

The experiences of Irregular Maritime Arrivals detained in immigration detention facilities: Final report for the Australian Government Department of Immigration and Citizenship

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Social Policy Research Centre

Never Stand Still

Faculty of Arts and Social Sciences

The experiences of Irregular Maritime Arrivals detained in immigration detention facilities

Ilan Katz, Abigail Powell, Sandra Gendera, Tricia Deasy and Erik Okerstrom

Final Report

**Social Policy Research Centre,
July, 2013**

SPRC Report 11/13



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Contents

| | |
|--|------|
| Executive summary | viii |
| 1 Introduction | 1 |
| 1.1 About the research | 1 |
| 1.2 Structure of the report | 2 |
| PART ONE - Background and Method | 4 |
| 2 Background..... | 5 |
| 3 Research Methods | 8 |
| 3.1 Literature review | 8 |
| 3.2 Interviews | 8 |
| 3.3 Fieldwork observations | 11 |
| 3.4 Research limitations | 11 |
| 4 Immigration detention facilities visited | 13 |
| 4.1 Immigration Detention Centres..... | 13 |
| 4.2 Alternative Places of Detention | 16 |
| PART TWO – Existing Knowledge | 20 |
| 5 Analytical frameworks | 21 |
| 5.1 Responsive regulation | 21 |
| 5.2 Organisational culture | 26 |
| 5.3 Wellbeing | 30 |
| 5.4 Summary | 39 |
| 6 Wellbeing in Australian immigration detention | 41 |
| 6.1 Status resolution process | 41 |
| 6.2 Personal issues | 44 |
| 6.3 Organisational issues | 47 |
| 6.4 Issues not covered in the literature | 55 |
| 6.5 Summary | 56 |
| PART THREE – Empirical Findings | 57 |
| 7 Factors impacting on IMA experiences | 58 |
| 7.1 Status resolution..... | 59 |
| 7.2 Reasons for leaving origin countries and coming to Australia | 70 |
| 7.3 Expectations | 72 |
| 7.4 Detention environment | 75 |
| 7.5 Rules, regulations and information | 76 |
| 7.6 Basic needs | 79 |
| 7.7 Activities and programs | 83 |
| 7.8 Religious practice | 89 |
| 7.9 Maintaining external relationships..... | 91 |
| 7.10 Relationships and interactions between detainees | 92 |
| 7.11 Relationships and interactions with staff | 95 |
| 7.12 Interpreters | 98 |
| 7.13 Health | 99 |
| 7.14 Comparison with non-IMA experiences | 105 |

| | | |
|------|--|-----|
| 7.15 | Summary and conclusion | 106 |
| 8 | Organisational issues in IDFs | 112 |
| 8.1 | Staff attitudes | 112 |
| 8.2 | Management practices | 114 |
| 8.3 | Communication and collaboration between agencies | 119 |
| 8.4 | Human resources and infrastructure | 123 |
| 8.5 | Summary and conclusion | 131 |
| | PART FOUR – Conclusions | 133 |
| 9 | Conclusions | 134 |
| 9.1 | Factors shaping detainee experiences | 134 |
| 9.2 | Responsive regulation | 139 |
| 9.3 | Organisational culture | 143 |
| 9.4 | Contextualising our findings | 145 |
| 10 | Evaluation framework | 148 |
| 10.1 | Monitoring and evaluation | 148 |
| 10.2 | Purpose of an evaluation | 149 |
| 10.3 | Methodological approaches | 157 |
| 10.4 | Data sources | 158 |
| 10.5 | Conceptual and methodological challenges | 161 |
| 10.6 | Practical and logistical issues | 163 |
| 10.7 | Summary and conclusions | 164 |
| | References | 166 |

Tables

| | |
|---|-----|
| Table 3.1 Summary of interview participants | 9 |
| Table 3.2 Characteristics of the IMA interview sample | 10 |
| Table 3.3 Characteristics of staff interview sample | 11 |
| Table 4.1 Number of detainees at time of fieldwork compared to operational and contingency capacity | 19 |
| Table 5.1 ABS dimensions of wellbeing | 33 |
| Table 5.2 Enhanced dimensions of wellbeing..... | 34 |
| Table 6.1 Individual management plans and the personal officer scheme | 54 |
| Table 7.1 Model IMA wellbeing stages | 109 |
| Table 9.1 Research objectives..... | 134 |
| Table 9.2 Dimensions of IMA stereotypes | 138 |
| Table 9.3 Characteristics of best practice in immigration detention..... | 146 |
| Table 10.1 Aspects of wellbeing of detainees | 151 |
| Table 10.2 Wellbeing of detainees, with discussion of measurement issues | 152 |

Figures

| | |
|--|-----|
| Figure 2.1: Location of Australia's immigration detention facilities..... | 7 |
| Figure 5.1 Braithwaite's possible regulatory frameworks for status resolution | 22 |
| Figure 5.2 Ley's model on interactions between patient factors and therapy adherence.... | 25 |
| Figure 5.3 Maslow's hierarchy of needs | 32 |
| Figure 10.1 Basic program logic for immigration detention..... | 155 |

Abbreviations

| | |
|--------|---|
| AFP | Australian Federal Police |
| AHRC | Australian Human Rights Commission |
| APOD | Alternative Places of Detention |
| ASeTTS | Association for Services to Torture and Trauma Survivors |
| ASIO | Australian Security Intelligence Organisation |
| ASR | Australian Survey Research |
| BVE | Bridging Visa E |
| CCC | Client Consultative Committee |
| CD | Community Detention |
| DIAC | Department of Immigration and Citizenship |
| DSM | Detention Services Manual |
| FIFO | Fly in Fly out |
| GRR | Generalised resistance resources |
| IAAAS | Immigration Advice and Application Assessment Scheme |
| IAP | Individual Allowance Program |
| IDC | Immigration Detention Centre |
| IDF | Immigration Detention Facility |
| IHMS | International Health and Medical Services Pty Ltd |
| IMA | Irregular Maritime Arrivals |
| IMP | Individual Management Plans |
| IRH | Immigration Residential Housing |
| ITA | Immigration Transit Accommodation |
| NAATI | National Accreditation Authority for Translators and Interpreters |
| OHS | Occupational Health and Safety |
| PSP | Psychological Support Program |
| RRT | Responsive Regulation Theory |
| RRT | Refugee Review Tribunal |
| SCP | Stakeholder Collaborative Project |
| Serco | Serco Australia Pty Ltd |
| SOC | Sense of coherence |
| SPRC | Social Policy Research Centre, UNSW |
| UNHCR | United Nations High Commissioner for Refugees |
| UNSW | University of New South Wales |

Executive summary

This report documents findings from research commissioned by the Department of Immigration and Citizenship (DIAC), which aimed to provide a better understanding of the experiences of Irregular Maritime Arrivals (IMAs) being detained in DIAC's Immigration Detention Facilities (IDFs) and the factors which impact on their wellbeing.

The research used a qualitative approach to produce rich data to understand the experiences of IMA detainees from a range of perspectives. Interviews were conducted with:

- 153 detainees (comprising 144 IMAs and 9 non-IMA detainees, such as section 501 detainees and foreign fishers)
- 168 management and staff from DIAC (61) and the two main detention service providers, Serco Australia Pty Ltd (76) and International Health and Medical Services (31) and,
- 25 other immigration detention stakeholders, including visitors, detainee advocates, and community service providers who had regular contact with IMAs.

Interviews were conducted at 11 IDFs, including five Immigration Detention Centres (IDCs), and six Alternative Places of Detention (APODs) between February and June 2012. The APODs included two Immigration Transit Accommodation facilities (ITAs) and one Immigration Residential Housing (IRH) facility. Interview guides were informed by consultation with senior DIAC staff and a literature review detailing what was already known about detainee wellbeing.

Analysis of interview data was informed by a number of analytical frameworks including responsive regulation theory (RRT), and theories of wellbeing, in particular Sen's Capability approach and Antonovsky's Salutogenesis. A particular focus of the analysis was organisational culture within the facilities.

The research findings identified a number of factors impacting on IMA experiences and wellbeing in immigration detention. They are:

- the status resolution process
- expectations regarding immigration detention
- levels of detention security
- IMA knowledge of detention rules and regulations and access to information
- extent to which basic needs are met
- engagement in activities and programs
- opportunities to practise religion
- opportunities to maintain relationships with people outside immigration detention
- quality of relationships between detainees and with service providers
- access to interpreters
- health conditions and access to medical services.

Significant cross-cutting factors impacting on the wellbeing of IMAs were:

- **Length of time in detention.** This appeared to be the major factor impacting on the wellbeing of IMAs. Those who spent more than six months in detention were much more likely to have low levels of wellbeing and to suffer from mental illnesses.
- **Consistency of messaging to IMAs.** IMAs obtained their knowledge about the immigration and detention processes from a range of sources as well as DIAC and IDF staff. Where the official channels of information were consistent, informative and transparent, IMAs were more likely to trust them. Otherwise they tended to rely on people smugglers, community connections and other detainees.
- **Institutionalisation, disempowerment and capabilities of IMAs.** Over time IMAs appeared to become despondent and withdrawn when they had no opportunity to exercise agency over aspects of their lives. They could either become disruptive or passive. Where genuine opportunities were provided to exercise agency, at least over some aspects of their lives, IMAs who had been in detention for long periods were more positive about the facilities and their effect on wellbeing.

The research also found that a number of organisational issues in detention facilities directly and indirectly affected the experiences of IMAs. They included:

- DIAC, Serco and IHMS staff attitudes towards IMAs
- management practices, including contract management, and the extent to which they are client-focused
- the extent of communication and collaboration between service providers
- human resources and infrastructure issues, such as staff turnover, staff resourcing, staff supervision and the adequacy of other resources.

Based on the findings, the report also provides options for conceptualising and conducting a future evaluation of immigration detention. This includes a description of the key variables that impact or enable measurement of detainee wellbeing, a program logic for immigration detention, potential evaluation questions and possible methodological approaches

1 Introduction

1.1 About the research

This research was designed to provide the Department of Immigration and Citizenship (DIAC) with a better understanding of the experiences of Irregular Maritime Arrivals (IMAs) detained in Australia's Immigration Detention Facilities (IDFs). The research examined how organisational culture in IDFs affected these experiences and developed a framework for future evaluation and monitoring of detention facilities. This was achieved through qualitative interviews designed to build a detailed picture of the detention experience from the perspective of detainees and service providers in IDFs. Interviews were also undertaken with other key stakeholders including official visitors to detention centres, detainee advocates and community representatives.

At the time the research was conducted many of the facilities visited as part of the research were below capacity in terms of the number of detainees they could hold (see also chapter 3). This situation appeared to be a result of moving detainees from IDFs to community detention (CD) and the introduction of Bridging Visa E (BVE) for detainees. The timing of the research should be kept in mind when interpreting findings, as it was a particularly calm period for IDFs.

Additionally the researchers did not visit every IDF, and therefore findings cannot necessarily be generalised to all facilities in the network. Nevertheless the research does address every type of facility and the facilities visited are broadly representative of the network as a whole.

1.1.1 Research aims

The aim of the research was to provide DIAC with a better understanding of IMA experiences while being detained in IDFs so that the administration of government policy could be improved and evaluated.

The research had the following objectives:

- a) Design and adopt a suitable research framework and methodology, including formal ethics approval, adherence to agreed fieldwork protocols and ethical data capture processes
- b) Sensitive collection of data from detainees in Immigration Detention Centres (IDCs) and Alternative Places of Detention (APODs) via interviews and other appropriate data gathering methods, consistent with Departmental and Service Provider protocols and guidelines, including co-ordinated use of appropriate facilitators, interpreters, translators and documents
- c) Sensitive collection of data from non-detainee stakeholders who visit, manage or otherwise deal with IMAs or related matters in advocacy, administration, support, media or other roles
- d) Detailed descriptions of the detention experience from the perspective of detainees across the range of IDFs and arrangements – including IDCs and APODs, but not residence determination agreements – for both IMAs and non-IMA detainees

- e) Focus on IMAs, but including perspectives from non-detainee stakeholders and third parties who visit, manage or otherwise deal with IMAs
- f) Focus on IMAs, but including analysis of other detainee cohorts to compare the experiences of non-IMA detainees to IMAs
- g) Exploratory case studies and qualitative analysis, using professional judgement to assess complex dynamics that have a role in shaping detainee experiences and detainee wellbeing, e.g.
 - Uncertainty of situation
 - Personal background / case status
 - Motivations for travelling to Australia
 - Risk management / mitigation in relation to experience of detainees
 - Role of health services in contributing to the wellbeing of detainees
 - Interaction between detainees and how this mutual influence impacts on them
 - Management of detention facilities and how this impacts on detainee experiences
 - The culture of detention as practised by staff and as experienced by detainees
 - Whether the conditions of detention ensure the inherent dignity of each person
- h) Accounting for the differences between staff, service provider and detainee cultures
- i) Comparative analysis of experiences across detention locations and detainee categories
- j) Interpretation of the research findings in terms of Responsive Regulation Theory
- k) Description of variables that impact or enable measurement of detainee wellbeing, which might enable DIAC to align data variables to future evaluations and longitudinal studies
- l) Positioning of the research by providing a framework to help DIAC in its planning of formal evaluation of the government's immigration detention policies and/or programs
- m) Evaluation of the extent to which experience of detention harms and how to mitigate
- n) Identification of a 'best practice' detention environment and culture for detainees and staff.

1.2 Structure of the report

The report has four parts:

Part One – Background and Method: describes the purpose of the research, the research methods, background context and information about each of the fieldwork sites visited for the research.

Part Two – Existing Knowledge: describes the analytical frameworks used in the research and what is already known about wellbeing in Australian immigration detention.

Part Three – Empirical Findings: presents the findings from the research. They are focused on factors impacting on IMA wellbeing and experiences and organisational issues in immigration detention.

Part Four – Recommendations and Conclusions: brings together the findings of the research in the context of the analytic frameworks and existing knowledge. It also presents a framework for future evaluation and recommendations emerging from the findings.

PART ONE - BACKGROUND AND METHOD

2 Background

Despite the rapidly changing policy environment, the research aimed to identify issues relating to the experiences of IMAs and factors which facilitate their wellbeing whilst in detention. Although the specific policy and practice context which applied during the period the research was undertaken will have had some effect on the research, the findings identify issues which apply to a range of different policy contexts which include immigration detention.

Following the introduction of the Migration Amendment Act 1992 by the Keating Labor government, Australia implemented a mandatory detention system for all people arriving by sea without permission. These people are referred to officially as Irregular Maritime Arrivals (IMAs) and are the primary focus of this report. In addition, people in Immigration detention include those who have arrived in Australia without a visa, have overstayed their visa or who have had their visa cancelled. These people form a minor focus of this report.

At the time the research was conducted the primary purpose of detention was to undertake initial health, security and identity checks. The length of time spent in detention was associated with the time taken to undertake these checks and the time taken to assess refugee status and process visa applications. Those unsuccessful in their claim for asylum were held in detention until arrangements were made for removal to their home country or a third country.

At the start of fieldwork (31 January 2012), 4783 people were held in IDFs, including 3951 in IDFs on the mainland and 832 on Christmas Island (DIAC, 2012b). Of the total, 3031 were held in IDCs, 1752 in APODs, including Immigration Residential Housing (IRHs) and Immigration Transit Accommodation (ITAs). There were 355 women and 528 children in APODs or IRH facilities. Family units, including those with children, are not detained in IDCs (DIAC, 2010). A further 1600 people were living in the community under residence determination (CD) (DIAC, 2012b). As of October 2012 the total numbers of detainees in IDFs and APODs were 7633 (DIAC 2012a).

Detention policies and the treatment of detainees are framed by the government's New Directions in Detention policy, which provides seven underpinning principles or values (Evans, 29 July 2008). These values state that:

- 1) Mandatory detention is an essential component of strong border control.
- 2) To support the integrity of Australia's immigration program, three groups will be subject to mandatory detention:
 - a) all unauthorised arrivals, for management of health, identity and security risks to the community
 - b) unlawful non-citizens who present unacceptable risks to the community
 - c) unlawful non-citizens who have repeatedly refused to comply with their visa conditions.
- 3) Children, including juvenile foreign fishers and, where possible, their families, will not be detained in an immigration detention centre (IDC).

