), s. 47C [REDACTED]

s. 47E(d), s. 47C, s. 33(a)(iii) [REDACTED]


s. 47E(d), s. 47C, s. 33(a)(iii) [REDACTED]

- s. 47E(d), s. 47C, s. 33(a)(iii) [REDACTED]

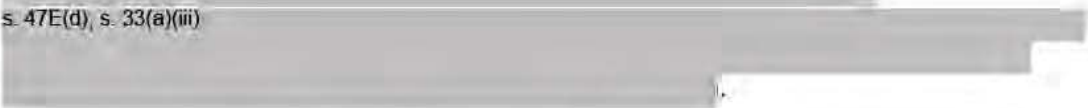
Transfer from Nauru to PNG for medical treatment

- Pacific International Hospital (PIH) in Port Moresby offers a broad scope of medical services at a high standard. PIH has expressed a willingness to treat patients from Nauru.

- s. 47E(d), s. 33(a)(iii)



- s. 47E(d), s. 33(a)(iii)



An additional Ministerial Submission (MS15-012818), *Regional Processing Countries – update* s. 47E(d), s. 47C, was provided to the Minister's Office on 24 June 2015. A copy of this submission is attached.

Authorised by:

Paul Windsor
A/g FAS Detention Services

Cleared by:

Cindy Briscoe
Deputy Commissioner Support

CC to:

Roman Quaadvlieg
Commissioner, ABF



Australian Government
Department of Immigration and Border Protection

Submission

For information

PDMS Ref. Number MS15-012818

To Minister for Immigration and Border Protection

Subject Regional Processing Countries – update s. 47E(d), s. 47C
s. 47E(d), s. 47C

Timing 7 July 2015

Recommendations

That you:

1. note the information provided in this brief.

noted / please discuss

Minister for Immigration and Border Protection

Signature.....

Date:...../...../2015

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Minister's Comments				
Rejected Yes/No	Timely Yes/No	Relevance <input type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

Key Issues

1. s. 47C, s. 47E(d), s. 33(a)(iii)

Strengthening health services on Nauru

2. The contracted Health Service Provider, International Health and Medical Services (IHMS), has provided proposals to implement the initiatives detailed at Recommendation One of MS15-009504 (refer **Attachment A**).

3. The status of these services are:

- a. MRI and CT scanning capability and staffing at the Republic of Nauru (RoN) Hospital

s. 47C, s. 47E(d), s. 33(a)(iii)

- b. A full time obstetrician to be placed at the Republic of Nauru Hospital

s. 47C, s. 47E(d), s. 33(a)(iii)

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c. A multidisciplinary mental health team with inpatient psychiatric facility at RoN Hospital

s. 47C, s. 47E(d), s. 33(a)(iii)

Use of visiting surgical teams

4. Further to paragraph 25 of Information Submission *MS15-014365* (refer **Attachment B**), on 7 June 2015, utilising the existing ACBPS contract with Aspen Medical for "Provision of Marine Medical Services", the department engaged a surgical team which was deployed to Nauru within a short timeframe and at very reasonable cost for s. 47F

5. s. 47F

s. 47E(d), s. 33(a)(iii)

6. The department is facilitating further deployments to Nauru of surgical teams and other specialists (in addition to the specialist visits already organised by IHMS). Following an assessment of cases on Nauru awaiting possible medical transfer to Australia, s. 47E(d)

s. 47C, s. 47E(d)

s. 47E(d)

Transfers to third countries for medical treatment

7. Further to recommendation six of *MS15-009504* (refer **Attachment A**), the department has investigated options for moving transferees and refugees from Regional Processing Countries (RPCs) to other countries in the region for medical treatment.

s. 33(a)(iii), s. 47C, s. 47E(d)

s. 47C, s. 47E(d)

8. s. 33(a)(iii), s. 47C, s. 47E(d)

9. s. 42(1), s. 47C, s. 47E(d)

10. s. 42(1), s. 47C, s. 47E(d)

11. s. 42(1), s. 47C, s. 47E(d)

[REDACTED]

Refugees

12. Refugees requiring health services that are not available on Nauru are eligible for transfer to a third country to receive specialised care through Nauru's Overseas Medical Referral (OMR) process. In accordance with Nauru's health system, all OMRs are progressed in order of medical priority.

13. The Government of Nauru (GoN) has responsibility for facilitating the OMR of any person in the Nauruan community, including refugees. s. 33(a)(iii), s. 47E(d)

[REDACTED]

14. s. 33(a)(iii), s. 47E(d), s. 42(1), s. 47C

[REDACTED]

15. s. 33(a)(iii), s. 47E(d), s. 47C

[REDACTED]

Option 2: Transfer from Nauru to PNG for medical treatment

16. s. 33(a)(iii), s. 47E(d)

[REDACTED]

17. s. 33(a)(iii), s. 47E(d), s. 42(1)

[REDACTED]

Transferees

18. s. 33(a)(iii), s. 47E(d), s. 42(1)

[REDACTED]

19. s. 33(a)(iii), s. 47E(d), s. 42(1)

[REDACTED]

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s. 33(a)(iii), s. 47E(d), s. 42(1)

s. 33(a)(iii), s. 47E(d), s. 42(1)

20. s. 33(a)(iii), s. 47E(d), s. 42(1)

s. 33(a)(iii), s. 47E(d), s. 42(1)

21. s. 33(a)(iii), s. 47E(d), s. 47C

Refugees

22. s. 33(a)(iii), s. 42(1), s. 47C

23. s. 33(a)(iii)

24. s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d), s. 47C

s. 33(a)(iii), s. 47E(d), s. 47C

s. 33(a)(iii), s. 47E(d), s. 47C

s. 33(a)(iii), s. 47E(d), s. 47C

Preferred Approach

Transferees

25. s. 33(a)(iii), s. 47E(d), s. 47C

26. s. 33(a)(iii), s. 47E(d), s. 47C

Refugees

27. s. 33(a)(iii), s. 47E(d), s. 47C

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s. 33(a)(iii), s. 47E(d), s. 47C

Background

Use of Aspen Medical for visiting surgical and specialist teams

28. While the department will look to conduct a request for tender process for such additional secondary and tertiary level health services in the medium term, in the short term it will utilise the services that can be provided quickly by Aspen Medical through the existing ACBPS contract, which ceases on 31 December 2016.

s. 33(a)(iii), s. 47E(d), s. 42(1), s. 47C

29. s. 33(a)(iii), s. 47E(d), s. 42(1), s. 47C

s. 33(a)(iii), s. 47E(d), s. 42(1)

s. 33(a)(iii), s. 47E(d), s. 42(1), s. 47C

30. s. 33(a)(iii), s. 47E(d), s. 42(1), s. 47C

s. 33(a)(iii), s. 47E(d), s. 42(1)

s. 33(a)(iii), s. 47E(d), s. 42(1), s. 47C

s. 33(a)(iii), s. 47E(d), s. 42(1), s. 47C

Consultation

32. Within the department, discussion has occurred with the Returns and Removals Strategy and Support Section, Offshore Settlement Branch and the Special Counsel. s. 33(a)(iii), s. 47E(d), s. 47C

Consultation – Secretary/CEO

33. The Secretary has not been directly consulted about the content of this submission.

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Client service implications

34. There are no client service implications.

Sensitivities

35. There is likely to be criticism by advocacy groups regarding any measures which decrease medical transfers from RPCs to Australia.

