Attachment C – Consultation

1.1. Internal consultation

1.1.1. The following internal stakeholders were consulted in the development of this PI:

- Child Wellbeing Operations Section
- UHM and Guardianship Section
- National Detention Operations, including regional commands
- Detention Strategy and Risk Section
- Legal Group
- Privacy & Information Disclosure Section
- Onshore Contracts Section
- Status Resolution Program Management and Capability Section
- Integrity and Professional Standards Branch
- Workforce Health and Safety Section

1.2. External consultation

1.1.2. The following external stakeholders were consulted in the development of this PI:

- Serco

Australian Government
Department of Home Affairs

Annex A. Voluntary closer supervision and engagement placement form

Do not use this form for involuntary closer supervision and engagement placements.

Detainee name	
Service number	
Usual accommodation	
Language	

Detainee acknowledgement

Voluntary placement
Subject to availability and operational requirements, I request to reside in alternative accommodation. I acknowledge that the Australian Border Force (ABF) or Facilities and Detainee Services Provider (FDSP) reserve the right to review and reconsider my alternative accommodation arrangements at any time. I also acknowledge that I may request at any time to be returned to the general accommodation area. **I consent to my placement in any such alternative accommodation and acknowledge that I am doing so of my own free will.**

Date	
Detainee signature	

Original signed by detainee (original held on file)

Placement details

Reason for placement	
Date and time of placement	
Duration of placement	

Next placement review	
Date and time	

Recommendation

FDSP Facility Operations Manager recommendation		
Supported / Not supported	Sign:	
Name:	Date:	Time:
Interpreter attendance / engagement		
Name:	Sign:	
Appointment:	Date:	Time:

Extension of voluntary placement

Placement details	
Reason	
Date / time of placement	
Duration of placement	
Next placement review date and time	

Detainee consent		
I request to extend my stay in alternative accommodation.	Detainee to sign:	
	Date:	

FDSP Facility Operations Manager recommendation		
Supported / Not supported	Sign:	
Name:	Date:	Time:
Interpreter attendance / engagement		
Name:	Sign:	
Appointment:	Date:	Time:

Australian Government
Department of Home Affairs

OFFICIAL

Detention Services Manual – Programs and activities – Individual Case Plan and review

Procedural Instruction

Document ID (PPN)	DM-4842
TRIM Record Number	ADD2018/5692340
BCS Function	Detention Management
Document Owner	Chief Superintendent, Detention Governance, Strategy and Standards
Approval Date	12/07/2024
Document Contact	Detention Operational Policy detention.policy@abf.gov.au

Table of Contents

1. Purpose

1.1.1. This Procedural Instruction (PI) provides guidance to officers of the Department of Home Affairs (the Department), which includes the Australian Border Force (the ABF), and the facilities and detainee service providers (FDSP) for conducting an Individual Needs Assessment (INA) on a detainee's entry to an Immigration Detention Facility (IDF). An INA informs the development of ongoing Individual Case Plans (ICP) by regular engagement and review of a detainee's ICP and via Individual Management and Placement Review Committee (IMPRC) meetings.

Background

1.1.2. The FDSP is responsible for the development of an ICP for each detainee, used as an important tool to record and document the detainee's background, to identify the detainee's welfare goals and agreed strategies to achieve these goals, and to assist the FDSP in monitoring and supporting the welfare of detainees while in immigration detention.

1.1.3. Where possible, ICPs are to be developed incorporating input from a relevant service provider(s), including the FDSP, Detention Heath Service Provider (DHSP), Torture & Trauma (T&T) counsellors, ABF, and the Department.

1.1.4. A detainee's medical information may be restricted by privacy limitations and consent requirements. The FDSP must follow the correct processes and be aware of their obligations prior to recording medical related information. For further guidance, refer to Detention Health: Privacy, Consent and Health Records – PI (DM- 5925).

1.1.5. ICPs identify and tailor the ongoing care and welfare services required by each detainee, by recording and updating planned actions. ICPs and case notes include a record of interactions, incidents, and observations providing a holistic understanding of detainee needs and agreed welfare support strategies.

1.1.6. Detainees are supported through regular ICP reviews and interaction with their assigned FDSP officers. All detainees, including minors, must have an ICP reflecting their personal progress and immigration status during their period within the Immigration Detention Network.

1.1.7. IMPRC meetings are regular forums conducted weekly. The FDSP, DHSP and the ABF may nominate to review identified ICPs that indicate there may be areas of concern. These meetings provide an opportunity to identify issues affecting the wellbeing of a detainee, allow consultation with all relevant stakeholders (refer to **3.3.4.** for attendees) and provide an opportunity to agree on and action any changes to care arrangements including reconsideration of placement arrangements if considered necessary.

1.1.8. For detainees discussed at an IMPRC meeting and where it is agreed that there is a change in the detainee's circumstances or management approach, the FDSP must update a detainee's CCMD portal record via a case note following each IMPRC meeting.

1.1.9. Under the Behavioural Support Framework and positive behaviour support services, detainees experiencing difficulties and exhibiting behavioural concerns will be supported through a person-centred and collaborative approach with a focus on early intervention. The FDSP may consider developing a Detainee Behaviour Support Plan (BSP) with a behavioural specialists input to create shared understanding and accountability with a detainee and stakeholders.

2. Scope

2.1. In Scope

This PI outlines to departmental officers and contracted service providers working in an IDF, the procedures for developing, reviewing and updating a detainee's ICP. It also outlines:

- The use of case notes
- Conducting IMPRC meetings
- Events that can trigger a review of ICPs.

2.2. Out of Scope

This PI does not cover:

- Status resolution processes
- The Psychological Support Program (PSP)
- Detainees subject to a Residence Determination arrangement.

3. Procedural Instruction

3.1. Developing an ICP

Prior to ICP creation

3.1.1. As part of the detainee's reception and induction into the IDF, the assigned FDSP officer will meet with the detainee to conduct a Brief Welfare Assessment and Self-Harm screen. Should the FDSP officer identify any immediate health concerns the matter must be referred to the DHSP via email, or if outside of hours, via the DHSP's Health Advice Service line (1800 197 659).For further information refer to *Detention Services Manual - Detainee entry and exit – Reception and induction – PI (DM-596).*

3.1.2. Within the first 10 days of arrival to an IDF, the assigned FDSP officer must develop and upload on the CCMD portal, the detainee's INA, which documents the detainee's background to determine the level of support required.

3.1.3. Preferably, this meeting with the detainee is to be conducted in a separate interview room to ensure privacy, however, due to operational circumstances this may not always be possible. Where a separate interview room is not available, the FDSP should ensure this meeting occurs in a private space to allow a detainee to comfortably discuss any sensitive information.

3.1.4 The INA should focus on key areas of welfare to encourage the detainee to holistically consider their needs, and to assist the FDSP and stakeholders to determine the appropriate level of support. These welfare areas include:

- Family and social relationships
- Physical health, diet, and exercise
- Mental and emotional wellbeing
- Education and language, including ability to read and write, interests and skills

- Culture, religion, spirituality, and hopefulness
- Immigration matters
- Environment.

3.1.5. Based on the information provided by a detainee during the INA, the FDSP will determine the initial support level for the detainee, to ensure their welfare is adequately managed. There are three levels of support:

- **High**
- **Medium**
- **Standard**.

3.1.6. As part of the induction processes and INA, the FDSP must comprehensively inform the detainee of the entire programs and activities (P&A), individual allowance points (IAP), feedback and complaints mechanisms and benefits of engagement in P&A. Consideration is to be given to language and/or cognitive abilities when communicating with a detainee.

ICP creation

3.1.7. ICPs are informed by the INA and the initial determined level of support required by the detainee.

3.1.8. The FDSP officer must develop and upload the ICP on the CCMD portal by day 21 of a detainee's arrival to an IDF and in accordance with the level of support required by the detainee.

3.1.9. The ICP must reference key areas set out in **3.1.4** and outline detainee goals and support strategies, as agreed by the detainee and the FDSP. The FDSP should consider if the goals are relevant to the detention environment and contractual obligations to facilitate implementation.

3.1.10. As the ICP must be tailored to individual detainee circumstances, a goal or strategy is not mandatory for each key area and detainees should be made aware of the supports available in the IDF.

3.1.11. Where possible and keeping within the timeframe in **3.1.8**, relevant stakeholders based on a detainee's goals and supports should contribute and/or review the initial proposed ICP.

3.1.12. If a detainee declines or is unable to engage in initial and subsequent ICP discussions, the non-engagement must be recorded in each instance in the detainee's ICP detailing the reason(s) why. The ICP can be developed and updated based on existing information available from relevant stakeholders.

3.1.13. The FDSP must ensure ICP information is clear, accurate and updated appropriately as this information may be used in forums and in conjunction with other FDSP assessments and plans.

Minors

3.1.14. An ICP is to be developed for each detainee including for each minor.

3.1.15. When a minor is part of a family group, the FDSP should consider the dynamics of the family unit as well as the needs of the individual minor. The minor's parents, guardians or carers are to be involved in the initial development and subsequent review(s) of the minor's ICP. If an older minor declines participation of parents, guardians or carers, the FDSP must seek approval from ABF Detention Superintendent (Facility) to conduct activities.

3.1.16. When a minor has been identified as an unaccompanied minor, an Independent Observer is to be present. In the case of Immigration (Guardianship of Children) (IGOC) minors, the FDSP officer must notify the IGOC delegate and involve them in the ICP. For further information refer to *Independent Observer for Interviews involving children – PI (DM-6505).*

3.1.17. Where possible, a minor should be consulted and their views, wishes and feelings considered during initial development and subsequent review(s) of the minor's ICP, though it will not always be possible to reach decisions with which the minor will agree.

3.1.18. When obtaining a minor's views, the weight given to those views will take into consideration the age, capacity and maturity of the minor. An example of this may be the scope for older minors to express views or give informed consent about accommodation, education or guardianship arrangements. Younger minors may be asked to indicate their preferences in relation to personal items or play and educational activities. An interpreter is to be used as appropriate to ensure understanding.

3.1.19. For further guidance when interacting with minors to develop their ICPs, refer to:

- *Best Interests of the Child – PS (DM-5721)*
- *Child Safeguarding Framework – PS (BE-916)*
- *Independent Observer for Interviews involving minors – PS (DM-6506)*
- *Best Practice for Interacting with Children – PI (BC-764)*
- *Independent Observer for Interviews involving children– PI (DM-6505)*

3.2. ICP review and case notes

3.2.1. The FDSP must regularly review a detainee's ICP with the frequency aligning to the detainee's required level of support. The ICP must be reviewed every:

- **30 days** for detainees on high support
- **60 days** for detainees on medium support and
- **90 days** for detainees on standard support.

3.2.2. Case notes are an important measure to document the engagements and welfare of a detainee via CCMD portal and can be used to inform the development and review of a detainee's ICP as well as other DSP assessments and plans. Case notes should be written in plain English and capture clear, objective information and/or observations, and highlight next actions, if any.

3.2.3. FDSP officers must meet with their assigned detainee at least once every **14 days** to review the case notes and aspects of an ICP. Additionally, engagement must occur immediately following a trigger event (refer to **3.4** – *Events that trigger a review of an ICP*), or more frequently, as determined by the detainee's current level of support.

3.2.4. Regular engagement allows detainees to discuss concerns, support requirements, complaints and general wellbeing. The FDSP must encourage self-agency and assist detainees to be actively engaged in the management of their own welfare while in immigration detention.

3.2.5. All engagements, concerns raised, strategies to resolve complaints, barriers and agreed goals are to be documented on case notes and uploaded against the detainee records, to maintain continuity of care.

3.2.6. Detainee behaviour which may compromise the good order of an IDF should be addressed and may be documented in an incident report, Behavioural Management Plan (BMP) or BSP as relevant. Additional engagements must be documented via case notes which should be reviewed prior to completing ICP review and relevant information captured in the ICP as determined by the FDSP and detainee.

3.2.7. Detainees displaying anti-social behaviour may agree to be placed on a BSP, which is developed by the behavioural support practitioner in line with the Positive Behaviour Support Framework. If a detainee is placed on a BSP, this must be recorded in a case note and included in the detainee's next ICP review.

3.2.8. If the detainee is placed on a BMP this must be documented in the next ICP review cycle. Where possible, a BMP should incorporate existing support strategies contained in an ICP.

3.2.9. Discussing and documenting behavioural issues at an ICP review, in the first instance, may assist in a detainee taking accountability or identifying a detainee's differing perspective. It can assist in using less restrictive interventions, improve the detainee's quality of life and those around them, and assist detainees to learn new ways of communicating.

3.2.10. The progress/case notes can be used to confirm whether the detainee has been actively participating in any P&A being offered.

3.2.11. If the detainee is not actively participating in P&A being offered, the FDSP should engage with the detainee to understand why. Once reasons have been established the FDSP should consider strategies to encourage greater levels of engagement by the detainee and discuss with stakeholders as required.

3.2.12. The FDSP officer should reinforce to the detainee how they can provide feedback and comment about the P&A offered (including the P&A schedule) through the regular Detainee Consultative Committee meetings, or the requests and complaints processes.

3.2.13. For all minors in detention, this information should be explained using age-appropriate language and in the presence of an Independent Observer and/or their parent, guardian or carer to ensure comprehension.

3.2.14. IGOC minors should be encouraged to seek assistance from the IGOC delegate.

3.2.15. If there are concerns that a detainee's mental health status has changed or indicators that it may be deteriorating, a referral to the DHSP may be required. It may be appropriate for the FDSP to notify the ABF, removals, and the status resolution officer (SRO).

3.2.16. Additionally, if the detainee is a minor, inform the ABF Detention Superintendent (Facility) and Child Wellbeing Officer via childwellbeing@homeaffairs.gov.au of any mental health concerns.

3.2.17. For IGOC minors, the IGOC delegate must be informed of any significant concerns via uhm.guardianship@homeaffairs.gov.au as well as Child Wellbeing Strategy and Capability (CWSC) section via childwellbeing@homeaffairs.gov.au.

3.2.18. In the case of non-IGOC minors, discuss ICP review and any identified concerns with their parent, guardian or carer as appropriate as well as the CWSC section via childwellbeing@homeaffairs.gov.au.

3.3. Individual management plan and review committee meeting

3.3.1. The purpose of the IMPRC meeting is to provide a regular forum to detention stakeholders to raise detainees of concern who may require active intervention and engagement to address vulnerabilities. Identified issues may include a trigger event, care and accommodation arrangements, withdrawal from P&A, noticeable deterioration in mood and behaviour that is out of character. Within the forum, stakeholders are to take a collaborative approach to understand a detainee's circumstance, the agreed support approach and address any issues identified.

3.3.2. In addition to nominated detainees of concern, stakeholders should discuss a hand-picked selection of detainees who have not been discussed in this or other forums for the longest period of time. This

ensures all detainees are discussed on a regular basis within this forum, in addition to case notes from regular engagements and an ICP.

3.3.3. Specifically, the IMPRC will:

- Review and update agreed actions for the individual management of detainees, in line with their ICPs.
- Develop and implement strategies where required to encourage social interactions and active engagement in P&A to mitigate the risk of further identified wellbeing concerns.
- Review detainee placement options for detainees who have been identified as being at risk or vulnerable in their current location.
- Consider the best interest of the minor (if minors are involved).
- Review, update and action detainee BMP.
- Consider any recent changes to a detainee's Security Risk Assessment which may warrant alternate placement consideration.

3.3.4. All stakeholders working with detainees are required to provide a representative to attend the IMPRC meeting. The expected attendance by stakeholders should be local ABF, FDSP and DHSP leadership or delegate(s). Representatives must be able to provide comprehensive insight and recommend actions/strategies in relation to a detainee's circumstances, and should be able to provide information into a detainee's:

- Physical and mental health
- Engagement and wellbeing
- Placement arrangements
- Immigration pathway (including removal)
- Behaviour

3.3.5. The Chair will convene the meeting weekly, in accordance with the weekly agenda of nominated detainees, or by exception in the event of a trigger incident/s, where it may not be appropriate to await the next IMPRC meeting due to a critical incident or unacceptable risk.

3.3.6. Stakeholders nominating a detainee for inclusion in the IMPRC meeting agenda must include the detainee's name/s, reason for the nomination outlining identified concerns, and proposed recommendations and/or considerations for their ongoing management and/or placement.

3.3.7. Detainee nominations must be sent via email to the FDSP for action and should be provided at least 48 hours prior to the IMPRC meeting. This will provide sufficient time for the creation of the agenda which should be distributed, along with nominated detainees' ICPs where the ICP information would be relevant and beneficial to review by stakeholders to assist in discussing appropriate detainee support, at least 24 hours prior to the meeting, to enable stakeholders to review and prepare.

3.3.8. Nominees discussed at previous IMPRC meetings must continue to be discussed at subsequent meetings until the identified concerns have been addressed and/or agreed strategies implemented.

3.3.9. In reviewing a change to a detainee's care arrangements, the IMPRC will seek to balance the needs of the detainee against the continued good order of the IDF. It is important that stakeholders consider local management strategies on how detainees can most effectively be supported in the current environment. Options include:

- Early intervention, review and adjustment of the level of support if required, increasing detainee engagement.
- Development of a BMP for a detainee regularly involved in anti-social or illegal activities; refer to *Detention Services Manual – Safety and security management – Behaviour management – PI (DM-5027).*
- Case conferences with the detainee to address behavioural issues.

3.3.10. It is important stakeholders explore strategies to manage and support detainees within a facility. Alternate placement options such as transfers to other facilities can be recommended, for further information refer to *Detention Services Manual – Detainee Placement – Assessment and placement of detainees in IDFs – PI (DM-5126).*

3.3.11. Following the IMPRC meeting, the FDSP will update each detainee's record with a comprehensive case note, and upload to the CCMD portal. This is to be completed within 24 hours of the completion of the IMPRC meeting.

3.3.12. The FDSP should circulate meeting minutes to relevant stakeholders within 48 hours of the completion of the IMPRC meeting and the ABF is to create a record of the minutes in Content Manager (formerly TRIM).

3.4. Events that trigger a review of an ICP

3.4.1. Events may trigger the need to review a detainee's ICP outside of the determined support level cycle where there is a significant change identified. Where a trigger event has occurred that may not significantly impact the goals/strategies of a detainee's ICP, a case note relating to the trigger event must be created and uploaded to the detainee's record via CCMD portal in a timely manner.

3.4.2. The FDSP must update a detainee's record with a case note on the occurrence of trigger events which may include, but are not limited to, the following:

- any critical or major incident involving the detainee
- the creation of a BMP
- a significant health event
- the placement of a detainee on any psychological support programme, and
- any other event or change in circumstances identified as significant by the FDSP, the Department/ABF or any other service provider.

3.4.3. If a trigger event and review have occurred, the next review cycle should be set as 14 days from the date the trigger event occurred.

3.5. Privacy

3.5.1. The *Privacy Act 1988* (the Privacy Act) establishes the Australian Privacy Principles (APPs), which regulate the collection, use, disclosure, and handling of personal information, including sensitive information. The Department and its contracted service providers must comply with the Privacy Act.

3.5.2. Personal information is defined in subsection 6(1) of the Privacy Act as information or an opinion about an identified individual, or an individual who is reasonably identifiable, whether that information or opinion is true or not and whether the information or opinion is recorded in a material form or not. Additionally, sensitive information is a subset of personal information also defined by subsection 6(1) of the Privacy Act and includes health information about an individual among other things.

3.5.3. All officers and contracted service providers dealing with personal information in the context of an IDF must be aware of the obligations under the APPs in the Privacy Act. The Privacy Act determines how officers and contracted service providers must handle a detainee's personal information, and covers the collection, accuracy, security, use and disclosure of such information.

3.5.4. The most relevant APPs to consider for an ICP relate to:

- APP 3 Collection of personal information. For the collection of personal information, the Department can only collect personal information that is reasonably necessary for, or directly related to, one or more of its functions or activities. In addition to this, for sensitive information, the Department must ensure that the individual consents to the collection, unless an exception applies.
- APP 5 Notification of collection of personal information. Ensure the detainee is aware of what information is being collected, why it is being collected and how it may be used or disclosed. This can be achieved by providing detainees with the Department's privacy notice prior to information being collected or as soon as reasonably practicable after collection.
- APP 6 Use and disclosure of personal information. The Department must ensure the information is only used or disclosed for its intended purpose (the primary purpose of collection), unless officers have the consent of the individual to use or disclose the information for a secondary purpose, or unless an exception is met. For example, the Department may use or disclose personal information for a secondary purpose without consent of the individual if the use or disclosure is required or authorised by or under an Australian law or a court/tribunal order. APP 6.2(a) has provisions on use or disclosure for secondary purposes.
- APP 10 Quality of personal information. Reasonable steps must be taken to ensure the personal information collected is accurate, up to date, complete and relevant, both at the point of collection, and prior to any use or disclosure of this information.
- APP 11 Security of personal information. The Department must ensure the information it holds is protected from misuse, interference and loss, as well as from unauthorised access, modification or disclosure.

3.5.5. Please note that the Department also has legal obligations under the *Archives Act 1983* which imposes record-keeping obligations in respect of Commonwealth records.

3.5.6. The FDSP must provide a detainee with a copy of the Departmental Privacy Notice (Form 1442i) at the time of induction to an IDF. Refer to 1442i - Privacy notice (homeaffairs.gov.au).

4. Statement of Expectation

4.1.1. The APS Code of Conduct states that an APS employee must comply with any lawful and reasonable direction given by someone in the employee's Agency who has authority to give the direction under subsection 13(5) of the *Public Service Act 1999* (the Public Service Act).

Failure by an APS employee to comply with any direction contained in this PI document may be determined to be a breach of the APS Code of Conduct, which could result in sanctions under subsection 15(1) of the Public Service Act.

The Secretary's Professional Standards Direction, issued under subsection 55(1) of *the Australian Border Force Act 2015* (the ABF Act), requires all Immigration and Border Protection (IBP) workers who are not employed under the Public Service Act to comply with any lawful and reasonable direction given by someone in the Department with authority to issue that direction.

Failure by an IBP worker who is not an APS employee to comply with a direction contained in this PI document may be treated as a breach of the Professional Standards Direction, which may result in the termination of their engagement under section 57 of the ABF Act. Non-compliance may also be addressed under the terms of the contract engaging the contractor or consultant.

All IBP workers who make decisions or exercise powers or functions under legislation have a duty to do so in accordance with the requirements of the legislation and legal principles.

5. Accountabilities and Responsibilities

Role	Description
ABF Detention Superintendent (Facility)	Accountable for ensuring appropriate care is provided to all detainees within the IDF. Oversight of the ICP process and associated IMPRC meetings to assist in fulfilling this responsibility by providing the framework = to ensure that the wellbeing of all detainees is being monitored and managed appropriately.
IGOC delegate	The IGOC delegate is responsible for overseeing the care and welfare of all IGOC minors within the IDF, including making decisions and recommendations in the best interests of the child.
Status resolution officers	Accountable for ensuring their detainees have an ICP attached to their CCMD portal and raising this with the FDSP if one has not been created in specified timeframes.
FDSP	Responsibilities include but are not limited to: • Review care arrangements for detainees considered by the IMPRC to be at risk. • Provide input to the IMPRC on security considerations that might impact on a detainee's care and placement arrangements. This can include reviewing a detainee's Security Risk Assessment risk rating and communicating any security concerns to the FDSP Security Manager that may impact on a detainee's overall care and placement arrangements. • Create and maintain ICPs for allocated detainees, including minors, based on assessment of needs and behaviour. • Conduct regular one-on-one meetings with detainees. In relation to unaccompanied minors – this is to be undertaken with their Status resolution officer or Independent Observer, at least once every 14 days. • Maintain awareness of the detainee's circumstances, wellbeing and behaviour. • Record progress/case notes for each detainee that describe regular interactions with the detainee and any developments that may be of concern to the detainee. • Serve as the first point of contact for assigned detainees. • Ensure that the execution of their duties supports the efforts of SROs.

Role	Description
	• Provide timely and accurate information to help SROs undertake thorough Status Resolution Assessments. • Assist detainees obtain access to their SROs. • Liaise with the FDSP Security officer to request input on a detainee's security risks, as identified through the Security Risk Assessment process. • Ensure that detainees are made aware of the complaints management system. • Report all cases of suspected child abuse in accordance with state and territory mandatory reporting requirements. • Ensure that detainees understand the service delivery responsibilities of the FDSP and how they differ from those of the Status Resolution service.
FDSP Management	Is responsible for managing the day-to-day operation of the ICP process, including: • Assigning FDSP Support Officers to detainees with consideration to level of support required. • Recommending use of BMPs where these are deemed necessary. • Reporting all cases of suspected child abuse or neglect in accordance with mandatory reporting requirements. • Compiling a list of detainees for consideration at IMPRC meetings and submitting these to the relevant FDSP manager. • Preparing and circulating IMPRC meeting agenda at least 24 hours prior to the meeting in accordance with contractual guidelines. • Drafting and circulating IMPRC meeting minutes to attendees following the meeting. • Performing Secretariat duties for the IMPRC meeting.
CWSC section	CWSC focuses on the safety and wellbeing of minors, which include minors in immigration detention and immigration programs, by building organisational capacity in line with Australia's domestic and international child-related commitments. CWSC is responsible for: • Developing and delivering training for officers required to identify and manage child protection and wellbeing matters. • Providing national coverage and support on real-time complex child-related issues – Child Wellbeing Officers can assist operational officers with advice, training and oversight to help support staff to meet child safeguarding obligations.
Detention Operational Policy	Is responsible for: • Drafting, amending, monitoring and reviewing updates to this procedural instruction and related PPCF documents.