- 4) Detention that is indefinite or otherwise arbitrary is not acceptable and the length and conditions of detention, including the appropriateness of both the accommodation and the services provided, would be subject to regular review.
- 5) Detention in immigration detention centres is only to be used as a last resort and for the shortest practicable time.
- 6) People in detention will be treated fairly and reasonably within the law.
- 7) Conditions of detention will ensure the inherent dignity of the human person.

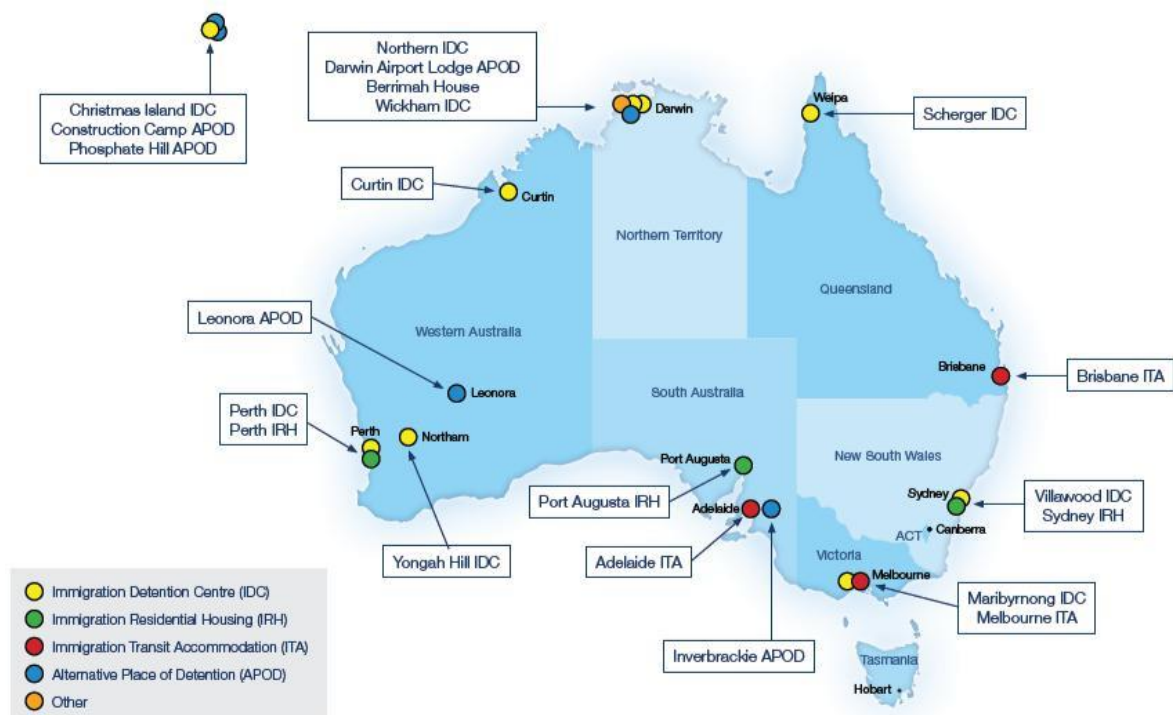
While these values guide Government policy, they are not reflected in legislation. Furthermore, the United Nations High Commissioner for Refugees (UNHCR, 2011) has argued that these values have not been systematically applied in territories excised from the 'migration zone' or to persons arriving in excised territories.

DIAC seeks to implement policies and procedures that uphold these principles, for example by providing instructional material advising service providers and DIAC staff on how to interact with and provide support to detainees in culturally appropriate ways, such as in the Detention Services Manual (DSM). Nevertheless the implementation of the values has been challenging as a result of a dramatic increase in IMA arrivals - from a few hundred late in 2009 (Hawke & Williams, 2011) to a population of over 9,000 in October 2012 (including people in the community under residence determination) (DIAC, 2012c).

People held in detention are accommodated in a range of immigration detention facilities. They include IDCs and APODs. IDCs house single adult males¹. APODs house families, unaccompanied minors and other vulnerable detainee cohorts. For the purpose of this report, APODs also include ITAs and IRHs.

¹ Although this is the terminology used by many DIAC and service provider staff, it is a misleading term because most of these adults have partners and families, although they arrived in Australia on their own. Nevertheless we will use this terminology in the report.

Figure 2.1: Location of Australia's immigration detention facilities



Source: Department of Immigration and Citizenship, March 2012.

The focus of this research is on IDCs and APODs. At the time of the fieldwork, IDCs were located at Villawood, Maribyrnong, Perth, Christmas Island, Darwin, Curtin and Scherger. During the fieldwork, Pontville IDC in Tasmania was closed (March 2012) and in June 2012, towards the end of data collection, Yongah Hill IDC opened in Western Australia (June 2012). IDCs accommodate a range of detainees including people who have overstayed their visa, people in breach of their visa conditions and, people who have arrived by sea or air without a valid visa. APODs, ITAs and IRHs are low-risk facilities for families, unaccompanied women, unaccompanied minors and other detainees thought to be particularly vulnerable. APODs are located in Darwin, Inverbrackie, Leonora, Perth, Adelaide, Melbourne, Sydney, Brisbane and Christmas Island. At the time of the fieldwork, all IMAs were sent to Christmas Island for initial processing and health checks.

Serco Australia Pty Ltd (Serco) provides detention services to people in immigration detention. Services include education, leisure and other activities, food and security. Serco has held a service provision contract since 2009, with services previously provided by G4S Australia Pty Ltd. International Health and Medical Services Pty Ltd (IHMS) provides primary and mental health services to people in immigration detention and it has held the contract since 2009. A number of other services also play a role in the detention network. For example, Life Without Barriers provides care to unaccompanied minors in detention on behalf of DIAC and Torture and Trauma services are provided externally by organisations such as the Association for Services to Torture and Trauma Survivors (ASeTTs) and Melaleuca Refugee Centre.

3 Research Methods

The research used a qualitative approach to produce rich, contextual and detailed data to understand the experiences of IMA detainees from a range of perspectives including IMAs, DIAC staff, service providers and other immigration detention stakeholders. The target population for the research was:

- IMAs and other detainees in IDCs and APODs (only those aged 18 or over)
- IDF DIAC staff
- IDF staff from Serco and IHMS
- Other stakeholders, including detainee advocates and visitors, members of the Minister's Council on Asylum Seekers and Detention and other contracted service providers, e.g. torture and trauma services.

Ethical approval for the research was granted by the University of New South Wales (UNSW) Human Research Ethics Committee in December 2011 (reference: HC11508).

The research used a range of methods which are summarised below. More detailed information about the methodology is included in an addendum.

3.1 Literature review

A literature review was conducted to inform fieldwork and analysis. The review helped to develop an understanding of the research issues and broader context, to inform the development of research instruments (interview and focus group guides) and to inform the development of evaluation criteria in the latter stages of the research. The literature review forms Part Two (Existing Knowledge) of the report.

3.2 Interviews

The researchers visited a total of 11 IDFs, including five IDCs and six APODs. The six APODs included two ITAs and one IRH. At each IDF, interviews were conducted with a range of stakeholders including detainees, DIAC staff, service providers and others. Interview guides for all stakeholder groups were developed using the research objectives, literature review and consultation with more than 15 senior DIAC staff. A DIAC steering group for the project also provided information and context for the research and this report. A total of 346 stakeholders were interviewed during fieldwork visits. A summary of the number of interview participants is detailed in Table 3.1.

Table 3.1 Summary of interview participants

| Participant groups | Sub-groups | Total (n) |
|---------------------------|------------|-----------|
| Detainees | IMAs | 144 |
| | Non-IMAs | 9 |
| | Sub-total | 153 |
| IDF Staff | DIAC | 61 |
| | Serco | 76 |
| | IHMS | 31 |
| | Sub-total | 168 |
| Stakeholder consultations | | 25 |
| Total | | 346 |

3.2.1 Interviews with detainees

Detainees were invited to participate in one-to-one interviews or, if they preferred, small group interviews. Interviews covered issues such as: reasons for travelling to Australia and expectations and aspirations around this; a typical day in detention; how detainees cope with uncertainty; factors that impact on detainee wellbeing; views on how the experience of detention may be improved; perceptions and attitudes towards detention, the detention environment and facilities, and interactions with staff of any sort.

Detainee interviews were conducted with both IMAs and non-IMAs. Given the focus of the research, the majority of interviews were with IMAs as outlined in Table 3.1. As far as possible IMAs with a range of characteristics were interviewed (see Table 3.2). This included interviews with IMAs on negative pathways² and with an adverse security assessment. However, pathway information is not documented in the report in order to protect the identities of those who participated (due to small numbers) and because this information was not available for all IMAs interviewed.

² A negative pathway is when a client has had an initial negative Protection visa application assessment, followed by a negative RRT outcome. They may or may not have had a negative subsequent judicial review outcome.

Table 3.2 Characteristics of the IMA interview sample

| Data collection | | n | % |
|--------------------------------|-------------------|-----|------|
| Total number of IMA interviews | | 144 | 100 |
| IDF type | IDCs | 72 | 50.0 |
| | APODs | | |
| | APODs | 44 | 30.6 |
| | IRHs | 9 | 6.3 |
| | ITAs | 19 | 13.2 |
| Sex | Male | 121 | 84.0 |
| | Female | 23 | 16.0 |
| Age group | 18-30 years | 64 | 44.4 |
| | 31-44 years | 45 | 31.3 |
| | 45+ years | 15 | 10.4 |
| | Unknown | 20 | 13.9 |
| Time in detention | Less than 1 month | 29 | 20.1 |
| | 1-3 months | 33 | 22.9 |
| | 4-6 months | 29 | 20.1 |
| | 7-12 months | 12 | 8.3 |
| | 13-24 months | 13 | 9.0 |
| | 25+ months | 26 | 18.1 |
| | Unknown | 2 | 1.4 |
| Country of origin | Iran | 33 | 22.9 |
| | Afghanistan | 26 | 18.1 |
| | Sri Lanka | 23 | 16.0 |
| | Pakistan | 16 | 11.1 |
| | Stateless | 10 | 6.9 |
| | Vietnam | 8 | 5.6 |
| | Iraq | 5 | 3.5 |
| | Other or unknown | 23 | 16.0 |
| Preferred language | Farsi | 30 | 20.8 |
| | Tamil | 27 | 18.8 |
| | Hazaragi | 19 | 13.2 |
| | Pashto | 14 | 9.7 |
| | Dari | 10 | 6.9 |
| | Vietnamese | 8 | 5.6 |
| | Kurdish | 7 | 4.9 |
| | Rohingya | 7 | 4.9 |
| | Arabic | 6 | 4.2 |
| | Other or unknown | 16 | 11.1 |

3.2.2 Interviews with DIAC, Serco and IHMS staff

This strand of interviews sought to elicit the views of a range of staff members about detention and to help develop an understanding of institutional culture and monitoring systems. Interviews were conducted at IDFs with DIAC, Serco and IHMS staff at different levels (from management to frontline staff). Staff were primarily interviewed one- to-one, although 48 interviewees participated in 13 group interviews. Interviews with staff covered a range of topics including: a typical day at work; perceptions of the detention environment and facilities; factors that impact on detainee wellbeing, including facilitators and barriers; reflections of what contributes positively and negatively to the roles they are asked to perform in IDFs; attitudes towards the management of IDFs; and what would need to change to make their roles easier and more effective.

Table 3.3 Characteristics of staff interview sample

| Data collection | | DIAC | Serco | IHMS | Total |
|-----------------|------------|------|-------|------|-------|
| IDF type | IDCs | 43 | 54 | 22 | 119 |
| | APODs | 18 | 22 | 9 | 49 |
| Role | Staff | 42 | 56 | 26 | 124 |
| | Management | 19 | 20 | 5 | 44 |
| Total | | 61 | 76 | 31 | 168 |

3.2.3 Stakeholder consultations

Consultations were undertaken with 25 external stakeholders. They included detention facility visitors, members of the Minister's Council on Asylum Seekers and Detention, community service providers (for example, torture and trauma counsellors) and other non-government organisations. Questions focused on their reflections about the administration of detention facilities and particularly what was working well and what needed to be improved so that IMAs could experience stays in immigration detention that are satisfactory, yet minimise administrative risks. These interviews took place at Christmas Island, Curtin, Darwin, Inverbrackie, Melbourne and Sydney.

3.3 Fieldwork observations

During fieldwork visits to IDFs, the researchers conducted site observations about each detention facility. This complemented the focus groups and interviews and assisted researchers in building a picture of the environment and culture of detention facilities.

3.4 Research limitations

There may have been some bias among the people who volunteered to participate in the research, although the wide range of interviewees and responses suggest this was not a major concern. Nevertheless, some staff and detainees refused, or were reluctant, to participate perhaps because they did not see a benefit to their participation

or because they had 'consultation fatigue' from speaking with other agencies about experiences in detention, e.g. the Australian Human Rights Commission (AHRC), the Red Cross, the United Nations High Commissioner for Refugees, Comcare, or the Australian National Audit Office. Further, detainees who volunteered to participate were vetted by DIAC case management to ensure they were well enough to participate in a research interview. This meant that detainees who were particularly vulnerable at the time of fieldwork were not included in the research.

Logistics, detainee interest and fatigue and access to interpreters meant that detainee interviews were around a maximum of 90 minutes duration. The length of detainee interviews meant that the researchers were not able to obtain detailed personal information about histories and experiences in home countries and detainees' journeys to Australia. Interviews focused primarily on experiences in IDFs, views about the services provided and the status determination process.

The majority of IMA interviews were conducted through interpreters. Although all interpreters were briefed about the purpose of the interviews and the importance of interpreting as accurately as possible, some clarity and detail may have been lost in the interpretation process. This is always a challenge in research with people whose first language is not English.

The original research proposal also intended to analyse a selection of detainee case notes but this did not eventuate. The intention was to contextualize the information provided in interviews and to support the researchers' understanding of the processes impacting on detainees' experience, for example in terms of their visa status and length of stay in detention. The case file analysis was also intended to enable researchers to determine the type and format of information collated about detainees, which would have been used in the development of potential monitoring tools and evaluation recommendations. Case file analysis was not undertaken as the number of files required to triangulate data effectively could not be provided in the time-frame of the research. Having access to case note material was to form a key part of determining data that could be collected for future measurement of IMA wellbeing.

4 Immigration detention facilities visited

This section provides a brief overview of each of the detention facilities visited during the research, as background context for the findings that follow. The information is based on observations from the researchers during fieldwork and differs in content for each IDF depending on what was observed at each site.

4.1 Immigration Detention Centres

4.1.1 Northern IDC

Northern IDC is located within a military establishment 11km from the Darwin CBD. It accommodates IMAs and other immigration detainees. The regular operational capacity at Northern IDC is 446, with a contingency capacity of 554³.

At the time of the researchers' visit in late March 2012, there were approximately 130 adult male detainees at Northern IDC (see comparison of capacity and numbers at time of visit in table 4.1). This included IMAs, boat crew who navigated the boats in which IMAs arrived (IMA crew) and illegal foreign fishers. Most IMAs in Northern IDC came to Australia without their family, with the exception of some siblings and other relatives. The majority of detainees were on negative pathways (had their asylum case rejected twice or more) and many had been in detention for long periods.

The IDC is a high security facility with several compounds. During the researchers' visit the compounds were separated from each other by high fences and gates. Northern IDC has a history of high levels of self-harm and behavioural issues.

Facilities and compounds on site varied. One compound was being renovated at the time of fieldwork. In this compound there was a gym, a football field in the process of greening and computer facilities. Other compounds also provided a gym, library, internet resources, a dirt field (scoria or similar) for playing outdoor games, large undercover areas (referred to as cabanas) with televisions, and some benches and tables where detainees could socialise freely. There were no self-cooking facilities for detainees. Detainees ate prepared food in the canteen. Most detainees shared a room with one other detainee and this room included a basic bathroom.

Detainee movements were restricted to the compound in which they lived. They could access recreational facilities within the compound freely. However, they had to be escorted elsewhere, for example, to interview rooms to see visitors or to the IHMS clinic.

4.1.2 Wickham Point IDC

Wickham Point IDC is approximately 40km from the Darwin CBD. It opened in December 2011 to house adult male IMAs. The regular operational capacity at Wickham Point IDC is 1500, with a contingency capacity of 1500⁴.