Financial/systems/legislation/deregulation implications

36. Additional expenditure for health improvements on Nauru will be sourced from the existing budget. There are no systems, legislation or deregulation implications identified to date.

Attachments

Attachment A Submission MS15-009504 – Improving arrangements for medical transfers from the Nauru Regional Processing Centre to Australia

Attachment B Submission MS15-014365 – Action to provide treatment s. 47F

Attachment C s. 33(a)(iii), s. 47E(d), s. 42(1)

Authorising Officer Cleared by: Neil Skill First Assistant Secretary, Detention Services Division Department of Immigration and Border Protection Date: 23/06/2015 Cleared Electronically Ph: s. 22(1)(a)(ii)

Contact Officer s. 22(1)(a)(ii) A/g Assistant Secretary, Health Services Branch Ph: s. 22(1)(a)(ii)

Through: Cindy Briscoe, Deputy Secretary, Immigration Status Resolution Group Ph: s. 22(1)(a)(ii)

CC Assistant Minister for Immigration and Border Protection
CEO
Deputy CEO
Deputy Secretaries
Special Counsel

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Australian Government
Department of Immigration and Border Protection

Submission

For information

PDMS Ref. Number MS15-009504

To Minister for Immigration and Border Protection

Subject Improving arrangements for medical transfers from the Nauru Regional Processing Centre to Australia

Timing Please action by 29 May 2015

Recommendations

That you:

1. note the Secretary has agreed to expand health services on Nauru s. 47E(d) [REDACTED] noted / please discuss
[REDACTED]. The priority services to be provided are:
 - a. MRI and CT scanning capability and staffing at Republic of Nauru Hospital; noted/please discuss
 - b. A full time obstetrician to be placed at Republic of Nauru Hospital; and noted/please discuss
 - c. A multidisciplinary mental health team with in-patient psychiatric facility at Republic of Nauru Hospital. noted/please discuss
2. s. 47E(d) [REDACTED] noted/please discuss
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
a. s. 47E(d) [REDACTED] noted/please discuss
3. s. 47E(d) [REDACTED] noted/please discuss
[REDACTED]
[REDACTED]
[REDACTED];

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4. note, as the Secretary has discussed with you on 12 May, he intends to establish a Band 2 level Chief Medical officer/Surgeon General of the ABF at the portfolio level who will provide oversight and ultimate decision making on timing of returns; noted / please discuss

5. s. 47E(d) [REDACTED] noted / please discuss
[REDACTED]
[REDACTED]
[REDACTED]

6. s. 47C, s. 47E(d), s. 33(a)(iii) [REDACTED] noted / please discuss
[REDACTED]
[REDACTED]

Minister for Immigration and Border Protection

Signature.....

Date:...../...../2015

Minister's Comments				
Rejected Yes/No	Timely Yes/No	Relevance <input type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

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Key Issues

1. In response to Submission MS15-001045 Nauru Regional Processing Centre – Transfers to Australia for Medical Treatment (Attachment A) you requested further advice regarding:

- Providing MRI and CT capability at Nauru;
- International recruitment of specialist obstetrician) s. 47C, s. 47E(d)
- Establishment of acute psychiatric services; and
- s. 47C, s. 47E(d)

MRI and CT scanning capability

2. While establishing MRI/CT scanning technology in Nauru would require a significant up-front capital expenditure, both for the equipment and necessary infrastructure requirements, as well as on-going expenditure for operation and maintenance, I have discussed the matter with the Secretary and he has agreed with my recommendation that these services should be provided as a priority. As at 31 March 2015, musculoskeletal issues requiring transfer to Australia from Nauru make up 18% of the medical transferee cohort detained in Australia.

3. s. 47C, s. 47E(d)

• s. 47C, s. 47E(d)

• s. 47C, s. 47E(d)

4. s. 47C, s. 47E(d)

5. s. 47C, s. 47E(d)

6. The construction of additional surgical and inpatient facilities at the Republic of Nauru (RoN) Hospital is progressing (expected completion late 2015) and once completed will further reduce the need for scheduled minor surgical medical transfers to Australia, but will not address issues regarding more complex surgeries and/or acute presentations (the facilities will be staffed on a fly in fly out basis for pre-scheduled surgeries).

Recruitment of an Obstetrician

7. The Secretary has also agreed with my recommendation that a full time permanent obstetrician be placed at the Republic of Nauru Hospital s. 47C, s. 47E(d)

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s. 47C, s. 47E(d)

s. 47C, s. 47E(d), s. 33(a)(iii)

8. s. 47C, s. 47E(d)

s. 47C, s. 47E(d), s. 33(a)(iii)

9. s. 47C, s. 47E(d)

Establishment of acute psychiatric services

10. s. 47E(d)

s. 47E(d), s. 47F

11. s. 47C, s. 47E(d)

IHMS has

identified two options to enhance the mental health support capability on Nauru:

- the establishment of an in-patient psychiatric unit at the RoN Hospital; or
- s. 47C, s. 47E(d)

12. The Secretary has further agreed with my recommendation that we move to establish a multidisciplinary mental health team (including Psychiatrists, Psychologists, and Mental Health Nurses) with in-patient psychiatric facility at the Republic of Nauru Hospital. s. 47C, s. 47E(d), s. 33(a)(iii)

s. 47C, s. 47E(d), s. 33(a)(iii)

13. s. 47C, s. 47E(d), s. 33(a)(iii)

14. s. 47C, s. 47E(d), s. 33(a)(iii)

15. s. 47C, s. 47E(d), s. 33(a)(iii)

16. s. 47C, s. 47E(d)

s. 47C, s. 47E(d)

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17. The department acknowledges that keeping families together, particularly minor children and their parents, contributes to better health and mental health outcomes for families. This is in keeping with Articles 9(1) (children should not be separated from their parents against their will unless it is their best interests, for example, in cases of abuse or neglect), 16(1) (children should not be subjected to arbitrary/unlawful interference with their family) and 3(1) (best interests of the child) of the Convention on the Rights of the Child (CRC). The presence of family, including an extended family member or other appropriate support person, may also be appropriate where a medical diagnosis may be traumatic (for example, in relation to possible cancer diagnosis), where there are daily caring and assistance needs, or for cultural reasons (for example, a young woman travelling alone). Article 16(1) of the CRC is also reflected in Article 17(1) of the International Covenant on Civil and Political Rights (ICCPR), and Article 23(1) of the ICCPR also recognises that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State. Australia is a party to the CRC and the ICCPR.