Role	Description
	• Providing guidance to officers on the operation of this procedural instruction. • Providing further policy advice in relation to this procedural instruction and other detention operational owned policy documents.

6. Version Control

Version number	Date of issue	Author(s)	Brief description of change
2.0	30/06/2017	Detention and Removals Operational Policy	Update of detention instructions to reflect PPCF requirements.
3.0	09/08/2018	Detention and Removals Operational Policy	Update PPCF review.
3.1	09/08/2018	Detention and Removals Operational Policy	Update PPCF review.
4.0	18/10/2018	Detention and Removals Operational Policy	Update post-legal review.
5.0	19/11/2018	Detention and Removals Operational Policy	Update post-Superintendent review.
6.0	12/07/2024	Detention Operational Policy	PPCF mandatory three (3) year review. Updates: • PPCF template. • Policy owner (section name). • Revised terminology • Individual Management Plan revised to Individual Case Plan. • ICP support levesl & eview timeframes to align with contractual changes. • Introduction of Individual Needs Assessment • Engagement and IMPRC meeting frequency • • Inclusion of Attachment A – Definitions

Attachment A – Definitions

Term	Acronym (if applicable)	Definition
Behavioural Management Plan	BMP	This is a management plan developed and maintained by the FDSP in consultation with stakeholders. The approach is to collaboratively manage detainees identified as presenting with continuous anti-social behaviour, which may affect the safety of others and/or the IDF.
Case notes		Written records of events relating to individual detainees that may be uploaded to Individual Case Plans on the CCMD portal.
Compliance Case Management and Detention portal	CCMD portal	A system used by the Department and FDSP to manage and record decisions, incidents and interactions with a person who is held in immigration detention.
Critical incident		An event that critically affects: • the good order, security and safety of an immigration detention facility • the health and safety of those in the immigration detention facility (resulting in serious injury or a threat to life).
Detainee		As defined in s 5(1) of the *Migration Act 1958*, "detainee" means a person detained.
Behaviour Support Plan	BSP	A plan created by the Facility Behaviour Support Practitioner, in collaboration with the detainee, DSP staff and other stakeholders, and forms part of the PBSS. A Behaviour Support Plan is developed to: • Strengthen the positive behaviours and personal interests of the detainee. • Understand the causes and underlying functions of the presenting behaviour. • Equip staff and stakeholders with appropriate strategies and skills to address or prevent challenging behaviours.
Detainee Consultative Committee meeting	DCC meeting	This is a forum for the Department, ABF, contracted service provider representatives and detainees to raise matters of concern or interest in relation to service delivery, conditions and issues regarding the welfare and wellbeing of the detainee cohort.
Individual Case Plan	ICP	This is a plan specific to each detainee, with the purpose of collaboratively recording and documenting the detainee's background situation, identifying the detainee's welfare goals and agreed strategies to achieve these goals, and monitoring and supporting the welfare of detainees while in immigration detention.

Term	Acronym (if applicable)	Definition
		The ICP is complimented by the INA, case notes and a detainee's ongoing stakeholder engagement.
Immigration (Guardianship of Children) delegate	IGOC delegate	An IGOC delegate is an officer of the Department of Home Affairs/ABF, or of a State/Territory government agency, to whom the Minister has delegated any of his powers and functions under the *Immigration (Guardianship of Children) Act 1946* (the IGOC Act).
Immigration (Guardianship of Children) Minor	IGOC Minor	A child who is under the age of 18 for whom the Minister is the legal guardian under the IGOC Act.
Individual Management and Placement Review Committee meeting	IMPRC meeting	A meeting held at each IDF weekly, or by exception triggered by events/incidents that require stakeholder engagement. These meetings are attended by the ABF, FDSP, DHSP and Status Resolution. This meeting also serves to discuss any detainee placement concerns.
Individual Needs Assessment	INA	This is the initial comprehensive assessment undertaken by the FDSP following a detainee's arrival at an IDF. The assessment identifies any health/welfare concerns, specific needs etc and determines the initial level of support required for a detainee, which will inform the subsequent ICP. The INA is complemented by the FDSP lead induction and DHSP health assessments.
Independent Observer	IO	An Independent Observer attends interviews and meetings between minors and the Department and/or contracted service providers to confirm the child is treated appropriately and with respect. This may be if the child's adult family members or legal guardians are unavailable to attend the interview or meeting or because the child is unaccompanied.
Major incident		An event which: • requires additional FDSP or ABF resources • attendance of the police or emergency services may be required to resolve the event • may affect a wide area of the (IDF) or the network • the event may take a protracted length of time to resolve • normal IDF services and programs are adversely affected by the event •the event may lead to escalation of violence or tension within the IDF or wider network.

Term	Acronym (if applicable)	Definition
Minor		Also known as a child refers to anyone under the age of 18, consistent with the Convention on the Rights of the Child (CRC) as well as subsection 4(b) of the *Family Law Act 1975*. See also section 5CA of the *Migration Act 1958*.
Non-Immigration (Guardianship of Children) Minor	Non-IGOC Minor	A non-citizen minor who arrived in Australia unaccompanied but is not under the guardianship of the Minister as they are living in Australia under the care of a relative aged 21 years or over.
Trigger event		Means the occurrence of an event or incident relating to a detainee that requires immediate attention, response and recording: • any critical or major incident involving the detainee, • the creation of a BMP, • a significant health event, • the placement of a detainee on any psychological support programme, and • any other event or change in circumstances identified as significant by the FDSP, the Department/ABF or any other service provider.

Attachment B – Assurance and Control Matrix

1.1 Powers and Obligations

1.1.2. Please Note: Staff exercising any powers, delegations or authorisations outlined in this PI (listed here) must check the latest delegation advice on the Intranet or the relevant instrument in LEGEND to ensure they currently hold the applicable power, delegation or authorisation.

Legislative Provision			Is this power delegated?	If delegated, list the relevant instruments of delegation
Legislation	Reference (e.g. section)	Section heading/provision description		
Australian Border Force Act 2015 (ABF Act)	subsections 44(3) and 45(3)	Disclosure of Immigration and Border Protection information	yes - authorisation	*Instrument of Delegation 2017* (DEL 17/082) for IBP workers in the Department of Home Affairs *Australian Border Force (Secretary) Instrument No. 1 of 2018 (ABF (S) No. 1 of 2018)* for IBP workers in the ABF Authorisation to disclose Immigration and Border Protection information DEL18/004 (Department of Home Affairs) Authorisation to disclose Immigration and Border Protection information ADD2020/5712705 (applies to IBP workers in the ABF excluding OSB JATF)
Immigration (Guardianship of Children) Act 1946	subsection 5(1)	Delegation	yes	*Immigration (Guardianship of Children) Delegation (ADMIN 24/017) 2024* For latest version refer to (ADF2022/394448).
Migration Act 1958	paragraph 5(1)(g)	Definition of an officer	yes - authorisation	Migration (Officer – Departmental Contractors) Authorisation (ADMIN 23/082) 2023
Privacy Act 1988	Schedule 1	Australian Privacy Principles	no	n/a

1.2. Controls and Assurance

Related Policy	*Best Interests of the Child – PS (DM-5721)* *Child Safeguarding Framework – PS (BE-916)* *Independent Observer for Interviews involving minors – PS (DM-6506)* *Records Management – PS (TI-1094)*
Procedures / Supporting Materials	*Best Practice for Interacting with Children – PI (BC-764)* *Independent Observer for Interviews involving Minors – PI (DM-6505)* *DSM – Safety and security management – Behaviour management – PI (DM-5027)* *DSM - Detainee entry and exit – Reception and induction – PI (DM-596)* *DSM – Detainee Placement – Assessment and placement of detainees IDFs – PI (DM-5126).* *The IGOC delegation instrument* ADF2022/394448
Training/Certification or Accreditation	Child Safeguarding Essentials eLearning Working in a Child-related Role eLearning Working with Vulnerable People Check Working with Children Check
Other required job role requirements	Delegations Security clearance Departmental systems access
Other support mechanisms (e.g. who can provide further assistance in relation to any aspects of this instruction)	If you require further advice or assistance, or would like to provide feedback in relation to this PI, please contact the Detention Operational Policy Section at detention.policy@abf.gov.au
Escalation arrangements	Escalation of concerns or issues regarding this PI can be sent to Superintendent, Detention Operational Policy Section at detention.policy@abf.gov.au
Recordkeeping (e.g. system based facilities to record decisions)	All records created resulting of this procedure must be managed in accordance with the *Records Management – PS (TI-1094)*. Records created as a result of this procedure must be saved in Content Manger (formerly TRIM) or an approved business system (i.e. CCMD, OPTICS, etc.).
Program or Framework (i.e. overarching Policy Framework or Business Program)	Immigration Detention Facilities and Detainee Service Contract National and site-specific work instructions
Job Family Framework Role	Detention Operations Officer – Job Code 30001731

Attachment C – Consultation

1.1 Internal Consultation

The following internal stakeholders were consulted in the development of this PI:

- National Detention Operations Branch, including Regional Commands
- Detention Governance, Strategy and Standards Branch
- Service Delivery Operations Branch
- PPCF Legal Advice Section
- Privacy, FOI and Records Management Branch
- Integrity and Professional Standards Branch
- People Operations Branch
- Status Resolution Branch
- Humanitarian Policy and Child Wellbeing Branch
- Settlement Program Operations Branch
- Immigration Health Policy and Assurance Branch
- All Staff

1.2 External Consultation

The following external stakeholders were consulted in the development of this PI:

- FDSP
- DHSP

Australian Government
Department of Home Affairs

OFFICIAL

Detention Services Manual –Safety and security management – Behaviour management

Procedural Instruction

Document ID (PPN)	DM-5027
TRIM record number	ADD2018/5731767
BCS Function	Detention Management
Document owner	Chief Superintendent, Detention Governance, Strategy and Standards
Approval date	27/06/2024
Document Contact	Detention Operational Policy *detention.policy@abf.gov.au*

Table of Contents

1. Purpose

1.1. This Procedural Instruction (PI) provides guidance to officers of the Department (Home Affairs) including the Australian Border Force (ABF) and contracted services providers on conducting an initial assessment of detainees displaying antisocial behaviour, as well as developing and reviewing a Behaviour Management Plan (BMP) for detainees in immigration detention facilities (IDFs).

1.2. A BMP is a management plan developed and maintained by the Facilities and Detainee Service Provider (FDSP) in consultation with stakeholders including the Department and the Detention Health Service Provider (DHSP). The BMP is developed using a person-centred approach, tailored for the detainee, reflecting measurable actions that encourage detainees to cease engagement in disruptive behaviour.

1.3. BMPs are used as an intervention mechanism to manage the antisocial behaviour of a detainee in order to maintain the safety and security of all persons within an IDF.

1.4. For the purposes of this PI, *'antisocial behaviour'* is taken to mean *'behaviour that is reasonably deemed by an Australian Border Force (ABF) officer or a contracted service provider to be disruptive or likely to cause harassment or distress to other detainees thus disrupting the safety, security and good order of the IDF. This may include alleged illegal behaviour'.*

1.5. This PI must be read and implemented in conjunction with:

DSM – Programs and activities - Individual Case Plan and review – PI (DM-4842)

1.6. All records associated with the development, implementation, review and closure of a BMP must be recorded on the detainee's record in the Compliance, Case Management and Detention (CCMD) portal and be complete, accurate and timely. For further guidance on record keeping obligations, refer to Records Management – PS (TI-1094).

2. Scope

2.1. In Scope

2.1.1. This PI outlines to departmental and ABF officers and contracted service providers working in an IDF the procedures for:

- Assessment process to place a detainee on a BMP;
- Developing a BMP;
- Approving a BMP;
- Engagement with the detainee to review a BMP;
- Closing a BMP.

2.2. Out of Scope

2.2.1. This PI excludes procedures for:

- Matters related to an assessment of detainees under the Psychological Support Program (PSP);
- Detainees subject to a Residence Determination (community placement) arrangement;
- Detainees held in specialised detention, either in health facilities or corrections facilities.

3. Procedural Instruction

3.1. Decision to place detainee on a BMP

3.1.1. While in immigration detention, detainees may experience a range of emotions which can lead to detainee/s engaging in challenging behaviour. Adverse behaviour may be associated with personal circumstances, underlying and/or undetected physical or mental health issues, and/or use of licit or illicit drugs, alcohol and other substances. Such behaviours have the capacity to impact the well-being of all persons within the detention environment and undermine the safety and good order of an IDF.

3.1.2. In assessing whether a detainee's behaviour warrants placement on a BMP, the FDSP must, in the first instance, engage with the detainee using a trauma-informed approach to identify (if possible) the trigger for the behaviour, determine whether the behaviour was deliberate, and how the underlying issue (if identified) might be resolved. Regardless of whether the detainee is willing to engage, the FDSP must advise the detainee that their behaviour is antisocial, inappropriate or unacceptable and is not to be repeated. A written description of the observed behaviour (and the detainee response) must be documented initially on the detainee's case notes and subsequently in the Individual Case Plan. This information is recorded in accordance with:

- *DSM – Safety and security management - Incident management and reporting – PI (DM-616)*
- *DSM – Safety and security management – Incident response and management – SOP (DM-3303)*

3.1.3. The management of a detainee's behaviour, including the development of a BMP, **must not be punitive in nature.** Depending on the nature of the exhibited antisocial behaviours however, consideration may be given to placement options and associated restrictions on engagement with programs and activities to ensure the safety and security of others. The BMP should be applied openly, fairly and consistently without discrimination.

3.1.4. A BMP is generally intended to address identified patterns of, or repeated, antisocial behaviour. Exceptions may be made for a one-off incident depending on the severity of the behaviour.

3.1.5. When consulting with the DHSP, the FDSP must seek to identify any underlying conditions or circumstances which have influenced the detainee's behaviour. These include, but are not limited to, medications, substance abuse, behavioural disorders, diagnosed health conditions, identified vulnerabilities or changes in personal circumstances.

3.1.6. The FDSP must also consult with all relevant stakeholders – ABF (Detentions & Removals) and Status Resolution – to determine if there are any additional circumstances relevant to either the decision to place a detainee on a BMP or the content of the BMP itself.

3.1.7. Placement on a BMP is considered on a case-by-case basis and in some situations a BMP may not be recommended. The DHSP should be consulted for advice to determine whether a BMP is appropriate for the detainee.

3.1.8. Disclosure of health-related information by the DHSP must respect the detainee's privacy, and only information that is required to make informed decisions should be shared for that purpose in accordance with the Privacy Act 1988 (the Privacy Act). The *Privacy Act 1988* protects an individual's personal and sensitive information. For further guidance, refer to Detention Health: Privacy, Consent and Medical Records – PI (DM- 5925).

3.1.9. A BMP must be developed within 48 hours of the incident and the detainee case notes must be updated by the FDSP to reflect this event.

3.1.10. If a detainee on a BMP is concurrently placed on a voluntary or involuntary "closer supervision and engagement" arrangement, the FDSP must record appropriate notes of the interactions and progress notes on the detainee's BMP as well.

3.1.11. For involuntary placement under a 'closer supervision and engagement' arrangement, the FDSP must provide evidence of DHSP consultation, a clear placement period management strategy, an exit plan and a continuous support plan, with a copy provided to the detainee. For further guidance, refer to:

- *DSM – Detainee placement – Closer supervision and engagement of high risk detainees (High care accommodation) – PI (DM-626).*
- *DSM – Detainee placement – Closer supervision and engagement of high risk detainees (High care accommodation) – SOP (DM-3301).*

3.2. Establishment of a BMP

3.2.1. The FDSP is responsible for establishing and implementing detainee BMPs. Before a BMP can be implemented, the ABF Detention Superintendent (Facility or delegate) must review and approve the BMP.

3.2.2. The FDSP should commence the development of a BMP within 48 hours (or as soon as practicable) of a detainee displaying antisocial behaviour.

3.2.3. Detainee behaviour which may compromise the good order of an IDF should be addressed and documented in the detainee's case notes in the first instance.

3.2.4. The FDSP documentation must reflect a person-centred approach, indicating what steps have been planned in consultation with the DHSP to appropriately provide the required support in managing behaviours. Documentation must include the agreed goals with timelines to assess whether goals have been achieved.

3.2.5. FDSP must adopt a trauma-informed approach to provide the required level of support to detainees experiencing vulnerability or other barriers to compliance with a BMP.

3.2.6. The FDSP must ensure that all BMPs are developed to suit the individual needs of the detainee.

3.2.7. Particular consideration must be given to the behavioural management of children (as applicable). FDSP officers should:

- be mindful of their age and tailor communication according to their level of understanding and maturity;
- ensure that the child is supported to be able to comply with the requirements of the BMP.

3.2.8. IGOC delegates (delegates under the Immigration Guardianship of Children (IGOC) Act 1946), parents, guardians, carers and the Child Wellbeing Officer (CWO) must be consulted and notified when developing a BMP for minors (as applicable) by emailing: childwellbeingoperations@homeaffairs.gov.au. Please note, for all actions and decisions

undertaken by the Department concerning minors, the best interests of the child must be a primary consideration. For guidance, also refer to:

- *Child Safeguarding Framework – PS (BE-916)*
- *Best Interests of the Child – PS (DM-5721)*
- *Best Practice for Interacting with Children – PI (BC-764)*

3.2.9. To determine what should be included in the detainee's BMP, the responsible FDSP officer must consult with (including, but not limited to) the detainee, the ABF Detention Superintendent (Facility) or nominated ABF Detention Operations officer/s, the ABF Security Liaison Officer, the DHSP, the Status Resolution Officer (SRO), the FDSP Behavioural Support Practitioner, and, in the case of children, the Child and Wellbeing Strategy and Capability section should be notified at: childwellbeing@homeaffairs.gov.au.

3.2.10. In drafting a BMP, the responsible FDSP officer must include the following information:

- Background information relating to the detainee's behaviour together with the current concern and reason for the suggested BMP;
- Why the behaviour was not in line with the agreed Rights and Responsibilities as discussed and acknowledged during the induction process;
- Actions previously taken aimed at modifying the detainee's behaviour;
- Measures currently in place to manage the detainee's antisocial behaviour;
- Objectives of the BMP, describing in detail:
  - SMART (Specific, Measurable, Achievable, Realistic, Time-bound) objectives that the detainee is to meet (to be able to close the BMP) and
  - Any support the detainee will receive to help them meet the SMART objectives;
- What restrictions will be in place and the reasons why particular restrictions have been selected.
- Level of support the detainee is assigned relating to enhanced welfare model which aims to provide a more holistic understanding of a detainee's needs and agreed welfare support strategies;
- An undertaking by the detainee to behave in a specific manner;
- If the detainee is currently under consideration for Behaviour Support Services;
- Frequency of intended engagement during period of BMP;
- Relevant information regarding psychological or psychiatric assessments by the DHSP, where it is directly related to the behaviour that is the subject of the BMP;
- The DHSP's recommended treatment and actions, including recommendations for regular monitoring and reviews following the display of antisocial behaviour/s;
- Details of all stakeholders involved in the BMP development;
- Feedback or input from relevant stakeholders; and
- Access to amenities such as bathroom and toilet facilities,
- Access to visitors (as advised by the Department);

- Proposed measures to manage any escalation in the detainee's behaviour.

3.2.11. Where a BMP exists for a detainee, the FDSP must:

- Discuss and explain the contents of the BMP with the detainee (in a language they understand). There may be the need for the FDSP to implement further measures and supports in order to discourage anti-social behaviour;
- For children, ensure that the parent/s, guardian, carer or independent observer is present (including the IGOC delegate for IGOC minors);
- In the event an interpreter was used, include the job number and interpreter's details (TIS/ATIS number) in the BMP;
- Invite feedback from the detainee about the proposed BMP;
- Emphasise to the detainee that any alleged criminal behaviour may result in a referral to the police.

3.2.12. Once the proposed BMP, including appropriate feedback, stakeholder agreement and approval, is documented, the FDSP must ask the detainee (or for children, the parent, guardian, carer or IGOC delegate for IGOC children) to review the final draft and sign the BMP. If the detainee refuses to sign the BMP, a notation must be made by the FDSP officer on the BMP, including any reasons provided by the detainee.

3.2.13. Where a detainee refuses to sign their BMP, the FDSP is to treat the BMP as being in effect and inform the detainee of this.

3.2.14. A written copy of the final BMP must be provided to the detainee and a copy uploaded on the CCMD portal with confirmation of this communicated to stakeholders involved. The FDSP must make a record via case note to confirm the delivery of the BMP to the detainee and capture the detainee reaction/response.

3.3 Reviewing and monitoring the BMP

3.3.1. In reviewing and monitoring a detainee's BMP, the responsible FDSP officer **must**:

- Review the BMP with the detainee on a (minimum) weekly basis or more frequently as required (i.e. triggered by specific events);
- Review the detainee's behaviour at the milestones set out in the BMP;
- Liaise with the Behavioural Support Practitioner for input and support;
- Add information from the review into the BMP, including:
  - Relevant stakeholder feedback obtained prior to meeting with the detainee to undertake the review;
  - An assessment of how the detainee is tracking against the SMART objectives;
  - Any issues, perceived or actual, which may prevent the detainee from meeting the SMART objectives;
  - Any new agreed SMART objectives, as required, for any new issues identified at review;
  - Any new information that was not apparent when the BMP was initially developed;

- Any additional measures and restrictions imposed if the antisocial behaviour has not improved, as per milestones;
- Indicate next steps and level of support to be provided to assist the detainee to meet the desired milestones;

- Within **one (1)** business day of completion (of the review):
  - Provide the detainee (and for children, the parent, guardian, carer or IGOC delegate if applicable) with a copy of the review report;
  - Place a hardcopy of the revised BMP in the detainee's dossier;
  - Place a copy of the revised BMP onto the CCMD portal and provide a hard copy to the ABF Detention Superintendent (Facility) (or delegate);
  - Provide a hard copy to the DHSP (where the DHSP has determined that the detainee has a mental health vulnerability).

3.3.2. The FDSP must not award Individual Allowance Point (IAP) 'Good Behaviour Points' to a detainee while a BMP is in effect.

3.3.3. In addition to reviews, updates on a detainee's performance while on a BMP must be provided to stakeholders within governance meetings, such as the Individual Management and Placement Review Committee.

3.4. Closing a BMP

3.4.1. A BMP will remain 'active' until the ABF Detention Superintendent (Facility) makes a decision that it can be 'closed', based on a recommendation from the FDSP and in consultation with relevant stakeholders. This decision is to be recorded in the CCMD portal.

3.5. Process to cease a BMP

a. A weekly assessment is generally undertaken by the stakeholder group to inform a decision to close a BMP (generally timed to coincide with the weekly discussion around allocation of IAPs to ensure the detainee is not inadvertently disadvantaged).

b. ABF Detention Superintendent (Facility) endorses the stakeholder group decision to cease the BMP.

c. Decision is recorded in the CCMD portal.

d. Decision is communicated to the detainee as soon as practicable (within 24 hours).

e. Detainee is reminded that the BMP remains on record and, if the behaviour is repeated, an additional BMP may be considered.

3.6 Privacy

3.6.1. The Privacy Act 1988 (the Privacy Act) provides the legislative framework for the management of the collection, use and potential disclosure of both personal and sensitive information of a detainee. The Department is bound by the Privacy Act. The Privacy Act establishes the Australian Privacy Principles (APPs), which regulate the collection and handling of personal information, including sensitive information. The Privacy Act protects both personal and sensitive information.

3.6.2. All officers and contracted service providers dealing with this information in the context of an IDF must be aware of the Department's obligations under the APPs in the Privacy Act. The Privacy Act determines how officers must handle a detainee's personal information, and covers the collection, accuracy, storage, access, modification, use and disclosure of the information.

3.6.3. The most relevant, however not exhaustive APPs to consider for a BMP relate to:

- APP 3 Collection of information. For the collection of personal information, the Department can only collect personal information that is reasonably necessary for, or directly related to, one or more of its functions or activities. In addition to this, for sensitive information, the Department must ensure that the individual consents to the collection, unless an exception applies.
- APP 6 Use and disclosure of information. The Department must ensure the information is only used or disclosed for its intended purpose (the primary purpose of collection), unless officers have the consent of the individual to do this, or unless an exception is met. For example, the Department may use or disclose personal information for a secondary purpose without consent of the individual if the use or disclosure is required or authorised by or under an Australian law or a court/tribunal order. APP 6.2(a) has provisions on use for secondary purposes.
- APP 10 Quality of information. Reasonable steps must be taken to ensure the personal and sensitive information collected is accurate, up to date, complete and relevant, both at the point of collection, and prior to any use or disclosure of this information.
- APP 11 Security of information. The Department must ensure the information it holds is protected from misuse, interference, and loss, as well as unauthorised access, modification or disclosure.