³This information was correct at 21st November 2012
www.immi.gov.au/managing-australias-borders/detention/facilities/capacity/

During researchers' visit in March 2012, there were approximately 800 detainees at Wickham Point housed in two compounds. A third compound and a library were yet to open.

Wickham Point is surrounded by a high fence with numerous fences within the facility. Accommodation was basic but adequate. It consisted of three separate compounds each accommodating 500 people. Compound two commenced operation on 3 March 2012 and the first transfer of detainees into Compound three occurred on 21 April 2012 (after the researchers' visit). Each compound had its own support amenities including areas for education, internet facilities, libraries, religious worship and recreation rooms. There was open space for detainees and a newly established soccer pitch/sports ground but fieldwork observations indicated that there was a lack of undercover areas. Most detainees shared a room with one other detainee and this room included a basic bathroom.

4.1.3 North West Point IDC

North West Point IDC is located approximately 17km from the main township on Christmas Island. The regular operational capacity at North West Point is 400, with a contingency capacity of 850⁴.

At the time of the researchers' visit from late April to early May 2012, there were around 530 adult male detainees. During the fieldwork on Christmas Island an additional 300 IMAs arrived by boat.

The facility is purpose-built with high security. Compounds are isolated and locked down for all meals and after a certain time each night. Detainees shared common facilities with access to the 'green heart'; a central area with an open soccer field, cricket pitch, tennis and volleyball courts, undercover picnic areas, walkways and gardens. The centre has a separate education block with a library, gym and dedicated classrooms, which are all subject to gaining security access. Each compound has an area where detainees can prepare light snacks. Microwaves and toasters are provided in these areas.

The design of the centre is such that detainees can be separated based on risk profile. At the time of fieldwork, one compound was used to house detainees on a three-week behaviour management program.

4.1.4 Curtin IDC

Curtin IDC is located about 50km south-east of Derby in Western Australia. The regular operational capacity at Curtin IDC is 1200, with a contingency capacity of 1500⁴.

At the time of the researchers' visit in May 2012, there were approximately 810 detainees. There was also considerable turnover of detainees, with many new arrivals and others being released into the community—either in CD or on BVEs. There was also a portion of longer term detainees on negative visa pathways.

Curtin IDC provides accommodation for adult male IMAs. It is medium security and run as an open facility, with no isolated compounds, lockdowns or curfews.

4.1.5 Villawood IDC

Villawood IDC is located approximately 27km west of the Sydney CBD. There are three main accommodation areas at Villawood: Hughes (which incorporates the female-only area Banksia), Fowler and Blaxland. The regular operational capacity at Villawood IDC is 379, with a contingency capacity of 480⁴.

At the time of the researchers' visit there were 205 detainees, of whom 39 were IMAs.

In addition to IMAs, Villawood IDC houses visa over- stayers, detainees with cancelled visas, Section 501 detainees who are non-Australian citizens who have had their visas cancelled on character grounds⁴ and IMAs. Many detainees at Villawood IDC were awaiting appeal outcomes or removal from Australia.

The main compounds at Villawood IDC were undergoing major reconstruction and redevelopment at the time of the researchers' visit. Many of the communal and recreational areas had been destroyed in detainee-initiated fires in 2010 and these facilities were located in temporary structures. For example, the gym in Hughes had only three treadmills, the pool table was in the library, there were only a few computers available, and the dining area was temporarily housed in a tent.

Different compounds were separated by fencing, although detainees could move relatively freely within a compound and access its recreational facilities.

There was a medium sized visitor area, with indoor and outdoor settings. In these areas detainees and visitors could mingle freely.

Some of the compounds had designated cooking facilities. For example, the female-only housing area, Banksia, had a separate cooking and communal area. Detainees in some other compounds could cook but facilities were limited, (e.g. electric frypans or microwaves only). Most detainees have their food prepared. Some detainees in Villawood IDC have single rooms, others share a room.

Blaxland compound is a high-security centre and physically separated from the main part of Villawood IDC. It was divided into three dormitory areas which, at the time of our visit, were separated. All dorms had a communal cooking and TV area and some outside space. There was also an observation room (referred to as 'isolation' by detainees and staff) for detainees with high mental health needs (e.g. at risk of self harm), staff and interview rooms, a gym and visitors area.

Two people generally shared a cabin with bunk beds, which was separated from other sleeping areas by a curtain. At the time of the researchers' visit there were 72 detainees in Blaxland, including some IMAs.

At the time of fieldwork, detainee movements within the centre were restricted due to an assault against an IMA. For each compound there were specified times during which detainees could move around more freely within the communal and recreation centre areas and for two hours each evening all detainees could mingle in common areas. There were high fences around each of the dorm areas and other security provisions were in place, e.g. in the interview rooms furniture was not movable.

⁴ For more information see Australian Human Rights Commission (2010a) *Background paper: immigration detention and visa cancellation under section 501 of the Migration Act*. Sydney: AHRC)

4.2 Alternative Places of Detention

4.2.1 Inverbrackie APOD

Inverbrackie APOD is located in the Adelaide Hills, 37km east of Adelaide in South Australia. The regular operational capacity at Inverbrackie APOD is 380, with a contingency capacity of 472⁴.

At the time of the researchers' visit in February 2012, there were approximately 375 IMAs housed in the facility. This comprised 130 women, 105 men and 135 children, all in family groups.

The facility provides free-standing house accommodation primarily for families in a low security environment. It was a former military married quarters and has the appearance of a suburban neighbourhood. Up to two families or three couples share a typical three bedroom house. Children are able to attend local primary and secondary schools and families must cook their own meals and procure produce from a local supply building. No central dining facility is offered. Curfews apply in the evenings and are followed on a cooperative basis.

4.2.2 Darwin Airport Lodge APOD

Darwin Airport Lodge (DAL) is located next to the Darwin Airport in the Northern Territory. DAL houses detainees in three separate sections, referred to as DAL 1, DAL 2 and DAL 3. DAL 1 and DAL 2 are physically separate from DAL 3. DAL has a regular operational capacity of 435, with a contingency capacity of 435⁴.

At the time of the fieldwork visit in March 2012, there were approximately 360 detainees at DAL. At the time of our visit DAL 1 and DAL 2 housed family groups, young adults and unaccompanied minors (100 men, 90 women, 90 children and 25 unaccompanied minors). DAL 3 was a male only compound, housing 50 detainees at the time of the researchers' visit.

DAL is a low security facility. There is a low fence around each section and minimal security checks are conducted when entering the facility. The facility has a welcoming and positive atmosphere. However there are frequent flyovers of jet fighters from the nearby air force base and commercial planes from the public airport.

Detainee rooms are arranged in quadrangles. Each quadrangle has garden areas with the exception of DAL 3. In DAL 1 and DAL 2 there are a number of small covered recreational facilities offering pool tables, outdoor facilities such as a volleyball court, a swimming pool and indoor facilities including, computer rooms, library, and classrooms. People living in DAL 1 and DAL 2 could move freely between the recreational areas and accommodation areas, or services provided on site, for example IHMS. They could also move unaccompanied between DAL 1 and DAL 2.

In DAL 3 there were fewer recreational green/outdoor spaces than in DAL 1 or DAL 2 and detainees could only walk in corridor areas outside rooms. DAL 3 offered detainees internet rooms and some other indoor facilities.

DAL does not provide cooking facilities. All food was prepared and offered in the canteens. In DAL 1 and DAL 2 most detainees shared a room; two women if they were single or a family shared a room / living space, unless they wished to be housed separately (depending on current occupancy). In DAL 3, rooms were shared with at least one other detainee. Most rooms in DAL had an en suite bathroom.

4.2.3 Construction Camp APOD

Construction Camp APOD is located at Christmas Island near the Christmas Island airport. The regular operational capacity at Construction Camp APOD is 200, with a contingency capacity of 310⁴.

At the time of the researchers' visit in May 2012, there were approximately 215 detainees at Construction Camp.

Construction Camp is a relatively small APOD housing families and unaccompanied minors. It has few green areas, except for an adjacent soccer field, which is opened at certain times each day. It was a clean and tidy facility, relaxed and with lots of children running around. There were small kitchenettes where detainees could prepare light snacks. Microwaves and toasters were provided in these areas. There is a communal dining area and a TV area where DVDs can be viewed by groups.

4.2.4 Sydney Immigration Residential Housing (IRH)

Sydney IRH is located next to Villawood IDC and provides accommodation in a residential setting. The regular operational capacity at Sydney IRH is 24, with a contingency capacity of 48⁴.

At the time of the researchers' visit there in May 2012, there were 26 detainees including 21 IMAs housed in Sydney IRH.

The facility provides housing mainly for families with small children, highly vulnerable detainees, for example, pregnant women, people with a disability and people with high or specific health needs. It is a low-security environment. The houses were in good condition and the communal areas were new additions or had been recently renovated.

The facility consists of four houses for detainees and each house had cooking and laundry facilities. The facility includes a communal area with internet and computers and lounge area with TV, a kitchenette, classrooms, a playground for children, a small gym (consisting of one treadmill and two other machines). There were also BBQ facilities, small vegetable gardens and grassy areas around the houses. Most detainees shared a room with one other person.

There were low fences around the facility. Detainees could move freely within the facility and between each of the individual houses and communal/recreational areas.

4.2.5 Melbourne Immigration Transit Accommodation (ITA)

Melbourne ITA is located 15km north of Melbourne's CBD. The regular operational capacity at Melbourne ITA is 130, with a contingency capacity of 144⁴.

At the time of the researchers' visit in June 2012, there were 51 detainees, of whom 48 were IMAs. All detainees were adult males.

The facility is a relatively small, purpose-built ITA situated on one boundary of a defence facility. It had been extended with temporary accommodation to house around double its original designed capacity and the main facility had recently been significantly extended and upgraded. The new part of the facility was about to be opened at the time of fieldwork. It was designed for short-term stays.

It is attractively landscaped even though it is located behind some factories on one side but with open fields on other sides. It is a low security facility with low fences and fairly unrestricted movement of detainees and staff. No curfews apply. The reception area looks like a normal office reception with minimal visitor screening and security. There are recreation spaces such as a soccer pitch, gym and several recreation rooms with televisions and table tennis tables. There are two separate eating areas - one for the main facility and one for the temporary extension.

4.2.6 Brisbane Immigration Transit Accommodation (ITA)

Brisbane ITA is located near the Brisbane Airport. The regular operational capacity at Brisbane ITA is 40, with a contingency capacity of 74⁴.

At the time of the researchers' visit in June 2012, there were 42 detainees housed at Brisbane ITA. This facility also had responsibility for an additional 8 detainees located at hospitals in Brisbane (these detainees were not included within the scope of the study, as DIAC case management considered them too vulnerable to be interviewed).

The facility is a small, purpose-built ITA designed for short-term stays. It has the ability to cater for families, so most accommodation units can sleep four people. In the months prior to our visit, the facility had effectively become a step-down facility with a focus on adult males with significant mental health issues. It also accommodated compliance cases waiting removal. It is a low security facility with low fences and fairly unrestricted movement of detainees and staff. No curfews apply.

There were recreation spaces such as a soccer pitch and pool and table tennis tables. There was no separate eating area: the eating area was also used as a lounge with televisions. There was no dedicated education area and no permanent teachers. Visitors were required to use detainee interview rooms with little privacy as anyone walking past could see who was visiting whom. At the time of the visit DIAC was in the process of building two relatively small dongas for their staff, on the periphery of the main administration building.

The facility has a close relationship with two private hospitals that focus on Post-traumatic Stress Disorder (PTSD) and related mental health issues and many detainees in Brisbane ITA have stayed in one of these hospitals.

Table 4.1 Number of detainees at time of fieldwork compared to operational and contingency capacity

| Facility | Detainees at time of visit | Regular operational capacity* | Contingency capacity* |
|------------------------|----------------------------|-------------------------------|-----------------------|
| Northern IDC | 130 | 456 | 554 |
| Wickham Point IDC | 800 | 1500 | 1500 |
| North West Point IDC | 530 | 400 | 850 |
| Curtin IDC | 810 | 1200 | 1500 |
| Villawood IDC | 205 | 379 | 480 |
| Inverbrackie APOD | 375 | 380 | 472 |
| Darwin APOD (DAL) | 360 | 435 | 435 |
| Construction Camp APOD | 214 | 200 | 310 |
| Sydney IRH | 26 | 24 | 48 |
| Melbourne ITA | 51 | 130 | 144 |
| Brisbane ITA | 42 | 40 | 74 |

* Information correct at 21st November 2012. For further information see

www.immi.gov.au/managing-australias-borders/detention/facilities/capacity/

PART TWO – EXISTING KNOWLEDGE

5 Analytical frameworks

This research was informed by three analytical frameworks: responsive regulation theory (RRT), organisational culture and wellbeing.

To understand the detention experience from the perspective of an IMA, it was necessary to unpack a complex set of interrelating factors that contribute to their perceptions of detention. These factors include:

- The experiences of IMAs prior to arrival in Australia
- Their knowledge of the detention process
- Their hopes and expectations
- Detention centre culture, including how IMAs' behaviours are managed within a facility.

These frameworks therefore provided a theoretical basis for understanding how the detention environment affects the experiences and the overall wellbeing of IMAs, and the key factors in the management and organisation of IDFs which have an impact on the wellbeing of IMAs. Ultimately the intention was to identify ways in which the wellbeing of IMAs could be improved, without compromising the other policy priorities relating to immigration detention.

5.1 Responsive regulation

The research findings are analysed in the context of Braithwaite's *Responsive Regulation Theory* (RRT). Responsive Regulation was initially developed to identify optimal policies to ensure compliance with regulations in a range of policy areas including tax returns and corporate governance. This theory can be used to analyse the extent to which a regulatory regime is and can be applied to detainees. It can also provide important insights into the way IMAs are dealt with as they progress through the status determination process. The theory examines the incentives and barriers to compliance with the law and regulations. It can also be applied to the way detention facilities are managed by DIAC and Serco. In broader terms responsive regulation can also apply to the process for status resolution of IMAs, and the role of various forms of detention within that process.

Underpinning RRT is the principle that those responsible for establishing rules for a particular context are cognisant of the culture, conduct and context of people they are regulating and that sanctions and rewards are based on these understandings. RRT recognises the need for a range of strategies that are practically grounded and context appropriate (Wood, Ivec, Job, & Braithwaite, 2010). RRT was developed to address the tension between establishing a supportive relationship with non-compliers and using sanctions to indicate disapproval and reduce reoffending (Braithwaite, 2010). Thus RRT is based on a positive engagement between the regulator and the people being regulated in order to develop mutual respect and understanding.

RRT is grounded on the assumption that most people usually do the right thing and follow the rules most of the time (Braithwaite, 2010). The context in which rules are

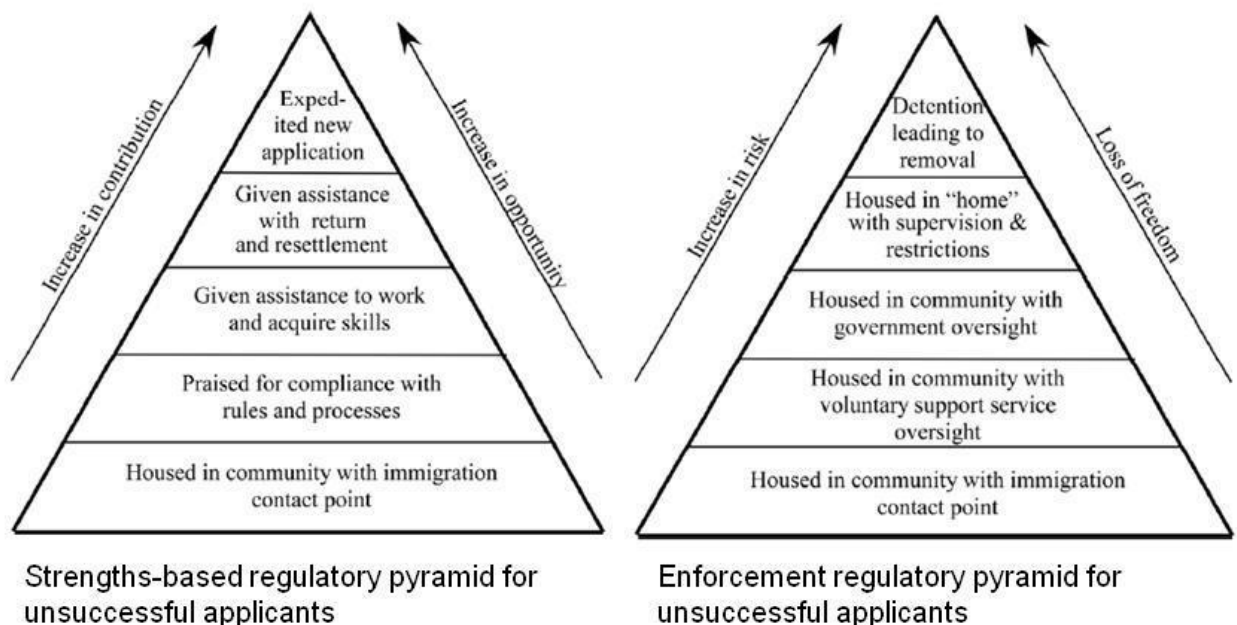
applied is also very important. When making choices about the most appropriate way to act, people do not necessarily make the right or most logical choices, even when they are in their own interests (Etzioni & Lawrence, 1991; Thaler & Sunstein, 2009). Rather they rely on a variety of social cues and ‘gut feelings’ to help them make decisions.