18. Maintaining the family unit is also widely recognised as one of the key positive protective factors in keeping children safe from abuse. Risk factors for children increase where children are separated from one or more of their primary care givers, including where they are placed in the care of extended family such as aunts and uncles.

19. s. 47E(d)

[REDACTED]

s. 47E(d)

[REDACTED]

20. s. 47E(d)

[REDACTED]

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21. s. 47E(d)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22. s. 47E(d)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

23. Going forward, the outcome of the Secretary's health review (establishment of a Band 2 level Chief Medical Officer/Surgeon General of the Australian Border Force) will provide the opportunity for further direct clinical oversight of both IHMS recommendations for medical transfer to Australia and timing of returns.

s. 47E(d)

[REDACTED]

24. s. 47E(d)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- s. 47E(d)

[REDACTED]

[REDACTED];

- s. 47E(d)

[REDACTED];

- s. 47E(d)

[REDACTED]

[REDACTED]

- s. 47E(d)

[REDACTED]

[REDACTED]

- s. 47E(d)

[REDACTED]

[REDACTED]

s. 42(1), s. 47C

[REDACTED]

25. s. 42(1), s. 47C

[REDACTED]

[REDACTED]

[REDACTED]

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26. Increasingly, transferees undergoing medical treatment in Australia have obtained legal representation to attempt to prevent their return to Nauru. s. 42(1), s. 47C

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Background

27. IHMS provides primary health care services (contractually required to be at a level which is broadly comparable with Australian standard) and advanced life support capacity onsite at the Nauru RPC (with a view to stabilising and maintaining a patient until they can be moved to an appropriate tertiary level care facility). IHMS also facilitates the provision of allied, secondary and tertiary care for transferees, utilising the RoN Hospital where possible.

28. s. 47C, s. 33(a)(iii)

[REDACTED]

[REDACTED]

[REDACTED] its Overseas Medical Referral Programme, through which Nauruan nationals requiring more complex diagnosis and health care travel to countries including Fiji, India and Taiwan to obtain these services. s. 42(1), s. 47C

[REDACTED]

[REDACTED]

[REDACTED] Accordingly, transferees currently are transferred to Australia for necessary allied, secondary and tertiary care that cannot be provided in Nauru, based on clinical recommendations from IHMS and with the approval, on a case by case basis, of the First Assistant Secretary Infrastructure and Services Division.

29. The department has worked with IHMS and the Government of Nauru to expand the health capability and range of health services available to transferees on Nauru, thereby reducing the number of medical transfers to Australia (recent health capability improvements are listed at Attachment B). A tele-health service at the RPC and a programme of visiting specialists and allied health providers has been established. A summary of the visiting specialists attending Nauru from June 2014 – May 2015 is included at Attachment C.

30. As at 14 May 2015 there are 296 medical transferees and their accompanying family from Nauru in Australia. Data analysis as at 14 May 2015 (Attachment D) provides the nature of medical condition in the Nauru RPC cohort detained in Australia. The most common reasons for medical transfers to Australia are musculoskeletal, pregnancy/birthing/family planning and mental health conditions (these three conditions account for 45% of transfers).

Consultation – internal/external

International Health and Medical Services, Legal Division, Offshore Operations Branch, Child Protection and Wellbeing Branch, Infrastructure Branch, Detention and Compliance Branch and the Chief Medical Officer have been consulted in the preparation of this submission.

Consultation – Secretary/CEO

The Secretary is aware of the content of this brief.

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Client service implications

There are no client service implications. s. 33(a)(iii)

Sensitivities

There is likely to be criticism by advocacy groups in regards to any changes in the family policy.

s. 47C, s. 33(a)(iii)

Financial/systems/legislation/deregulation implications

s. 47C, s. 33(a)(iii)

s. 47C, s. 33(a)(iii)

This is further compounded by the Budget decision to reduce RPC operations funding by three percent.

The current Regional Processing Countries Health Services Contract expires on 31 October 2015. This may pose a challenge in recruitment given the limited tenure.

Attachments

Attachment A MS15-001045 Nauru Regional Processing Centre – Transfers to Australia for Medical Treatment

Attachment B Recent Health Capability Improvements on Nauru

Attachment C Visiting Specialists to Nauru RPC June 2014 – May 2015

Attachment D Nature of Medical Conditions of the Nauru RPC Cohort Currently Detained in Australia (as at 14 May 2015)

Authorising Officer

Cleared by:

Cindy Briscoe
Deputy Secretary
Immigration Status Resolution Group

Date: 15 May 2015

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

Contact Officer Through Mark Painting, A/g First Assistant Secretary, Infrastructure and Services Division, Ph: s. 22(1)(a)(ii)

CC Minister for Immigration and Border Protection
Secretary
Deputy Secretaries

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Australian Government
Department of Immigration and Border Protection

Submission

For information

PDMS Ref. Number MS15-014365

To Minister for Immigration and Border Protection

Subject Action to provide treatment to s. 47F
[redacted] and options for other, enduring specialist medical treatment on Nauru.

Timing Please action by 5 June 2015 to provide a timely reply to Senator Hanson-Young.

Recommendations

That you:

- | | |
|--|-------------------------|
| 1. note the possible options being investigated to provide specialist medical care to refugees and transferees on Nauru and therefore s. 47E(d) [redacted] | noted / please discuss |
| 2. note the imminent deployment of a specialist medical team to Nauru to provide s. 47F [redacted] and [redacted] | noted / please discuss |
| 3. sign the attached letter to Senator Hanson-Young. | signed / please discuss |

Minister for Immigration and Border Protection

Signature.....