4. Accountabilities and Responsibilities

Role	Description
ABF Detention Operations (Facility)	Managing and coordinating the placement of a detainee on a BMP.
ABF Detention Superintendent (Facility)	Approving the placement of a detainee on a BMP.

Role	Description
	Deciding whether to close a BMP.
IGOC delegate	Responsible for overseeing BMPs for IGOC children.
Child Wellbeing Officer (CWO)	When required, providing advice and guidance to departmental staff during the development and implementation of a BMP for a child to enure the best interests of the child are a primary consideration.
Detention Health Services Provider (DHSP)	Assessing detainees to determine if there is a mental health vulnerability that might be contributing to their behaviour. If a detainee has mental health vulnerabilities, informing the FDSP to ensure that this is documented in the detainee's ICP and used to develop a plan to provide appropriate support to the detainee. Assessing the health of detainees on BMPs on a regular (no less than weekly) basis and as required for any trigger event.
Facilities and Detainee Service Provider Officer (responsible FDSP officer)	Identifying and reporting detainees who might require a BMP. Monitoring the detainee while on a BMP and complying with the agreed requirements of the BMP.

5. Version Control

Version number	Date of issue	Author(s)	Brief description of change
2.0	30/06/2017	National Detention and Removals Programmes	Update of procedural instructions to reflect PPCF requirements.
3.0	21/08/2018	Detention and Removal Operational Policy	Update post consultation and Inspector review.
4.0	23/08/2018	Detention and Removal Operational Policy	Update post Superintendent review.
5.0	25/08/2021	Detention Operational Policy	PPCF mandatory three (3) year review. Updates: • PPCF template. • Policy owner (section name). • Terminology. • Cross-referenced against FDSP Contract.

Version number	Date of issue	Author(s)	Brief description of change
6.00	27/06/2024	Detention Operational Policy	• Mandatory PPCF 3 year review • Terminology • Privacy provisions • Cross-referenced against FDSP Contract • Introduction revised. • DHSP added to consultation. • Amendments in relation to stepping out the process and desired outcomes. • Review of BMP revised. • Process to cease BMP revised. • Addition of Definitions page.

Attachment A – Definitions

Term	Acronym (ifapplicable)	Definition
Antisocial Behaviour		Means behaviour that is deemed by an Australian Border Force (ABF) officer or a contracted service provider to be disruptive or likely to cause harassment or distress to other detainees thus disrupting the safety, security and good order of the IDF. This may include alleged illegal behaviour.
Behaviour Management Plan	BMP	This is a management plan developed and maintained by FDSPs in consultation with stakeholders. The approach is to collaboratively manage detainees identified as presenting with identified patterns of, or repeated, antisocial behaviour (exceptions may be made for a one-off incident depending on the severity of the behaviour), which may affect the safety of others and/or the safety, security and good order of the IDF.
Behavioural Support Practitioner	BSP	Engaged by the FDSP as a qualified behavioural specialist, their role includes: Development of detainee behaviour support plans Supporting development of Behaviour Management Plans Liaison with IDF and stakeholder personnel and provide strategies to support detainees presenting with antisocial behaviours
Detainee		As defined under subsection 5(1) of the *Migration Act 1958* (the Migration Act). A 'detainee' means a person detained (in immigration detention). Note: This definition extends to persons covered by a Residence Determination (see section 197AC of the Migration Act).
Detention Health Service Provider	DHSP	An organisation contracted by the Department to provide health services for persons under the care or control of the Department.
Facilities and detainee Service Provider	FDSP	Contracted by the Department to provide immigration detention, transport and escort, welfare and garrison services to immigration detainees on behalf of the Australian Government.
Immigration Detention Facility	IDF	An IDF is one of the following: an immigration detention centre (IDC) established pursuant to section 273 of the Act, or an alternative place of detention (APOD) as approved by the Minister in writing.

Term	Acronym (ifapplicable)	Definition
Independent Observer	IO	An Independent Observer acts in the best interests of children to ensure that the Department's and other agencies' treatment of children during immigration processes is fair, appropriate and reasonable. Independent Observers are accessed through the Department's contracted service providers. For further information refer to the Independent Observer for Interviews involving children – PI (DM-6505).=
Individual Case Plan	ICP	This is a care and management plan specific to each detainee which captures and records events, incidents, progress, engagement in programs and activities and remains ongoing for the period of time in detention.
Individual Management and Placement Review Committee Meeting	IMPRC	A meeting held at each IDF weekly, or by exception triggered by events/incidents that require stakeholder engagement. These meetings are attended by ABF, FDSP, DHSP and Status Resolution. This meeting also serves to discuss any detainee placement concerns.
Child		Refers to a person under 18 years of age.
Person-centred approach		An approach which focuses on ensuring systems and structures are in place that respect an individual's dignity, values and cultural differences. Development of plans must consider individual needs and support mechanisms and communication should enable participation from individuals to contribute to shared decision making and self-agency.
Trauma informed approach		An approach which recognises and acknowledges the prevalence of trauma, with an awareness and sensitivity to its dynamics, to build resilience and self-agency whilst preventing an escalation of distress and deterioration in mental health.

Attachment B – Assurance and Control Matrix

1.1. Powers and Obligations

Please Note: Officers exercising any powers, delegations or authorisations outlined in this PI (listed here) must check the latest delegation advice on the Intranet or the relevant instrument in LEGEND to ensure they currently hold the applicable power, delegation or authorisation.

Legislative Provision			Is this a delegable power?	If delegable, list the relevant instruments of delegation
Legislation	Reference (e.g. section)	Section heading/Provision description		
Immigration (Guardianship of Children) Act 1946	subsection 5(1)	Delegation	yes	*Immigration (Guardianship of Children) Delegation (ADMIN 24/017) 2024* For latest version refer to (*ADF2022/394448*).
Migration Act 1958	paragraph 5(1)(g)	Definition of an officer	yes - authorisation	Migration (Officer – Departmental Contractors) Authorisation (ADMIN 23/082) 2023

1.2. Controls and Assurance

Related Policy	*Best Interests of the Child – PS (DM-5721)* *Child Safeguarding Framework – PS (BE-916)* *Records Management – PS (TI-1094)*
Procedures / Supporting Materials	*DSM – Programs and activities - Individual Case Plan and review – PI (DM-4842)* *Best Practice for Interacting with Children - PI (BC-764)* *DSM – Detainee placement – Closer supervision and engagement of high-risk detainees (high-care accommodation) – PI (DM-626)* *DSM – Safety and security management - Incident management and reporting – PI (DM-616)* *DSM – Safety and security management – Incident response and management – SOP (DM-3303)*
Training/Certification or Accreditation	Working with Vulnerable People registration
Other required job role requirements	Delegations Security clearance Departmental systems access

Other support mechanisms (eg who can provide further assistance in relation to any aspects of this instruction)	If you require further advice or assistance, or would like to provide feedback in relation to this PI, please contact the Detention Operational Policy section at *detention.policy@abf.gov.au*
Escalation arrangements	Escalation of concerns or issues regarding this PI can be sent to Superintendent, Detention Operational Policy at *detention.policy@abf.gov.au*
Recordkeeping (e.g. system based facilities to record decisions)	All records created as a result of this procedure must be managed in accordance with the *Records Management – PS (TI-1094).* Records created as a result of this procedure must be saved in Content Manager (formally known as TRIM) and approved business system (i.e. CCMD, OPTICS, etc.).
Program or Framework (i.e. overarching Policy Framework or Business Program)	Immigration Detention Facilities and Detainee Service Contract National and site-specific work instructions
Job Family Framework Role	Detention Operations Officer– Job Code 30001731

Attachment C – Consultation

1.1. Internal Consultation

1.1.1. The following internal stakeholders were consulted in the development of this PI:

- National Detention Operations Branch, including Regional Commands
- Detention Governance, Strategy and Standards Branch
- Service Delivery Operations Branch
- Legal Group
- Privacy, FOI, and Record Management Branch
- Integrity and Professional Standards Branch
- People Operations Branch
- Status Resolution Branch
- Humanitarian Policy and Child Wellbeing Branch
- Settlement Program Operations Branch
- Immigration Health Policy and Assurance Branch
- All Staff

1.2. External Consultation

1.2.1. The following external stakeholders were consulted in the development of this PI:

- FDSP
- DHSP

Annex A. Behaviour Management Plan

Important: The management of a detainee's behaviour, including the development of a BMP, **must not be punitive in nature**. BMP is applied openly, fairly and consistently without discrimination.

Detainee Name		**Preferred Name**	
Detainee ID		**Departmental SRO**	
DOB		**Interpreter Required**	
Nationality		**Date of Arrival**	

Date BMP opened	
1st review	
2nd review	
3rd review	
4th review	
Date BMP closed (evidence of ABF Detention Superintendent (Facility) approval required)	

Behaviour Management Plan
Issue / behaviour which prompts the need for a BMP *What happened? Was the behaviour displayed out of character or part of an established pattern of behaviour? As a result of the detainee's recent behaviour, it has been deemed necessary for the detainee to be placed on a Behaviour Management Plan. This will be used to monitor and gauge the detainee's behaviour.*

Behaviour Management Plan
How has this previously been addressed? *What has been said to the detainee? Has the detainee been on a previous BMP? (Yes/No)*
What is the detainees' opinion of the event / behaviour? *Talk to the detainee, using an interpreter or telephone interpreting service if necessary. Ask what causes the detainee to behave in the manner detailed above. Does the detainee believe their behaviour is appropriate? If so, why?*
Protective factors *Are there any factors which will reduce the likelihood of the detainee behaving in this manner? Family in the facility, involvement in activities etc.*
Expected standards of behaviour *Explain to the detainee alternate ways for him / her to behave. If the issue is a coping strategy, detail other possible ways of coping with the given stressor, and how the detainee can let people know that he/she is struggling to cope. Detail the expectations here.*

Behaviour Management Plan
Objectives *Set the detainee SMART (Specific, Measurable, Achievable, Relevant, Time-bound) objectives to achieve and specify the review dates for these objectives.*
Support *What support is the detainee going to receive (or is already receiving) to help achieve the desired change? For example, discussion with personal officer / welfare officer / CSM etc.? With what regularity will this be offered?*
For expected behaviour that is not maintained *Detail the outcomes the detainee can expect if he / she fails to maintain the agreed standards of behaviour; such as relocation to another part of the facility, temporary restrictions from a specific activity, discussion with a senior staff member, information will be communicated to the ABF Detention Superintendent (Facility) for their consideration, police intervention.* *Responses will be managed individually, however, examples of temporary restriction/s to be imposed for this BMP may include:*

Restrictions currently in place *Detail any current restrictions in place for the detainee, such as access to activities, involvement in excursions etc. Be specific in relating the restriction: exactly what is the restriction, how long will it be in place, and what is the justification for the restriction?*

Behaviour Management Plan
Stakeholders involved in developing this plan *Please list **all** people involved in generating this plan, and how they were involved: attendance at meeting, emails, contribution received, etc. **NOTE: THIS MUST INVOLVE THE DETAINEE**, as well as all other relevant stakeholders as appropriate (ABF Detention Superintendent / IGOC delegate, ABF Det Ops, ABF/FDSP SLO, CWO, DHSP, SRO)*

Detainee's name: *Detainee signature:*	
Officer's name: **Officer's role:** *Officer signature:*	
Date:	
Next review date:	
ABF Detention Superintendent (Facility): *Signature:*	

Australian Government
Department of Immigration and Border Protection

Ref: S 0032 OG

Heath Chapple
Managing Director
Serco Immigration Services
PO Box 121
Fyshwick ACT 2609

13 January 2015

Dear Heath

Change to Policy: Mental Health Policies Awareness Training for Service Provider Staff

In line with s. 47E(d) I am writing to formally advise of an update to the departmental policy in relation to Mental Health Policies Awareness Training for Service Provider Staff.

This new Policy is now current and in effect. Please ensure that any relevant Serco Policy and Procedure Manuals or other documents are updated as required.

If you would like to discuss this matter further please do not hesitate to contact me on the numbers below or s. 22(1)(a)(ii) on s. 22(1)(a)(ii) or at s. 22(1)(a)(ii)@immi.gov.au.

Yours sincerely

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

Contract Administrator
Contract & Services Management Branch

Telephone: s. 22(1)(a)(ii)
Fax:
Email: s. 22(1)(a)(ii) @immi.gov.au

Australian Government

Department of Immigration and Border Protection

Departmental Policy: Mental Health Policies Awareness Training for Service Provider Staff

Policy Position

It is a mandatory requirement that all departmental and service provider staff working in an Australian Immigration Detention Facility (AIDF) or Regional Processing Centre (RPC) undertake training in the department's mental health policies, including the Psychological Support Programme (PSP), prior to deployment or commencement and complete a refresher course every 12 months.

From 1 December 2014, all health, garrison and welfare service provider staff working in an AIDF or RPC must either:

- complete the department's Mental Health Policies Awareness eLearning course; or
- have attended a departmental approved equivalent of this course in the last 12 months.

Staff must continue to attend annual refresher training approved by the department.

All training packages developed by service providers must be updated to reflect any changes to the PSP and mental health policies as directed by the department.

Regular reports must be submitted to the department, specifying the numbers of staff trained and the type of training delivered, on a regular basis. Further, service providers are to engage in and provide input into any quality assurance and evaluation activities run by the department.

Purpose

The purpose of training staff in the department's PSP and mental health policies is to:

- provide all staff with the knowledge to develop the skills necessary to implement the department's Psychological Support Programme and mental health policies while working in an AIDF or RPC; and
- highlight staff responsibilities in relation to the mental health of detainees and transferees and ensure staff are confident to recognise, react and report any mental health issues accordingly.

Background

Training in the department's mental health policies was previously delivered via a face-to-face course by the department, with other related training delivered by service providers to their staff.

Staff who have completed this course will need to complete a refresher course within 12 months of their initial session.

For further information, please contact: detention.health.policy@immi.gov.au

Our Reference: SIS24 0021.01
Your Reference: S 1800 OG

s. 22(1)(a)(ii)
A/g Contract Administrator
Detention Contracts Management Unit
Department of Home Affairs
3 Molonglo Drive
Canberra Airport ACT 2609

23 February 2024

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

Recent Assaults by Detainees in the Immigration Detention Network – Security Services Review

In response to your letter dated 24 January 2024 (Ref: S 1800 OG) regarding the recent assaults by detainees across the Immigration Detention Network (IDN) Serco have conducted a review of Security Services.

Serco is committed to providing a safe and secure workplace for all staff and stakeholders throughout the IDN. Serco continue to collaborate, promote, and foster a culture of inclusion and transparency when ensuring the good order of all sites across the IDN. The health and wellbeing of frontline staff is a paramount factor towards maintaining a state of operational readiness in response to challenges that are considered a threat to the good order of Immigration Detention Facilities (IDFs). Furthermore, this readiness extends to mitigation against reputational damage through adverse media attention or external scrutiny body findings in times of heightened interest.

Serco welcome the Australian Border Force (ABF) initiatives that are underway to enhance safety and security in IDFs, working with the Government to seek legislative changes to enhance search and seizure powers and seeking funding for a number of projects that will enhance immigration detention security arrangements. Serco remain committed to assist the ABF in pursuing these aspects.

Serco have conducted an operational review relating to both national and local Security Services including contract measurables in the interest of staff safety and a secure detention environment. Serco treats all injury occurrences with the highest level of importance and where possible, identify and learn from key events to improve our service for a better tomorrow, today.

Detection of Controlled, Excluded or Prohibited (CEP) Items

Serco maintains a range of intelligence regimes s. 47E(d) s. 47E(d) and dynamic security measures s. 47E(d)

s. 47E(d)

The purpose of a Fabric Check is to ensure that identified infrastructure anomalies have been recorded for Facility Maintenance (FM) rectification works in parallel with a Client Case Management and Detention (CCMD) Portal (Damage – Minor) incident being raised, noting if the damage can be linked to a room occupant (detainee) or not. Serco can confirm that Fabric Checks are being conducted across the IDN as per the schedule matrix and take the opportunity to remove CEP items when detected under duty of care provisions.

In accordance with ABF and Serco policy, National Operations (NatOps) continue to prompt local compliance reviews on the end-to-end process for effectively facilitating a s. 47E(d) in accordance with Serco continuous improvement processes. The review has identified area(s) of improvement for conducting effective s. 47E(d) s. 47E(d) across the IDN with improvement actions being considered.

Noting the limitations to searching powers, s. 47E(d)
s. 47E(d)

Serco endeavors to assist the facilitation of any planned s. 47E(d)
s. 47E(d) in ensuring the safety of detainees and staff alike.

Monthly Security Review Committee Meetings

NatOps have instructed all sites to upload a copy of their monthly meeting minutes to the national SharePoint location for consolidation and review. A standardisation review is currently under way to ensure that all sites are utilising the nationally approved template including recording meeting attendees and agreed actions. With each site taking a local approach to these meetings we have identified variances in process. On the template being re-distributed to sites, the following expectations will be outlined:

S. 47E(d)

Rostering and Staffing Requirements

Noting that staffing requirements vary by IDF according to s. 47E(d)
s. 47E(d)

s. 47E(d)

s. 47E(d)

Serco maintain an incident response capability that both respond to incidents across the IDF and provide a proactive support to the sites and services delivered. s. 47E(d)

s. 47E(d)

s. 47E(d)

s. 47E(d) These positions will positively impact detainees through emotional self-regulation and drive internal growth.

Furthermore, this work in parallel drives a welfare considered approach and heightened situational awareness for staff. This is achieved by encouraging a detainee centered approach for optimal outcomes whilst mitigating adverse behaviour. Serco note the significant change in detainee cohort and continue to provide the above staff capability in delivering services across the IDN.

Training and Qualifications

S. 47E(d)

s. 47E(d)

s. 47E(d)

These stringent training requirements are further audited internally by the site-based compliance leads in addition to sample auditing by site-based ABF Service Delivery personnel as a part of the Monthly Performance Report (MPR) process.

Facility Related Policy and Procedure Manuals (PPMs) and Plans

The following related PPMs and Plans were reviewed as requested:

- **Work Health and Safety Plan.** The Work Health and Safety Plan is a nationally driven locally lead process. There is an annual review and in addition the WHS Plan is a standing agenda item in the local monthly Health, Safety and Environment (HSE) Meeting Agenda.

- **National Security Services Plan.** The National Security Services Plan is a nationally updated document overseen by the National Security and Operations Manager with final endorsement from the Operations Director - Immigration. The document is updated as / when required for operational updates and relevance.

- **Facility Security Risk Assessments**. Following notable deviations in the completion of the FSRA, NatOps are in the process of consolidating the SharePoint location of site FSRAs to ensure an acceptable standard and level of detail. This has been raised during the national Security Manager Meeting and will be further outlined via a Managers Notice.

- **Risk Management Plan.** The audits and the activities s. 47E(d) s. 47E(d) as described in the Risk Management Plan are being conducted and any areas for improvement is identified as actions, which are being tracked by the Operational Assurance Team (OAT) until closure.

- **National Asset Management and Maintenance Plan.** Serco provides the Department with the National Asset Management Plan that is updated annually. This plan incorporates any capital works that have been undertaken during the year, including security upgrades, to ensure an accurate capture of the asset base and to inform the regular preventative maintenance planning cycle. Any requests for capital improvements for security infrastructure (as identified by the IDF Infrastructure Vulnerability Assessments), is submitted to the Department as part of the annual request for overall infrastructure capital bids, such as the process upcoming in late March 2024 for funding allocations in 2025. These capital bid requests, follow the Departments template and information requirements. The allocation of such funds, and decision making on priority allocations is at the discretion of the Department each year.

Security Services Review Findings

The Security Services Review has identified the following areas for improvement:

- **Standardisation.** Variances between national policy and site procedure often drives deviations from state to state. Standardisation across sites that may differ in operating models continues to drive the process of standardisation and operational reviews. Owing to these identified inconsistencies, s. 47E(d) s. 47E(d) s. 47E(d)

- **Contingency Testing.** s. 47E(d)

s. 47E(d)

- **Security Meetings.** To ensure a robust and effective process focusing on the collaboration of ideas and providing operational direction, NatOps has re-introduced the monthly Security Managers Meetings including a revised Agenda and Terms of Reference (ToR). This meeting will be general in agenda however will provide a consistent forum to discuss the emerging trends facing the IDN, s. 47E(d)

- s. 47E(d)

- **Searching.** There is an ongoing concern that the limitations in searching powers continue to restrict front line operational staff in the search and seizures. 47E(d) s. 47E(d) s. 47E(d) has been included as part of the Operational Readiness Validation Schedule.

- **IVA Consolidation.** Through a Managers Notice, all site-based security leads will commence saving site IVAs in a consolidated National folder for review. This new requirement is to ensure the standard and detail contained within the IVA is unified and nationally acceptable to allow local review / discussion and for submission as part of capital improvements schedule for consideration. As the files are consolidated, they will be reviewed by NatOps for quality, terminology, and detail from end to end to ensure network consistency.

- **Security and Operations related PPM Review.** In addition to the consolidation and tracking of site-based security activities, NatOps continue to review the relevant PPMs to ensure that any policy deliverables relating to Security and Operations is being fulfilled or adapted as required as an outcome from s. 47E(d) s. 47E(d)

- s. 47E(d)

s. 47E(d)

Conclusion

Following this comprehensive review, Serco remain committed towards providing detainees and staff a safe and secure environment. Serco maintain that staffing solutions are one aspect of consideration however in isolation may not mitigate adverse behaviour in absence of s. 47E(d) s. 47E(d) Serco are committed to continue collaboration with the ABF and stakeholders to consider innovative solutions and make improvements where possible, facilitate change and promote ABF safety initiatives.

Serco will endeavour to learn from key events, refine policy and procedures and cohesively work with the ABF to provide operational recommendations where required for best practice and outcomes for all involved.

If you wish to discuss this matter further, please do not hesitate to contact s. 22(1)(a)(ii) on s. 22(1)(a)(ii) or by email at s. 22(1)(a)(ii)

Yours Sincerely,

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

A/g Service Administrator Justice & Immigration Serco Asia Pacific

Australian
BORDER FORCE

Ref: S 1800 OG

s. 22(1)(a)(ii)
Managing Director
Serco Immigration Services
PO Box 121
FYSHWICK ACT 2609

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

Recent assaults by detainees in the Immigration Detention Network

I am writing to you following a recent increase in serious assaults by detainees against staff, which in some cases have resulted in injuries to individual staff members.

The ABF is committed to providing the safest possible workplace for our staff and contracted service providers and we have a number of initiatives underway to enhance safety and security in detention centres. Importantly, we continue to work with Government to seek legislative changes to enhance search and seizure powers. In addition, we are seeking funding for a number of projects that will enhance immigration detention security arrangements. s. 47E(d)

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In partnership with the ABF, Serco must provide a safe and secure environment in all facilities. This includes all service provider personnel, department personnel, visitors, subcontractors and all other people who may be present in a facility.

s. 47E(d)

s. 47E(d)

s. 47E(d)

s. 47E(d)

Please provide the review findings and plan by 20 February 2024.

If you would like to discuss this matter further please do not hesitate to contact s. 22(1)(a)(ii) on s. 22(1)(a)(ii) or at s. 22(1)(a)(ii)@abf.gov.au.

Yours sincerely

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

Tim Fitzgerald
Deputy Commissioner
National Operations

24 January 2024

Document Details

Document Reference	SIS-OPS-PPM-0070 Positive Behaviour Support Services PPM
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Amendment Details

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1.0	Initial Issue	03/01/2024

Table of Contents

1 Introduction

The Positive Behaviour Support Services (PBSS) is based on the overarching values and commitment to providing support to those in our care and promotes inclusion, choice, participation, and equality of opportunity.

The PBSS presents a practice model that uses a person-centred, trauma-informed, and evidence-based behavioural science. It reflects the legislative requirements of the Disability Act 2006 and Australian Human Rights Commission Act 1986.

1.1 Purpose

The purpose of this document is to provide guidance and instruction on the delivery of PBSS for the Immigration Detention Facilities and Detainee Services (IFDS) Contract ('the Contract') in Australian Immigration Detention Facilities (IDFs).

1.2 Objectives

The goal of the PBSS is to improve the quality of life for people in detention by helping to prevent challenging or antisocial behaviour.

The purpose of the PBSS is early identification of people in detention who are engaging in challenging behaviours and providing support to address those behaviours using assessments and applying evidence-based behavioural science, monitoring and evaluation of interventions.