RRT proposes a regulatory pyramid to promote compliance. The regulatory pyramid shows that sanctions should be increased until compliance is obtained. Advisory and persuasive measures are at the bottom, mild administrative sanctions in the middle and punitive sanctions at the top. The pyramid reflects that, for the majority of people, compliance can be facilitated through persuasive and advisory measures, and only a few people need to experience the punitive measures at the top of pyramid (Wood et al., 2010). If an authority is legitimate and engages with the people being regulated, the theory postulates that coercive measures at the top of the pyramid will rarely be needed to gain compliance (Braithwaite, 2007).

The logic of RRT is that most people will comply with low levels of intervention (or no intervention) if they see that the regulator has a strategy for escalating sanctions in response to continued non-compliance (Ayres & Braithwaite, 1992). This implies that the regulators are well trained in how to reduce the need for punitive measures and how to de-escalate problems. For this reason, regulatory pyramids are not hidden devices, but are shared with the regulated community, and in some cases negotiated before they are used to deal with a problem of non-compliance.

Braithwaite (2010) has illustrated how responsive regulation might work for the Community Status Resolution Service, as demonstrated in Figure 5.1.

Figure 5.1 Braithwaite’s possible regulatory frameworks for status resolution



Source: Braithwaite (2010)

In order for responsive regulation to work, several conditions need to be in place:

- Sanctions for non-compliance must only be escalated if absolutely necessary; it is ineffective to repeat the same response to non-compliance, to fail to respond at all or to impose a highly punitive sanction for no clear purpose
- Those being regulated must be aware of what is expected and why, and what will happen if they do not cooperate; this means that the sanctioning process must be public
- Regulators should be perceived as legitimate in order to gain cooperation and promote voluntary compliance. Legitimacy can be promoted by demonstrating respect for the identity of the individuals being regulated
- Sanctions should be perceived as proportionate to the infringement or offence committed.

Provision of clear information is therefore an important component of good governance under RRT. In immigration detention the main conduits of information about visa claims is provided by case managers who are DIAC staff assigned to IMAs to assist in their understanding of their situation and migration status and 'ensure timely progress towards a substantive immigration outcome' (DSM, 2011)⁵.

Similar to aspects of RRT, prison research has also described the importance of fairness and legitimacy for the reproduction of order (Liebling, Durie, Stiles, & Tait, 2005). Sparks (1994) has argued that this can be applied to prison life. However, some prisons are more legitimate than others, since prisoners are more likely to comply willingly with authority that is perceived as fair (Liebling & Price, 2001; Sparks, Hay, & Bottoms, 1996). Liebling et al. (2005) also argue that legitimacy is related to wellbeing as well as compliance. They suggest that people need fairness and respect and to be in an environment that treats them with dignity to support their wellbeing.

However there are significant differences between IDFs and other forms of detention such as prisons or psychiatric facilities: IDFs are not tasked with rehabilitating detainees. Detainees in Australian immigration detention facilities are not assumed to be on a pathway to settlement, and therefore preparation for settlement (or indeed return to origin country) is not an explicit goal of Australian IDFs. Furthermore IMAs have not been criminally convicted or sentenced and therefore owe no debt to society. Another difference is that there is no fixed timescale for immigration detention, which makes it very difficult for detainees to be goal oriented in the way that prisoners are expected to be.

Procedurally IDFs are perhaps the equivalent of remand prisons, whose main purpose is to warehouse detainees pending a clear decision about their future.

5.1.1 Responsive regulation in immigration detention

Within the context of immigration detention, responsive regulation can refer to the way behaviour is managed within a number of different processes within the system, including regulation of:

⁵ For further information about Case Management see the Detention Services Manual (2011) Chapter 1 – Legislative and principles overview: service delivery values.

- Detainees' behaviour within detention centres (compliance with the rules of the centre, refraining from aggressive behaviour)
- The behaviour of detainees with respect to the status determination process, e.g. providing accurate information to officials
- Sub-contractors (Serco and IHMS) by DIAC.

Although, in principle, these three processes are separate domains, there are interdependencies between them.

To interpret the experiences of IMAs and other detainees within the framework of responsive regulation, it was important to assess how detainees perceived the status resolution process, involving production of valid identity documents, honesty about their previous situation and the circumstances which led them to seek asylum. RRT also addresses compliance with the rules and regulations of the detention facility, and this largely refers to IMAs' behaviour towards other detainees and staff in the facility, how detainees find out about rules and who they listen to in terms of what is correct in relation to rules. Although resolution does not depend on the behaviour of the asylum seeker (other than if this presents a security threat to the Australian population or is severe enough to violate the good character grounds for granting of protection visas) but rather on their circumstances in their country of origin, these two domains interact with each other. For example, many IMAs may not easily be able to separate the issues from each other and RRT predicts that perceptions of the status resolution process will affect perceptions of the rules within IDFs. Trust in the immigration process is likely to result in higher levels of compliance with immigration processes and facility regulations. However IMAs may also trust some elements of the system and not others, and therefore have mixed responses to different groups of staff.

In one key respect immigration detention as a system runs counter to RRT. IMAs are mandatorily detained and are therefore placed in IDFs irrespective of their behaviour or level of compliance. This means that they begin the process in the most restrictive situation (held detention). Compliance may lead to a quicker and easier status resolution for the individual, but as far as individual liberty is concerned, the system begins at the top of the regulatory pyramid rather than at the bottom. In that sense the incentive structure of immigration detention is the opposite of that theorised (and illustrated in the figure above)⁶.

The organisational culture within each IDF is also likely to affect the way in which responsive regulation occurs, in that organisations with risk averse or punitive cultures are likely to have different responses from those that encourage risk taking or are welfare oriented. However, there is not a one-to-one relationship between regulation and organisational culture, as regulation of detainees is only one aspect of organisational culture and organisational culture is not the only factor influencing the way people are regulated.

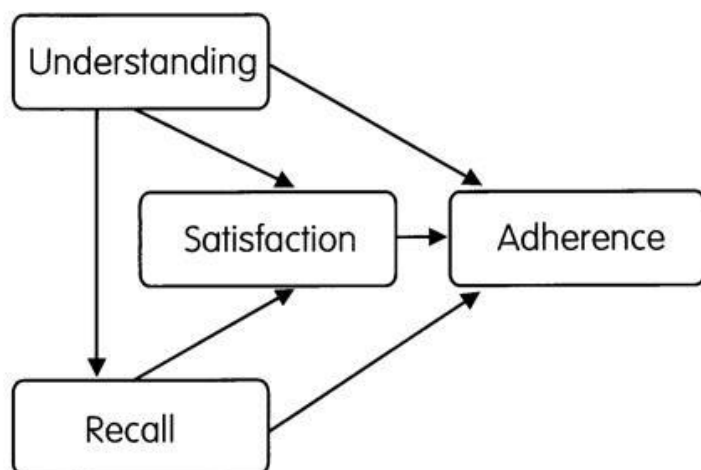
Although there is a substantial body of literature about responsive regulation in various policy areas, there are few empirical studies of its impact.

⁶ As stated above, immigration detention is not intended as a sanction but is an administrative process which has been put in place in order to facilitate assessment of health, identity and security. In this sense detention is not part of a regulatory pyramid. Nevertheless, it is likely to be experienced by many detainees (and staff), at least in part, as a sanction.

Information and communication

One of the key principles of RRT is that clients should be fully aware of the activity which is being regulated, the rules governing the activity and the consequences of breaching those rules. Conveying this information to people undertaking the activity (participants) is, however, complex. There is now a significant body of research on provision of information to participants going back several decades, particularly in the medical domain, illustrating these complexities. The evidence indicates that patients' ability to take in information about medical treatment compliance is dependent on somewhat similar factors to those in immigration detention (Kessels, 2003; Ley, 1982). Both medical treatment information and immigration status resolution can be complicated and is often given in circumstances where the participant is distressed. In both situations, clearly understanding specific details is important for compliance, as indicated by Figure 5.2 below (where adherence can be considered an identical concept to compliance).

Figure 5.2 Ley's model on the interactions between patient factors and therapy adherence



Source: Kessels (2003: 219)

Researchers such as Kessels and Ley have found that doctors and other professionals often believe that they have provided clear and complete information to patients about their condition and also what they need to do to comply with treatment. However, patients report that they have not been given adequate information; that the information has not been helpful; or that they do not understand the implications of the information they have been given. Even though patients generally respect doctors highly and patients are motivated to comply with treatment regimes, patients' capacities to assimilate information may be limited. Further, patients may understand what is being said to them but may not grasp how they should act in their particular situation. It is therefore up to the medical practitioner to ensure not only that the information is provided, but that clients understand the implications for their own situation, in particular what patients need to do to act on the information.

There are therefore a number of prerequisites for effective responsive regulation. In the immigration detention environment they are that:

- Managers should understand the personality profiles (including the motivations and incentives) of different groups of detainees.
- Staff should endeavour to build trusting relationships with detainees and organisational structures should facilitate trust between staff and detainees.
- Managers should understand the group dynamics among IMAs currently residing within facilities and should attempt to diffuse negative situations as early as possible.
- Detainees should know and understand how and why they are being regulated.
- Detainees should view the authorities that are regulating them (DIAC and Serco) as legitimate.
- Detainees should be aware of what will happen should they be non-compliant.

It is also critical that authorities are able to reward compliance and consistently escalate sanctions where non-compliance occurs.

5.1.2 Responsive regulation of service providers

Although the main focus of this study is the experiences of IMAs, responsive regulation also applies equally to understanding the issues relating to DIAC's regulation of immigration detention service providers – Serco and IHMS. The contracts on which these services operate differ, but both have key performance targets and sanctions for breaching targets. The Serco contract provides for incentives and abatements (financial penalties) as part of the performance management of the detention service provider. This research examined how service providers responded to this regulatory regime and how it affected different service providers' organisational cultures.

5.2 Organisational culture

A key objective of this research was to establish a deeper understanding of how organisational cultures within detention facilities shaped detainees' experiences and their wellbeing. Organisational culture addresses the lived experiences of people within organisations.

According to Alvesson (2002), culture describes shared forms of ideas and cognition, symbols and meaning, values and ideologies, rules and norms, emotions and expressiveness, behaviour patterns, structures and practices. Culture provides the shared rules governing membership in an organisation (Kunda, 1992). Culture also refers to a collective subjectivity; that is the way of life or outlook adopted by members of a community or organisation (Alasuutari, 1995).

Organisational culture describes the unique way in which people act or interact within an organisation (Greenwood, 1997). An organisation might be a business, a workplace, or any group of people organised for a particular purpose (Powell, 2009). Theoretically, organisational culture can be seen as something an organisation has, as something emerging from social interaction, or as something an organisation is (Smircich, 1983). Crucially, culture is something that is learned (Hofstede, 2003). It shapes human action

and is the outcome of that process. The capacity of individuals to manipulate cultural change is limited, because ultimately it is not something individuals control.

In everyday terms, Martin (2002, p. 3) describes culture as that which has often been ignored in organisations, 'such as the stories people tell to newcomers to explain "how things are done around here", the ways in which spaces are arranged and personal items are or are not displayed, jokes people tell, the working atmosphere (hushed and luxurious or dirty and noisy), the relations among people (affectionate in some areas and angry or competitive in others) and so on.'

Organisational cultures are derived from a variety of sources within and outside of an organisation. These sources include: national culture, the organisation's leaders, the nature of its business activities, and its environment (Brown, 1995). The culture of an organisation is therefore the product of a variety of factors; it pervades all aspects of the organisation and impacts on the identity of members of the organisation. There is also a link between the culture of an organisation, informal and formal structures and the accepted or non-accepted behaviours of individuals in the organisation (Brown, 1995).

The organisation can be seen as a cultural system that simultaneously promotes competition and co-operation. Members co-operate to carry out tasks, whilst competing for resources (Kvande & Rasmussen, 1994). Thus, organisations form arenas for the power and interests of their members to be manifested (Mintzberg, 1983). McNeal (2009) states that organisational culture can be maintained or changed by the system of rewards, status and sanctions within an organisation. In a similar way to responsive regulation, this means that the rewards and punishments associated with various behaviours illustrate to members of the organisation the values of that organisation (Hellreigel & Slocum, 2007).

Importantly, a variety of cultures can coexist within a single organisation (Wajcman, 1998), often referred to as subcultures (Brown, 1995; McNeal, 2009). In the context of immigration detention, this may mean that there are different subcultures operating within different IDFs, within occupation groups or between DIAC and service providers (i.e. DIAC, Serco and IHMS).

Organisational culture refers not only to the culture within the organisation but also the attitude of the organisation to its clients or service users and towards the public. Organisations may demonstrate high levels of solidarity between staff members, but at the same time be dismissive or punitive towards service users. Conversely there may be organisations whose internal relationships are coercive but who treat clients with respect and dignity.

Le Grand's philosophies of public service delivery

According to Julian Le Grand (2010), there are four competing philosophies of delivery of public services: trust, mistrust, voice and choice. Services based on trust assume that the public servant or service provider is motivated by a desire to serve the public good, and will do whatever it takes to produce the highest quality service for the service user. Mistrust assumes that the service provider will be self-serving and will only respond to either sanctions or incentives. Voice assumes that the service user should be in ultimate control of the service, and choice assumes that competition between

service providers will produce the highest quality service. However, according to Le Grand, each one of these philosophies has challenges and problems, and so far none of them has consistently produced improvements in public services. For example: services based on trust are open to exploitation and are also not motivated to improve outcomes; mistrust also produces perverse incentives where services do the minimum to comply with contracts; voice based organisations are vulnerable to providing services to the most vociferous client groups; choice is not always available to users of public services and people do not always exercise appropriate choices.

Thus a comprehensive analysis of organisational culture should assess the overarching culture of the organisation towards its own staff, its clients and other stakeholders. It would also have to assess whether there are significant sub-cultures within the organisation and the pervasiveness of the organisation's culture.

5.2.1 Evaluating organisational culture

Much of the literature on organisational culture discusses the concept in abstract terms that can make it difficult to know what to look for when examining it and how to measure the extent and strength of its different components in different organisations. This section identifies issues and aspects that can be measured when exploring organisational culture.

Schein (2010, pp. 14-15) suggests organisational culture is manifested in a range of events that can be observed:

- Observed behavioural regularities when people interact: the language they use, their customs, traditions and rituals in varied situations
- Group norms: the implicit standards and values in groups
- Espoused values: the principles and values that the group is striving trying to achieve
- Formal philosophy: the policies and principles that determine a group's actions towards other stakeholders
- Rules of the game: the implicit, unwritten rules for getting along, which a newcomer must learn to be accepted
- Climate: the feeling that is conveyed by the physical environment and the way in which group members interact with each other and outsiders
- Embedded skills: the competencies displayed by members in accomplishing certain tasks and the ability to pass those skills from generation to generation without necessarily articulating them in writing
- Habits of thinking and linguistic paradigms: the shared ways of thinking and language used that are taught to new members as part of the socialisation process
- Shared meanings: the emergent understandings that are created as group members interact with each other.