Date:...../...../2015

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Minister's Comments				
Rejected Yes/No	Timely Yes/No	Relevance <input type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

Key Issues

1. s. 47E(d) [redacted]
[redacted] we have investigated a range of options that would facilitate the provision of additional, specialist health care for refugees and transferees on Nauru.
2. The options considered include:
 - s. 47E(d), s. 47C, s. 33(a)(iii) [redacted]
 - s. 47E(d), s. 47C, s. 33(a)(iii) [redacted]
 - s. 47E(d), s. 47C, s. 33(a)(iii) [redacted]
 - s. 47E(d), s. 47C, s. 33(a)(iii) [redacted]
 - s. 47E(d), s. 47C, s. 33(a)(iii) [redacted]
3. s. 47E(d), s. 33(a)(iii), s. 47F [redacted]

Background**OMR**

4. s. 47E(d), s. 33(a)(iii) [redacted]
5. s. 47E(d), s. 33(a)(iii) [redacted]

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s. 47E(d), s. 33(a)(iii)

[REDACTED]

6. s. 47E(d), s. 33(a)(iii), s. 47C

[REDACTED]

7. s. 47E(d), s. 33(a)(iii)

[REDACTED]

s. 47E(d), s. 33(a)(iii), s. 47C

8. s. 47E(d), s. 33(a)(iii), s. 47C

[REDACTED]

9. While preliminary work has begun to enhance the facilities and establish surgical and other capability at the RON Hospital (MS15-009504 refers at Attachment A), and noting your instruction to expedite the works, they will not be in place until later in 2015.

10. s. 47E(d), s. 33(a)(iii), s. 47C

[REDACTED]

s. 47E(d), s. 33(a)(iii), s. 47C

11. s. 47E(d), s. 33(a)(iii), s. 47C

[REDACTED]

12. s. 47E(d), s. 33(a)(iii), s. 47C

[REDACTED]

13. s. 47E(d), s. 33(a)(iii), s. 47C

[REDACTED]

s. 47E(d), s. 33(a)(iii), s. 47C

14. s. 47E(d), s. 33(a)(iii), s. 47C

[REDACTED]

s. 47E(d), s. 33(a)(iii), s. 47C

15. s. 47E(d), s. 33(a)(iii), s. 47C, s. 47F

[REDACTED]

16. s. 47E(d), s. 33(a)(iii), s. 47C, s. 47F

[REDACTED]

17. s. 47E(d), s. 33(a)(iii), s. 47F

[REDACTED]

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18. s. 47E(d), s. 33(a)(iii), s. 47C, s. 47F

s. 47E(d), s. 33(a)(iii), s. 47C

19. s. 47E(d), s. 33(a)(iii), s. 47C

Next Steps

20. s. 47E(d), s. 33(a)(iii)

21. s. 47E(d), s. 33(a)(iii)

22. s. 47E(d), s. 33(a)(iii)

23. s. 47E(d), s. 33(a)(iii)

24. Senator Hanson-Young wrote to you in relation to this matter. A draft response is at Attachment B.

25. s. 47E(d), s. 33(a)(iii)

Consultation – internal/external

s. 47E(d), s. 33(a)(iii)
s. 47E(d), s. 33(a)(iii), s. 42(1)

s. 47E(d), s. 33(a)(iii), s. 42(1)

Regional

Processing and Settlement was consulted in relation to the on ground situation and logistical challenges with the solutions. Health Services branch was consulted and undertook direct consultation with contracted and competing medical service providers.

s. 47E(d), s. 33(a)(iii), s. 47C

s. 47E(d), s. 33(a)(iii), s. 47C

Consultation – Secretary/CEO

The Secretary was consulted on the approach.

Client service implications

s. 47E(d), s. 33(a)(iii)

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FOR OFFICIAL USE ONLY**Sensitivities**

This subject has already been the subject of media and Parliamentary interest.

Financial/systems/legislation/deregulation implications

s. 47E(d)

[REDACTED]

[REDACTED]

Attachments

Attachment A MS15-009504 Improving Arrangements for Medical Transfers from the Nauru RPC

Attachment B Letter to Senator Hanson Young

Authorising Officer

Cleared by:

Neil Skill
First Assistant Secretary
Detention Services Division

Date: 04/06/2015

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

Contact Officer Neil Skill, First Assistant Secretary, Detention Services Division, Ph: s. 22(1)(a)(ii)

Through Cindy Briscoe, Deputy Secretary, Immigration Status Resolution Group

CC Assistant Minister for Immigration and Border Protection (delete one)
Secretary
CEO
Deputy CEO
Deputy Secretaries
Cmdr, JATF

LEGAL – IN - CONFIDENCE

Attachment C

s. 42(1)

A large rectangular area of the document is redacted with a solid grey block.

2 June 2015

s. 42(1)

A large rectangular area of the document is redacted with a solid grey block.

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LEGAL – IN - CONFIDENCE

27 May 2015

s. 42(1)



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LEGAL – IN - CONFIDENCE

s. 42(1)



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LEGAL – IN - CONFIDENCE

s. 42(1)



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LEGAL – IN - CONFIDENCE

s. 42(1)



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LEGAL – IN - CONFIDENCE

s. 42(1)



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LEGAL – IN - CONFIDENCE

s. 42(1)



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From
Deputy Secretary
Immigration Status Resolution Group

Secretary

Please find
attached update
on medical
arrangements for
RPC's as requested.

Regards
Cindy

cc Commissioner



Australian Government
Department of Immigration
and Border Protection

RECEIVED

31 JUL 2015

in the Office Of
The Commissioner ABE
Correspondence No: 440

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To:
Through

Commissioner
Deputy Secretary Policy

Cc:

Secretary
Deputy Commissioner Support
Dep Sec IC

Dep C'sev Ops
Dep Sec VCS

Dep Sec DCR
s. 33(a)(iii)

ANALYSIS OF RESEARCH/DATA ON

s. 33(a)(iii)

s. 33(a)(iii)

Timing:

Routine.

Purpose

s. 33(a)(iii)

Background:

1. At your request (**Attachment A**), the Policy Research and Statistics Branch has prepared a brief containing an analysis of research/data s. 33(a)(iii)
s. 33(a)(iii).
2. The brief (**Attachment B**) contains information on s. 33(a)(iii) and s. 33(a)(iii)
s. 33(a)(iii).