The objectives of the PBSS are to:

- Improve the detainee's quality of life and that of the people around them.
- Use the least restrictive interventions as possible.
- Assist detainees to learn new ways to communicate their needs and wants.
- Collaborate with stakeholders to achieve holistic understanding of detainee strengths, needs and vulnerabilities that will enable evidence-based decision-making.

1.3 In Scope

The PBSS is delivered to individuals residing in all Australian IDFs including Immigration Detention Centres (IDCs) and Alternative Places of Detention (APOD) including non-facility APODs and any Immigration Transit Accommodation (ITA). The delivery of services under the PBSS Framework will comply with the Contract and all applicable Serco and Departmental policies and procedures.

In the Contract, the delivery of clinical medical services is the responsibility of the Detention Health Service Provider (DHSP). The PBSS does not include conduct of assessments for specific health or mental health diagnoses and/or clinical interventions for physical health or mental health issues, as this responsibility lies with the DHSP.

However, the PBSS is undertaken by practitioners, and this will support a more integrated response between Serco and the DHSP in providing tailored supports to the detainee.

1.4 Audience

The intended audience of this Positive Behaviour Support Policy and Procedure Manual (PPM) includes but is not limited to Serco:

- Behaviour Support Practitioners.
- Operational Leadership Team.
- Welfare & Engagement staff.
- All Serco staff at an IDF who obtain welfare-related information via meaningful engagement with detainees, including the Personal Officers and the Property Officers.

The audience of the outputs of PBSS may include but not limited to:

- The person in detention (the detainee).
- Serco.
- Australian Border Force (ABF).
- The Department of Home Affairs Status Resolution Officers (SOs).
- Scrutiny bodies, for example; the Commonwealth Ombudsman.
- Legal professionals.
- The coroner.

1.5 Related Documents

- Detainee Management & Welfare Support PPM (SIS-OPS-PPM-0067)
- Case Management Service PPM (SIS-OPS-PPM-0071)
- Detainee Engagement Services PPM (SIS-OPS-PPM-0068)
- Positive Behaviour Support Services Framework (SIS-OPS-FRW-0002)
- Positive Behaviour Support Services Work Instruction (SIS-OPS-WI-0008)
- Keep SAFE and PSP SME PPM (SIS-OPS-PPM-0001)
- Enhanced Monitoring PPM (SIS-OPS-PPM-0015)
- Working with Families & Minors PPM (SIS-OPS-PPM-0037)
- Health Services Support PPM (SIS-OPS-PPM-0023)
- Complaints Management PPM (SIS-OPS-PPM-0016)

1.6 Related Forms

- Positive Behaviour Support Services Referral Form (SIS-OPS-FRM-0130)
- Positive Behaviour Support Services Detainee Behaviour Support Plan (SIS-OPS-FRM-0132)
- Positive Behaviour Support Services 3 Month Data Analysis Report (SIS-OPS-FRM-0129)
- Positive Behaviour Support Services Exit Report (SIS-OPS-FRM-0137)

1.7 Legislative and Standards Framework

- Immigration Detention Facilities and Detainee Services Contract
- Migration Act 1958 (Cth)
- Privacy Act 1988 (Cth)
- Work Health and Safety Act 2011 (Cth)
- Child Protection legislation in each state/territory
- AS/NZS 9001:2008 – Quality Management Systems
- Department of Home Affairs Child Safeguarding Framework
- Work Health and Safety Act 2011 (Cth)
- Convention on the Rights of a Child (CRC) - United Nations, ratified by Commonwealth of Australia
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or punishment (CAT) and associated Optional Protocol (OPCAT) - United Nations, ratified by Commonwealth of Australia
- International Covenant on Economic, Social and Cultural Rights (ICESCR) - United Nations, ratified by Commonwealth of Australia

- International Covenant on Civil and Political Rights (ICCPR) - United Nations, ratified by Commonwealth of Australia
- Convention on the Elimination of All Forms of Racial Discrimination (CERD) - United Nations, ratified by Commonwealth of Australia
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) - United Nations, ratified by Commonwealth of Australia
- Convention on the Rights of Persons with Disabilities (CRPD) - United Nations, ratified by Commonwealth of Australia
- Universal Declaration of Human Rights (UDHR) - United Nations, signed by Commonwealth of Australia
- Department of Home Affairs Policy and Procedure Control Framework (PPCF) including but not limited to:
  - DSOP-9-DM-15-O/3253 Identification Tests
  - DSOP-11-DM-20-O/3254 Individual Management Plan and Review
  - DSOP-40-DM-13-O/3277 Health Induction and Ongoing Health Screening
  - DSOP-50-DM-01-O/3285 Management of Detainee Property
  - DSOP-79-DM-11-O/3301 Closer supervision and engagement of high-risk detainees
  - DSOP-93-DM-19-O/3303 Incident Response and Management

1.8 Glossary & Abbreviations

Definitions and abbreviations that are relevant to this document are outlined in the table below.

Term	Definition
Behavioural Advice	Behavioural advice or recommendations may include but is not limited to: – recommendations in managing behaviours of concern that are not a direct result of medical or mental health conditions – recommendations for managing behaviours of concern that are deemed by the DHSP as purely behavioural – recommendations for managing behaviours of concern that are deemed by the DHSP as not meeting the threshold for a mental health diagnosis – recommendations in managing behaviours of concern that are a direct result of medical or mental health conditions. For example: if a detainee is diagnosed with depression, the Behaviour Support Practitioner can provide recommendations on how staff can best engage with the detainee or the effective ways to motivate the detainee – advice on the possible function (reason) of the behaviours of concern and the best ways to meet the detainee's needs in a positive way – recommendations based on a person-centred and trauma-informed approach to assist detainees in making positive changes aimed at increasing the detainee's capacity to regulate their emotions more effectively and capacity to perform tasks of daily living
Behaviour Management Plan (BMP)	A document that is developed when a detainee continues a pattern of antisocial behaviour that warrants the implementation of specific and measurable actions that can encourage detainees to cease engagement in behaviour that disrupts the good order of the facility.
Challenging Behaviours / Behaviours of Concern	Challenging behaviours or behaviours of concern may be defined as: behaviour of such an intensity, frequency, and duration as to threaten the quality of life and/or the physical safety of the individual or others. Examples of challenging behaviours:

Term	Definition
	– self-harm – a person may hurt, hit, or scratch themselves – physical aggression – a person may hit, pinch or bite someone else – property damage – a person may break an object, item, or equipment – verbal aggression – a person may yell, scream, or swear.
Behaviour Support Plan	A plan created by the Facility Behaviour Support Practitioner, in consultation with the detainee, Serco staff and other stakeholders and forms part of the PBSS. A Behaviour Support Plan is developed to: – Strengthen the positive behaviours and personal interests of the detainee. – Understand the causes and underlying functions of the presenting behaviour. – Equip staff and stakeholders with appropriate strategies and skills to address or prevent challenging behaviours which have concerning consequences for the detainee, or other detainees within the centre.
Complex Case Review (CCR)	Where stakeholders in a facility have exhausted all avenues for supporting a detainee through site-based services and the detainee's welfare needs are not sufficiently supported by the Psychological Support Programme (PSP) Supportive Monitoring and Engagement (SME) program, a CCR meeting may be initiated. It is also a mechanism that facilitates discussion of detainees with complex needs by each stakeholder's national and local representatives.
(the) Contract	Immigrations Detention Facilities and Detainee Services Contract 2014.
DSO	Detainee Services Officer
DHSP	Detention Health Service Provider
Functional Behavioural Analysis/Assessment (FBA)	Functional Behavioural Analysis/Assessment (FBA) is a process for identifying challenging behaviours/behaviours of concerns and developing interventions to improve the detainee's quality of life and/or reduce the frequency, duration, and intensity of those behaviours.
FOM	Facility Operations Manager
IDC	Immigration Detention Centre
Individual Management and Placement Review Committee (IMPRC)	A site-based multistakeholder committee that convenes at least monthly to discuss the ongoing management and placement of individual detainees who require additional support.
Mental Illness	Mental Illness are health conditions involving disturbances in emotion, thinking or behaviour (or a combination of these). Mental Illnesses are associated with distress and/or impaired functioning in social, occupational, or recreational activities. Mental illnesses include mood disorders (such as depression or bipolar disorder), anxiety disorders, personality disorders, psychotic disorders (such as schizophrenia), eating disorders, trauma-related disorders (such as post-traumatic stress disorder (PTSD)) and substance abuse disorders. Examples of Mental Health related symptoms include, but are not limited to: – Hallucinations – a person may be hearing, seeing, or smelling this that are not there. – Delusions – a belief or altered reality that is persistently held despite evidence or agreement to the contrary, generally in reference to a mental disorder. – Psychotic episode – a disconnection from reality. Psychosis may occur because of a psychiatric illness such as schizophrenia.

Term	Definition
Positive Behaviour Support (PBS)	A person-centred and evidence-based behavioural science approach to managing antisocial behaviour with the overarching goal of putting together a set of interventions that bring improvements in the detainee's quality of life.
Reactive Strategies	Process of identifying warning signs of behaviours of concern, including triggers, and identifying early interventions to respond to early signs of escalation.
Skill Development	Process of identifying and improving detainee's competence in various areas such as adaptive functioning, emotional regulation, communication, and social interactions.
W&E	Welfare and Engagement

1.9 Roles and Responsibilities

Table 1 – Roles and Responsibilities

Role	Responsibility
All Staff	Identify detainees who are engaging in behaviours of concern. Liaise with Facility W&E Manager/Coordinator or Residential Manager to complete a referral for PBSS. Assist in the implementation of the Behaviour Support Plan as per action plan (if required).
Facility W&E Manager/Coordinator	Actively safeguard and promote the health and wellbeing of detainees through coordinating, implementing, and delivering Welfare and Engagement services Manage PBSS personnel. Oversee PBSS processes.
Residential Manager	Oversee facility operations. Oversee detainee welfare and engagement services. Oversee PBSS processes.
Facility Operations Manager (FOM)	Liaise with the Behaviour Support Practitioner for input into BMP development/review. Support DSOs with the implementation of the behaviour support plan.
Behaviour Support Practitioner (BSP)	Assessment of all PBSS referrals. Development of detainee behaviour support plans Supporting development of Behaviour Management Plans (BMPs). Liaison with IDF and stakeholder personnel. Accurate record keeping.
National Behavioural Specialist	General oversight of PBSS. Liaison with IDF and stakeholder personnel. Undertake governance validation audits and monitor processes. Collate, review, and disseminate relevant documentation and information. Provide 1:1 supervision to Behaviour Support Practitioners. Provide group supervision (if required).
National Welfare and Engagement Manager	Approve any change to the process as outlined in this policy or the related forms.

Role	Responsibility
	Ensure processes support consistent delivery of PBSS across all IDFs.

2 Positive Behaviour Support Services Referral Criteria

A detainee being referred to PBSS must meet one or more of the below criteria for the referral to be accepted and services to commence. Refer to Glossary for definition of relevant terms.

- Detainee has had a noticeable increase in the frequency (as per an increase in incidents, observed through case notes and meeting minutes), duration, and intensity of challenging behaviours in the last three (3) months.
- Detainee has displayed challenging behaviours for a prolonged period, with no noticeable changes through existing support services.
- Detainee has been engaging in new challenging behaviours in the last three (3) months.
- Detainee has been engaging in challenging behaviours that could be an indication of mental health issues or intellectual disability. For example, inability to control impulses, poor emotional regulation, poor personal hygiene.
- Detainee who is currently on a Behaviour Management Plan (BMP) or has been on extended or multiple BMPs in the past three (3) months.
- Detainee refuses to engage with supports provided by the DHSP, but still stakeholders view the detainee could benefit from additional support to manage their wellbeing. For example, support with emotional regulation.
- Detainee voluntarily requests support provided by the PBSS.
- Repeated concern about a detainee's wellbeing. For example, staff observing a detainee isolating in their room or a recent decline in Programmes and Activities (P&A) participation or engagement with Welfare Officers, or a recent decline in a detainee's engagement with stakeholders.

3 Referral to the Detention Health Service Provider

If the Behaviour Support Practitioner identifies any medical or mental health concerns, the Behaviour Support Practitioner **must** follow existing processes to escalate to DHSP. Refer to the following PPMs for guidance:

- Keep SAFE and PSP SME (SIS-OPS-PPM-0001)
- Food and Fluid Refusal (SIS-OPS-PPM-0003)
- Health Services Support (SIS-OPS-PPM-0023)

4 Direct Detainee Positive Behaviour Support Services

The Direct Detainee Positive Behaviour Support Services delivered in the IDN comprises six (6) stages of service delivery (Refer to the Positive Behaviour Support Services Framework section 7). Detainee records will be stored within Serco's nominated IT system and uploaded to the CCMD portal as required. Behaviour Support Practitioner will document interaction/communication with the detainee and stakeholders via Case Notes (refer to Case Management Service PPM (SIS-OPS-PPM-0071).

If at any point whilst a detainee is receiving PBSS, they are transferred to another facility within the IDN, the primary Behaviour Support Practitioner will liaise with their counterpart to complete a handover, including providing a copy of all relevant documentation. The BSP in the new facility will continue service delivery and complete all necessary processes and documents.

4.1 Stage 1: Referral

The Referral stage identifies detainees who present with behaviours of concern and may be eligible to receive PBSS. Detainees determined eligible must consent to voluntarily participate in developing a Behaviour Support Plan.

The key outcomes of Stage 1: Referral are;

- Detainees identified as benefiting from PBSS.
- Detainees referred to PBSS.
- Detainees give verbal consent for voluntary participation in developing a Behaviour Support Plan.

4.2 Stage 2: Assessment

The Assessment stage will provide the Behaviour Support Practitioner with an understanding of the detainee's behaviours of concern and will help guide the development of appropriate interventions in managing behaviours of concern. Additionally, it will assist in formulating recommendations for interventions involving other stakeholders.

The key outcomes of Stage 2: Assessment are;

- Behaviour Support Practitioner develops a rapport with the referred detainee.
- A functional behaviour analysis is conducted.
- Completion of three (3) formalised assessments.
- Consultation with the referred detainee.

The Behaviour Support Practitioner will consider a detainee's location and accommodation arrangements during the Assessment Stage, as this may influence the suitability of PBSS, with other support services being more appropriate.

4.3 Stage 3: Development of Behaviour Support Plan

The Development stage will provide an in-depth understanding of the detainee's behaviours of concern. In addition, it will provide agreed strategies between the Behaviour Support Practitioner and the detainee that best work for the detainee, as well as appropriate responses for staff when the detainee engages in behaviours of concern.

The key outcomes of Stage 3: Development of Behaviour Support Plan are;

- Consultation with the referred detainee.
- Development of Interim Behaviour Support Plan.
- Detainee verbal consent for an Interim Behaviour Support Plan to be developed.
- Formulation and creation of environmental strategies (preventative strategies for stakeholders).
- Formulation and creation of skill development (optional/as required).
- Formulation and creation of reactive strategies (for stakeholders).

Table 2 – Key Performance Indicator

Behaviour Support Plans (BSP) are created for each Detainee identified by the FDSP as requiring a Behavioural Support Plan and uploaded to the Department nominated information technology system within 7 calendar days (Approved Time) following implementation date of the BSP. (The implementation date is the date when the facility ABF Superintendent or representative endorsed (signed) the BSP).

Note: As per the PBSS Framework, the BSP will have eight (8) weeks to develop the PBSS Interim Behaviour Support Plan.

4.4 Stage 4: Implementation

The Implementation stage will provide relevant Serco staff (DSOs, W&E staff, etc) and other relevant stakeholders with implementation session/s on the agreed strategies and interventions in the Interim Behaviour Support Plan. It will also provide staff with a deeper understanding of the detainee's behaviours of concern and implement the strategies consistently in responding to the detainee's behaviours of concern.

The key outcomes of Stage 4: Implementation are;

- Interim Behaviour Support Plan implementation.
- Implementation session/s for Serco staff (DSO's, W&E staff etc) and other relevant stakeholders.

4.5 Stage 5: Monitoring and Evaluation

The Monitoring and Evaluation stage will provide internal and external stakeholders with an update on the detainee's progress on the identified targeted behaviour of concern, including key achievements on thirty (30), sixty (60) and ninety (90) days of the calendar. In addition, this will provide the Behaviour Support Practitioner with important information/data to make amendments in the Interim Behaviour Support Plan and complete the Final Behaviour Support Plan.

The key outcomes of Stage 5: Monitoring and Evaluation are;

- Monthly data analysis report on day thirty (30), sixty (60), and ninety (90).
- Development of the Final Behaviour Support Plan for detainees who engage with the PBSS for the 90-day period.

Table 3 – Incentive Measure – Quality of Detainee Behaviour Support Plan

The FDSP is expected to create and maintain BSPs to assist in the development of services and activities which contribute to the wellbeing of each Detainee. 90 days after the implementation date of the BSP, the following quality elements will be assessed: 1. Evidence of consultation and engagement between the FDSP and Detainee as verified by the BSP upload to the portal; 2. Evidence of consultation between the FDSP, ABF, and DHSP as verified by stakeholder signatures on the BSP or meeting minutes from an Individual Management and Placement Review Meeting; **3.** Evidence of actions recorded in the BSP by The Behavioural Support Practitioner to satisfy individual requirements of the Detainee.

4.6 Stage 6: Exit

The Exit stage will provide Serco staff (DSOs, W&E staff, etc) and other relevant stakeholders with a snapshot of the detainee's journey of their participation in the PBSS, including a summary of services and key achievements.

The key outcomes of Stage 6: Exit are;

- Behaviour Support Plan review.
- Completion of the Detainee Exit Report.

4.7 Stage 7: Early Exit

The early exit stage will identify detainees who either withdraw consent to voluntarily participate in the development of Behaviour Support Plan, are released into the community, transferred to another IDF, or declined to provide verbal consent to implement the Interim/Final Behaviour Support Plan.

Should a detainee be transferred to another facility within the IDN, the primary Behaviour Support Practitioner will collaborate with their counterpart to undertake a comprehensive handover. This process includes providing the counterpart with copies of all pertinent documentation. Subsequently, the Behaviour Support Practitioner at the new facility will assume responsibility for service delivery and see through all essential procedures and documentation.

The key outcomes of Stage 7: Early Exit are;

- Identification of detainees requiring an early exit from the PBSS.
- Completion of the Detainee Exit Report.

5 Indirect Detainee Positive Behaviour Support Services

The detainee will continue to receive services from the Behaviour Support Practitioner, if a referral for PBSS is accepted (i.e., the detainee meets referral criteria), even if the detainee does not consent to a Behaviour Support Plan. Indirect support in this instance may involve Behaviour Support Practitioners promoting positive behaviour and well-being for the detainee in an indirect manner, focussing on improving the detainee's environment and conditions to encourage and influence positive behaviour change.

(Refer to the PBSS Framework section 9).

6 Detainee access to PBSS Documentation

Detainee will be offered hard copies of all completed PBSS documents, including the referral form, endorsed Behaviour Support Plans, and exit report, will be offered to the Detainee. Where the detainees choose to receive hard copies, the Behaviour Support Practitioner, will ensure the detainee is reminded they are responsible for the care of their own belongings taken into the facility. The Behaviour Support Practitioner will document this information in the PBSS Case Notes.

7 Complaints Feedback & Suggestions

The PBSS will actively seek detainee feedback using formal and informal methods. Staff will encourage detainees to provide formal feedback via existing detainee feedback process.

Policy & Procedure Manual

Enhanced Monitoring

Document Details

Document Reference	SIS-OPS-PPM-0015 Enhanced Monitoring
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Version	Description	Issue Date
1.0	Initial Release	19/02/2015
1.1	Naming Terminology Change	16/06/2015
2.0	Update to new template, policy reviews and addition of Behaviour Support Service	28/11/2022
3.0	Update for Case Management Service and including Department feedback	27/11/2023

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1 Introduction

The purpose of this policy is to provide direction on how Enhanced Monitoring Support will be delivered by Serco in a constructive manner that is respectful and preserves the privacy and dignity of the detainee or group of detainees. Enhanced monitoring is **not** a punitive measure and care should be taken to ensure that a detainee does not view they are being penalised if the Enhanced Monitoring is implemented following adverse behaviour(s).

1.1 Policy

Serco's commitment to the delivery of safe and respectful services to people in detention is outlined through the Healthy Centre principles which govern our service delivery and are explained in Case Management Service PPM (SIS-OPS-PPM-0071). At the heart of our service delivery is the holistic and trauma-informed care, support, and management of all detainees in our care.

Serco provides a range of services to support the welfare of detainees. These include:

- Personal Officer Scheme (POS)
- Case Management Service (CMS) including Individual Case Plan (ICP)
- Positive Behaviour Support Services (PBSS) including Behaviour Support Plan (BSP)
- Behaviour Management Plan (BMP)
- Keep SAFE & Psychological Support Program Supportive Monitoring and Engagement (PSP SME)
- Detainee Placement mechanisms
- Scheduled Programmes and Activities.

A need for closer supervision and engagement with a detainee may arise at various times. This may be due to the detainee's personal circumstances, or a detainee may display adverse behaviours that place the safety and wellbeing of staff or other detainees at risk. Enhanced Monitoring may be used where concerns for a detainee exist, and the detainee does not meet guidelines to receive support through the Keep SAFE and PSP SME policy or the BMP policy.

1.2 Related Documents

- Immigration Detention Facilities and Detainee Services Contract 2014
- Detainee Management and Welfare Support (SIS-OPS-PPM-0067)
- Detainee Engagement Services (SIS-OPS-PPM-0068)
- Case Management Service Framework (SIS-OPS-FRW-0003)
- Case Management Service (SIS-OPS-PPM-0071)
- Positive Behaviour Support Services Framework (SIS-OPS-FRW-0002)
- Positive Behaviour Support Services (SIS-OPS-PPM-0070)
- Keep SAFE & PSP SME (SIS-OPS-PPM-0001)
- Detainee Placement (SIS-OPS-PPM-0051)
- Professional Conduct (SIS-OPS-PPM-0042)
- Working with Families and Minors (SIS-OPS-PPM-0037)

1.3 Related Forms

- Individual Case Plan (SIS-OPS-FRM-0144)
- Case Note (SIS-OPS-FRM-0142)
- Case Note Review (SIS-OPS-FRM-0147)
- Immediate Keep SAFE Action Plan (SIS-OPS-FRM-0006)
- PSP Referral (SIS-OPS-FRM-0007)
- Behaviour Support Referral (SIS-OPS-FRM-0130)
- Detainee Behaviour Support Plan (SIS-OPS-FRM-0132)
- Behaviour Management Plan (SIS-OPS-FRM-0012)
- Proposed Placement Escalation Form (SIS-OPS-FRM-0012)

1.4 Legislative and Standards Framework

- Migration Act 1958 (Cth)
- Work Health & Safety Act 2011 (Cth)
- Privacy Act 1988 (Cth)
- Relevant state and territory child protection legislation
- Department of Home Affairs Child Safeguarding Framework
- Department of Home Affairs Policy and Procedure Control Framework (PPCF), including but not limited to:
    - DM-3248 – SOP. Detainee placement
    - DM-3301 – SOP. Detainee placement – Closer supervision and engagement of high risk detainees (high care accommodation)
    - DM-626 – PI. Detainee placement – Closer supervision and engagement of high risk detainees (high care accommodation)
    - DM-5126 – PI. Detainee placement – Assessment and placement of detainees in IDFs
    - SM-5337. Vulnerable Persons

1.5 Roles and Responsibilities

The roles and responsibilities of Serco staff in relation to the implementation of Enhanced Monitoring are outlined in Table 1 below.

Table 1 Roles and Responsibilities

Role	Responsibility
All staff	Identify any concerns regarding the health and wellbeing (including identified behavioural concerns) of a person in detention or the security and good order of the facility. Provide advice to ABF Facility Superintendent or delegate, via standard process.
Shift supervisor (as appropriate)	Initiate the Enhanced Monitoring through development of an Enhanced Monitoring Plan and arrange any additional staffing requirements or allocations. Enter a Case Note: General in Serco's nominated IT system advising commencement of Enhanced Monitoring and the agreed observation frequency. Enter subsequent Case Note: General to record changes in observation frequency and cessation of Enhanced Monitoring.
Facility Operations Manager (FOM)	Approve the parameters of the Enhanced Monitoring Plan and ensure a review is conducted within 48 hours of approval of the Enhanced Monitoring Plan.
Intelligence Manager & Welfare & Engagement Manager	Information should be provided to both the senior on-site Intelligence Manager and Welfare & Engagement Manager on a daily basis. This is done to inform Security Risk Assessments (SRA) and Individual Case Plans (ICP).
Centre Manager (CM) / General Manager (GM)	Approve Enhanced Monitoring Plan and ensure all Enhanced Monitoring Plans are reviewed no later than 48 hours following initiation. Approve extensions where appropriate and provide notification to National Security and Operations Manager.
National Security and Operations Manager	Receive notification of Detainees under enhanced monitoring and offer advice where required.
National Operations Support	Ensure systems present within the Serco's nominated IT system (being either Serco Case Management System or Serco Care Manager (SCM)) are functional as per requirements to maintain records for audit purposes
National Welfare & Engagement Manager	Request Contract Administrator approval for identification of a detainee as a High Needs Detainee

2 Procedures

2.1 Enhanced Monitoring

Enhanced monitoring is an additional tool to enhance security and care for a detainee, over and above individual Behaviour Management and Keep SAFE. It is not intended to be undertaken for an extended period due to the impact on the individual's privacy and potential subsequent impact on their wellbeing. Enhanced monitoring supports the welfare of a detainee and/or the security and good order within an IDF. It must be constructive, respectful, and engaging, with a clear, exit pathway leading to existent supportive mechanisms or through a formal review of the detainee's placement. The pathway to cease enhanced monitoring should be tailored to each detainee's individual situation.