Other indicators of organisational culture according to Hellreigel and Slocum (2007) include:

- What managers and teams pay attention to, measure and control
- The ways in which managers react to critical incidents and organisational crises
- Criteria for allocating rewards and status
- Criteria for recruitment, selection, promotion and removal from the organisation
- Organisational rites, ceremonies and stories.

There is little, if any, research addressing organisational culture in immigration detention in Australia (or indeed internationally). However, research has been conducted regarding organisational culture in other institutional settings such as prisons and juvenile justice systems, which provide some parallels.

Research on juvenile detention, for example, indicates that detention workers view their role as either one of control or of service provision (Bazemore & Dicker, 1994). This has significant consequences for how detainees are treated by workers. Similarly, how immigration detention staff members view their role is likely to have an impact on their relationships with IMAs.

Bazemore and Dicker (1994), for example, suggest that a detention worker who views their role as one of control is likely to focus on discipline and have a desire to limit the power of those in detention, regardless of any organisational policies that limit the use of discipline and control. On the other hand, detention workers who view their role as a service provider are likely to be more concerned with providing support and education to those detained.

Research in juvenile detention suggests that a range of organisational factors are likely to contribute to detention workers' views of their job role. They include: structural characteristics of the job, such as shift and seniority; the daily routine and job stress; role conflict; perceptions of danger; supervisory support; leadership styles; and adequacy of training (Bazemore & Dicker, 1994; Farrell, Young, & Taxman, 2011).

Furthermore, Hemmelgarn et al. (2006) suggest that the juvenile justice system has been characterised as a passive-defensive culture, which is highly bureaucratic requiring extensive documentation, supervisory approval and conformity, as protection against intense public criticism and administrative sanctions. It is likely that immigration detention can be characterised similarly. Such a culture can promote negative organisational climates characterised by depersonalisation, emotional exhaustion, role overload, and role conflict (Glisson & James, 2002).

Research in juvenile justice institutions has found that the focus on reducing costs and staff expenditure in prisons, particularly private prisons, has often resulted in a poor quality and inexperienced workforce, under-staffing and inadequate training, with the safety and wellbeing of both staff and prisoners undermined (Crewe, Liebling, & Hulley, 2011; Rynne, Harding, & Wortley, 2008; Taylor & Cooper, 2008). Shefer and Liebling (2008) have also noted that under-staffing can contribute to high levels of bullying and assaults, even when staff attitudes are positive.

5.2.2 Organisational culture in immigration detention

A key objective of this research was to identify ways of assessing organisational culture within IDFs and to ascertain how organisational culture affects the experiences and wellbeing of IMAs.

IDFs are particularly complex organisations and it is challenging to conceptualise and measure their organisational culture. Indeed as with many complex organisations, there are many sub-cultures within IDFs and some of these are in tension with others. IDFs are staffed by three organisations (DIAC, Serco and IHMS), and each of these organisations has a very distinctive culture of its own (and a history of interacting with the other two), as well as different incentives and priorities. In each IDF there are specific issues relating to the history of the facility, its location and layout, the current number and demography of the detainees and the profile of the staff, all of which influence the organisational culture within the facility. Organisational culture is also influenced by the contractual arrangements between DIAC and the service providers. Another important factor is the corporate memory and experience of staff who work for each organisation. Many staff have worked in a number of IDFs and so bring knowledge and experience of different facilities and practices. These factors all create challenges to an overall unity in mission (purpose and execution of detention). Media attention and the prevailing political discourse can also affect how these facilities are managed.

What little is currently known about organisational culture in immigration detention comes from a number of inquiries that have been conducted on IDFs. The limited evidence available suggests that the organisational culture or cultures are affected by factors such as contractual obligations, work health and safety, staff training, role conflict among professionals, security levels and pressures/constraints resulting from the large numbers of detainees in the system. These factors are discussed further in Chapter 6.

Overall, the previous literature in this area provides only limited evidence of the impact of organisational cultures within IDFs on the experiences and wellbeing of IMAs.

5.3 Wellbeing

The basic aim of this research project is to understand better the various factors affecting the wellbeing of IMAs, including their own experiences, the environment of IDFs and the approach taken by IDFs to detaining IMAs. In this section we discuss the general theoretical understanding of wellbeing. This is followed in Chapter 6 by a discussion of the empirical literature relating to the wellbeing of immigration detainees.

The concept of wellbeing has emerged in recent years as an important component of public policy and service delivery because it indicates that policies and interventions are not merely aimed at addressing or preventing negative outcomes such as mental health problems, crime etc, but should be aimed at positively promoting a good life for a population. Another important strand of thinking is the increasingly common view that public policy should have wider objectives than purely improving the economic

performance of countries, but should focus on enhancing a wider range of objectives (Stiglitz, Sen, & Fitoussi, 2009).

5.3.1 What is wellbeing?

Broadly speaking, wellbeing refers to the extent to which people live a 'good life' (OECD, 2011). However wellbeing is a complex concept that has a number of components, and there are various ways of conceptualising wellbeing and the factors which facilitate and inhibit it. At the most general level, wellbeing can be divided into subjective wellbeing (including self esteem, satisfaction with life, relationships with others and optimism about the future) and objective wellbeing (including health, housing, employment, safety, nutrition) (Cummins, 2010). In the context of this research subjective wellbeing covers similar ground to the experiences of IMAs, whereas wellbeing as a whole is a broader concept.

In practice, subjective and objective wellbeing are very hard to separate, mainly because it is peoples' responses to the objective circumstances of their lives which create subjective wellbeing, rather than the circumstances themselves. According to Cummins, subjective wellbeing tends towards homeostasis; people tend to adjust to adverse circumstances (such as ill health or disability) yet maintain relatively stable levels of subjective wellbeing. Similarly, positive changes such as sudden rises in income and recovery from illness do not necessarily lead to long term positive changes in subjective wellbeing. However there are some circumstances which can severely disrupt this homeostasis. When this homeostasis is disrupted for long periods, people can become depressed (Cummins, 2010). The importance of this insight for this research is that subjective accounts of wellbeing only provide a partial view of overall wellbeing, and other factors need to be taken into account to make a holistic assessment of wellbeing.

5.3.2 Hierarchy of needs

Perhaps the first person to propose a holistic positive view of human needs and wellbeing (as opposed to the view that wellbeing consists of avoidance of negative situations) was Abraham Maslow (Maslow, 1954) who proposed a hierarchy of needs. Prior to this, researchers generally focused separately on such factors as biology, achievement, or power to explain human behaviour and motivation. Maslow's hierarchy consisted of two types of needs: deficiency needs and growth needs, with deficiency needs being more primitive and growth needs being more human. At the bottom of the hierarchy are physical needs such as eating and drinking, and higher up the hierarchy are more psychological and relational needs. With regard to deficiency needs, each lower need must be met before moving to the next level. Once each of these needs has been satisfied, if at some future time a deficiency is detected, the individual will act to remove the deficiency.

Maslow called the growth need *self actualisation*. He characterised self-actualised people as being problem-focused, appreciating life, committed to personal growth and able to have peak experiences.

The hierarchy is often represented as a triangle with self actualisation at its peak and physiological needs at its base as in Figure 5.3.

Figure 5.3 Maslow's hierarchy of needs



Although the hierarchy of needs is obviously relevant to wellbeing, Maslow did not explicitly use the term “wellbeing”. Nevertheless his theory has been enormously influential, and the idea that basic needs such as food, shelter and safety must be met in order for people to address psychological needs has influenced service provision for many decades, as has the notion that real fulfilment is not just about deficits being addressed but that people also need to proactively engage with life in order to be self actualised. Nevertheless Maslow’s theory has been criticised on the basis that it makes a number of cultural assumptions, and that people in some cultures will value esteem, for example, above even such needs as security and food (Hofstede, 1984).

In relation to immigration detention, Maslow’s hierarchy indicates that meeting needs for food, shelter and safety is not sufficient. For detainees to maximise their wellbeing the detention environment must also respect individual dignity and provide opportunities for goal-oriented activities and creativity.

5.3.3 Capabilities

A particularly influential theoretical framework for considering wellbeing is the ‘capabilities’ approach developed by economist Amartya Sen (1991, 1999, 2000, 2009). This approach was influential in the development of the UN Millennium Development Goals and is now used widely as a measure of wellbeing of nations and groups of people as well as individual wellbeing. This theory has been taken up as an alternative to a purely economic view of development and a negative understanding of freedom (i.e. freedom to achieve desired outcomes as opposed to freedom *from* state interference). Sen believes that the basic measure of wellbeing is the extent to which people are able to live the life they value and to be the person that they want to be. This means that wellbeing will be different for different people, dependent on what the individual values and aspires to.

This approach therefore combines subjective and objective wellbeing. It emphasises freedom of choice as the basis of wellbeing, and the restriction of choice through ignorance, poverty, discrimination etc. as the main factors which hinder human development and limit freedom and therefore wellbeing. Sen argues that justice and human rights are an essential component of wellbeing.

An important consequence of this approach is that people are viewed as active agents in their lives, exercising choices and making decisions to the best of their capacities. It is also important to go beyond actual choices and consider the choices people could have made had they so wished. For example, although many people who are oppressed or disabled come to accept their circumstances, according to Sen, they have not achieved their capabilities because they have not been provided with adequate opportunities to make informed choices about their lives.

Sen's capability approach has underpinned the Australian Treasury's wellbeing framework (Henry, 2006) which reinforces the view that wellbeing is substantively about the capabilities that allow people to make meaningful life choices. Thus examination of the capabilities of IMAs to make these choices within immigration detention is a key focus for this research.

5.3.4 Dimensions of wellbeing

Despite the complexity of the concept and the subjective nature of wellbeing there have been many attempts to measure wellbeing. The ABS (2001) provides the following table to illustrate the various dimensions of wellbeing:

Table 5.1 ABS dimensions of wellbeing

| Aspects of life contributing to wellbeing | Areas of concern |
|--|------------------------|
| Time for and access to cultural and leisure activities | Culture and leisure |
| Personal safety and protection from crime | Crime and justice |
| Shelter, security and privacy, through housing | Housing |
| Command over economic resources, enabling consumption | Economic resources |
| Satisfying and rewarding work both economic & non-economic | Work |
| Realisation of personal potential through education | Education and training |
| Freedom from disability and illness | Health |
| Support and nurture through family and community | Family and community |

Source: ABS (2001)

However this list is not comprehensive and the ABS adds:

...this list is a selected subset of a larger list of important aspects of life that might be concerned with emotions (e.g. love and self worth), spiritual commitment, or other factors of life. Human rights, which can sometimes be taken for granted but which are crucial to personal wellbeing, might also be included (e.g. freedom of speech, freedom of religion, access to an independent court and justice system). Attitudes that foster community cooperation and cohesion, such as trust and obligation are becoming more widely recognised as contributing significantly to wellbeing. Many of these factors of life, however, are

embraced indirectly by areas such as family and community, culture and leisure, or crime and justice. Others, such as self worth, are affected by factors such as satisfying work and good health, and can be addressed in relation to each of the areas listed above. Other concerns associated with wellbeing also apply across all areas, e.g. concerns relating to access to services. (ABS 2001, 8)

Since the publication of the ABS framework, social capital and human rights issues in particular have been increasingly used in overall measures of wellbeing, as is acknowledged in the Treasury model referred to above. Thus a comprehensive list of dimensions of wellbeing should have the following additions to the ABS framework listed in Table 5.2. It is also important to note that static measures of wellbeing are not sufficient to understand the nature of wellbeing, firstly because wellbeing is not just a set of characteristics of individuals but is also collective (as we describe below). Furthermore these dimensions interact and change over time, so wellbeing should be seen more as a process than a state or attribute.

Table 5.2 Enhanced dimensions of wellbeing

| Aspects of life contributing to wellbeing | Areas of concern |
|--|------------------------|
| Time for and access to cultural and leisure activities | Culture and leisure |
| Personal safety and protection from crime | Crime and justice |
| Shelter, security and privacy, through housing | Housing |
| Command over economic resources, enabling consumption | Economic resources |
| Satisfying and rewarding work both economic & non-economic | Work and participation |
| Realisation of personal potential through education | Education and training |
| Freedom from disability and illness | Health |
| Support and nurture through family and community | Family and community |
| Feeling of self worth and life satisfaction * | Subjective wellbeing |
| Rights and justice, due process* | Equity |
| Access to adequate services and formal supports* | Welfare |
| Choice and control over aspects of life* | Agency |

*Additions to ABS framework

Although subjective wellbeing is included in this table as a specific area of concern, we believe it is a component of all the dimensions used to assess wellbeing. People's own perceptions of, for example, how healthy they are, how accessible services are and whether they believe that their potential has been satisfied through education are as important to their wellbeing as any objective measurement of health, service accessibility and educational attainment. Nevertheless, perceptions must also be seen in the context of objective measures of wellbeing, and for a comprehensive assessment of wellbeing both subjective views and objective measures should be undertaken.

5.3.5 Salutogenesis

Although identifying aspects of life that contribute to wellbeing is key to better understanding wellbeing, it is also important to develop an understanding of the

individual and contextual factors which are likely to enhance wellbeing and those factors which differentiate people with high and low levels of wellbeing.

One important way of bringing together these subjective and objective components of wellbeing is the theory of salutogenesis developed by Aaron Antonovsky, a medical sociologist, in the 1980s (Antonovsky, 1996). His theory has become increasingly important in the development of public health programs and the understanding of resilience and wellbeing. Antonovsky developed the theory after interviewing a number of Holocaust survivors and studying the different ways in which they had responded to the trauma of being held in concentration camps (Sagy & Antonovsky, 1996). The term 'salutogenesis', which means the origin of health, is meant as a response to the traditional focus of public health programs which is pathogenesis, i.e. the identification of factors which are likely to cause disease. Antonovsky argued that the study of public health should focus on the identification of factors which promote wellbeing, given that life is inherently stressful and challenging. Similarly programs should not aim at identifying and addressing stress factors or vulnerabilities, but should aim at promoting those factors which support health and wellbeing. Since Antonovsky produced his theory a number of similar theories have been developed. The study of wellbeing and protective factors has now become a mainstream part of public health, psychology, sociology, social policy and even economics. Nevertheless salutogenesis remains influential because it provides a comprehensive theoretical understanding of the processes which lead to wellbeing in the face of adversity. The two main concepts within the salutogenesis theory are:

- generalised resistance resources (GRRs)
- sense of coherence (SOC).

GRRs are biological, material and psychosocial factors which make it easier for people to understand and structure their lives. Typical GRRs are money, social support, knowledge, experience, intelligence and traditions.

While GRRs identify important resources an individual can draw upon, a sense of coherence (SOC) provides the capability to use them. SOC describes individuals' basic perspectives on life and their ability to successfully manage the many stresses in life which everybody has to confront, but particularly traumatic or challenging events. The SOC has four components. Antonovsky proposed the first three:

- 1) *Comprehensibility*: the extent to which people perceive the world around them and their own thoughts as making cognitive sense, that is ordered, consistent, structured and clear, rather than as chaotic, disordered, random, accidental or inexplicable.
- 2) *Manageability*: the extent to which people perceive that the resources at their disposal are adequate to meet the demands posed by the environment.
- 3) *Meaningfulness*: the extent to which people feel that life makes sense emotionally, that at least some of the problems and demands posed by living are worth investing energy in, are worthy of commitment and engagement and are challenges that are 'welcome' rather than burdens
- 4) *Emotional closeness*: the extent to which people have emotional bonds with others and feel part of their community (Antonovsky, 1987).

5.3.6 Other theories of wellbeing

The basic concepts underpinning salutogenesis are similar to a number of other theories or models that have been developed to explain how different people respond to challenging situations. The most common alternative construct is *resilience* which refers to the capacity of an individual (or family) to overcome adversity. Resilience has been particularly influential in the study of child development and child welfare. Resilience is a rather problematic term, however, and its definition has been widely debated in literature (Atkinson, Martin, & Rankin, 2009; Schoon, 2006). For example it is not always clear whether resilience refers to a particular trait or characteristic of the individual or whether it arises from a combination of personal and other factors. There is also some debate about whether resilience is a relatively stable condition or whether it is changeable and responsive to particular contexts. Another question relates to whether there is a difference between resilience and strength—in other words whether resilience implies that the individual has faced (and overcome) adversity or whether one can detect resilience in people who have not yet had to overcome adversity. Resilience can also be seen as an outcome, and there are now a number of interventions aimed at strengthening resilience. However the concept remains controversial and for some, the concept of enhancing resilience is either circular or very similar to enhancing wellbeing itself.