Consultation:

3. Research and analysis was undertaken by the Irregular Migration and Border Research Section. s. 33(a)(iii)

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s. 33(a)(iii)

Recommendation

It is recommended that you:

Note this brief containing an analysis s. 33(a)(iii)

Noted / Please Discuss

Rachael Spalding
First Assistant Secretary
Strategic Policy & Planning Division

Roman Quaadvlieg APM
Commissioner

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

..... / / 2015

30 / ...7... / 2015

Contact Officer: s. 22(1)(a)(ii)

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

Attachments:

- A. ABF Commissioner's request for information (for context)
- B. Brief – analysis of research/data into s. 33(a)(iii)
(for information)

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

From: s. 22(1)(a)(ii)
Sent: Monday, 20 July 2015 8:37 AM
To: s. 22(1)(a)(ii)
Cc: s. 22(1)(a)(ii)
Subject: FW: Research Request from Commissioner [SEC=UNCLASSIFIED]

UNCLASSIFIED

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

Could you please have a look at the request below and let me know what you can do. Please note the tight timeframe

s. 22(1)(a)(ii)
A/g Assistant Secretary
Policy Research and Statistics Branch
Department of Immigration and Border Protection
Telephone: s. 22(1)(a)(ii)
Mobile: s. 22(1)(a)(ii)
Email: s. 22(1)(a)(ii)@border.gov.au

UNCLASSIFIED

From: Rachael SPALDING
Sent: Monday, 20 July 2015 8:31 AM
To: s. 22(1)(a)(ii)
Cc: s. 22(1)(a)(ii)
Subject: Research Request from Commissioner [SEC=UNCLASSIFIED]

s. 22(1)(a) and s. 22(1)

The Commissioner has requested that we do some research on s. 33(a)(iii). Cindy Briscoe relayed the request to me and explained that the Commissioner's request was made in connection with our ongoing Regional Processing and Settlement Operations – so in essence the question relates to understanding s. 33(a)(iii).

He is seeking input within a fortnight.

Thank you very much.

Rachael.

Rachael Spalding
First Assistant Secretary Strategic Policy and Planning
Department of Immigration and Border Protection
EA: s. 22(1)(a)(ii) P: s. 22(1)(a)(ii) E: s. 22(1)(a)(ii)@border.gov.au
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s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

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s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)



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To:
Through
Cc:

Commissioner
Deputy Secretary Policy *RW 2/10*
Secretary
Deputy Commissioner Support



RESEARCH BRIEF: s. 33(a)(iii)

Timing:
Routine.

Purpose:

To provide you with an analysis of the available research/data into s. 33(a)(iii)

Background:

1. s. 33(a)(iii)
2. s. 33(a)(iii)
3. s. 33(a)(iii)
4. The findings in this report are based on a broad range of available quantitative and qualitative sources, including academic literature, departmental information/data, various United Nations, Australian Government and NGO reports and media reporting.
5. The research and analysis was undertaken by the Irregular Migration and Border Research Section.

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Consultation:

6. This research task involved consultation with the following line areas, including the provision of information/data:

- Nauru Settlement Section;
- Nauru Coordination Section;
- Detention, Regional Processing and Community Reporting Section;
- Detention and Removals Planning Section; and
- s. 33(a)(iii), s. 47E(d)

Recommendation

It is recommended that you:

Note this brief containing an analysis of research/data into s. 33(a)(iii)

Noted / Please Discuss

Rachael Spalding
First Assistant Secretary
Strategic Policy & Planning Division

Roman Quaadvlieg APM
Commissioner

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

..... / / 2015

..... / / 2015

Contact Officer: s. 22(1)(a)(ii)

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

Attachments:

A. ABF Commissioner's request for information (for context).

B. Research Brief – s. 33(a)(iii) information).

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Australian Government
Department of Immigration
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Commissioner
Deputy Secretary Policy
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Dep Sec IC

Dep C'sev Ops
Dep Sec VCS

Dep Sec DCR
s. 33(a)(iii)

ANALYSIS OF RESEARCH/DATA ON s. 33(a)(iii)

s. 33(a)(iii)

Timing:

Routine.

Purpose

To provide you with an analysis of the available research/data into s. 33(a)(iii)

s. 33(a)(iii)

Background:

- At your request (**Attachment A**), the Policy Research and Statistics Branch has prepared a brief containing an analysis of research/data on s. 33(a)(iii).
- The brief (**Attachment B**) contains s. 33(a)(iii)

Consultation:

- Research and analysis was undertaken by the Irregular Migration and Border Research Section.

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1. Purpose of the report

This report is in response to the Commissioner's request for further research following the report provided on s. 33(a)(iii) (July 2015). (see Attachment A: Commissioner's comments).

s. 33(a)(iii)

More broadly, the Nauru findings would be used to undertake further comparative analysis between the patterns and trends identified in Nauru and the following groups of interest:

- The Pacific region.
- The Australian community.
- The Australian detention system.

Data Limitations

Due to significant data limitations, **it was not possible to undertake the kind of comparative analysis outlined in the research request**. The following points explain some of the key challenges faced while undertaking this analysis.

1. s. 33(a)(iii)
2. s. 33(a)(iii)
 - a. s. 33(a)(iii), s. 47E(d)
 - b. s. 33(a)(iii)
3. s. 33(a)(iii)
4. Using incident reporting data to measure the incidence of violence in relation to transfers in the Regional Processing Centre and the refugees residing in the community has significant caveats and the findings should be treated with caution (Please refer to Section 6 on page 14 for a more detailed explanation).

¹ 'Violence against the person' can be defined as any incident involving the occurrence, attempt or threat of either physical or sexual assault experienced by a person (ABS 2014b). This includes any use of physical force with the intention of harming or frightening a person, as well as any acts of a sexual nature that are carried out against a person's will.

Key Findings

s. 33(a)(iii)

[REDACTED]

s. 33(a)(iii)

- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]
 - s. 33(a)(iii) [REDACTED]

s. 33(a)(iii)

[REDACTED]

s. 33(a)(iii)

[REDACTED]

s. 33(a)(iii)

- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]

² This analysis on the Nauru community is largely based on four key reports - Nauru: A situation analysis of Children, Women and Youth (2005); Nauru Progress Report 1990-2011: Millennium Development Goals (August 2012); Nauru Family Health and Support Study (2014) and the Asian Development Bank: Nauru Country Economic Report (2007).

- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]

s. 33(a)(iii) [REDACTED]

s. 33(a)(iii) [REDACTED]

- s. 33(a)(iii) [REDACTED]

s. 33(a)(iii) [REDACTED]

[REDACTED] s. 33(a)(iii)

s. 33(a)(iii) [REDACTED] :

- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]
- s. 33(a)(iii) [REDACTED]

s. 33(a)(iii) [REDACTED]

³ s. 33(a)(iii) [REDACTED]

⁴ s. 33(a)(iii) [REDACTED]

⁵ s. 33(a)(iii) [REDACTED]

⁶ For additional information on the RPCs please refer to [Appendix 3](#).

2. Measuring the prevalence of violence

s. 33(a)(iii)

In an analysis of the challenges involved in research on violence the ABS advised that it is not possible to capture the information required to build a full picture of the incidence of violence in a community through a single data source (ABS 2014b). Multiple sources of information are needed to provide data on different aspects of violent crime and rates of victimisation to gain a comprehensive understanding of the issues. Administrative data collected by entities such as police, hospitals and community service providers is identified as one of the most important sources, but given the issues around data quality and consistency in record keeping, definitions of data items which may make comparability and analysis challenging, on its own administrative data is not sufficient to provide a true picture of the levels of violence in a community (ABS 2011). In Nauru's case, and in relation to the region more generally, there is insufficient administrative data and other research data/information available to get a clear picture.

Under-reporting is also identified by the ABS (2015) as a significant problem in understanding the true levels of violence in a community. The reasons for not reporting a crime to the police or other service providers vary widely. A victim may choose not to disclose details due to the sensitive and personal nature of the offence (for instance, sexual assault or abuse), or if they hold a belief that the police would not take action in response to their report. The victim may also fear reprisal from the offender, feel shame or embarrassment, or want to deal with the issue themselves (ABS 2015).

High levels of under-reporting is also influenced by cultural attitudes, norms and practices. Cultural differences influence cultural perceptions of violence, and what is considered to be violence. The way violence is understood, reported, described and discussed varies enormously between cultures and especially in relation to gender, religion and ethnicity (Karla & Bhugra 2013; Barak 2006).

s. 33(a)(iii)

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3. s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s

s. 33(a)(iii)

[REDACTED]

s. 33(a)(iii)

[REDACTED]

s. 33(a)(iii)

[REDACTED]

4. Background on Nauru

Geographically, Nauru is one of the smallest states in the world, with a total land area of just 21.1 square km and has the highest population density in the region. According to the most recent census in 2011, the total population of Nauru was 10,084, made up of Nauruans (58 per cent), other Pacific Islanders (26 per cent), Chinese (8 per cent) and Europeans (8 per cent) (CIA 2015; Republic of Nauru 2012, pp. 7-12). The census included Nauruans who are living, working and residing for educational purposes overseas, thus reducing the number of residents living on the island at any one time.⁸

The social, political and economic circumstances of Nauru have undergone significant shifts over the past several decades. In the 1960s and 70s, Nauru's per capita income was the highest in the world due to income from phosphate mining. In 1992, the proportion of Nauru's foreign population was 70 per cent, declining to just 6 per cent by 2006 following the collapse of the mining industry (Phillips, 2014). By 2006, some observers suggested that Nauru had acquired many of the characteristics of a 'failed state' (Connell 2006).

In the past few years, Nauru's prospects have again improved with the reopening of the Regional Processing Centre (RPC) in September 2012. Today, Nauru's economy is largely dependent on the RPC and related services for refugee settlement. However, in spite of an increasing Gross Domestic Product (GDP) in recent years, primarily due to the injection of external aid and funding to support the RPC arrangements, Nauru has limited sources of internal revenue and very little local commercial activity. It remains vulnerable in terms of developing a sustainable economy in the long term (Das, 2013).

Just prior to the commencement of the RPC, unemployment was high, with youth unemployment at around 70 per cent. The economic activity relating to the RPCs has created new employment opportunities in security, construction, community services, police and fire fighters. (Nauru Settlement Section; DFAT 2015; Select Committee 2015, p.4).

Between 80-90 per cent of land in Nauru is customary land (held in accordance with traditional indigenous customs either collectively or jointly by families) (Patterson N.D.). Indigenous Nauruans have few costs relating to accommodation and some receive regular income from mining royalties. The cost of living in relation to other necessities is high with most of the fresh produce and other consumer products on Nauru imported from Australia, Fiji and elsewhere in the region. Inflation is expected to climb to 8 per cent in 2015 (ADB 2015).

s. 33(a)(iii)

For more information see [Appendix 4](#).

⁸ There is no data available to calculate how many Nauruans are currently residing in countries overseas.

⁹ Based on information in the recent Select Committee report (2015), and anecdotal reporting.

Analysis of the impact on Nauru of the RPCs and refugees being resettled in the local community

The demographic and social make-up of Nauru has been impacted by the settlement in the community of refugees who now comprise around 5 per cent of the population (a significant change given the small population, the confined geographical location and the diverse nature of the refugee population). This number is predicted to increase to well over 10 per cent in the near future as more transferees complete their refugee status resolution processes.¹⁰

Currently more than 37 per cent of refugees residing in the Nauru community are single adult males, including young male unaccompanied minors now aged between 17-19 years old.¹¹ Once all of the refugees are resettled in the community (1179 people), approximately 47% will be single adult males.

Some key points to consider:

- s. 33(a)(iii) [redacted]
[redacted]
s. 33(a)(iii) [redacted]
[redacted]
[redacted]
- s. 33(a)(iii) [redacted]
[redacted]
[redacted]¹³
- s. 33(a)(iii) [redacted]
[redacted]
[redacted]
- s. 33(a)(iii) [redacted]
[redacted]¹⁴
- s. 33(a)(iii) [redacted]
[redacted]¹⁵

¹⁰ The first refugees were settled in the Nauru community in May 2014.

¹¹ As of September 2014, there were no unaccompanied minors in the RPC. Nearly all unaccompanied minors were granted refugee status and are now living in the Nauruan community under the guardianship of the Nauruan Minister for Justice. They are all between the ages of 17-19 years old (Moss 2015, p. 20).

¹² s. 33(a)(iii)

¹³ s. 33(a)(iii)

¹⁴ s. 33(a)(iii)

¹⁵ Ibid.

5. s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

¹⁶ s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

17

¹⁷ s. 33(a)(iii)

6. s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

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Caveats relating to incident reporting data

There are, however, important caveats that need to be considered when analysing incident reporting data that have a bearing on the extent one can rely on 'findings'.