Circumstances where enhanced monitoring may be warranted include but are not limited to:

- An individual or group who has shown an interest in security infrastructure or procedures.
- An individual or group who has articulated an intent to escape or for whom intelligence exists that escape is a probability.
- An individual placed in restrictive detention or an observation room for violent or aggressive behaviour.
- Intelligence exists that suggests that an individual may be being targeted or have concern for their safety.
- Where there is a large-scale transfer of a group of Detainees into another facility, particularly where there has been Detainee resistance to the move.
- Unaccompanied Minor (UAM) who is vulnerable, non-compliant or has shown intent to escape.
- An individual who is vulnerable.

2.2 High Needs Detainees

The Contract defines 'High Needs Detainees' as being those detainees not subject to or compensated accordingly by Supportive Monitoring & Engagement under the Psychological Support Program and require an enhanced level of security monitoring due to a consistent pattern of anti-social and/or unacceptable behaviour, that threatens the integrity of immigration detention and/or the safety of persons in the Facility. Detainees will only be classified as High Needs following approval by the Contract Administrator. Additional costs may be charged at the additional monitoring variable rate or such other applicable pricing mechanisms in the Contract.

Where an application is to be made for a detainee to be considered for High Needs status, all relevant information must be forwarded to the National Welfare & Engagement Team via email s. 22(1)(a)(ii). Refer to Detainee Management & Welfare Support PPM (SIS-OPS-PPM-0067) for information on this process.

A detainee does not need to be identified as a 'High Needs Detainee' for enhanced monitoring to occur.

2.3 The Nature of Enhanced Monitoring

Enhanced monitoring can fulfil the security requirements of being vigilant, environmentally aware, with robust documentation while at the same time being highly engaging, respectful, courteous and delivered in a trauma-informed manner. Enhanced monitoring should promote the self-agency of the detainee so that they understand the consequences of certain behaviours and the potential impact of those behaviours on themselves and others. All efforts must be made to ensure that enhanced monitoring encourages the person(s) in detention to, where relevant:

- Prepare for reintegration to the main detention population as soon as practicable.
- Make positive changes in attitude and behaviour that led to their being placed on enhanced monitoring, including addressing any risks to other detainees.
- Participate in the day-to-day routine at that immigration detention facility, including attending Programmes and Activities.

Enhanced monitoring should be used for the shortest possible duration and be sufficient to only observe, engage, understand, record, inform and, where appropriate, refer the detainee to other supportive mechanisms that will further support their welfare.

In respect to security monitoring, an option exists at the decision of the FOM for discrete monitoring. In these situations, the observed parties may not be overtly aware that they have been placed on monitoring; however, observations concerning behaviour and movements are recorded to ensure the safety and security of those parties are maintained.

Particular aspects of the monitoring are to be included within the Enhanced Monitoring Plan specific to each application of enhanced monitoring.

It is recognised that enhanced monitoring can only be applied in 48-hour blocks, after which it must be reviewed and approved by a General Manager (GM) / Centre Manager (CM) in consultation with the National Security and Operations Manager.

2.4 Enhanced Monitoring of Groups

Enhanced monitoring of groups requires a multi-faceted approach. In addition to the enhanced monitoring provided to the group, security arrangements may be required to temporarily enhance the procedures or infrastructure of the centre. This might include placing static posts at entry / egress points, posting staff members around the perimeter of the facility, enlisting the assistance of the Emergency Response Team (ERT) or delivering Programmes and Activities that target the needs of a specific group. These functions can remain largely unseen or unknown to the group of concern.

A review of the enhanced monitoring arrangements for groups should be undertaken by the Facility Operations Manager at the completion of the monitoring period (each 48 hours), to recap information obtained and to determine whether concerns still exist regarding the group.

Should there still be concerns about the group, approval from the CM / GM for a further period of enhanced monitoring, is then required. Consideration should be given to the viability of the group's placement, with a view to lodging a Detainee Placement Review to transfer either all, or some of the group, to a more appropriate facility.

2.5 Enhanced Monitoring of Individuals

Serco officers are expected to positively engage with Detainees during any period of enhanced monitoring or, if the enhanced monitoring is discrete, then staff should follow any instruction directed by the specific plan. The Enhanced Monitoring Plan should reflect a trauma informed approach and contain relevant instruction to support Serco officers.

2.6 Extension to Defined Period

Where an extension to enhanced monitoring is warranted beyond the initial defined 48-hour period, approval must be sought from the CM / GM. The CM / GM will inform the National Security & Operations Manager of all applications of enhanced monitoring and extensions.

2.7 Recording

Depending on the reason for enhanced monitoring, the Facility Operations Manager is responsible to file the completed Enhanced Monitoring Plan and, if appropriate, the Enhanced Monitoring Log. This information will inform the intelligence picture and security risk rating of the detainee.

When the detainee requests additional support while living in the facility, the request should be appropriately recorded and documented.

When staff who engage with a detainee during the Enhanced Monitoring period become aware of additional information related to a detainee's welfare, this shall also be appropriately documented in the detainee's records using a Case Note: General in Serco's nominated IT system.

Policy & Procedure Manual

Detainee Management

Document details

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	Initial release, amalgamation of the following PPMs: (Unpublished) - SIS-OPS-PPM-020 Individual Management Plan PPM - SIS-OPS-PPM-011 Personal Officer Scheme PPM - SIS-OPS-PPM-0006 Behaviour Management PPM - SIS-OPS-PPM-0033 Complex Case Reviews PPM	
1.0	2021 Document review	26/03/2021
2.0	Change of PPM Title from Detainee Management to Detainee Management and Welfare Support; addition of Behaviour Support Service; general review	28/11/2022
2.1	Update to include information on Privacy obligations for Staff	15/05/2023
3.0	Revision to incorporate Case Management Service and remove Individual Management Plan, including Department feedback	24/11/2023

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1 Introduction

1.1 Purpose

The purpose of this document is to provide direction on how Serco will support the welfare of detainees and explain the mechanisms to appropriately support and respond to detainees who have complex needs and/or who engage in challenging behaviours within the Immigration Detention Network (IDN).

This document should be read and understood in conjunction with Case Management Service Framework and PPM (SIS-OPS-FRW-0003; SIS-OPS-PPM-0071).

1.2 Objective

The care and wellbeing of each detainee is central to Serco's approach to delivering detainee services in Immigration Detention Facilities (IDFs). Serco policies, procedures and services reflect our commitment to safe and respectful services for all detainees. Serco's vision and commitments are articulated through the Healthy Centre principles that are briefly outlined below and explained in detail in Case Management Service PPM.

- **Safety:** An environment that promotes safety and security for people in detention, staff and visitors, that considers vulnerability, health, mental health and physical safety ensuring that all people in our care are protected from harm.
- **Respect:** An environment that promotes respect for human dignity, equality, equity and positive behaviours and honours culture, religion, age, gender and diversity, enhancing our ability to meet the complex needs of people in our care.
- **Purposeful activity:** People in detention have access to a range of activities, resources and facilities that promote purposeful learning and constructive engagement, reflecting individual needs and abilities.
- **Wellbeing & Social Care:** People in detention are encouraged to maintain contact with family and friends, are able to contact legal and support services and are supported to take an active role in accessing information and understanding decisions that affect their day-to-day lives.
- **Physical and mental health:** People in detention are supported to access appropriate health care, understanding their right to choose and participate in managing their health care needs. We work collaboratively to improve the general health and welfare of detainees.

Serco provides a range of services and resources to support the wellbeing of people in held immigration detention. Serco's major mechanisms for individual support are noted below.

- Personal Officer Scheme (POS).
- Case Management Service (CMS).
- Behaviour Management Plan (BMP).
- Positive Behaviour Support Service (PBSS).
- Individual Management and Placement Review Committee (IMPRC) meeting.
- Complex Case Review (CCR).
- Carer Service.

Further, stakeholders at each IDF conduct a range of additional daily, weekly, and monthly meetings to discuss and support the welfare of detainees.

For information on Programmes and Activities, refer to Detainee Engagement Services (SIS-OPS-PPM-0068).

For detail on Case Management Service please refer to SIS-OPS-FRW-0003 Case Management Service Framework and SIS-OPS-PPM-0071 Case Management Service PPM.

1.3 Privacy & Confidentiality

Serco, the Department, and the Detention Health Services Provider (DHSP) recognise that cooperation is essential to the delivery of focused and quality tailored services to detainees. Serco staff shall contribute to creating and maintaining an environment of openness and transparency in which information sharing is encouraged and facilitated (subject to limitations at law or as elsewhere specified).

1.3.1 To support the welfare of detainees, Serco staff may receive relevant confidential and sensitive information about detainees, including directly from detainees. Staff shall adhere to the Serco Code of Conduct and policy and procedures, and to all relevant legislation, including the Privacy Act 1988 (Commonwealth), when sharing information, when recording information in detainee records and when information is required to be reported under state or Commonwealth legislation. Privacy Obligations for Staff

In all cases where personal information relating to detainee(s) is being handled, the requirements of the Privacy PPM (SIS-OPS-PPM-0052) must be adhered to. In practice this includes but is not limited to:

- Ensuring that unauthorised access, use or misuse does not occur.
- Maintaining control over any records while they are being accessed, especially printed material.
- Ensuring that personal information is not used for any purpose other than that for which it was collected.
- Adhering to the principles of APP11, including
    - Take active measures to ensure the security of personal information.
    - Take reasonable steps to protect the information from misuse, interference and loss, as well as unauthorised access, modification or disclosure.

Staff must be mindful of conversations about detainees where detainees are present, noting that casual conversations and gossip can result in disclosure of private information in breach of the requirements under which Serco is required to operate.

1.3.2 Department of Home Affairs Status Resolution

The Department of Home Affairs Status Resolution Officers and Serco staff should work cooperatively in the best interests of the detainee. Successful cooperation should ensure ease of information flow, shared regularly, in a timely and professional manner. The aim is to avoid detainees having to repeat sensitive or distressing issues or information to numerous individuals on different occasions; and to ensure that stakeholders are readied to provide appropriate support to detainees.

1.3.3 The Detention Health Services Provider (DHSP)

Serco staff shall cooperate with the DHSP to facilitate efficient health services support for detainees. Successful cooperation will include timely and professional information sharing to ensure both Service Providers are able to successfully perform their roles to enhance the welfare of detainees. Serco staff shall recognise that the DHSP health professionals are obliged to protect Detainee medical information that is discussed in confidence and shall not request such information is provided by the DHSP. Serco staff should refer to the contract, relevant Departmental standard operating policy and procedural instruction, as well as Serco policies and procedures for specific information that may be shared.

1.4 Related documents

- Keep SAFE and PSP SME PPM (SIS-OPS-PPM-0001)
- Detainee Placements PPM (SIS-OPS-PPM-0051)
- Facilities Security Services Plan (SIS-OPS-DOC-0009)
- Case Management Service Framework (SIS-OPS-FRW-0003)
- Case Management Service PPM (SIS-OPS-PPM-0071)
- Detainee Engagement Services PPM (SIS-OPS-PPM-0068)
- Enhanced Monitoring PPM (SIS-OPS-PPM-0015)
- Carers Work Instruction (SIS-OPS-WI-0007)
- Positive Behaviour Support Services Framework (SIS-OPS-FRW-0002)
- Positive Behaviour Support Service (SIS-OPS-PPM-0070)
- Health Services Support PPM (SIS-OPS-PPM-0023)
- Working with Families and Children PPM (SIS-OPS-PPM-0037)
- Professional Conduct PPM (SIS-OPS-PPM-0042)
- Complaints Management PPM (SIS-OPS-PPM-0016)

- Privacy PPM (SIS-OPS-PPM-0052)

1.5 Related forms

- Case Note
- Case Note: Review
- Individual Case Plan
- Behaviour Management Plan
- Detainee Behaviour Support Plan (SIS-OPS-FRM-0132)
- Request to Transfer Detainee to a Secure Facility (SIS-OPS-FRM-0013)

1.6 Legislative and Standards framework

- Migration Act 1958 (Cth)
- Work Health & Safety Act 2011 (Cth)
- Privacy Act 1988 (Cth)
- Family Law Act 1975 (Cth)
- Immigration (Guardianship of Children) Act 1946 (Cth) (the IGOC Act)
- The Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- International Convention on the Elimination of All Forms of Racial Discrimination (CERD)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) and Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).
- Convention on the Rights of the Child (CRC)
- Convention on the Rights of Persons with Disabilities (CRPD)
- Immigration Facilities and Detainee Services Contract 2014
- Department of Home Affairs Child Safeguarding Framework
- Department of Home Affairs Suicide Prevention Framework
- Department of Home Affairs Policy and Procedure Control Framework (PPCF), including but not limited to:
  - DM-3254 – SOP. Individual Management Plan and Review
  - DM-3252 – SOP Reception and Induction of detainees
  - DM-3269 – SOP. Pregnancy and birth of a child
  - DM-3284 - SOP. Responding to Food / Fluid Refusal
  - DM-608 – PI. Individual Allowance Program
  - DM-6320 – PI. Mental Health

1.7 Glossary & abbreviations

Definition and abbreviations that are relevant to this document are outlined in Table 1 below.

Table 1. Glossary & Abbreviations

Name/Abbreviation	Glossary
ASR	Additional Service Request, initiated by management at an IDF in accordance with the Contract.
AMR	Additional Monitoring Request, initiated by management at an IDF in accordance with the Contract

Name/Abbreviation	Glossary
Behaviour Management Plan (BMP)	A document that is developed when a detainee continues a pattern of antisocial behaviour that warrants the implementation of specific and measurable actions that can encourage detainees to cease engagement in behaviour that disrupts the good order of a facility.
Positive Behaviour Support Service	A person-centred and evidence-based behavioural science approach to managing antisocial behaviour with the overarching goal of putting together a set of interventions that bring improvements in the detainee's quality of life and delivered by the Behaviour Support Practitioner.
Carer Service	A process in which Serco procures non-clinical services for detainees who are clinically recommended by DHSP as requiring support with their activities of daily living and approved by the Contract Administrator. Refer to Carers (SIS-OPS-WI-0007).
Case Note	A written record of: (i) the detainee's interactions with staff that Serco considers to be material to the detainee's welfare; and (ii) activities undertaken by staff on behalf of that individual detainee that contribute to the detainee's welfare; and a written record that is completed on the occurrence of specific events as defined in the Contract. Except as noted separately, the majority of Case Notes will be completed using type "Case Note: General" in SercoCare 360. All Case Notes form part of the detainee's case records and are uploaded to the Department's CCMD portal.
Case Note: IMPRC	A specific type of Case Note that is completed by Welfare staff when a detainee is discussed at Individual Management and Placement Review Committee (IMPRC) meeting. The "Case Note: IMPRC" forms part of the detainee's case records and is uploaded to the Department's CCMD portal.
Case Note: Review	A specific type of Case Note that is completed by the Personal Officer at least once every thirteen (13) calendar days following discussion with a detainee about their general welfare. The "Case Note: Review" forms part of the detainee's case records and is uploaded to the Department's CCMD portal.
Case Note: Trigger Event	A specific type of Case Note that is completed following occurrence of a specified event such as major or critical incident, commencement of a Behaviour Management Plan, a major health event and more. Refer to Case Management Service PPM for detail.
Complex Case Review (CCR)	A national multistakeholder forum facilitated by Serco that is initiated where stakeholders in a facility have exhausted all avenues for supporting a detainee through the above services and the detainee's welfare needs are not sufficiently supported by the Psychological Support Programme (PSP) Supportive Monitoring and Engagement (SME) program. The CCR is the mechanism to escalate a detainee to the Department's High Needs Register (HNR)and facilitates discussion of detainees with complex needs by each stakeholder's national and local representatives.
the Contract	Immigration Detention Facilities and Detainee Services Contract 2014 and including subsequent Deed(s) of Variation and agreed Contract Change Proposals.
Behaviour Support Plan (BSP)	Behaviour Support Plan (BSP) created by Behaviour Support Practitioner in collaboration with the detainee, Serco Staff, and other relevant stakeholders. It aims to support a detainee and includes a functional assessment and strategies to meet the detainee's needs and goals.
DSO	Detainee Services Officer.

Name/Abbreviation	Glossary
Detainee Support Plan (DSP)	Detainee Support Plan is collaboratively developed with relevant stakeholders by National Welfare & Engagement Manager (or delegates) on an as-needed basis for detainees who are referred to Complex Case Review.
FOM	Facility Operations Manager.
High Needs Detainee	The Contract defines High Needs Detainees as "those detainees not subject to or compensated accordingly by SME under the PSP and require an enhanced level of security monitoring due to a consistent pattern of anti-social and / or unacceptable behaviour, that threatens the integrity of immigration detention and / or the safety of persons in the facility".
High Needs Register (HNR)	A document maintained by the National Welfare & Engagement Manager that records detail of detainees who are approved by the Contract Administrator as a 'High Needs' Detainee.
IDF	Immigration Detention Facility, including an Immigration Detention Centre (IDC), Alternative Place of Detention (APOD) and Immigration Transit Area (ITA).
Individual Case Plan (ICP)	A document that forms the centre of detainee welfare planning and management. The ICP articulates the detainee's welfare goals and assists to collate important information to ensure the welfare of each detainee is effectively supported while they remain in detention. The plan is developed by Serco staff (where possible in consultation with the Department and the Detention Health Services Provider who may be required to have input) for the support of a detainee within a detention facility (formerly known as an Individual Management Plan). The ICP is uploaded to the Department's CCMD portal.
Individual Needs Assessment (INA)	A comprehensive assessment of strengths and vulnerabilities completed with a detainee by a Caseworker within 9 calendar days of the detainee's arrival at an IDF. The INA is uploaded to the Department's CCMD portal.
Individual Case Plan (ICP) Review	A standard review of the detainee's ICP that is regularly completed at a frequency in line with the detainee's allocated Level of Support. An unscheduled ICP review is also completed where significant changes to the detainee's situation have occurred such that a change to the detainee's allocated Level of Support may be recommended. The detainee's new ICP is uploaded to the Department's CCMD portal.
Individual Management and Placement Review Committee (IMPRC)	A site-based multistakeholder committee that convenes at least monthly to discuss the ongoing management and placement of individual detainees who require additional support.
National Operations Support (NOS)	Staff who provide support services, including transfer of documents from Serco's designated detainee management systems, SCM & SercoCare 360, to the Department's Portal.
Personal Officer Scheme (POS)	A scheme to ensure that each individual detainee is appointed a consistent staff member who is their first point of contact to provide information and support and monitor their ongoing wellbeing.
Portal and / or Compliance, Case Management and Detention (CCMD) portal	The Department of Home Affairs online mechanism where Serco is required to formally record specific activities completed.
Serco Care Manager (SCM)	One of Serco's designated management systems for the recording of specific activities completed with and for detainees.

Name/Abbreviation	Glossary
Serco Care 360	One of Serco's designed management systems for the recording of specific activities completed with and for detainees.
W&E	Welfare and Engagement.

2 Personal Officer Scheme (POS)

The POS is a formalised mechanism for ensuring that all detainees have opportunities for meaningful interactions and engagements with a consistent member of staff. The POS supports detainees with matters related to their day-to-day welfare and undertakes specific Case management activities with detainees.

Whilst implementation of the POS may vary across facilities as dictated by local circumstance and conditions, the general principles and objectives detailed in this Policy and Procedure must be consistent across the IDN. Effective implementation of the POS includes timely liaison with Welfare & Engagement staff to ensure that detainees are provided with appropriate support to match their identified needs.

The Personal Officer is provided with relevant training via the national training materials during their onboarding process. The training materials may be adapted to include any necessary specific local arrangements; however, any adaptation must be agreed by the National Learning & Development Manager following consultation with the National Welfare & Engagement Manager.

2.1 Overview

The POS provides a consistent approach to successful detainee engagement. Clearly defined and documented procedures and processes contained in this document will guide and shape the parameters of engagement for both detainees and staff and contribute to a safe and secure environment. Personal Officers shall conduct all engagements in a manner that reflects knowledge of trauma and recognition of its biological, psychological and social impacts.

The POS contributes toward the goals of the Department, ABF, DHSP and Serco in taking a holistic approach to the detainee's wellbeing. The Personal Officer works in conjunction with the Welfare Officer and Caseworker to provide individual support for each detainee.

The Personal Officer completes record keeping evidencing the day-to-day welfare support they provide using Case Note: General. At least once every fortnight the Personal Officer will undertake a welfare review with the detainee using Case Note: Review.

2.2 Assigning Personal Officers

Detainees will be allocated a specific Personal Officer and, where required, a deputy Personal Officer, to ensure staffing consistency with the detainee. Serco recognises that the different needs of detainees will require a different response in each case and as operationally possible, shall take into consideration of shared culture, language, gender, age, and known interests when matching Personal Officer to a detainee. DSOs will generally be the primary Personal Officer for detainees.

The facility General Manager / Centre Manager is required to ensure that staff designated as Personal Officers or deputy Personal Officers have sufficient time during their normal working hours in which to perform POS duties effectively, including ongoing training and development opportunities.

2.3 Personal Officer Role

Serco is committed to providing safe, respectful, person-centred and trauma-informed services that create an environment of care and contribute to a healthy centre. The Personal Officer is to support and engage with detainees in a manner that demonstrates genuine interest, encourages self-agency and responsibility, and is respectful of their humanity and dignity. Personal Officers directly and indirectly will offer support to each detainee to proactively maintain their welfare whilst in detention. The knowledge of Personal Officers is central to identifying where a detainee may need additional support.

To ensure support to detainees is useful for them, the Personal Officer must be aware of their own personal and professional limitations and know who to contact for advice and assistance.

The Personal Officer assigned to a family with minors or an unaccompanied minor (UAM), must have the necessary state or territory working with children (WWCC) or similar clearance as required in that state or territory. Additional consideration should be given to the gender of the Personal Officer assigned to single adult females, single parent families, UAMs, detainees identifying as transgender, or having other known vulnerability.

2.3.1 General Support

The Personal Officer undertakes regular informal and formal engagements with detainees. The nominated Personal Officer will, as early as possible, introduce themselves to the detainee and explain their role as a Personal Officer. The Personal Officer should allocate sufficient time for this meeting to ensure the detainee is fully informed about the support that is available to them from their Personal Officer. The knowledge, skills and experience of the Personal Officer should be used to help reduce fears and anxieties of people who have recently arrived in immigration detention and support those having difficulty coping in the immigration detention environment.

The Personal Officer shall:

- Be the first line of contact for the detainee should problems arise, including complaints or feedback.
- Be alert to any changes in the detainee's demeanour, attitude or behaviour and escalate any concern with line manager and Welfare & Engagement Manager and staff.
- Support and encourage detainees to address any behavioural problems, particularly those behaviours that contribute to a detainee not being awarded incentive Individual Allowance Program (IAP) points including to escalate any behaviour concerns with line manager and Welfare & Engagement Manager to initiate a PBSS referral if relevant.
- Support detainees so they are able to achieve the goals of any BMP.
- Be knowledgeable about the range of problems and issues faced by detainees.
- Respond to any initial assessment on vulnerabilities of the detainee.
- Encourage detainees to participate in P&A.
- Encourage the detainee to use their Individual Allowance Programme (IAP) points, particularly on educational or meaningful engagement items.
- As appropriate, assist in keeping the detainee informed of any matters relevant to them.

2.3.2 Facilitate Contact

The Personal Officer shall arrange contact on issues related, but not limited to:

- Programmes & Activities including cultural and religious observances.
- Supporting detainees to complete a request form to contact Department of Home Affairs - Status Resolution for update on their immigration pathway.
- Access to medical and mental health services from the DHSP.
- Opportunities within the facility to participate in various events, including cultural and religious celebrations and services.
- Ascertaining whether the detainee wishes to communicate any suggestions, complaints, or feedback.
- Maintaining contact with friends, family and outside agencies e.g., support groups or community groups.

2.3.3 Record Keeping

Personal Officers, together with all staff, are to record all meaningful engagements with detainees about situations affecting their welfare via Case Notes.