The most influential conceptualisation of resilience is that of Michael Rutter (1993, 2007) and Norman Garmezy (Maten & Garmezy, 1985), who conceptualise resilience as the interplay between protective and risk factors. Protective factors are in some ways similar to GRRs in the salutogenesis model and can relate to biological, psychological, social or material conditions.

Another conceptual similarity is that of *Temperament* (Sanson, Letcher, Prior, Smart, & Toubmourou, 2000; Sanson et al., 2009). Temperament refers to an underlying set of characteristics and predispositions of an individual which shape the way he or she reacts to the world. Temperament is conceptualised as a more stable construct than traits or personalities and is seen as at least partly biologically determined. In contrast to SOC or resilience, temperament is largely genetic (or developed very early in life), although environmental factors can have some influence on an individual's temperament and how it develops over time.

5.3.7 Wellbeing and mental health

Mental health is a subcategory of wellbeing, meaning that anyone with a mental health disorder by definition will have diminished wellbeing compared to a person in similar circumstances who does not have a disorder. In the same way, anyone with a physical illness such as diabetes or cancer would be defined as having lower levels of wellbeing than they might otherwise have. However mental illness has a particular salience for wellbeing in that it inevitably affects people's feelings about themselves, particularly in the case of depression which by definition will diminish subjective wellbeing and feelings of self worth. On the other hand research has shown that there is no direct link between mental disorders and happiness (Bergsma & Veenhoven, 2011). Most people with mental disorders have some impairment of their ability to participate in work and

society. However a large proportion of people with mental disorders are relatively happy, some people are both happy and unhappy (with different aspects of their lives) and others are able to deny or suppress the distressing aspects of their lives. People who are unhappy can also function well in other aspects of their lives and can be creative, hard working and productive. Thus they may well demonstrate high levels of objective wellbeing while having low levels of subjective wellbeing.

In the case of IMAs the research quoted below indicates that most mental health problems involve feelings of fear, guilt and frustration about their circumstances and a number suffer from PTSD (see chapter 6 for further evidence). Mental health symptoms are therefore very likely to be accompanied by lower levels of subjective wellbeing. Some individuals may develop a sense of numbness or disengagement as a way of defending psychologically against their circumstances, and may therefore not report feeling depressed or stressed. However this cannot be considered as positive wellbeing because beneath the surface they are likely to be suffering considerably. Immigration detainees who are mentally ill are therefore likely to be characterised by low levels of subjective and objective wellbeing. Others may be able to draw on personal and social resources to maintain levels of wellbeing despite the challenges of seeking asylum and being detained.

5.3.8 Social components of wellbeing and behaviour

One of the problems with the approaches to wellbeing discussed above is that they do not sufficiently take account of the profoundly social nature of wellbeing. Although they all acknowledge that subjective wellbeing is affected by the social circumstances of the individual, salutogenesis, resilience and other theories of wellbeing all envisage wellbeing as an individual characteristic or process albeit one in which individuals respond to their circumstances.

People are inherently social, and there are important ways in which wellbeing and behaviour are influenced by their interaction with others, and their need to feel part of a social group. Although all the theories acknowledge that support from other people is an important facilitating factor underpinning subjective wellbeing, equally important is the way that interactions with others determine how people define what should be valued as desired goals or expectations. For example wellbeing differs in different countries, even when economic conditions in countries are equivalent (Diener, Suh, Lucas, & Smith, 1999).

This is an issue directly addressed by Sen, and is one of the reasons he believes subjective wellbeing (or utility) is not a sufficient indicator of wellbeing. People's desires and wishes are limited by their own experiences and therefore cannot be the only measures of their wellbeing (Sen, 2010). People assess their own wellbeing against those of peers or other members of society. However the comparison is always mediated by their subjective assessment of the situation.

Social norms provide a framework within which people evaluate their own behaviour and their values against those of their peers. People's identity is therefore both individual and social in nature. Social identity is defined as:

that part of an individual's self -concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership. (Tajfel, 1981, p. 255)

Once people identify as a member of a particular group, they tend to internalise the values and beliefs of that group or groups. Stronger group identification, is likely to lead to increased adherence to group norms. According to Turner (2005) groups are also important in the exercise of power. Power can be exercised in three ways - persuasion, authority and coercion. Psychological group formation produces influence. Influence is the basis of power and power leads to the control of resources. This is the opposite of the traditional view of power which sees power as the control of resources which can then be used to coerce or persuade people to behave differently (French & Raven, 1959)⁷. This suggests that group processes are important for both understanding and intervening to improve the wellbeing of detainees, but is equally important in terms of regulating detainees. In both cases it is not sufficient to respond to the behaviour or emotional issues of the individual, but to consider the group as a whole and how the group dynamics are affecting individuals. This is also an important consideration in RRT, where an understanding of group processes and dynamics within the facility is key to providing an effective regulatory framework.

In the context of immigration detention this could mean that if a detainee sees a friend or colleague being given a protection visa they may gain personal hope or equally, they may feel despair or hopelessness, depending on the overall feelings of the group, how this event has been perceived by others and also their own personality and previous experiences (Diener et al., 1999). This observation links back to Antonovsky's sense of coherence; if the experience can be understood as part of a process for eventual life satisfaction or the achievement of desired goals, the experience is not likely to have adverse effects. However if events are seen as random or beyond the control of an individual then these events are likely to increase an individual's vulnerability. This is partly determined by how others define or react to different events which occur while in immigration detention and there is no way of predicting exactly how each individual will react to different situations.

It is also important to recognise that people from different cultures may experience wellbeing in different ways. Cultural differences are not only matters of identifying with particular ethnic or cultural groups, they also affect the way people view themselves, prioritise their needs, experience other people and how they react to authority (Hofstede, 1984). Services therefore need to take into account both individual and group differences. Cultural sensitivity is a key element in facilitating the wellbeing of clients (Sawrikar & Katz, 2007).

5.3.9 Wellbeing and agency

The theoretical frameworks discussed above indicate that wellbeing is not only dependent on 'basic' needs such as shelter, clothing and food being met. A fundamental component of wellbeing is that people see their lives as having a coherent meaning and purpose. Wellbeing involves the capability to make active choices about

⁷ French and Raven propose five bases of power: Coercive, Reward, Legitimate, Referent, and Expert.

their lives. In order to make choices and therefore exercise agency, individuals draw on a range of resources, some of which are personal (their own experiences and personality) while others are provided by their environment, including their peer groups and their connection to culture.

Over many decades research has also shown that agency or self-motivation is compromised in the context of being housed in institutions (although most of this research has been undertaken in mental hospitals and prisons). The dangers of institutionalisation have been noted for several decades, starting with Erving Goffman's insights into 'total institutions' (Goffman, 1961). People living for long periods in institutions tend to lose their individuality, become passive and unmotivated, and begin to lose life skills and the ability to take care of themselves. In order to mitigate this, it is important to treat people detained in institutions as individuals and to allow them, as far as possible, to exercise choice over aspects of their daily lives. It is also important to maintain connections with people in the outside world (Williams, 1994).

5.3.10 Implications for IMAs

The discussion above indicates that wellbeing of detainees in immigration detention is dependent on a range of factors which need to be addressed in order to provide effective services. Detainees need to be seen as individuals with their own capabilities and aspirations as well as belonging to different groups and cultures with particular characteristics. These group identifications are likely to have an important influence on the wellbeing and behaviour of individual detainees. Wellbeing and compliance are likely to be facilitated by a context in which individuals and groups can exercise their capabilities and draw on their own and others' resources. By definition detainees are not in control of some critical aspects of their lives; they are severely restricted in terms of some of the choices they can exercise. Nevertheless within the parameters of the detention situation there is leeway to provide individuals with the capabilities to exercise agency over some additional aspects of their lives. Although institutionalisation is almost inevitable for people who are detained for long periods of time, no matter what the conditions, interventions which facilitate the provision of meaningful and goal oriented activities may have a moderating effect on the impact of institutionalisation.

5.4 Summary

This section has discussed three different theoretical approaches to the study of immigration detention: Responsive Regulation Theory, organisational culture and wellbeing. Although these theories cover very different domains and are conceptually independent of each other, they are all important for understanding immigration detention and the factors which affect detainees. The literature indicates that providing food, shelter and safety for detainees is necessary but not sufficient for their wellbeing. Detainees need also to be treated with respect and dignity; they need to be able to exercise agency over their lives as far as is possible within the parameters of the detention situation and to be provided with sufficient information and facilities to progress their claim for asylum or decide to abandon their claim. In order to achieve

this, the organisations responsible for their care must develop a culture which is focused on providing services which are tailored to the needs of individuals and groups within a facility. This involves actively engaging with the detainee population in their care as well as with other stakeholders, providing meaningful activities and tracking the wellbeing of the population to assess the effectiveness of different interventions.

6 Wellbeing in Australian immigration detention

A key aim of the research was to assess the complex dynamics that shape IMA wellbeing. This part of the review discusses what is already known about factors that impact on detainee wellbeing.

Because very little research has been conducted on Australian immigration detention, much of the evidence provided here comes from inquiries and not empirical research. For example, there have been inquiries into immigration detention in recent years by the Australian Human Rights Commission (AHRC, 2010b, 2010c, 2011a, 2011b, 2011c), Amnesty International (Amnesty International, 2002, 2010), Comcare (2011), and the United Nations High Commissioner for Refugees (UNHCR, 2002). In addition, a number of inquiries have been commissioned by the Australian Government, including for example, the Palmer Report (2005), the Commonwealth Ombudsman (2005), the Proust evaluation (2008), Hawke and Williams (2011) and the Joint Select Committee on Australia's Immigration Detention Network (2012).

The limited empirical evidence largely focuses on wellbeing in terms of mental health and lack of access to services and facilities. It is also important to note that the circumstances within IDFs have changed considerably over the past decade and continue to rapidly change and evolve, as reported above. Many of the changes have been responses by DIAC to the inquiries cited here. Therefore the findings reported in this section, whilst true at the time these reports were published, are not necessarily representative of the current situation in IDFs. In particular findings about service provision relate to the situation as it was when review teams visited a facility. Nevertheless these inquiries and research projects have uncovered important issues relating to the wellbeing of detainees and to various aspects of service provision and organisational culture within IDFs.

In large part, this research aimed to address this gap by contributing to the evidence on wellbeing in Australian immigration detention.

6.1 Status resolution process

As noted above, IMAs are generally held in immigration detention until their identity, health and security risk have been assessed and they have been granted a visa, a BVE, or alternatively until they are removed from Australia. IMAs who are processed in Australia have their claims considered and if found to be a refugee, and subject to the minister's approval, are subsequently eligible to apply for a Protection visa (DIAC, 2011c). This process is known as refugee status determination. Since August 2012 people arriving by boat are subject to the regional processing policy which means that they will not be processed for resettlement any faster than if they had applied from overseas. Further information about the processing, according to when individuals arrived in Australia, is available on the DIAC website⁸.

⁸<http://www.immi.gov.au/ima/>

People applying for a Protection visa are asked to explain their reasons for seeking asylum in writing. The Immigration Advice and Application Assistance Scheme (IAAAS) helps asylum seekers in detention prepare their applications. After an application is lodged, asylum seekers are invited to attend an interview to discuss their claims and provide further information if required⁹. Claims are assessed by DIAC officers against the criteria in the Refugees Convention and in accordance with Australian legislation, case law and information of conditions in the applicant's country of origin (DIAC, 2011c).

If a Protection visa application is refused the applicant may apply to the Refugee Review Tribunal (RRT) for a review of the merits of the case, or to the Administrative Appeals Tribunal if the application was refused for character reasons. Unsuccessful applicants may also appeal to the courts in certain circumstances for a judicial review. The Minister for Immigration and Citizenship also has power to grant visas to people whom the RRT do not consider satisfy the criteria for a Protection visa. This is commonly referred to as *Ministerial Intervention* or *195a* (DIAC, 2011c).

In 2011-12, 71% of Protection visa applications were granted on first assessment. In total 4766 Protection visas were granted and 474 refused in 2011-12 (after the primary and review process was completed) (DIAC, 2012a).

While there is little empirical evidence about the impact of the status resolution process on detainees, it is likely that their experience of the process and expectations of the outcome will impact on wellbeing. Unpublished research indicates, for example, that detainees find the quality of IAAAS lawyers variable and that there is a great deal of uncertainty surrounding the process, particularly in terms of the time it takes (ASR, 2008, np.).

6.1.1 Length of time in detention

Evidence suggests that detainee wellbeing is closely linked to the length of time that detainees spend in detention (AHRC, 2010b, 2010c, 2011a, 2011b, 2011c; AMA, 2011; Dudley, 2003; Hallas, Hansen, Staehr, Munk -Andersen, & Jorgensen, 2007; UNHCR, 2011) with the uncertainty surrounding length of detention being distressing for asylum seekers (UNHCR, 2011).

There are a limited number of possible responses that people in stressful and oppressive situations can make (Cox, Abramson, Devine, & Hollon, 2012). People in this situation can:

- Become depressed and withdrawn
- Become numb in order to dissociate themselves from the situation
- Become angry and disruptive
- Become over-compliant and passive in order to curry favour
- Join with others in protesting against their situation.

⁹ This policy applies to IMAs who arrived before the 13th August 2012. After that date IMAs are now subject to the 'no advantage' policy.

People who have spent lengthy periods in immigration detention are likely to manifest these responses, but research does not identify the specific types of responses which are likely to be typical of different types of detainees. It is probable that individual responses will depend on the detainees' own histories, their personality and cultural background and the overall context within the facility.

There is broad variation in the length of time IMAs have been held in detention (DIAC, 2011a). In 2011, just under one quarter of detainees had been in detention for 12- 18 months, 40% had been in detention for 6-12 months, while just over 17% had been in detention for up to 3 months. A small proportion of detainees are in detention for longer than 18 months (2.5%).

Although DIAC is committed to ensuring that the length of time in detention is minimised, there are no time limits to immigration detention. Some IMAs who have been in detention for long periods may be waiting to hear whether they have been assessed as refugees or not; some may have been assessed as refugees and are waiting to receive a visa; some may have been assessed as refugees but received a negative security assessment from the Australian Security Intelligence Organisation (ASIO); some may have not been given refugee status and are awaiting the outcome of appeals or judicial reviews, or are awaiting removal from Australia.

In this context much of the time spent in detention is time spent waiting in uncertainty, which if extended and with unknown outcomes can reportedly be a frustrating and demoralising experience (Joint Standing Committee on Migration, 2008).

The AHRC (2010c) indicates that a range of issues have negatively impacted on the length of stay in detention including:

- The increase in the number of asylum seekers arriving by boat
- Slower processing of asylum applications
- Increasing refusal rates at the primary stage, leading to more independent merit reviews
- The suspension of processing Afghan and Sri Lankan asylum seekers, (although this has since been halted), and
- Delays in obtaining security clearances, with some asylum seekers having successfully been recognised as refugees, but not being granted protection visas as a result of delayed security clearances.

The United Nations High Commissioner for Refugees (UNHCR, 2011) expressed concern about delays in the completion of ASIO security assessments, as well as delays in determining refugee status, the protracted detention of those who receive negative security assessments and of those who cannot be returned to their country of origin. Many of these people are held in detention for long periods without any clear progress in finding a solution to their situation (AHRC, 2011a; Joint Select Committee on Australia's Immigration Detention Network, 2012). Recent data indicates that ASIO issued 35 adverse visa security assessments related to IMAs in the financial year 2010-11 (Senate Standing Committee on Legal and Constitutional Affairs, 2012a). At 19 March 2012, there were 50 people held in detention having received an adverse security assessment. They have held this status for between two and forty months (Senate Standing Committee on Legal and Constitutional Affairs, 2012b).

A number of agencies also have concerns about the transparency of adverse ASIO security assessments because asylum seekers and refugees are not provided with the information they need to challenge the assessment (AHRC, 2011a, 2011d; UNHCR, 2011). People who apply for visas to enter Australia and who receive an adverse assessment are normally provided with a statement setting out the information ASIO relied on in making the decision. However, this requirement does not apply to most asylum seekers and refugees¹⁰.