Many incident reports cannot be verified for the following reasons

- Incident reports are based on allegations, many of which are unsubstantiated.
- Incident reporting can be based on second or third hand reporting that cannot be properly investigated for a variety of reasons, such as:
 - the alleged victim and/or perpetrator cannot be identified;
 - the alleged victim is reluctant to participate in an investigation, and/or
 - there are no witnesses to verify allegations.
- Incident reporting appears to be influenced to some degree by rumour, gossip and speculation.
- The motivation for making an incident report may be based on a perception that this may assist a transferee/refugee to improve their situation in some way.

High levels of under-reporting disguise the true scale and nature of physical and sexual violence against the person

- Experienced observers suggest that there are significant levels of under-reporting of actual events/incidents involving 'violence against the person' by refugees/transferees because of:
 - distrust of some service providers;
 - fear they may be subject to reprisals if they report;
 - reluctance to report sexual violence because of a sense of shame and embarrassment, and
 - deeply embedded cultural practices.¹⁸

¹⁸ For example, *bacha bazi* is an archaic social tradition in Afghanistan that tolerates a practice based on sexual companionship between powerful men and their adolescent boys.

s. 33(a)(iii)

s. 33(a)(iii)

Key findings

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii)

- s. 33(a)(iii)

- s. 33(a)(iii)

- s. 33(a)(iii)

- s. 33(a)(iii)

- s. 33(a)(iii)

- s. 33(a)(iii)

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s. 33(a)(iii)

s. 33(a)(iii)

¹⁹ s. 33(a)(iii), s. 47F

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s.
47E(d)

s. 33(a)(iii), s. 47E(d)

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s. 33(a)(iii), s. 47E(d)

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

s. 33(a)(iii), s. 47E(d)

[REDACTED]

- s. 33(a)(iii), s. 47E(d)
 - [REDACTED]
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s. 33(a)(iii), s. 47E(d)

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s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

S. [REDACTED]

s. 33(a)(iii), s. 47E(d) [REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

s. 33(a)(iii), s. 47E(d)

21

s. 33(a)(iii), s. 47E(d)

(For a list of some of the key documents and reports used for the study see [Appendix 1](#).)

²¹ s. 33(a)(iii), s. 47E(d)

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Appendix 1: List of Reviews Conducted

Date Completed	About
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Appendix 2: Resettled Refugees Residing in the Community

Crime and violence against the person

Refugees residing in the Nauru community are expected to report incidents involving crimes, violence or 'violence against the person' directly to the Nauru police. Connect Settlement Services, contracted to provide settlement services to refugees released into the community, provides assistance to refugees who request help to approach the Nauru Police Force. Under the reporting protocols any incidents reported to a service provider must also be reported to DIBP.

Background

On 3 August 2013, the Australian Government signed a memorandum of understanding (MOU) with the Government of Nauru that expanded previous offshore processing arrangements to include the settlement in Nauru of transferees who were determined as having refugee status (Moss 2015, p. 20). The first refugees were settled in the Nauru community in May 2014.

As at 24 August 2015, there were a total of 528 refugees residing in the Nauru community; 172 single adult males (SAM), 42 single adult females (SAF), 218 adults were in the community in a family group, 81 minors were members of a family and there were 26 unaccompanied refugee minors (URMs).

Of the 528 refugees residing in the Nauru community, 146 were employed; 71 in part-time positions and 75 in full-time positions. The five largest groups of resettled refugees by nationality are Iranians (203), Stateless (85), Pakistanis (71), Somalians (62) and Afghans (44).

Refugees are provided with modest self-catering accommodation in a mixture of purpose-built sites and privately leased houses in the Nauruan community. There are five main settlement sites on Nauru for transferees that have been granted refugee status;

- Anibare lodge (in the Anibare district) houses a mixture of family groups, couples and single adult females in lodge style accommodation (currently housing 63 refugees);
- Ijuw Lodge (in the Ijuw district) houses mainly family groups in lodge style accommodation (currently housing 47 refugees);
- Nibok Settlement Site (in the Nibok district) houses a mixture of family groups, couples, unaccompanied refugee minors (URMs), single adult men and single adult females in purpose built accommodation (currently housing 109 refugees);
- Ewa Settlement Site (in the Ewa district) houses a mixture of family groups, couples, URM, single adult men and single adult females in purpose built accommodation (currently housing 108 refugees); and
- Fly Camp (in the Meneng district) houses single adult men in purpose built accommodation (currently housing 104 refugees). Fly Camp is located in the centre of the island between RPC1 and RPC2 & RPC3.

In addition to the five main settlement sites on Nauru, there are currently 75 refugees living in 17 privately leased houses. The refugees living in privately leased accommodation are comprised of all cohorts including URM, single adult males and females, family groups and couples.

Connect Settlement Services is an Australian company contracted by the Department to provide settlement services to refugees on Nauru. Connect provides a specific care model for URM living in the Nauruan community. The model aims to support self-reliance and facilitates independent living skills. URM live in accommodation with varying levels of supervision as appropriate.²²

²² All information provided by the Nauru Settlement section.

Appendix 3: Background on the RPC on Nauru

On 29 August 2012, the Australian Government and the Government of Nauru signed a memorandum of understanding (MOU) to establish a regional processing centre (RPC). The transfer of asylum seekers to Nauru commenced on 13 September 2012 (Moss 2015, p. 20). Transferees determined as having refugee status could apply for settlement in Australia (Moss 2015, p. 20).

The policy was changed on 19 July 2013, when a new regional resettlement arrangement with Nauru was announced. Consequently, all illegal arrivals in Australia would be transferred to an RPC (Nauru or Manus Island) and transferees determined as refugees could not apply for settlement in Australia (Moss 2015, p. 20).

On 3 August 2013, the Australian Government signed another MOU with the Government of Nauru that expanded the previous offshore processing arrangements to include the settlement in Nauru of transferees who were determined as having refugee status (Moss 2015, p. 20).

The RPC has facilities and services for transferees who are single adult males or single adult females, transferees with family members or transferee couples without children. There are three facilities on Nauru (RPC1, RPC2 and RPC3) (Nauru Coordination section). RPC1 is primarily administration, education, medical facilities and supervised accommodation. RPC2 is comprised of two compounds and currently accommodates single males. RPC3 is comprised of nine compounds and accommodates families and single adult females (Nauru Coordination section).

As at 23 August 2015, the total number of transferees residing in the Nauru RPC was 642 (Nauru Coordination Section). RPC2A housed 280 male transferees and RPC2B housed 73 male transferees. RPC3 housed a total of 298 transferees; 491 male and 151 female (Nauru Coordination section).