In addition, Personal Officers shall:

- Record via Case Note: General, of any change in status of the detainee's approval or non-approval to self-administer medication (SAMRA) in accordance with Health Services Support PPM (SIS-OPS-PPM-0023).
- Record, update and action any identified action items that are allocated to them for a detainee.
- Record incidents and record a Case Note: Trigger Event as specified in Case Management Service PPM.

At least once every thirteen (13) calendar days, the Personal Officer, shall complete an update on the detainee's welfare and where specifically indicated, shall discuss with the detainee how they are progressing with their nominated ICP goals and strategies. This meeting shall be recorded using Case Note: Review.

Prior to this welfare review with the detainee, the Personal Officer shall review the detainee's current ICP and recent Case Notes to have awareness of their protective factors, existing Serco supports and the detainee's ICP goals and strategies. The Personal Officer shall review the detainee's P&A attendance, meals attendance, engagement with other detainees and Serco staff and shall note any changes in usual routine or engagement that may indicate deterioration in welfare. The Personal Officer shall discuss with the detainee and provide accurate observation and detainee comment as relevant.

Further, for detainees at Standard Level of Support, the Personal Officer shall discuss with the detainee how they are progressing with their nominated ICP goals and strategies. If the detainee advises the strategies they agreed in their ICP are not able to be progressed, the Personal Officer shall enquire further and support the detainee to identify and address barriers. If the detainee declines to engage or is identified to not be progressing with their nominated ICP goals and strategies, the Personal Officer shall record the detainee's reasons for non-engagement. Subsequently, the Personal Officer shall notify Welfare staff to enable appropriate follow up engagement with that detainee.

2.4 Professional attributes

When a Personal Officer is engaging with a detainee, they will:

- Use a person-centred approach (see below).
- Demonstrate care for the individual detainee.
- Demonstrate respect for and interest in the concerns of each detainee.
- Encourage detainee self-agency and responsibility.
- Encourage detainees with support strategies to cope with detention in a productive manner.
- Review or discuss the detainee's ICP and record such entries on SercoCare 360..

The Personal Officer must demonstrate professional and positive behaviour to influence positive attitudes and behaviour of all detainees (refer below to section 2.4.1 Person-centred approach). Appropriate professional behaviour and attitudes expected by a Personal Officer include:

- Objectivity and fairness.
- Consistency and transparency.
- Approachability and commitment.
- Patience and understanding.
- Reliability and trust.
- Good listening and communication skills.
- Self-awareness of personal limitations and preparedness to seek assistance.

2.4.1 Person-centred approach

A person-centred approach involves viewing, listening to, and supporting the detainees based on their strengths, abilities, aspirations, and preference to make decisions to maintain a life which is meaningful to them. This approach does not negate, dismiss or minimise the responsibilities of all staff and detainees to also act in a manner that upholds the safety and order within a facility.

A person-centred approach can be developed by:

- Being respectful and non-judgemental.
- Building a relationship where the detainee feels comfortable discussing their feelings and what they want.
- Focussing on strengths and abilities.
- Supporting and encouraging involvement in decision making.
- Respecting the decisions, a detainee makes about their own life.

It is important for staff not to assume they interpret situations the same as the detainee. Listening, asking, and checking-in are the fundamental skills to providing person-led approach services and can be achieved by:

- Talking with the detainee.
- Planning with the detainee.
- Focusing on the detainee's strengths, abilities, and skills.
- Finding solutions that could work for anyone.
- Doing things that best work for the detainee.
- Seeing the detainee's family and personal support network as partners.

Detainees will benefit from a Personal Officer who:

- Demonstrates commitment to the role, being prepared to listen and where appropriate, offer advice to help the detainee with self-agency and retaining responsibility.
- Is able to develop and maintain personal but professional relationships within the facility.
- Understands their needs and vulnerabilities.
- Delivers on promises or expectations as agreed.
- Promotes protective factors such as participation in P&A.
- Appropriately respects confidential information.
- Recognises risk factors and warning signs that may indicate mental or physical health needs and takes appropriate actions to ensure the detainee is supported.
- Recognises that detainees who hold blister packs of medication for self-administration may be subjected to bullying in relation to their blister pack use and monitors accordingly.
- Is alert to and responds early to significant changes in behaviour.
- Promotes meaningful engagement in activities and with staff.
- Reports and records incidents they observe or are involved in.

2.5 Personal Officer Procedure

On completion of their Reception & Induction process, detainees will be assigned a Personal Officer. In some instances, facilities may wish to have a Welfare Officer meet with the detainee to ascertain the most appropriate Personal Officer in the facility.

The Personal Officer will as soon as reasonably practicable, meet with the detainee but not later than thirteen (13) days after the detainee's arrival at the facility and shall record this meeting via Case Note: Review. It is noted that a detainee's first ICP may not yet be developed; therefore, the Personal Officer's first discussion with the detainee shall focus on providing relevant support and information to assist them to settle into the IDF.

The Personal Officer (or deputy) will, as relevant, use translating services to ensure detainee understanding, and is expected to:

- Fully explain the role of a Personal Officer.
- Set the parameters of the working relationship with their nominated detainees e.g., when and what time would they prefer to meet.
- Ensure the date and time of meetings are accurately recorded in the detainee's Case Notes.
- Ensure each Case Note: Review is individualised and reflective of the interaction for the review period, noting some information may remain unchanged.
- Ensure any Case Notes are not a 'cut and paste' of previous Case Notes or Case Note: Reviews.
- Record and action any identified Serco action items allocated to them.
- Ensure timely reporting and recording in line with policy.
- Discuss any relevant details with the Facility Operations Manager (FOM) for escalation to relevant meetings.
- Encourage mutual respect and support of detainees to reduce risk of bullying, racism or self-harm against any detainee.
- Provide or clarify information about the complaints or request process and, when detainees request, support a detainee to complete a formal complaint.

Refer to section 2.3 for detail of ongoing support and record keeping undertaken by Personal Officers.

2.6 Resources

Staff will, as part of their Personal Officer duties within the Case Management Service, utilise the following resources:

- Case Notes.
- Serco's Case Management System, SercoCare 360.
- Serco Care Manager.
- Feedback from quality audits by the FOM of the Case Note: Review and Case Notes entered by Personal Officers.

The Personal Officer Scheme requires that all detainees have:

- A designated Personal Officer and Deputy Personal Officer as relevant.
- A minimum of one (1) recorded quality detainee engagement every thirteen (13) calendar days that is recorded using Case Note: Review.
- Ongoing support that is recorded via Case Note: General.
- A Detainee Induction Booklet (that is provided to each detainee during Reception & Induction process).

2.7 Communication of the Personal Officer Scheme (POS)

Details of the POS should be widely communicated throughout the facility. Specific information sheets about POS should be available for all detainees and translated as necessary. Information should be concise without jargon so as not to confuse or intimidate detainees.

3 Behaviour Management & Support

Detainees may at times, undertake actions or participate in activities that threaten harm to themselves or other persons and / or affects the good order of an immigration detention facility or has the potential to do so. Serco will work collaboratively with partner organisations in assessing the motivations for any anti-social behaviour as well as seek the most appropriate methods to manage such behaviours.

This section outlines four methods to support people in immigration detention to address anti-social or other behaviours of concern:

- Behaviour Management Plan.
- Positive Behaviour Support Service.
- Detainee placement.
- Individual Management and Placement Review Committee.

Refer to Enhanced Monitoring PPM (SIS-OPS-PPM-0015) for additional support method.

In situations where stakeholders have exhausted locally available mechanisms to effectively support a detainee, stakeholders may consider that referral to CCR is appropriate. Refer to section 4 for information.

Further, staff should also refer to Working with Families and Minors (SIS-OPS-PPM-0037) for specific requirements where a detainee is a minor.

3.1 Early identification and accurate recording of incidents

Serco officers shall work in partnership with the DHSP, the Department's Status Resolution Officers and ABF Detention Operations to identify and address detainee behaviour before it escalates to a position where the good order of the facility is threatened or undermined, and detainee safety and well-being are potentially compromised. Staff who engage with a detainee regarding their behaviours shall record these discussions via Case Note: General in SercoCare 360.

It is the responsibility of all Serco staff to report and accurately record instances when a detainee's behaviour is such that it negatively impacts the wellbeing of themselves or other detainees and/or threatens or undermines the good order of the IDF. It is the responsibility of Serco staff to provide dynamic security measures which include analysing incidents occurring in their facility, identifying any emerging trends, as well as potential motivations and options for the resolution of issues. The early identification of a detainee's issues and motivations can assist stakeholders to work together to formulate a response which can assist in resolving issues before they escalate.

3.2 Supporting detainees who display anti-social behaviour

The ABF Superintendent must be advised if detainees are seen to be engaging in illegal activities. The ABF Superintendent will determine and undertake any police contact. Staff must record accurately all incidents utilising established reporting means and timescales.

3.2.1 Anti-social behaviours

Behaviour that is likely to impact the wellbeing of staff and detainees and threaten or undermine the good order of the facility includes, but is not limited to, the following:

- Any form of violence toward detainees, staff or visitors – this includes physical violence, threats of any kind, bullying, intimidation and harassment.
- Possession of weapons.
- Wilful damage to detention facility property.
- Misuse of facilities.

- Interfering with another detainee's property without permission.
- Use or possession of illegal drugs.
- Displaying or distribution of pornographic material.
- Sexual humiliation or abuse.
- Brewing and / or the consumption of alcohol.
- Discharging of fire extinguishers.

Serco staff who witness detainees behaving in a manner not conducive to the maintenance of good order should address and challenge the behaviours immediately with the detainee in a clear and non-confrontational manner and attempt to defuse the situation. Staff shall record this information as required in Incident Reporting guidelines and where required, shall record a Case Note: Trigger Event outlining the event, any discussion & immediate support provided.

A BMP should not be used to address any behaviour which has not already been addressed with the detainee and detailed in the detainee's Case Notes and where relevant, the detainee's Individual Case Plan (ICP). However, it is recognised that there may be occasions when a detainee's behaviour deteriorates rapidly or is so negative that a BMP is warranted without having previously discussed the behaviours with a detainee.

Additionally, detainees subject to an active BMP or involved in incidents disrupting the good order of the facility may be considered ineligible to receive the additional behavioural incentive points, of up to 10 points, for that IAP accrual cycle. Further information on Behavioural Incentive Points can be found in Detainee Engagement Services PPM (SIS-OPS-PPM-0068).

3.2.2 Clinical assessment

Serco is not responsible for clinical assessment of a detainee.

It is essential that a detainee demonstrating unacceptable behaviour is referred to the DHSP for review in the first instance to determine if there are any underlying mental health vulnerabilities and how best the detainee can be assisted in managing their behaviour. If it is determined that the behaviour is not indicative of mental health vulnerabilities, a BMP must be developed using any feedback from the DHSP to address the specific detainee behaviour.

Use of a BMP is inappropriate where the DHSP determines that the individual may be experiencing mental health vulnerabilities, disability, or other cognitive impairments. In such circumstances, staff should work with the DHSP to develop plans for appropriate detainee support. The guidance provided by the DHSP must be followed in such circumstances, recorded in the detainee's Case Notes and, as applicable, discussed with the detainee during their ICP Review.

If a BMP is considered appropriate, the DHSP will provide advice relating to:

- Pre-existing conditions and vulnerabilities.
- The appropriate level of DHSP support and engagement required.
- Actions that may be effective in managing behaviours.

3.3 Behaviour Management Plan

The following procedure must be completed for all detainees who continue to demonstrate any of the above behaviours, despite being challenged by staff and if it has been established that the behaviour is not indicative of underlying mental health vulnerabilities.

A BMP based on incentives and consequences should be developed within 48 hours of the detainee displaying anti-social behaviour that has already been challenged, with input from the Personal Officer, the DHSP, ABF Superintendent and the Department's Status Resolution Officer(s).

A BMP is also required when a detainee is placed in a more restrictive place of Accommodation in the Facility such as High Care Accommodation (HCA).

It is imperative that all stakeholders be consulted in the creation of the BMP. The potential consequences should the detainee choose not to take responsibility for their behaviour and adhere to the BMP must be clearly explained. The detainee should be involved in the creation of the plan and be given the opportunity to sign the BMP.

To ensure the detainee fully understands the implications of agreement to the BMP, an interpreter is to be involved in this process as required and the interpreters Telephone Interpreter Service (TIS) reference number is required to be recorded on the BMP.

While the detainee remains on a BMP, the DHSP will continue to monitor the detainee's mental state as clinically indicated or as required, but no less than once on a weekly basis. The DHSP will share with Serco all pertinent information to enable Serco to appropriately support the detainee to effectively address adverse behaviours. Serco will record all such guidance within the detainee's BMP.

3.3.1 Who develops a Behaviour Management Plan?

Serco Facility Managers are responsible for ensuring that the appropriate Serco officer leads the development of a BMP, in conjunction with other stakeholders. This will usually be the FOM or equivalent in a smaller facility, with significant input from the detainee's Personal Officer, Welfare Officer, or other appropriate personnel. In addition, where appropriate, the person creating the BMP must liaise with the local Behaviour Support Practitioner to include input to some sections of a BMP (refer to section 9.1 of Positive Behaviour Support Services Framework – SIS-OPS-FRW-0002 PBSS Framework v1.3). A referral to Positive Behaviour Support Services (PBSS) is not required, but it can be initiated if additional support is needed. Where detainee behaviour has the potential to significantly affect the good order and security of the facility or forms part of a large-scale incident with group associations, consideration should be given to the most senior security officer assuming responsibility for the development, review, and management of the BMP in line with risk assessments.

When developing a BMP, Serco staff should be cognisant of any issues that may have influenced or encouraged the negative behaviour by the detainee. Further, staff shall review the detainee's current ICP and recent Case Notes to have knowledge of the detainee's background, protective factors, and welfare goals. Ideally, a meeting between all relevant stakeholders should be called to discuss the detainee's BMP. If this is not possible, as a minimum, Serco staff must consult with the following in the development of the plan:

- ABF Facility Superintendents and the Department's Status Resolution Officers and ABF Detention Operations as necessary.
- Serco staff who witnessed the detainee's behaviour.
- The Behaviour Support Practitioner.
- the DHSP.
  Note: The DHSP must have already been consulted by this juncture, as described at paragraph 3.2 *Supporting detainees who display anti-social* .

All feedback from stakeholders, including the Personal Officer, should be included in the BMP, where appropriate and applicable. BMP authors must exercise caution to include only information that is suitable for disclosure to the detainee.

The staff member who undertakes the BMP with a detainee shall also record a Case Note: Trigger Event noting that a BMP is commenced.

3.3.2 How to develop a Behaviour Management Plan

The purpose of the BMP is to support the detainee in addressing any specific behaviour that threatens to undermine the good order of the facility. The BMP should be tailored to the detainee's specific situation and must not include the name of another detainee. BMPs should include:

- The background to the behaviour that is occurring e.g., What is the behaviour, how / where it is happening, is it a new behaviour or a reoccurring issue and any associated risks management difficulties.
- Any action that has been taken to modify the behaviour.
- Details of the more interventionist or restrictive measures in place and contemplated for future enforcement (if required).
- An undertaking that the detainee will improve their behaviour in the future.
- Milestones / clearly defined timescales at which the detainee's behaviour is to be reassessed.
- Positive reinforcement strategies.
- A review by the DHSP manager of any medical, psychological or psychiatric assessment and recommended treatment implications and incorporate recommendations.
- Record of any consultation conducted with the Department's Status Resolution Officer.
- Access / restrictions to discretionary amenities.
- SMART objectives for the detainee to achieve (specific, measurable, achievable, realistic, time-bound)
- Detail of support that the detainee will receive in achieving their objectives, including the frequency of interactions regarding progress.
- Access to visitors – this can only be restricted if pre-approved by the Department and access to visitors cannot be removed entirely: detainees must have access to their visitors on a daily basis.
- Signatures of all parties involved in developing the BMP, including the detainee, noting the BMP is still to be considered in effect if the detainee refuses to sign.

A detainee's BMP must include activities which might assist the detainee in improving the specific behaviour detailed in the BMP e.g., attendance at relaxation sessions. The schedule, frequency and timescale for these activities should be detailed in the BMP. A BMP must not include activities to which the detainee does not have ready access.

The BMP is intended to be used for the shortest period of time to address specific behaviours and therefore, detainees must be able to achieve the agreed objectives, within the agreed timeframes, through access to amenities or services available within the facility.

The detainee concerned should be advised that continued anti-social and / or disruptive behaviour of the type being addressed might result in one or all of the following:

- Extension of the BMP.
- Loss of access to discretionary amenities.
- Counselling from a senior staff member.
- Use of curfews.
- Removal to a place of more restrictive accommodation.
- Referral to police.
- Transfer to an alternative IDF.
- Transfer to a correctional facility.

In the presence of an interpreter, where appropriate, the detainee should be advised that behaviour that amounts to illegal or criminal behaviour will result in the police being informed and possible legal action being taken against them. Detainees should also be reminded of the Australian Government's position on illegal behaviour in IDFs.

The frequency of interactions will be determined by the stakeholders involved in the development of the BMP. These interactions are key in supporting the detainee in achieving their objectives and should be detailed in the

appropriate section of the BMP. It is imperative that interactions are not simply recorded as 'observations'. The purpose of the interaction is to coach and motivate the individual in achieving their objectives. Merely noting the individual's current activities is not sufficient. Further, staff should record engagements via Case Note: General where information relating to a detainee's welfare is identified through these interactions.

Should the detainee choose not to sign the BMP, Serco will tick "refused to sign" on SCM and continue to treat the BMP as being in effect. A detainee who has signed or who has declined to sign a BMP may be provided with a copy of their BMP via submission of a Detainee Request. Processing staff must refer this to their local Compliance Team for standard operational assurance procedures regarding provision of copies of documents to a detainee.

Following implementation of a BMP, the allocated Welfare staff member shall subsequently review the detainee's BMP and determine if an unscheduled ICP Review is required. Welfare staff shall consider the goals of any current BMP when completing ICP review activities with a detainee.

3.3.3 Detainees under the age of 18

Staff should refer to Working with Families and Minors PPM (SIS-OPS-PPM-0037) for further instruction regarding supporting and engaging with minors.

Unaccompanied Minors (UAMs)

The same processes as outlined above should be utilised for supporting UAMs who display anti-social behaviour. The Department has delegated guardians under the IGOC Act, and they must be consulted as part of this process. Additionally, their carers should be included in the development of the BMP and be involved in strategies to address the behaviour.

Accompanied Minors

The same processes as outlined above should be utilised for supporting an accompanied minor who displays anti-social behaviour. Serco must address this collaboratively with the individual's parents or guardians. Serco must not undermine parental or guardian responsibility through addressing behaviour outside of the family structure. All guidance and feedback should be noted in the Case Notes of the parents / guardians and relevant goals and actions shall be discussed and recorded during the next ICP Review with the parent / guardian'.

3.3.4 Review of Behaviour Management Plan

Review of individuals

The BMP should be reviewed at least once weekly with the detainee by the responsible Serco officer.

The purpose of the review of the BMP is to:

- Identify issues which prevent the detainee from meeting the agreed milestones.
- Ensure the detainee is compliant in attending the agreed schedule of activities if applicable.
- Consider any issues that were not apparent when first developing the BMP.

The responsible Serco officer should seek feedback from all stakeholders prior to reviewing the plan with the detainee. All feedback should be recorded on the review sheet. As many copies of the BMP review page that are needed should be included in the BMP to facilitate all appropriate reviews.

The reviewing officer will also complete entry of Case Note: General referencing the detainee's BMP plus actions and milestones met.

Review of group action

Where BMPs have been created for multiple detainees for the same good order issues or as part of large-scale incident with group associations, the BMPs must be subject to additional review by the local senior management team (SMT) to ensure:

- That interconnectedness issues have been identified and addressed.
- Lesser antagonists have been identified with a view to disengaging them from the action at the earliest opportunity.
- Planning has occurred to return the detainees to their normal routine as soon as possible.
- All governance associated with the management of the BMP is in order.

A BMP document must not contain the name of any other detainee.

3.3.5 Reporting requirements

Once a BMP has been created within Serco Care Manager, the NOS will upload the BMP to Portal within 24 hours. Uploads will also be conducted for BMP Reviews and BMP Closure.

All mandatory verbal and written reporting requirements must be satisfied for any reportable incident in line with the Incident Reporting Guidelines, regardless of whether the detainee has an active BMP.

3.4 Positive Behaviour Support Services (PBSS)

The Positive Behaviour Support Service is a multi-component framework for delivering the intervention, informed by a functional assessment and formulation with the overarching goal of improving the detainee's quality life. The Positive Behaviour Support Service is delivered by the Behaviour Support Practitioner. Where there are concerns about the frequency, intensity, and duration of a detainee's challenging behaviours that does not meet the criteria for BMP, a referral to Behaviour Support Services should be initiated.

Following referral, the goals of the Positive Behaviour Support Service are accomplished through two pathways:

- Direct PBSS.
- Indirect PBSS.

Direct PBSS involves the development of a Behaviour Support Plan, comprising of six (6) stages of service delivery: Referral, Initial Assessment, Development of Behaviour Support Plan, Implementation, Monitoring and Evaluation, and Exit as explained in section 3.4.1 and 3.4.2 below. For detailed information, refer to section 7 of the Positive Behaviour Support Services Framework – SIS-OPS-FRW-0002 PBSS Framework v1.3.

Indirect PBSSS involves promoting positive behaviour and well-being for the detainee in an indirect manner (e.g., staff training). It focuses on improving the detainee's environment and conditions to encourage and influence positive behaviour change (refer to section 9 of the Positive Behaviour Support Services Framework – SIS-OPS-FRW-0002 PBSS Framework v1.3).

If a local stakeholder or staff member has concern about a detainee's behaviour and they believe the detainee may benefit from participating in direct PBSS, they should liaise with the onsite Welfare and Engagement Manager or Behaviour Support Practitioner to discuss the detainee's support needs. The onsite Welfare & Engagement Manager or the Behaviour Support Practitioner will determine if the detainee meets the PBSS referral criteria and trigger a PBSS referral by completing the PBSS referral via SercoCare 360.

3.4.1 Behaviour Support Plan (BSP)

The BSP is a document developed as part of direct PBSS to support a detainee and it includes assessment and strategies to meet the detainee's needs and goals. It focuses on building the detainee's strengths, reducing the frequency of challenging behaviours, using positive interventions before implementing restrictive / aversive practice, and strategies for monitoring and team responsibilities. In line with the Positive Behaviour Support Framework (person-centred approach), the detainee must consent to voluntarily participate in developing the BSP.

The BSP is a person-centred plan developed by the onsite Behaviour Support Practitioner in collaboration with the detainee, Serco staff, and other relevant stakeholders to assist in managing the detainee's challenging behaviours focussing on preventative strategies rather than reactive strategies.

3.4.2 Who Develops the Behaviour Support Plan (BSP)

The Behaviour Support Practitioner is responsible for the development of the BSP. The Behaviour Support Practitioner uses evidence-based practices to understand the function of the detainee's behaviour(s). The Behaviour Support Practitioner develops strategies guided by the functional assessment; that aim to reduce the challenging behaviour and improve the detainee's quality of life. The finalised BSP must be agreed upon and consented to by the detainee, implementing staff, and endorsed by the Welfare & Engagement Manager and the onsite ABF Superintendent or representative.

The timeframe for developing the BSP is eight (8) weeks, depending on the complexity. The development of the BSP involves extensive stakeholder (including detainee) liaison, observation, assessment, and staff/relevant stakeholder (including detainee) reviews before implementation.

3.5 Detainee placement options for the purpose of behaviour management

Moving a detainee to a different area of the facility may serve several functions:

- It may provide an opportunity for that detainee to receive extra support and counselling in order to assist them in modifying and reflecting on their behaviour.
- It may allow them to have a break from their environment which may serve to assist in reducing any frustration they may be experiencing and to develop more appropriate strategies to help them cope in the future.
- It may provide respite for other detainees in the area if an individual has been displaying consistently anti-social behaviour.

The opportunity should be taken to engage with the detainee away from the pressures they may be experiencing in their normal area of residence and to try to counsel the individual to effect a positive change in their behaviour.

3.6 Individual Management & Placement Review Committee (IMPRC) meeting

The IMPRC is a mechanism to provide all stakeholders with a forum to raise detainees of concern, who require active, supportive intervention and engagement to address concerns or vulnerabilities. The IMPRC meeting is required to held at least monthly at each IDF and to include representatives from each stakeholder.

Any stakeholder can nominate a detainee for inclusion on the IMPRC, where there are concerns for the detainee's health and wellbeing, where a detainee displays behaviours of concern that threaten or undermine the good order of the facility and / or where the stakeholder believes that alternative placement options should be discussed. Stakeholder discussions must be focused on managing those particular issues, and to prevent any continued decline in the detainee's physical and mental wellbeing - which includes self harm and suicidal

ideations - it should be noted that the IMPRC can complement but not replace the Psychological Support Programme (PSP) committee meetings.