6.2 Personal issues

6.2.1 Previous experiences

Some asylum seekers arriving in Australia are likely to have physical and mental health problems resulting from their experiences in the country from which they fled and their journey. Many have experienced torture, sexual assault, persecution, witnessed murder and violence, or suffered from traumatic loss in their countries of origin (Newman, Dudley, & Steel, 2008; Silove, Austin, & Steel, 2007; Steel, Momartin, Bateman, Hafshejani, & Silove, 2004) and such experiences are often correlated with post-traumatic stress disorder (Cohen, 2008; Heptinstall, Sethna, & Taylor, 2004; Silove, Steel, McGorry, & Mohan, 1998).

Newman et al. (2008) suggest that asylum seekers can be affected by trauma collectively, as communities and groups, often involving the loss of culture, meaning and social structure. The process of seeking asylum can add to the burden of trauma, as questioning detainees about their experience of trauma can result in humiliation and fear of the return to danger (Newman et al., 2008).

6.2.2 Health

There is now a wealth of evidence indicating that in addition to the impact of previous negative experiences, detention itself can have a significant negative effect on detainees' mental health and wellbeing (Newman et al., 2008; Steel et al., 2004). However their physical health may improve in detention because they have access to nutrition and health care. This is an issue in all countries where people are held in immigration detention (Banki & Katz, 2009).

According to DIAC (2011b), people held in immigration detention should have access to health care at 'a standard generally comparable to the health care available to the Australian community'. To support this goal, the Detention Health Advisory Group and its Mental Health Subgroup were established to provide DIAC with independent expert advice on the design, development, implementation and monitoring of health and mental health services for people in detention.

¹⁰The Hon Margaret Stone commenced work as the inaugural Independent Reviewer of Adverse Security Assessments on 3 December 2012. Ms Stone provides an independent review process for those assessed to be a refugee but not granted a permanent visa as a result of an ASIO adverse security assessment.

DIAC's policy on mental health screening for people in immigration detention involves IHMS undertaking initial screening within 72 hours of a person's arrival, and a full mental health assessment within one week. Detainees can request a health appointment at any time and DIAC, Serco or IHMS staff can flag concerns that a person may be in need of any health care or treatment. Detainees who are considered to be at risk of self-harm or suicide are managed through the Psychological Support Program (PSP). Under PSP, detainees who are identified as at risk are managed according to one of three levels of risks, with observation by IHMS, DIAC and/or Serco staff (AHRC, 2010c).

Green and Eagar (2010) investigated the physical and mental health issues among Australian detainees and found that an estimated 67% of unauthorised boat arrivals had at least one new health problem (i.e. health problems which emerged in addition to any diagnosed before the study period) in 2005-06 (compared to 21% of unauthorised air arrivals). The most common types of problems included dental and respiratory problems and lacerations. Among those detained for more than a year, mental health, social and musculoskeletal problems were common.

The pattern of physical health problems is not consistent amongst studies. Green and Eagar (2010) found that there was no link between physical health problems and length of time in detention or reason for detention. For some unauthorised boat arrivals, physical health problems increased over time whilst for others they decreased. Evidence suggests that the need for health services among detainees is high in Australian IDFs, and that access to health services and professionals is limited (Dudley, 2003; Newman et al., 2008; Zion, Briskman, & Loff, 2009). These inconsistent findings could arise for a number of reasons including differences between services in different facilities or because the situation has changed over time and there is now improved access to medical services.

Mental health, however, was a significant issue for people in detention, particularly for unauthorised boat arrivals detained for more than 24 months. These arrivals had the most new health problems. Green and Eagar (2010) found that the reason for detention (e.g. IMAs, unauthorised air arrivals, visa overstays, visa breaches or illegal foreign fishers) was found to have a statistically significant additional effect on the rate of new mental health problems after allowing for time spent in detention. The estimated proportion of unauthorised boat arrivals who developed a new mental health problem during the study period was 27% (compared to average 6% for all those in detention). This finding is consistent with other international studies which have found that mental health issues increase with length of time in detention (Hallas et al., 2007; Ichikawa, Nakahara, & Wakai, 2006; Momartin et al., 2006; Steel et al., 2006). It is also important to note that Green and Eagar (2010) acknowledge that one of the limitations of their study is the lack of information about prevalence of mental health issues before entering detention and the degree to which they affect mental health in detention settings.

Self harm is reported as a significant issue in detention and has been found to be particularly common among asylum seekers who have been detained for extended periods (Welch & Schuster, 2005). Official figures indicate that there were 223 self-harm incidents among males and 21 by females aged 18 or over between 1 March and

30 October 2001 (Dudley, 2003) in Australia. Dudley (2003) suggests that self-harm is the result of detainees having few resources to make their point, and who therefore resort to using their bodies (for example 'lip sewing', hunger strikes, self poisonings and suicide). Despair, protest and imitation are all significant motivations (Dudley, 2003). Within IDFs, the risk of self-harm and suicide is often addressed by placing detainees in physical isolation or solitary confinement (Dudley, 2003). Some commentators argue that a diagnosis of risk therefore carries a danger of making the situation worse (Zion et al., 2009). Despite evidence of the negative consequences of detention on wellbeing, some commentators have questioned the portrayal of asylum seekers as passive victims suffering mental health problems, suggesting instead that there should be greater focus on the resistance of refugees and the ways in which they challenge external forces (Koopowitz & Abhary, 2004; Watters, 2001).

Another significant limitation of evidence base relating to immigration detainees is the lack of information about children and young people and their mental health. Mares and Jureidini (2004) state that children and young people are exposed to multiple risk factors which include their own mental state but also the mental state and wellbeing of their carers. However there are few, if any robust empirical studies of the mental health of children in detention and how this relates to the mental health of carers (where they are present).

With regard to access to resources, AHRC (2010b) found that health services in Darwin IDFs were understaffed and that there was inadequate clinical governance. Furthermore, there was no psychiatrist based at the facilities. There were also complaints from detainees about long waiting periods to see a doctor and for dental, optometry and other specialist appointments. Similar patterns were found on Christmas Island (AHRC, 2010c). The AHRC visit to detention facilities in Darwin in 2010 also revealed that some people in detention were not receiving mental health treatment; many staff had not received training on DIAC's torture and trauma policy or PSP; there was a low referral rate for specialised torture and trauma services given the number of detainees that were likely to have experienced torture or trauma; and there were substantial levels of self-harm.

While some detainees at Christmas Island told the AHRC (2010c) that appointments were readily available and helpful, others felt that the support on offer was of little help. This was largely attributed to the main cause of distress being the uncertainty surrounding their stay in detention which is not an issue which mental health services can alleviate. Further, there was at that time no local psychiatrist on Christmas Island or on the IHMS team. On Christmas Island, IHMS referred detainees to the Indian Ocean Territories Health Service for torture and trauma counselling if a concern was identified. The AHRC (2010c) also noted that on Christmas Island there was limited access to medical specialists and dental care, high patient loads for mental health staff, and a lack of independent monitoring of the delivery of physical and mental health services. Earlier inquiries have also noted ineffective clinical pathways and a lack of communication between health providers internal and external to IDFs (Palmer, 2005).

In summary, previous enquiries have had mixed findings regarding the impact of detention on physical health but have consistently found high levels of mental health problems amongst immigration detainees. Such mental health issues tend to be

exacerbated by lengthy periods in detention and in the past detainees have had limited access to mental health services. However there are still considerable gaps in the evidence base, including the prevalence of PTSD and other mental health problems amongst IMAs before they arrive in Australia, the role played by the experience of detention (as opposed to the status determination process) in exacerbating mental health problems, and the effectiveness of different interventions in improving mental health in the short and longer term.

6.2.3 Agency

Research has shown that detainees experience a sense of powerlessness and passivity within detention that can have a negative impact on wellbeing. Newman et al. (2008) argue that the environment of detention reinforces a sense of loss of control over daily life. It also adds an element of bureaucratic focus on rules and regulations and lack of individual autonomy, often re-enacting the environment of persecution from which the individual has fled. This may reinforce traumatic symptoms and responses and contribute to the clinical impression that traumatic symptoms are persistent in former detainees (Newman et al., 2008).

Hamburger (2010) has also noted the importance of detainees having some input and control over their time in detention in order to ensure that facilities function as a civil society. He suggests this may include detainees having capacity to move about their accommodation relatively freely and enabling detainees to have meaningful input into decision-making, for example, around catering, activities and programs, and rules and procedures. When the above observations are linked with the theoretical approaches discussed earlier it seems likely that well-being may be compromised significantly by the detention and determination processes outlined.

However, according to DIAC, a number of programs have been initiated in IDFs over the past few years aimed at increasing detainees' input into decision making and providing meaningful activities.

6.3 Organisational issues

6.3.1 Organisational Culture

The Palmer report (2005) was highly critical of the organisational culture within the detention system. It cited the culture and attitudes of management and the systems, processes and procedures determining the way business is carried out as the key to operational problems and poor performance. The Palmer inquiry suggested that the importance of process within the system was entrenched, such that achieving effective outcomes became a secondary priority. However, the Proust evaluation (2008) noted that in the three years since the Palmer inquiry there had been a concerted effort to change the culture within DIAC.

A Comcare (2011) investigation found that standards of occupational health and safety (OHS) varied considerably between IDFs, attributing higher standards to facilities with an open plan layout, low levels of physical security and detainees primarily comprising

families and young children. This investigation also found that while OHS practices were in place among most IDFs, the extent to which staff engaged with the policies varied (Comcare, 2011). This was largely attributed to the control of OHS through the DIAC corporate support process which was seen to disempower local leadership and lead to avoidance behaviours. In the more remote IDFs, such as Christmas Island, Comcare (2011) found that DIAC and Serco staff worked together as a community in relation to OHS.

Some inquiries have found that staff at IDFs have been given insufficient training, with pre-deployment training being too generic and not site-specific enough (Comcare, 2011; Palmer, 2005). At Villawood, for example, staff reported witnessing serious assaults on staff, detainee deaths and distress at dealing with such incidents (Comcare, 2011). This resulted in low morale which was exacerbated by inadequate training and lack of supervision during critical incidents.

Newman et al. (2008) argued that the culture in detention facilities is focused on detainee behavioural regulation and control, with little provision for the welfare of detainees. They suggested that there was a prevailing penal model in immigration detention and that the use of former prison staff working for service providers contributed to a culture of discipline and punishment, with detainees reporting demeaning and humiliating treatment.

The AHRC (2010c) found that staff on Christmas Island were working under considerable pressure as a result of the large numbers of people in detention, infrastructure constraints and logistical difficulties because of the small size and remoteness of the island. The AHRC acknowledged that service providers were striving to treat people in detention appropriately despite the challenging circumstances. Previous inquiries also found that IDF service providers were under pressure resulting from high workloads and complex matters (Palmer, 2005).

The Hawke and Williams report was commissioned following security breaches at Christmas Island IDC and Villawood IDC in March and April 2011 respectively. Hawke and Williams (2011) found that maintaining order in detention requires a number of key elements including:

- Physical security, including infrastructure that can accommodate detainees with varying levels of risk, both in terms of security and vulnerability
- Dynamic/operational security, where Serco personnel are highly visible and engage with detainees, both as a deterrence and to be alert to issues and concerns
- Ongoing intelligence and analysis around potential risks
- The provision of meaningful activities and programs, and ensuring day-to-day needs of detainees are met
- Detainee case management by DIAC, with clear pathways for detainees and clear understanding of the need to provide correct background information and identity documents to support timely status resolution.

The report found that many of these factors had been compromised, largely as a result of the rapid increase in detainee numbers over a short period of time (Hawke & Williams, 2011). For example, to create and service more accommodation at Christmas

Island IDC, physical security levels were reduced, detainees were not segregated according to their risk profiles, fencing provided only minimal deterrence and the facility could not be sectioned in the event of a critical incident (either to contain a threat or to provide sanctuary) (Hawke & Williams, 2011). The Hawke and Williams (2011) report also found that operational security was constrained at Christmas Island and Villawood IDCs by under-resourcing in terms of appropriate staff. This was exacerbated by the lack of appropriate staff accommodation and lead times for recruitment and training at Christmas Island IDC.

Little has been written about the experiences of health providers in detention centres. The limited evidence suggests that health professionals often face ethical dilemmas. Zion et al. (2009), for example, wrote that health professionals working in detention were contractually bound to keep their work confidential. Yet this obligation often sat uncomfortably with their professional feelings due to the need to maintain ethical practice in treating detainees and upholding their rights.

The Proust evaluation (2008) concluded that there were a number of, often contradictory, cultures operating within DIAC. For example, a desire to build a high performing culture, which was at odds with the prevailing risk averse, mistake avoidance culture. There was also the desire to build a client-focused organisation, but heavy reliance on processes, instructions and procedures, together with some aspects of the legislative framework, interfered with this. In a recent review by the Australian Public Service Commission the risk averse culture within DIAC was again remarked upon and the Commission recommended a more systematic approach to risk management and a more supportive context for innovation (Australian Public Service Commission, 2012).

Implications for research

Research about organisational culture in organisations generally and in immigration detention indicated that there were a number of issues of particular significance for this project including:

- Management styles
- What management focuses on and what is measured
- Views on what drives detainee behaviour and how detainee behaviour is managed
- Rewards and recognition for work
- Motivations for working in detention
- Whether staff feel supported by management/supervisors
- Opportunities for staff training and development
- Interaction between staff groups.

It was also important for this current study that the interviews with DIAC and service providers captured the views of a range of staff from different levels within DIAC, Serco and IHMS in order to observe any subcultures that may be present between different staff groups. This included staff members who had direct contact with detainees, staff in supervisory roles, management staff and contract managers (that is, staff

responsible for overseeing the relationship between DIAC and Serco and DIAC and IHMS).

More broadly speaking, the research also sought to identify other factors that may have affected cultures within each IDF, including things like the extent of security measures, the extent to which detainees mixed with each other and with staff and whether detainees were informed about rules and regulations.

6.3.2 Access to recreational, activities and facilities

The AHRC has stated that people in detention should have access to materials and facilities for exercise, recreation, cultural expression and intellectual and educational pursuits, according to international human rights standards (AHRC, 2010b).

They further state that capacity to engage in meaningful recreation and educational activities and to leave the detention environment affects how people cope in detention, particularly if they are detained for long and indefinite periods (AHRC, 2010c). Engagement in meaningful activities and programs of high quality may also mitigate the risk of non-compliance among detainees (Hamburger, 2010; Hawke & Williams, 2011).

Hamburger (2010) suggested that meaningful activities should be intensive, purposeful and stimulating and that such activity is particularly important for long-term detainees. Hamburger (2010) noted that long-term detainees in particular require activities that go beyond many of the existing programs conducted in IDFs, which can often be repetitive.

During visits to detention facilities, the AHRC (2010c) found limited opportunities for detainees to engage in meaningful recreation activities. None of the Darwin facilities they visited had an appropriate library area, and multilingual reading materials were limited. There were no opportunities for IMAs to leave detention facilities on external excursions¹¹.

The AHRC's (2010c) report on conditions on Christmas Island noted some positive improvements since their 2009 visit. They included efforts to provide recreational activities, an increase in religious support, engaging some detainees as teacher's aides at the local school, and increased DIAC efforts to engage with the local community. It also noted that there had been some positive developments in the provision of recreational facilities on Christmas Island including a weekly women's group at the local community centre, a plan for some detainees to participate in a furniture restoration program organised by the community centre, and efforts to allow some detainees to participate in community sporting events (AHRC, 2010c). However, the AHRC also noted inadequate recreational facilities, limited access to reading materials at Construction Camp and Phosphate Hill, and limited opportunities for people to leave the detention environment, particularly from Christmas Island IDC and Phosphate Hill. While facilities at Christmas Island IDC, including a gym, library room, classrooms, art room, and open space for sports, were adequate when the centre was operating at its

¹¹The current research found that this has changed and detainees in Darwin are provided with opportunities for excursions.

normal capacity, they were not sufficient to meet the needs of higher numbers of detainees, which put the facilities under strain (AHRC, 2010c).