As at September 2014, there were no unaccompanied minors in the RPC. Nearly all unaccompanied minors were granted refugee status and are now living in the Nauruan community under the guardianship of the Nauruan Minister for Justice (Moss 2015, p. 20). As at 23 August 2015, there were 91 transferee children at the Nauru RPC (Nauru Coordination Section).

In November 2014, a commitment was made to transitioning the Nauru RPC to an Open Centre by February 2015 in order to enhance the mental health and wellbeing of transferees within the RPC and promote goodwill between transferees, refugees and the local community (Nauru Coordination Section).

Within the RPC, transferees are allowed to move between the compounds, although there are arrangements in place to ensure the safety and security of transferees, such as curfews between separate areas (Nauru Coordination Section)

Eligible transferees are also able to exit and enter the centre between 09:00hrs and 17:00hrs (every day except Tuesday) through a designated exit point and move about the community unescorted. The airport remains out of bounds to transferees (Nauru Coordination Section).

Appendix 4: Country Profile of Nauru

Nauru is a coral island located in the central Pacific, 60 km south of the equator and 4000 kilometers northeast of Sydney. It belongs to the region of Micronesia. Its total land area is 21.1 square km. Nauru is 6km in length (from north-east to the south-west) and 4km in width (from the north-west to the south-east (Republic of Nauru 2012, p.1).

A raised, fossilized coral atoll, Nauru is one of three great phosphate rock islands in the Pacific Ocean. Nauru's population and environment are greatly influenced by its phosphate deposits. Due to phosphate mining, at least three-quarters of the island is deemed uninhabitable and unsuitable for any kind of livelihood. The two main employers are situated in the southern parts of Nauru: the Nauru Phosphate Corporation and the public service sector (Republic of Nauru 2012, p.1).

Population

According to the 2011 census, the total population of Nauru in 2011 was 10,084 made up of Nauruan 58%, other Pacific Islander 26%, Chinese 8%, European 8% (Central Intelligence Agency (CIA) 2015). The population density of Nauru is 478 people per km², which is very high compared with other countries globally (Republic of Nauru 2012, p.7-12).

Population structure

A large proportion of Nauru's population is aged under 15 years (38 per cent); 59 per cent of the population are in the so called working age groups (15-59 years) and there is a small population over the age of 60 (3 per cent). The median age in Nauru is 21.5 years (Republic of Nauru 2012, p. 15), compared with a median age in Australia of 36.9 years (ABS, 2010).

Foreign population in Nauru

In 1977, the proportion of Nauru's foreign population was 60 per cent. These proportions increased in 1992 to 70 per cent foreigners. In 2006, the proportion of foreigners dwindled to only 6 per cent as a result of a mass outflow of migrant workers and their families due to the collapse of the phosphate mining industry (Republic of Nauru 2012, p. 4).

Refugee community

By the end of August 2015, the refugee population residing in the community was around 5 per cent of the population and this percentage is expected to rise to around 12 per cent as more people are released into the community in the near future (DIBP).

Mortality

Nauru has a particularly low life expectancy, an average of 60.4 years. The average male life expectancy is 57.5 years and the average female life expectancy is 63.2 years (Republic of Nauru 2012, p. xvii).

The low life expectancy in Nauru has been attributed to the high prevalence of lifestyle diseases such as unhealthy diet, smoking, excessive alcohol consumption and a lack of regular physical exercise (Republic of Nauru 2012, p. xvii). The CIA (2015) estimates that 45.1 per cent of adults in Nauru are obese.

Education

Whilst the levels of school enrolment in Nauru are high, with 91.2 per cent of Nauruans aged 15 and over having received secondary education, educational qualifications attained are extremely low. In 2011, 73 per cent of the male population and 69 per cent of the female population aged 15

years and older had left school without any educational qualification. Only 5 per cent of males and females have a tertiary qualification (Republic of Nauru 2012, p. xvii).

Labour force

The unemployment rate in Nauru is high – 23 per cent of people are unemployed (21 per cent of males and 26 per cent of females). The youth unemployment rate of the population aged 15-19 was 70 per cent and for a people aged 20-24 was 36 per cent (Republic of Nauru 2012, p. xix).

Households

The average household size in Nauru is 6.0 people, however one third of all people in Nauru live in households of 10 or more people and 10 per cent of people live in households with 15 people or more (Republic of Nauru 2012, p. xvii).

Just over one-quarter of all households was connected to the Internet, and only 39 per cent of Nauruan households had a radio available. Radios are crucial in disaster management for transmitting important information to affected communities (Republic of Nauru 2012, p. xx).

Marriage and fertility

Together with the Marshall Island, Nauru has the highest teenage fertility rate in the Pacific region – an average of 81 children per 1000 women aged 15-19 was recorded (Republic of Nauru 2012, p. 26). In comparison, Australia's teen age fertility rate was 15 babies per 1000 women (aged 15-19) in 2013 (ABS 2014a).

The average age at marriage in Nauru is 24.4 and 22.6 years for males and female respectively. At age 15-19 years, 13 per cent of females were already married compared to only 4 per cent of males (Republic of Nauru 2012, p. xvi). In comparison, the average age at marriage in Australia is 29.6 years and 27.9 years for males and females respectively (ABS 2012).

The economy

In the 1960s and 70s, Nauru's per capita income was the highest in the world due to the mining and exportation of phosphate mined from the centre of the island (Das 2013). The government of Nauru placed a portion of mining revenues in the Nauru Phosphate Royalties Trust for investment. However, following a series of poor investments and financial mismanagement by the Nauru government, the island's economy was driven close to bankruptcy (Phillips 2014).

The establishment of the Regional Processing Centre (RPC) and its ancillary service providers now represents Nauru's most significant revenue stream. The phosphate industry continues to provide an estimated 10 per cent of the national budget in 2014-15 and fishing licences issued to foreign fishers provides additional revenue (DFAT 2015). Economic stability into the future is dependent on the RPC remaining operational (Das 2013).

The private sector in Nauru is small, and comprises mainly trade stores. Accesses to skilled tradesman, medical facilities or tertiary education opportunities are difficult or non-existent (Phillips, 2014). There are few incentives for achieving a qualification because of limited jobs for those with qualifications (Republic of Nauru 2012, p. 4).

Political environment

Nauru achieved independence in 1968 and is a Westminster-style constitutional democracy. A President is elected by members of Parliament and all MPs in Nauru are independent (Republic of Nauru 2012, p. 4). Nauru's political climate is quite unstable; there have been 23 changes of administration between 1989 and 2011 (UNDP N.D.).

s. 33(a)(iii)