Where it is determined that a detainee requires more intensive support than is available via IMPRC meeting, or in the case where stakeholders receive advice of incoming detainee who is known to have highly complex needs or vulnerabilities, a CCR may be appropriate. Refer to Section 4 below.

A Case Note: IMPRC shall be recorded when a detainee is discussed in detail at an IMPRC meeting. The Case Note: IMPRC shall include meeting date, summary of key inputs from all stakeholders, key decisions or changes to direction of support for the detainee, any actions assigned and the status of any open action. Refer to Case Management Service PPM for further instruction.

4 Complex Case Reviews (CCR)

The CCR is a multi-stakeholder process that assists vulnerable and at-risk people in detention who may require additional support to manage behaviours of concern or vulnerabilities. This may include detainees who meet criteria to be identified as a 'High Needs' detainee or detainees with complex needs who require additional support. Refer to section 1.7 Glossary & Abbreviations for definition of 'High Needs Detainees'.

The CCR operates at a national level and its purpose is to review, in conjunction with the facility management, the local management procedures that are in place and, as relevant, initiate new support(s) for detainees presenting with perpetuating violence, high needs, vulnerabilities, dual diagnoses or multiple complex needs and / or requirements.

The National CCR process promotes close cooperation with the Department's National Office, with ABF, and the DHSP and Serco and other relevant stakeholders to effectively support identified detainees with high needs or complexities. The CCR process reflects the combined view of all relevant stakeholders and other relevant service providers and is approved by the Contract Administrator in order to assess, monitor and effectively manage the individual's needs.

4.1 CCR procedures

Where it is determined that a detainee requires more intensive support than is available via IMPRC meeting, or in the case where stakeholders receive advice of incoming detainee who is known to have highly complex needs or vulnerabilities, a CCR may be requested.

4.1.1 Eligibility for CCR

The CCR will meet to consider the local arrangements and support being offered to any detainee or family group who:

- Are not subject to or compensated accordingly by SME under the PSP.
- Require an enhanced level of security monitoring due to a consistent pattern of anti-social and / or unacceptable behaviour.
- Threatens the integrity of immigration detention and / or the safety of persons in the IDF.
- Is in receipt of or may require specific or additional services to be provided by Serco, the DHSP or another service provider.
- Has a condition / behaviour which is likely to raise significant public concern or place at risk the safety of other detainees or staff stakeholders.
- Is of significant stakeholder interest or has specific media notoriety.
- Has another condition or vulnerability e.g., neuro development disorders, congenital or behavioural conditions, physical, cognitive, mental, sensory, emotional or development disabilities.

This eligibility criteria is provided as a guide, however, where a detainee is of significant concern, then contact should be made with the National W&E Team for specific advice.

Some detainees who are discussed at CCR may be approved as a High Needs detainee. A detainee can only be classified as a High Needs detainee following formal application to, and approval by, the Contract Administrator. Additional costs will be charged at the additional monitoring variable rate or such other applicable pricing mechanisms in the Contract.

4.1.2 Referral process

Referral to the CCR can be generated by any senior member of a facility, DHSP personnel, the Department or ABF staff. Referrals shall be made via the National W&E Manager where possible and should include the following information:

- A short description of the presenting issues.
- Advice whether the detainee has been discussed at IMPRC.
- The detainee's current ICP.
- The detainee's most recent SRAT.

This information shall be provided to the National Welfare & Engagement Manager (via s. 22(1)(a)(ii) who will determine, in consultation with other CCR members and with ABF National Office, whether a CCR is appropriate.

The CCR process is not an additional national check to override local decision making of all detainee cases, but rather a collaborative and holistic support mechanism to ensure a consolidated effort to support the detainee, staff and facility management. However, the CCR process is the key decision-making forum for the approval of additional services and or resources to support detainees who are requested to be identified as 'High Needs' detainees.

Detainees who are discussed at CCR are supported either as a Complex Case or a High Needs Detainee.

The referral process and support pathways via CCR are depicted in Figure 1 below.

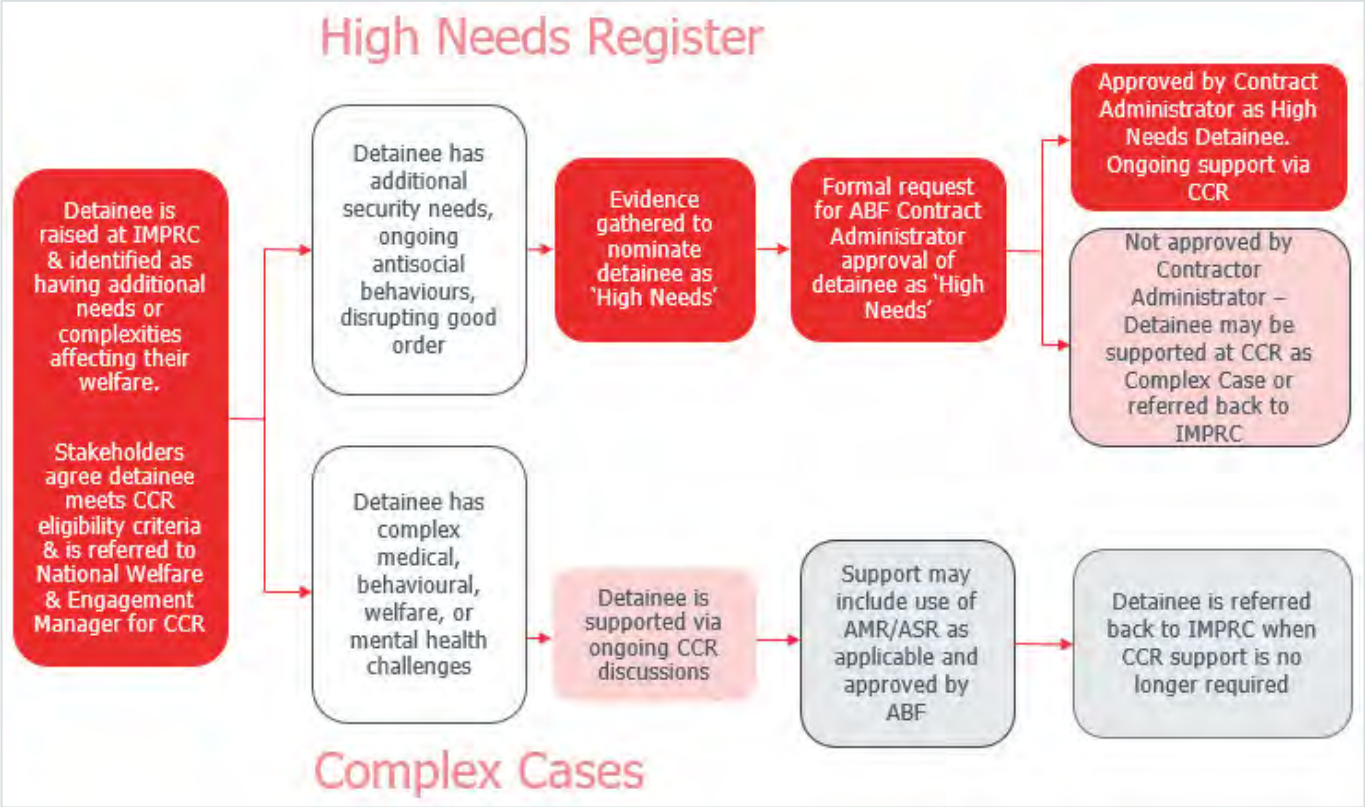

Figure 1. Referral to CCR and support pathways

Request for Trigger CCR

There may be occasions when a Trigger CCR meeting is required / raised by stakeholder(s) from the CCR group to respond to an urgent issue such as a critical incident and / or an escalation of adverse behaviour concerns of detainee(s), before it escalates to a position where the detainee is in acute distress or at risk to themselves and others. As it may not be appropriate or practicable to await the next scheduled CCR meeting, any stakeholder can make a request for a Trigger CCR to address the particular issue of concern. In the event a Trigger CCR is required, a referral should be made prior to the Trigger CCR teleconference appointment and any other relevant documents must be forwarded to the Serco National W&E Team.

4.1.3 Proposed membership

National membership of the CCR includes (where appropriate) the staff detailed in Table 2 below.

Table 2. National membership at CCR

Stakeholder	Role
Serco	• National W&E Team (CCR Chair) • Serco Legal Counsel • Commercial Lead • National Operations Manager • National T&E Manager • National Intelligence Manager
The DHSP	• Onshore Mental Health Manager • Regional Managers or Medical Directors, as appropriate

The Department & ABF	• Detention Health and or Health Liaison Officer • the Department's Child Welfare Section • ABF National Detention Placements • Onshore Contracts Section, Detention Contracts Management Unit

Facility membership for CCR discussions should include the staff detailed in Table 3 below.

Table 3. Local facility membership at CCR

Stakeholder	Role
Serco	• General / Centre Manager or representative • Serco Facility Operations Manager or nominated representative • Serco W&E Manager or Coordinator • Serco Behaviour Support Practitioner • Serco Caseworker or Welfare Officer • Serco Personal Officer • Other Serco staff as appropriate
The DHSP	• Health Services Manager or Team Leader
The Department & ABF	• ABF Superintendent • Status Resolution Officer

In the case of Unaccompanied Minors, the Band 1 SRSS provider should be included.

4.1.4 Roles and responsibilities

The roles and responsibilities of various CCR attendees is outlined in the Table 4 below.

Table 4. CCR roles and responsibilities

Role	Responsibility
National W&E Manager or delegate	Approves CCR referrals, organises CCR meeting and chairs discussion.
Detention Health Delegate	Note the discussions and provide operational support where required.
Service Delivery Delegate	Note the discussions and additional resources required.
National Placements Delegate	Note discussions and provide update on placement options and decisions.
ABF Facility Superintendent or delegate	Provide updates on ongoing court matters, placement options and general Departmental input.
Department Status Resolution Officer	Provide update on status progression / resolution including possible notifications that may have a negative impact on the detainee.
Health Services Manager DHSP	Provide advice on health of detainee.
W&E Manager / W&E Coordinator / Caseworker / Personal Officer / Welfare Officer	Outline detainee issues and implement decisions of CCR.
Behaviour Support Practitioner	Provide advice on detainee behaviours.
Facility Operations Manager	Assessment of local stakeholder interest / concerns.
National Security, Risk and Intelligence Manager	Ensures revised risk assessment is undertaken as appropriate.
Commercial Lead	Preparation in collaboration with facility of financial documentation.
Legal Counsel	Assessment of legal / media issues and / or risks.

4.1.5 CCR operation

Following a referral from the facility or National Office, the National W&E Team will, as appropriate, authorise and organise a CCR meeting to be convened by sending a teleconference request and calendar invitation via email to the nominated attendees. This invitation must go to the ABF Facility Superintendent, ABF Detention Health and Onshore Contracts Section.

The meeting frequency and duration will be determined by the CCR group based on the complexity of the case under review. As a general guide, the duration of the CCR meetings vary between 30 – 60mins, therefore, facility staff required to attend must be provided with appropriate cover to ensure their full attendance for the duration of the CCR meeting.

At least 24 hours prior to the CCR teleconference appointment, the detainee's current ICP and any other relevant documents must be forwarded to the Serco National W&E Manager.

CCR Agenda, CCR Outcomes and Recommendations (Action Items)

While some flexibility will be required throughout the meeting, the following agenda items provide a guide to standard CCR discussions. Refer Table 5 below.

Table 5. CCR standard agenda

Number	Agenda Item	Person Responsible
1	Introduction and context	National W&E Manager or delegate
2	Operational, Wellbeing & Engagement	Serco
3	Health update / overview	DHSP
4	Case Management	Department Status Resolution Officer
5	Placement, management	ABF
6	Terms of High Needs resource	All, W&E Manager
7	Other business & date for next Meeting	National W&E Manager or delegate

The CCR discussion will begin with an Operational, Wellbeing & Engagement overview by a Serco representative such as the Facility Manager, Caseworker, Personal Officer or Welfare Officer. This will outline presenting issues and any new information, including all actions previously taken to support the detainee.

The information provided from the facility should include:

- An assessment of risk.
- Detainee attendance at P&A including excursions.
- Detainee general behaviour in the facility and relationship with staff.
- Impact of detainee behaviour / vulnerabilities on family, other detainees or staff.
- Any support being provided from support service providers or community / interest groups.
- Input relating to whether the detainee should be considered for high needs classifications.

Most CCR meetings will have a clear outcome as to the required support for a particular detainee. This may include additional resourcing such as additional monitoring or care workers. Management and implementation of any supporting factors will be discussed in "Terms of High Needs Resource" section of the CCR, this should be objective and list tangible outcomes of the meeting to be implemented by the facility or external stakeholders as soon as reasonably practicable. Relevant approvals to endorse additional resourcing for complex cases should be sought by the Serco Facility Manager. Care and additional support for detainees deemed as High Needs will be agreed in the CCR meeting and applied as per the discussion. It is recognised that stakeholders at each IDF may continue to support these detainees via local forums.

4.1.6 Detainee Support Plan (DSP)

The DSP is developed by the National Welfare & Engagement Manager (or delegate) in conjunction with local stakeholders and national stakeholders, as required. A DSP is developed on stakeholder agreement at CCR and contributes towards the detainee's welfare support strategies and outlines how stakeholders should engage with and manage the detainee. The DSP is circulated to all CCR members for their input and the finalised DSP is also distributed to site-based staff who provide in-person support to the detainee.

4.1.7 ABF National Office engagement

The National W&E Manager or delegate will ensure invitation for CCRs are sent to the ABF National Office. Should the CCR determine that Serco needs to request the classification of a detainee as High Needs status, the National W&E Manager will pursue this with ABF National Office to obtain Contract Administrator approval.

ABF National Office will be kept informed of the status of CCR through the provision of regular invitations to CCRs and the minutes regardless of whether the detainee is considered a High Needs Detainee. These will be provided regardless of attendance by the Contract Administrator at the meeting.

4.1.8 Record keeping

Action items agreed from the CCR will be recorded in the minutes. Serco is required to provide a secretariat for each CCR meeting. The secretariat is required to provide the minutes to the National W&E Team for review and distribution to the nominated attendees as soon as possible.

The CCR minutes provide evidence of governance around managing and supporting vulnerable detainees. Actions agreed in the CCR are to be implemented by the facility or other stakeholder staff as agreed.

There is no requirement for these minutes to be uploaded on to Portal.

In addition, a Case Note: General shall be recorded in SercoCare 360 when a detainee is discussed at a CCR meeting. The Case Note: General shall include meeting date, summary of key inputs from all stakeholders, key decisions to support the detainee, any actions assigned to stakeholders and the status of open actions. Actions assigned to Serco shall be recorded as specified in Case Management Service PPM.

4.2 High Needs Register

Some detainees may meet the eligibility criteria to be approved as a High Needs detainee. This approval involves submission of a formal application to the Department's Contract Administrator for that detainee to be identified as a 'High Needs Detainee'. When a detainee is formally approved as a High Needs Detainee, they are included on Serco's High Needs Register. The Integrated Care Manager or delegate shall immediately inform local facility management of approval.

The continuance of a detainee on the High Needs Register is subject to ongoing approval from the Contract Administrator. This process includes a quarterly review and formal submission of an application with request for extension or non-extension to the Contract Administrator.

The application to the Contract Administrator shall include the following documents and be submitted via formal correspondence procedures:

- Formal request letter.
- Detainee profile (overview or quarterly update, as applicable).
- Detainee SRAT.
- ABF Superintendent's Endorsement.

In the event that the ABF Superintendent does not endorse the application, Serco may seek the guidance of the Contract Administrator. When a detainee who is on the High Needs Register is discharged from immigration detention, the final quarterly review submitted for that detainee will include information on their discharge.

In the event that the detainee is not approved as a High Needs Detainee or is removed from the High Needs Register, the National W&E Manager shall immediately inform the local facility operations management.

The application process depicted in Figure 2 below explains how Serco can seek initial approval and (ongoing) quarterly approval for a detainee to be on the High Needs Register.

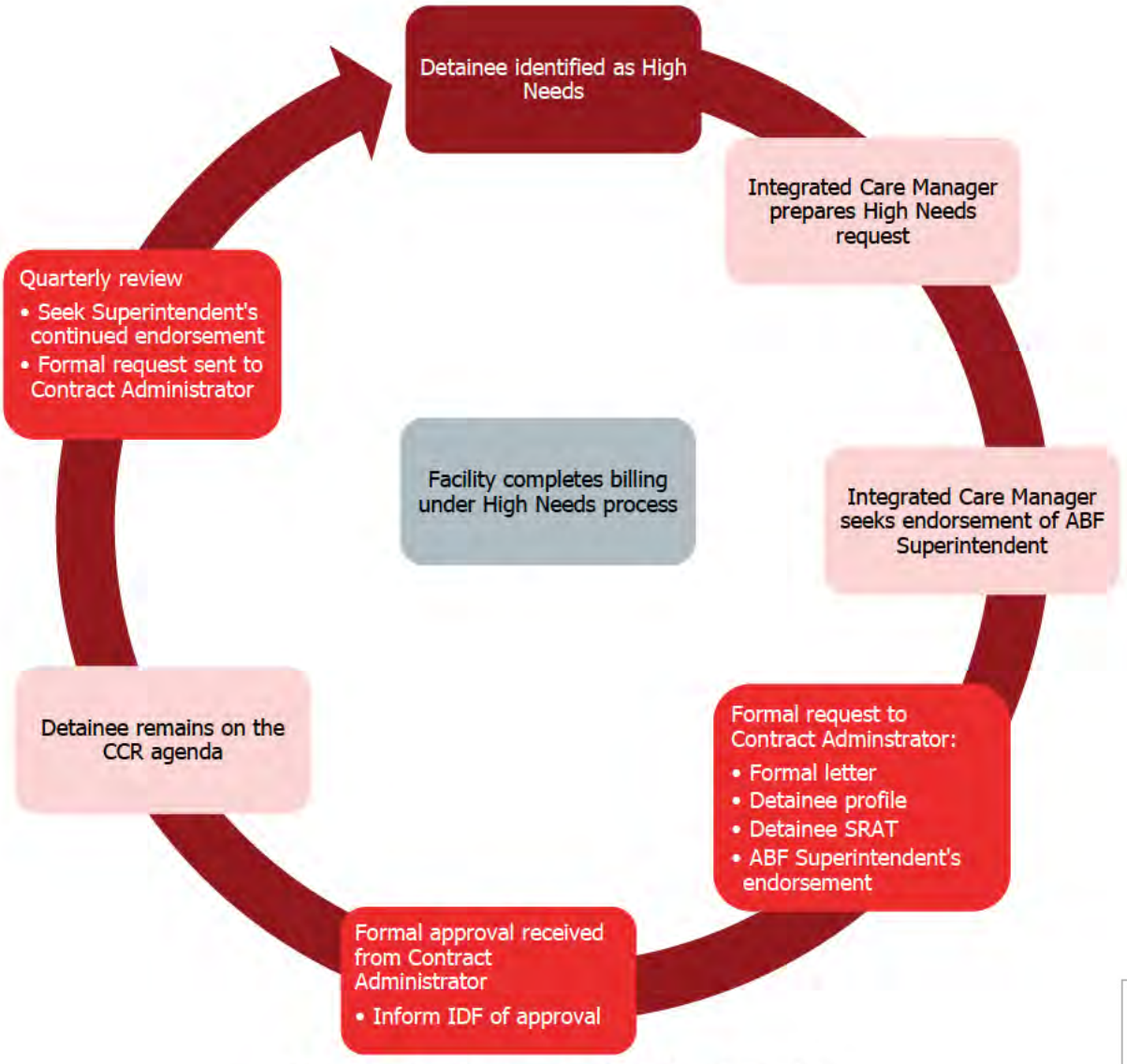

Figure 2. Application for High Needs Register

5 Carer services

In accordance with Clause 34 of the Contract, Serco may procure carer services for those detainees identified as requiring non-clinical carer support, including assistance with activities of daily living. The procurement of carer services is subject to a clinical recommendation from the DHSP, approval from local ABF Superintendent and in principle endorsement from the Contract Administrator.

The DHSP's clinical recommendation that is required in order for Serco to proceed with procuring carer services, must include the following information:

- Clinical assessment and recommendation.
- Services required, including the type of service and hours of service.
- Initial period of service.
- Review period.

The DHSP must provide their clinical recommendation in writing to Serco local. A detainee is not required to be referred to the CCR meeting in order to initiate a request or be approved for carer services.

Refer to Work Instruction for Carers (SIS-OPS-WI-0007) for detailed information regarding referral, onboarding and management of carers.

The commencement of a carer service and any specific activities related to provision of carer services for a detainee shall be recorded as a "Case Note: General". Detail of carer services provided and any subsequent changes to those services shall be discussed with the detainee and included in the detainee's ICP.

Policy & Procedure Manual

Keep SAFE and PSP SME

Document Details

Document Reference	SIS-OPS-PPM-0001 Keep SAFE and PSP SME
Version	3.2
Applicability	Immigration
Approval Date	30/04/2020
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Document Owner	Operations Director

Amendment Details

Version	Description	Issue Date
1.0.1	Inclusion of instruction to complete 'Wellbeing Indicator' in Portal to satisfy abatement requirement 11.1	
2.0	Removal of process for using Keep SAFE where heightened PSP has not been implemented, clarification over scope of PSP and further amendments	31/08/2012
2.0.1	Minor language amendments to reflect changed terminology	13/03/2014
2.0.2	Minor language amendments and format update	05/05/2014
3.0	Updated to reflect Facilities and Detainee Services Contract 2014	08/04/2015
3.1	Naming Terminology Change	16/06/2015
3.2	Updated formatting and to reference ABF 'PPCF' suite of documentation	30/04/2020

Table of Contents

1 Introduction

1.1 Policy

The wellbeing, safety and security, of all people in immigration detention is of paramount importance, and Serco will have processes in place to work both independently and cohesively with other agencies towards ensuring the safety of all people in immigration detention.

The Psychological Support Program (PSP) aims to:

- Provide a clinically recommended approach for the identification and support of persons in immigration detention who have psychological vulnerabilities or are at risk of self-harm and suicide, regardless of any perceived motivation.
- Reduce the level of uncertainty for staff in dealing with persons in immigration detention who exhibit self-harming and suicidal behaviours.

All detainees are managed through IHMS PSP protocols from their arrival in immigration detention until discharge and concerns regarding their welfare may be raised at any time. This means that the role of Serco officers includes supportive monitoring and engagement of all detainees at all times, however the intensity will vary depending on the detainee's needs. A detainee will always remain on PSP whilst in detention; it is the level of monitoring that varies. Serco will continue meaningful engagement with all persons in immigration detention, regardless of a clinically determined 'risk level'.

The Keep SAFE procedure operationalises these aspects of the PSP by:

- Providing clear and practical instruction for all Serco staff in the management of persons in immigration detention at increased risk of self-harm or suicide in line with the supportive monitoring and engagement requirements of the PSP until the detainee can be assessed by an IHMS clinician; and
- Ensuring Serco officers use standard documentation across all sites when providing services to people in immigration detention who require supportive monitoring and engagement to manage increased levels of risk of suicide or self-harm

The Keep SAFE procedure ('Keep SAFE') provides Serco Officers operational guidance for the supportive monitoring and engagement requirements of the PSP in the absence of a clinician for the care of people at increased risk of suicide and self-harm with an emphasis on prevention, support, engagement, autonomy and reintegration.

The level of supportive monitoring and engagement any detainee requires under the PSP can only be assessed and changed by an IHMS clinician; it is Serco's responsibility to work as part of a collaborative team with IHMS and ABF.

Substantial personal and organisational risks exist for any individuals operating outside of clinical assessments and decisions.

In managing the immediate needs of those detainees at risk of self-harm or harm to others, staff must:

- Act immediately to ensure the safety of any detainee;
- Place the detainee under immediate observation; and
- Advise the Department of the identified detainee and actions taken.

1.2 Related Forms

- Keep SAFE document cover and inside front page (SIS-OPS-FRM-0001 and SIS-OPS-FRM-0002, respectively)
- Keep SAFE Management Check (SIS-OPS-FRM-0003)
- Keep SAFE Action Flowchart (SIS-OPS-FRM-0004)
- Concern and Keep SAFE Information (SIS-OPS-FRM-0005)
- Immediate Keep SAFE Action plan (SIS-OPS-FRM-0006)
- PSP Referral (SIS-OPS-FRM-0007)

- Keep Safe / PSP Observations and Interactions (front sheet, SIS-OPS-FRM-0008, and continuation sheet, SIS-OPS-FRM-0009)
- PSP Placement / Change form – not a Serco document, this will be supplied by IHMS
- PSP Care Plan – not a Serco document, this will be supplied by IHMS

1.3 Legislative and Standards Framework

- Migration Act 1958
- Facilities and Detainee Services Contract 2014
- Work Health and Safety Act 2011
- ABF PPCF

1.4 Roles & Responsibilities

Table 1 – Roles and Responsibilities

Role	Responsibility
Any staff member	Identifying a concern regarding the wellbeing of a detainee
Facility Operations Manager / Shift Supervisor as appropriate	Completing Keep SAFE processes to safeguard the wellbeing of a person in immigration detention following identification of a concern, until the individual can be assessed by IHMS
Appropriate staff member as locally designated	Contribute to PSP meetings
All Serco staff	Actively work towards maintaining the safety of all people in immigration detention

2 Principles for the Prevention and Management of Self-Harm

The following nine principles underpin the prevention and management of self-harm for people in immigration detention. Through a collaborative working relationship with IHMS ABF, Status Resolution Officers and , Serco aims to address each of these principles as described in the table below.

Table 2 – Nine Principles for the Prevention and Management of Self-Harm

Principle	How Serco aim to meet the principle
A supportive environment	Engaging with people in immigration detention; treating them with dignity and respect. Providing an environment in which an individual should feel comfortable to disclose any issues, they might be experiencing, when such disclosure may be helpful.
Clinically informed response	Serco will liaise with, seek advice from and act on advice provided by IHMS who manage the PSP processes, and work together to promote safety of the person in immigration detention.
A positive, supportive response	This will be achieved through interaction with individuals at risk of self-harm or suicide and ensuring as much as possible that all 'normal' routines and behaviours can still be accessed. A balance must be reached to avoid excessive surveillance, which may increase distress and risk. Serco will support an individual in line with IHMS instructions regarding the level of interaction appropriate for the detainee in question
Early identification of risk	Effective risk assessment screening completed on reception, but also through the creation of essential professional relationships between staff and people in immigration detention to ensure any risk factors / changes in behaviour are identified at the earliest possible opportunity.
Response appropriate to the level of risk	Upon identification of a person in immigration detention who may require increased support under the PSP, Serco must ensure that the individual is kept safe until they are assessed by a member of the IHMS Mental Health team. Once the level of risk is determined by IHMS and the Detainee has been assigned a level of supportive monitoring and engagement, Serco will engage with and facilitate the individual's support plan.
External referral in high risk cases	Where an individual is assessed as presenting a high imminent level of risk and maintains this level of risk for a period of 24 hours, they must receive external assessment. This may be facilitated by an external clinician attending the centre, or through transferring the individual to an external healthcare provider, however both of these options will be coordinated by IHMS as the lead agency.
Well trained and supported staff	Serco's contract with the Commonwealth stipulates that Department of Home Affairs and ABF will develop a PSP training programme in line with the PSP policy and such training will be updated to reflect policy changes and cleared by the Department for Serco personnel. To supplement this, Serco provide mental health awareness and PSP within the initial training course for all operational staff. In managing an individual at risk of self-harm or suicide, or an actual incident of self-harm or suicide, staff will receive peer and managerial support. All staff are able to access the Employee Assistance Programme for further confidential support if desired.
Cultural competence is critical	All staff are provided with cross cultural diversity training, and interpreters are available either in person at the site, or through the use of telephone interpreting service. Serco staff come from diverse backgrounds and possess skills and knowledge to assist in this area.

Principle	How Serco aim to meet the principle
Response must actively seek out and offer support to others who may be affected.	Serco is aware that if an act of self-harm / suicide occurs or is threatened, this may have a wider impact on the community within the immigration detention facility (both people in immigration detention and staff). As such, support for people in immigration detention will be facilitated through the Personal Officer Scheme, the welfare officer, support provided by IHMS. Support for staff will include peer and management support and the services of the EAP and internal psychological services.

3 The SAFE (Support, Action, Follow-up and Evaluation) Approach

The approach starts with the premise that 'self-harm and suicide is everyone's concern' and that staff locally will work in multidisciplinary teams to create a safe and caring environment in all immigration detention facilities. The approach aims to ensure that any distress experienced by people in detention is minimised through clear, efficient actions and that detainees are able to seek help and support before, during and after a crisis.

3.1 Support

Preventing self-harm or suicide involves:

- Actively listening to the person at risk and making the time to do so
- Suspending any personal judgements about the individual or their intention/motivation
- Engaging the individual in planning ways of reducing or addressing the presenting problem
- Talking to the person at risk about their concerns in an open and transparent manner – this is a strength not a weakness
- Helping the individual make healthy decisions

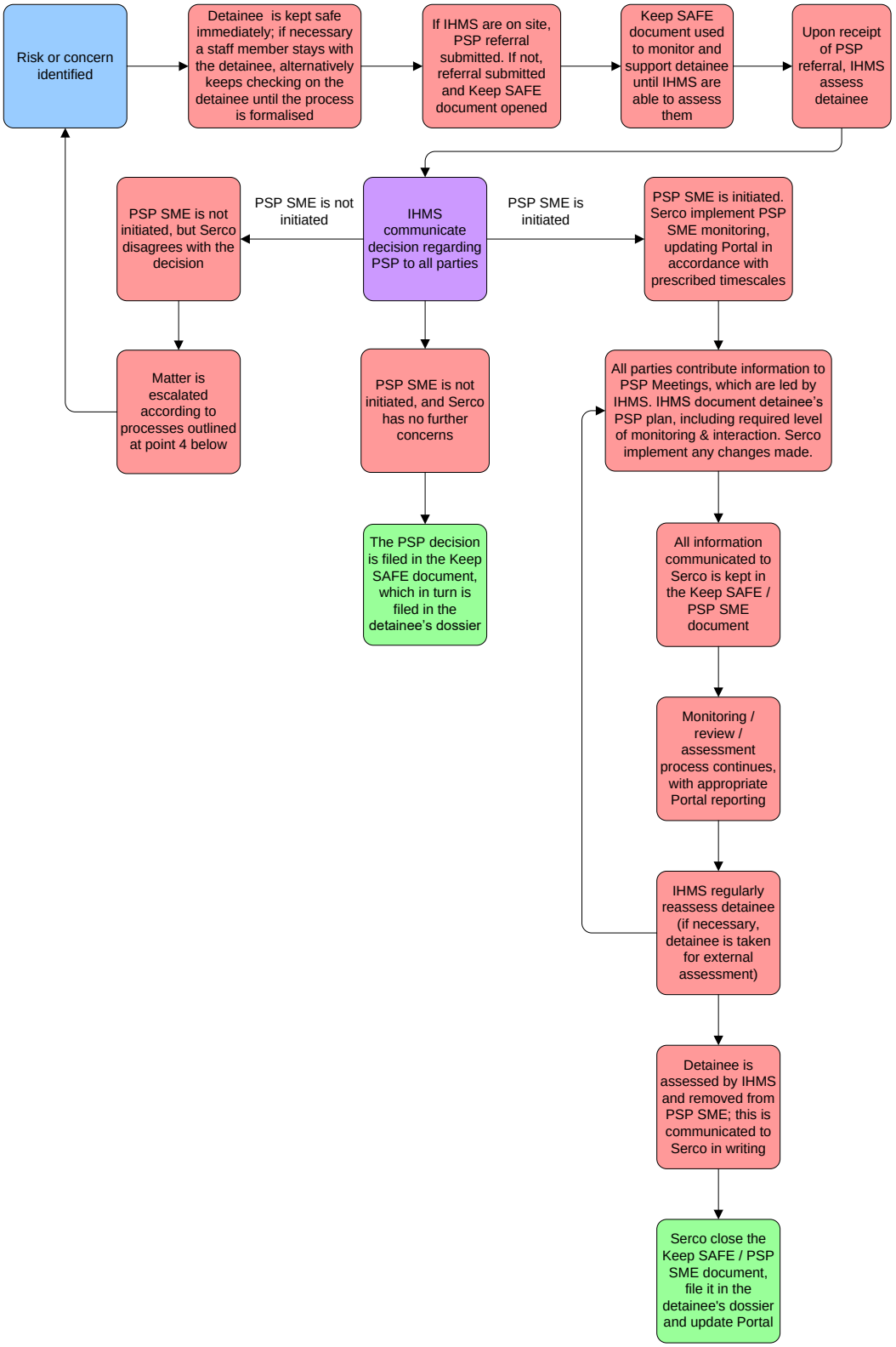
3.2 Action

Prompt, clear and consistent action is necessary to reduce the risks of self-harm or suicide. The Keep SAFE policy provides all paperwork and forms that **must be** completed by Serco staff to support the management of an individual at risk of self-harm or suicide until they are assessed by an IHMS clinician. All documents should be kept securely within the individual's Keep SAFE file.

Remember only a qualified clinician can make a judgement as to the individual's 'at risk' status. Serco staff should always operate on the basis of care and support for the individual in the first instance and the Keep SAFE documents are designed to clarify the process in the absence of a clinician on site.

3.3 Keep SAFE and PSP/SM&E Processes

Diagram 1 – Keep SAFE & PSP Processes



3.3.1 PSP Observation, Reporting and Review Timeframes

Risk Level	Supporting monitoring and engagement (SME) level	Written Observations	Clinical Review
High Imminent	Constant ("line of sight")	Every 30 minutes	Every 12 hours, external review after every 24 hours
Moderate	30 minutes	Every 30 minutes (at random times)	Every 24 hours
Ongoing	8 hourly	3 occasions during day shift hours	Every 7 days

3.3.2 PSP Referrals

Serco staff must be aware of situations, triggers and changes in behaviour, which might create the need for a PSP referral to be completed. These may include but are not limited to the following:

- Detainee receiving negative information / delays relating to a visa application / outcome or appeal process
- Impending removal
- Harm to or concern about a friend / family member
- Changes in behaviour – e.g. increased aggression, becoming withdrawn, continued refusal of food/fluids
- Threats and warnings of self-harm or suicidal idealisation
- Current affairs and media reporting
- Self-harm by other people in immigration detention

See IHMS PSP referral form. Referrals must be submitted to IHMS immediately by whichever means is agreed at site level. People in immigration detention must be kept safe until assessed by a mental health professional. Information will be shared at the PSP Meetings about incidents or concerns, which will prompt an automatic reassessment of risk by IHMS.

3.3.3 Use of Closed-Circuit Television (CCTV) equipment

Observation of a person in immigration detention must notbe conducted via CCTV. Monitoring and engagement with a detainee must involve in-person interaction.

3.3.4 Keep SAFE / PSP Reporting – Serco Requirements

Serco is responsible for providing the Department with formal incident reports on all threats, attempts or occurrences of self-harm and suicide, in accordance with prescribed incident reporting timescales. In addition to this, if a detainee is on PSP SME and any changes to the detainee's wellbeing are observed, it must be updated to Portal within one hour and the opening of a Keep SAFE document must be recorded.

A detainee being managed through Keep SAFE or PSP SME procedures should be reported following the process below:

Table 3 – Creation of PSP Record within Portal

Process	Portal reporting requirement	Timescale
Keep SAFE document opened	Wellbeing Indicator created	Within one hour of document being opened
PSP SME level confirmed in writing by IHMS on PSP care plan form	PSP Indicator recorded with the correct start date of the Detainee being placed on PSP in the Portal	Within one hour of receipt of paperwork

Process	Portal reporting requirement	Timescale
	PSP objective is created under 'work plans' and Placement form is scanned and attached to the Placement form task	As soon as possible
PSP Multidisciplinary team meeting minutes forwarded to Serco	Minutes are scanned and attached under the work plan on the Prevention Committee Meeting task	As soon as possible
PSP SME level is changed and confirmed by PSP care plan form	PSP form is scanned and attached under the work plan on the Step Down/Removal Form task	Within one hour of receipt of paperwork
Monitoring and engagement observations recorded by Serco	Observation sheets are scanned and attached under the work plan on the Observation task NOTE: this task can be copied by using the Copy button function	Regularly; at least every 24 hours
Detainee removed from PSP SME – confirmed by PSP care plan form	PSP form is scanned and attached under the work plan PSP Indicator is end dated under the Detainee Info tab. PSP work plan tasks and the Objective are all updated to a Status of Complete.	Within one hour of receipt of paperwork

3.3.5 Escalation to Serco National Operations Office

There are clear processes within the PSP policy for the escalation of complex cases/issues. In addition, the Centre Manager or equivalent should consider notification to the Serco National Operations Office in cases where:

- The individual concerned is of particular public/media interest e.g. activist or previous media interest
- The age/gender of the individual is likely to raise public interest
- Any person in detention under the age of 18 years old who is unaccompanied by a parent or legal guardian (UAM)
- It is a case of a significant 'near miss'
- Any other circumstance that might evoke public acceptability test and as such might require Serco National, Welfare & Engagement response

3.4 Follow Up

Follow up of the 'at risk' status of an individual is clearly regulated by the PSP reporting requirements. The PSP also stresses the need for follow up care of the individual or support for staff in the event of a 'near miss' or other distressing incident.

The appropriate manager should ensure that the Personal Officer is fully briefed, if they have not been fully engaged in the PSP process, so they can offer follow up support with the detainee. The Facility Operation Manager must ensure that relevant staff are aware of the current situation at handover or shift changes.

IHMS will develop clear arrangements to ensure that the detainee continues to feel supported and that he / she is encouraged to develop other ways of dealing with similar problems. This information should be detailed in the detainee's Individual Management Plan (IMP) and Serco Officers are responsible to ensure they are followed accordingly.

3.5 Impact of Suicides, Self-Harm, Suicide Attempts / 'Near Misses' on Staff

Stress reactions following a suicide or attempted suicide / 'near miss' are common and in fact are normal reactions to an abnormal event. The Centre Manager and HSE Manager or equivalent, should work with all staff to ensure staff:

- Recognise that stress is a normal reaction
- Accept that taking care of yourself is a strength – not a weakness
- Are encouraged to talk to a colleague, friend, family member or
- Access to the Employee Assistance Program (EAP)
- Take part in debriefing sessions to the extent to which they are comfortable
- Get back to normal routines as soon as possible
- Get enough sleep, food and regular exercise
- Exercise additional caution when driving long distances or operating machinery
- Are supported to seek additional external support if this is required
- Are discouraged from using negative coping strategies such as using alcohol or other drugs, or engaging in self-destructive behaviour

3.6 Evaluation

Actions taken by staff after an incident are as important as those that take place during an incident.

Any death, suicide attempt or 'near miss' is devastating for the families, friends, staff or associates of the detainee. In immigration detention facilities, it is likely to have additional significance for those detainees who may have formed close relationships e.g. they travelled on the same vessel, those who were, or are in the same facilities for a lengthy period etc. Centre Managers therefore play a critical role in ensuring that clear and sensitive procedures follow an incident.

In approach to the evaluation:

- Be non-judgemental
- Any attempts to apportion blame must be avoided by staff and Detainees –
- Do not attempt to "re-live" the incident Include next of kin where they are known or where there is a known established relationship with other detainee/s.
- Every effort should be made to keep the next of kin or nominated person informed as appropriate and time made to listen (not challenge) their views/ concerns etc
- Ensure debriefs take place in a timely manner for all staff
- Ensure debriefing takes place with detainees as soon as is practicable
- Ensure the relevant religious leader is included and any faith /cultural traditions respected
- Ensure that any learning / suggestions derived are discussed as soon as possible with the appropriate parties

4 Escalation procedure for disagreement regarding outcome of PSP Referral

The PSP protocol is designed to cater for safeguarding all individuals at risk of self harm or suicide behaviour, regardless of any perceptions about their motivation. Only IHMS Clinicians are qualified to make the assessment regarding this and the appropriate response that balances risks and benefits of the possible responses. Nevertheless, this should be a collaborative process involving all stakeholders which is discussed and documented formally via the PSP meeting.

In the event that there is disagreement following the PSP meeting regarding the appropriate course of action, including SME level, the concerns must be escalated in the first instance to the Serco Centre Manager, ABF Facility Superintendent and IHMS management. If the concerns cannot be resolved at this level, then further escalation must occur to regional and national level in alignment with escalation processes.

5 Roles and Team Arrangements

Serco's responsibilities are:

- Conduct an initial self-harm assessment with each detainee during the Induction and Reception process and
- Refer the detainee to IHMS if the initial self-harm assessment identifies any concerns
- Be alert to early warning signs; to keep the individual in question safe through engagement and monitoring.
- Seek immediate advice from IHMS where there is a suspected risk of self-harm
- Follow the clinical advice of IHMS
- Engage with people identified as at risk of self-harm in a non- judgemental, supportive way
- Record accurate and objective observations of people on monitoring and engagement plans and ensure these are communicated to the PSP team
- Respond to any attempted or actual self-harm or suicide incidents and submit incident reports within the prescribed timescales. Serco currently does this via the Serco Care Manager (SCM) system.
- Ensure that responsibility for supporting people at risk of self-harm is transferred effectively at every shift changeover
- Engage in PSP Team processes
- Complete all reporting requirements

5.1 The PSP Team

While PSP is a clinically driven process, collaborative working relationships between Serco, ABF, Status Resolution Officers and IHMS are paramount to provide the best care for any person in immigration detention at risk of self-harm or suicide. The membership of the PSP Team will generally be as follows:

- Team leader – Senior Clinician (usually mental health specialist)
- Serco Facility Operations Manager or Shift Supervisor
- ABF representative(s)
- Any other person deemed appropriate by the team leader who may be able to offer valuable information relating to the person in immigration detention

As part of the membership for the PSP team, Serco must Contribute to and implement the decisions made by the PSP Team.

Serco needs to share pertinent information at a PSP Team meeting. This information could include, but is not limited to:

- How the detainee states they are feeling, and whether they feel there is anything they need which would help
- Any changes in attitude / behaviour displayed by the detainee
- What has the detainee been doing? Have they participated in any programs & activities?
- Do they interact with staff / other detainees? Is the detainee associating with different people from normal?
- Has their routine changed?

A thorough review of the Keep SAFE and PSP SME documents should provide this information, however best practice is always to have a discussion with the detainee, ensuring to record the interaction in the documentation.

The Keep SAFE documents must be brought to the PSP meeting and the management plan updated according to the decisions made by agreement at this meeting. Staff must ensure when the documentation is taken to the meeting, that sufficient observation sheets are left with the staff monitoring the Detainee and that all staff on shift are aware and understand the details of the plan. The observation sheets must immediately be placed in the document when it is returned to the residence area following the meeting.

5.2 Privacy and Confidentiality

Serco staff are, by the nature of their roles, are likely to have information pertinent to the effective support / management of a person in immigration detention. This information will need to be shared with the appropriate parties within the PSP meeting arena. IHMS will also be required to share pertinent information with Serco to enable Serco Officers to appropriately support any detainee whose needs have increased or changed. The PSP Policy contains information relating to the process that must be followed if any party believes another is applying the rules relating to privacy and confidentiality so rigidly that it may compromise the care of people in immigration detention.

6 Levels of Risk and Associated Monitoring

There are three levels of risk and associated supportive monitoring and engagement under the PSP Protocol:

- Ongoing
- Moderate
- High Imminent

The level of supportive monitoring and engagement interaction required to effectively support any Detainee will be detailed on the PSP Care Plan. Serco must adhere to the instructions given by IHMS and detailed in writing on the PSP Care Plan.

Where are a detainee is placed on PSP/SM&E resulting from the PSP (or Serco's Keep SAFE policy if the DHSP is offsite or unavailable) and the Detainee remains on SM&E for a consecutive period in excess of 72 hours then any costs incurred by SIS for the period in excess of the initial 72 hours will be payable at the PSP high imminent or PSP moderate variable rates. For clarity, the calculation of the 72 hour period commences at the time the Detainee is placed on a SM&E plan (i.e. the classification of a detainee as High imminent, Moderate or Ongoing is a single event triggering commencement of the 72 hour period).

7 Monitoring & Engagement Guidelines

When the detainee is placed on Keep SAFE or PSP SME programme, consideration should be placed as to the vulnerability and individual needs of that detainee. Staff engaged in the Supportive monitoring and engagement should where appropriate:

- Engage the detainee through maintaining conversations
- Encourage the detainee to engage in normal routines including mealtimes, social interaction with others and P&A
- Ensuring that the person cannot harm themselves and/or others
- Seek approval from their line manager to move the detainee to an area within their place of immigration detention that excludes items could reasonably be seen to facilitate self harm

It is important that you provide meaningful comments on what has happened with the detainee during your time with them. This allows others who also care for this person to understand the situation and how to care for them and provides information for PSP Meetings. In particular, record:

- Mood check – is he / she happy, sad, withdrawn, excitable, aggressive etc
- Conversations – have you spoken to the detainee? What does the detainee have to say about their situation?
- Activities – is the detainee engaging socially with others, participating in activities etc?
- Sudden changes – has the detainee been doing anything out of the ordinary, such as giving away their possessions to other detainees or on a visit, or changing their routine / friendship groups?
- Self harm – is there any evidence to suggest the detainee has self harmed?

Below are examples of both poor and good observation notes:
Poor observation: "Checked on Mr. Smith. He seems fine."

Good observation: "I spoke with Mr. Smith, who was playing cards in his room with friends. He appeared in good spirits, laughing and joking. He stated that he felt a bit better because his friends were with him, but that he is still anxious to speak to DIAC about his visa."

Poor observation: "Checked on Mr. Smith. He shouted at me so I told him his behaviour was unacceptable"

Good observation: "Mr. Smith displayed unusually aggressive behaviour when I spoke with him. I asked if there was anything I could do to help as he was clearly distressed, however he became abusive, walked away, and sat by himself near the dining room. Mr. Smith does not appear to be mixing with his peers and displayed poor eye contact when we spoke."

7.1 Accommodation Placement

In considering whether a person can be safely accommodated within the place of immigration detention, Serco and departmental Shift Managers and/or Duty Staff will need to determine whether the usual accommodation area of the person, or any of the other available accommodation areas offer safe accommodation (per the definition above). The following may be used as a guide:

- Consider if the accommodation and communal areas have ligature points
- Consider if the areas have easy access to large trees, stairways or other fixtures that might allow access to an upper floor or the roof
- Consider if any of the following items are found in these areas:
  - Objects that can be smashed or broken to fashion a sharp implement
  - Shoelaces, drawstrings, ties, belts, long socks, or material that could be used to fashion a noose
  - Objects that could be ingested
- If "Yes", consider if any of these objects be replaced with similar but safer items. If so, the area may then offer safe accommodation.

8 Review

It is imperative that the entries made in each document be of a standard sufficient to communicate adequately with other team members and to actively promote detainee welfare and safety. As such, each Keep SAFE and PSP SME document should be checked on a daily basis by the manager of the residence area, the Facility Operations Manager or the welfare officer / manager, and entries recorded on the management check sheet.

A summary of the management review must be included in the shift change handover information.

In addition to this review process, Serco must work collaboratively with IHMS and ABF and engage in any PSP reviews initiated.

9 Handovers

Handovers at changes of shift are critical. Incoming staff must be fully briefed and continue the monitoring and engagement plans developed by the PSP team. It is the responsibility of shift managers to ensure that plans are adhered to and that reporting requirements are satisfied.

10 Behaviour Management Plans / Individual Management Plans / Personal Officer Scheme

Whenever a Behaviour Management Plan (BMP) is considered, staff must ensure IHMS are consulted in the development of the BMP in accordance with procedures detailed in the Detainee Management PPM (SIS-OPS-PPM-0066).

Australian Government
Department of Home Affairs

OFFICIAL

Statistics and Reporting Section

FOI Request FA 25/03/01822

- Sioeli Tongaonevai (Health & Safety Representative Villawood Immigration Detention Centre)

Information Required:

- *A report of the last twelve months of Incidents that have occurred at VIDC.*

Table 1: Breakdown of Villawood IDC incidents between 01 April 2024 and 31 March 2025.

Incident Type	Number of Incidents
Abusive/Aggressive Behaviour	323
Accident/Injury - Minor	46
Accident/Injury - Serious	8
Assault - Minor	423
Assault - Serious	55
Assault - Sexual	23
Complaint - re Incident	64
Contraband brought by Visitor	<5
Contraband found	155
Damage - Minor	393
Damage - Serious	19
Disturbance - Major	8
Disturbance - Minor	639

Incident Type	Number of Incidents
Escape	<5
Escape - Attempted	<5
Escape - Tools in Possession	<5
Failure - IT Systems	<5
Failure - Power	7
Failure - Security System	37
Failure - Sewerage/Water	<5
Food/Fluid refusal	<5
Industrial Action - No Labour	<5
Property - Missing	<5
Public Health Risk - Minor	7
Removal - Aborted	34
Self Harm - Actual	53
Self Harm - Threatened	153
Serious Illness - Amb Req	250
Theft	46
Use of fire equip/false alarm	125
Use of Force	576
Use of Force - Planned	1773
Use of Observation Rm > 24 hrs	127
Visitor-Client denied	<5
Visitor-Other refused	83
Weapon - Client in possession	101
Total	**5,550**

** Figures relate to the number of incidents, rather than the number of participants.*

Author	Detention, Regional Processing and Community Reporting
Data Sources	Departmental Systems
Data Date	*01 April 2024 to 31 March 2025*
Cleared For	External Use
Notes	*Note: Information is based on departmental systems data as at 6am 01 April 2025.* *Note: Figures relate to the number of incidents, rather than the number of participants.*