AHRC stated that English classes were offered at Christmas Island on a daily basis. However, there were reports from detainees that classes were overcrowded, or that there was not enough space and they had to wait several weeks (AHRC, 2010c). Furthermore, while there were some opportunities for detainees to leave the detention environment at Christmas Island, they were limited and only a small number of detainees were able to participate (AHRC, 2010c). Religious support and services were also limited for detainees practising a religion other than Christianity (AHRC, 2010c).

6.3.3 Access to information

According to AHRC, under international human rights standards, people in immigration detention should be provided with information about their right to seek asylum, the reasons for their detention, the services provided in detention, their right to independent legal assistance, the refugee assessment process and their right to the services of an interpreter when needed (AHRC, 2010c). This should be within a reasonable time of being detained and in a language they understand. Hamburger (2010) has also indicated that good quality communication between staff and detainees, regarding both their immigration case and day to day needs, is critical to IDFs, if they are to operate according to the values, expectations and rules of a civil society.

Braithwaite (2010) stated that detainees' detention experiences were shaped by their level of knowledge about the process they are engaged in and their hopes and expectations for the future. Barriers to communication, along with other negative aspects of the detention environment, were likely to limit the ability of asylum seekers to engage in the refugee status determination process (UNHCR, 2011). Receiving up-to-date information is particularly important in a contexts where rules and regulations change regularly and often in arbitrary ways (Dudley, 2003).

New detainees are provided with an induction booklet shortly after their arrival on Christmas Island (AHRC, 2010c). However, the AHRC was concerned about the lack of explicit information about the right to seek asylum and other related information, as well as a lack of regular provision of information about case progress for some detainees (AHRC, 2010c).

According to the AHRC, detainees on Christmas Island were reported to have limited access to telephones, a problem that has been exacerbated with the increased number of detainees (AHRC, 2010c). This was particularly problematic on Christmas Island because of the limited opportunities for face-to-face contact with legal or community support groups, given the remote location of the Island. There was also limited internet access, which was exacerbated by the slow internet speed (AHRC, 2010c).

Research about visits to Australian detention centres by family, friends and professionals in 2006 revealed a lack of information about visit procedures, particularly for first time visitors, lack of consistency in applying and interpreting rules around visits and visitors and a lack of rationale behind these rules (ASR, 2006, np.) although this had improved considerably by 2008 (ASR, 2008, np.).

6.3.4 Organisational culture of the facility

Hamburger (2010) reported that good humour and supportive interaction between staff and detainees is important for fostering a positive climate within detention. He also indicated it was necessary for staff to apply rules and regulations in a friendly and fair manner.

The AHRC (2010c) found that while most detainees were positive about their treatment from DIAC and Serco staff, a small number perceived they had been treated in a degrading or racially discriminatory way. Many were concerned about being referred to by the identification number rather than their name. Other researchers have also found a lack of understanding and consideration of differences between detainees, particularly around their culture and religion (AHRC, 2010b, 2010c; Comcare, 2011) and that detainees are often deprived of humanity, identity and culture (Dudley, 2003).

Serco states that it is 'committed to providing a dignified, humane environment in all facilities that it manages' (Serco Australia, 2011j, p. 6). It has produced detailed written guidelines on Harassment, Bullying and Discrimination (Serco Australia, 2011a); Grievances (Serco Australia, 2011b); Wellbeing of People in Detention (Serco Australia, 2011c); Individual Management Plans (Serco Australia, 2011d); Programs and Activities Plans (Serco Australia, 2011e, 2011f); Communication Services for People in Detention (Serco Australia, 2011g); Working with Minors (Serco Australia, 2011h); and Health, Safety and Environment policies (Serco Australia, 2011i). The company maintains a schedule of voluntary programs and activities which aim to enhance the mental health and wellbeing of detainees (Serco Australia, 2011k, p. 7). In addition, all people detained in immigration detention are described as 'clients' in their day to day work, in line with its commitment to delivering services in a caring and compassionate way (Serco Australia, 2011j, p. 6).

Comcare (2011) concluded that a significant difference between DIAC and Serco staff was that DIAC staff were responsible for delivering the outcomes of visa applications to detainees. This often led to animosity between DIAC staff and detainees, particularly where visa applications were not approved. However, they also found that planning before a negative hand down was extensive and took into account the mental health of detainees, often in collaboration with IHMS.

Comcare (2011) found that during the Christmas Island riots in March 2011, detainees pushed Serco staff into rooms to protect them as they damaged DIAC buildings. Serco staff seemed aware of the protection offered to them by detainees, but DIAC staff seemed unaware that DIAC buildings were targeted and that DIAC staff may have been at greater risk.

Comcare (2011) also found a number of initiatives that impacted positively on IDF culture. They included stopping all-day breakfasts to motivate detainees to be awake when the majority of staff are rostered on; restricting access to accommodation areas to allow detainees to create a home and a place of refuge if required; encouraging racial integration through Australian culture lessons as well as mixed race teams participating in sporting activities like Aussie Rules football. Similarly, Hamburger (2010) found that DIAC had adopted a successful strategy of mixing detainees from different racial groups and on different migration pathways to avoid cultural enclaves.

Serco is required to create Individual Management Plans (IMPs) for each person in detention. It is also required to allocate a Serco staff member to each detainee to act as a personal officer as part of its Personal Officer Scheme (POS), see Figure 6.1 for further information. At the time of the Villawood and Christmas Island IDC incidents in 2011, the POS was not fully operational, and at Christmas Island, IMPs were not in place for all detainees nor being regularly reviewed (Hawke & Williams, 2011). In addition to this, meaningful programs and activities were not fully operational at either Christmas Island or Villawood IDCs. At Christmas Island, this was largely because recreation rooms were used as accommodation and due to staff limitations.

In 2013 DIAC began rolling out an initiative called the Stakeholder Collaborative Project (SCP) to work with International Health and Medical Services (IHMS), Serco and Maximus Solutions Australia to improve collaboration, teamwork and information flow regarding detainees accommodated in Immigration Detention Facilities (IDFs). The SCP has four elements: role clarity, consistent training on the SCP model and expectations across all organisations; stakeholder collaboration through the use of IMPs and the cross-referencing within the IMP of other client-related documents such as Behaviour Management Plans and Security Risk Assessment Tool; and improved record keeping.

6.3.5 Overcrowding

Due to the large numbers of detainees at some IDFs, overcrowding has been a major concern (AHRC, 2010b, 2010c; Comcare, 2011; Hamburger, 2010; Hawke & Williams, 2011; Newman et al., 2008; Zion et al., 2009). Overcrowding has been shown to have negative consequences on detainee living conditions, places a strain on facilities, services and staff, compromises the safety of both detainees and staff, and subsequently increases the risk of poor mental health and non-compliance among detainees (AHRC, 2010c; Hamburger, 2010).

The AHRC (2010c) expressed concern about the extent to which appropriate mental health services could be provided to high numbers of detainees in a community as small and remote as Christmas Island. Furthermore, the AHRC (2010b) found that overcrowding on Christmas Island resulted in detainees having virtually no privacy, nowhere to store personal belongings and limited access to basic facilities such as showers, kettles and washing machines. The use of tented accommodation to deal with overcrowding was seen as particularly problematic. AHRC also raised concerns about the public health impact of overcrowding, for example, around cleanliness and hygiene.

Table 6.1 Individual management plans and the personal officer scheme

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| <p>Individual management plans (IMPs)</p> <p>IMPs are implemented by Senior Care Managers and Senior Operations Managers in Serco. IMPs are implemented for each person in detention to support DIAC Case Management and to ensure the wellbeing of the person in detention.</p> <p>Further requirements of IMPs are:</p> <ul style="list-style-type: none">• To identify the welfare, cultural and religious requirements of a person in detention no later than 24 hours after arrival;• Allocate each person in detention a Personal Officer who will meet regularly with them;• Within five days of arriving, develop and implement an IMP for every person in detention in conjunction with the health services manager;• To ensure that each IMP identifies and tailors ongoing care and services required for the wellbeing of each person in detention;• Participate in a weekly DIAC review of the IMPs with the DIAC Regional Manager, the health services manager or more frequently as directed by DIAC Regional Management. <p>Personal officer scheme</p> <p>Each person in detention will be appointed a Personal Officer to personalise service delivery and to ensure their wellbeing.</p> <p>The allocation of the Personal Officer should occur as part of the Induction processes.</p> <p>Appointed Personal Officers are required to have an open and trusting relationship which is conducive to two-way communications in their day to day interaction with clients and to engage with DIAC Case Management on a regular basis.</p> <p>Personal Officers should inform relevant DIAC Case Managers of any unresolved welfare or wellbeing issues.</p> <p>Personal Officers should make certain that people in detention feel confident that they can communicate all issues without fear of negative consequences.</p> <p>Personal Officers monitor people in detention's involvement in programs and activities, access to religious services, and ensure they have access to visitors.</p> |
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Source: Serco (2011) Immigration Detention Centre Wellbeing of People in Detention Policy and Procedures. Serco Immigration Services.

6.3.6 Location and security

Many of Australia's IDFs are located in physically harsh and isolated environments. The physical remoteness and environment have a significant impact on the way services are organised and delivered (Silove, Steel, & Mollica, 2001; Sultan & O'Sullivan, 2001; Zion et al., 2009) .

Security levels differ greatly between facilities depending on the type of facility (e.g. IDC or APOD) and the type of detainees held there (e.g. low or high risk IMAs, or section 501 detainees, who have had their visa cancelled on character grounds). However, a number of centres have high levels of security. For example, the AHRC (2010b) reported that at Northern IDC a significant amount of high wire fencing around and within the facility created a punitive feeling and a lack of freedom to move about compounds, creating unequal access to some recreation facilities. Northern IDC also lacked green areas, comfortable shaded outdoor areas and adequate indoor recreational areas at the time of the AHRC visit. Christmas Island IDC has been described by AHRC (2010b) as having excessive security measures, including high

wire fences, CCTV surveillance, caged walkways, and metal grills on bedroom windows. At Christmas Island however, the AHRC (2010b) did note that detainees were able to move freely around most parts of the centre and the electric security fence was not activated.

6.4 Issues not covered in the literature

Three issues that are not explicitly discussed in the literature on immigration detention but which may impact on detainee wellbeing and experiences are described below.

6.4.1 Expectations

Detainees' expectations about the process of asylum seeking and status determination will likely affect their experiences of detention. If IMAs expect to arrive and be granted settlement visas almost immediately, a prolonged period of time in detention is likely to affect their wellbeing and experiences. On the other hand, if they expect to be detained and to have to appeal against a negative outcome, then detention may have less of an impact on their overall wellbeing. This hypothesis is consistent with the literature on client and customer satisfaction with services more generally (McKinley, Stevenson, Adams, & Manku-Scott, 2002; Szymanski & Henard, 2001). However this is speculative in relation to IMAs' experiences as we have found no empirical evidence in the literature regarding expectations and detainee experiences and wellbeing.

6.4.2 Social background

Asylum seekers come from a range of social, cultural and economic backgrounds, which may have a significant effect on their expectations and experiences of detention. Those from more middle class backgrounds or who have high levels of education and literacy and/or who have been used to living in self-contained private units are likely to have a very different experience of detention than those who are less educated, come from rural backgrounds or who have spent long periods of time in refugee camps or facilities in other countries. Although this is a reasonable hypothesis, we did not find any empirical literature comparing the experiences of people from different socio-economic, cultural or educational backgrounds.

6.4.3 Relationships with other detainees

There is no existing evidence that relationships between detainees affect their wellbeing. However, there is some evidence that asylum seekers depend on each other for information and advice. It is also likely that these relationships contribute to wellbeing, both positively and negatively. For example, there may be inter-ethnic tensions or tensions related to perceived equality between detainees. However, following a visit to Christmas Island in 2010, Hamburger (2010) commended initiatives to mix detainees from different racial backgrounds and detainees on different pathways.

6.5 Summary

This review has examined the evidence for how various factors interact to affect the experience of IMAs in IDFs. The literature shows a wide range of psychological and social issues that need to be considered when managing detainees. The factors described above can have significant impacts on the health and wellbeing of people in immigration detention. The review highlights the importance of building a more detailed picture of the intersection between the various factors affecting detainee health and wellbeing.

A significant gap in the literature is the lack of research on organisational cultures in IDFs and how they impact on the wellbeing of detainees.

PART THREE – EMPIRICAL FINDINGS

7 Factors impacting on IMA experiences

A number of factors were found to impact on IMA experiences while in immigration detention, many of which have been documented previously (see Chapter 6). Based on the findings of this research, the key factors affecting experiences of and in detention were:

- The status resolution process, including:
 - Length of time in detention
 - Level of understanding of the immigration process
 - Amount of trust in the immigration system
 - Perceptions of the progress of their claim for status resolution
- Issues external to immigration detention, that IMAs bring with them, such as:
 - Personal characteristics (language, education, temperament etc)
 - Experiences of torture and trauma
 - Expectations about immigration detention
 - Reasons for leaving country of origin and coming to Australia, e.g. persecution, seeking 'a better life' for their family
 - Concerns for wellbeing of family in country of origin
- Issues internal to the immigration detention system, including:
 - The detention environment
 - Extent to which basic needs are met
 - Opportunities to participate in meaningful activities
 - Understanding of the rules and regulations governing IDFs and where to seek information
- Relationships among detainees and between detainees and DIAC, Serco and IHMS staff
- Other issues that may be both internal and external, for example:
 - Physical health
 - Mental health and wellbeing.

Many of these issues described were strongly interconnected. Two of the key themes that cut across many of the internal issues were:

- How immigration detention affected the capabilities of detainees
- The extent to which detainees were able to exert agency; that is, the ability to make decisions and choices about their life.

The findings also confirmed that IMAs are a very diverse group with diverse experiences, expectations and attitudes, and that it is not helpful to generalise findings to all IMAs, and there are no 'one size fits all' solutions to the challenges facing IDFs in caring for IMAs.

All of these issues are explored in detail below.

7.1 Status resolution

As IMAs had chosen an irregular way in which to arrive in Australia, it was not surprising that the major concern for most about being in detention was the outcome of their asylum claim and/or their security clearance. Staff, including staff from DIAC, Serco and IHMS, and community representatives interviewed all verified that concern about status resolution was one of the key issues affecting IMA wellbeing. Length of time spent in detention was almost entirely dependent on status resolution. The main concern for IMAs was when they could leave immigration detention (either to move into CD or on a BVE) and whether and when they would be granted asylum. A number of key issues were found to impact on status resolution. These included: case management processes, perceptions of (un)fairness and (in)consistency, and the role of case managers.

7.1.1 Immigration status resolution processes

Overall, most newly arrived IMAs believed that DIAC was justified to undertake the status resolution process with regard to health, identity and security checks. Although many IMAs (particularly those who had spent less than three months in detention) were confused about certain aspects of the process or wondered why it took so long, they understood the principles of the status determination process: i.e. that the basis of their claim to be accepted as a refugee in Australia needed to be checked and verified, although some IMAs were unsure whether their claim would ensure they were accepted as refugees.

Information

A key issue for IMAs was the ability to access their case manager and find out information about their case. Among IMAs who had spent less than three months in detention, the main complaint about the status resolution process was that they would have liked more contact with their case manager and to be up-dated with information about their case more regularly. However, some of the staff interviewed reported that IMAs sometimes say they have not seen their case manager, when their case files indicate that in fact they have. This discrepancy between provision of information and the information being taken in or understood by IMAs was a common finding across a number of areas within the detention environment.

Most IDF (for example at North West Point IDC and Curtin IDC) had established DIAC shop-fronts to facilitate easier access to case manager. Shop-fronts were a central office within an IDF where detainees could drop-in to speak with staff about any issues they were concerned about, without the need for an appointment. If the shop-front staff were unable to deal with issues raised, they would refer IMAs to appropriate staff. IMAs were generally positive about this service and said that it made it easier for them to make appointments with their case managers. DIAC and Serco staff interviewed were equally positive about the shop-front model as a way of improving engagement and

contact with IMAs. A shop front was in the process of being established at Wickham Point IDC at the time of fieldwork.

The shop front works well in helping deliver services. It also provides opportunities for communication and rapport building and sets the platform for more formal engagement. It facilitates a more open relationship (DIAC management, IDC).

The shop-front is a good example of how facilities could respond to the needs of detainees and engage with them proactively to build trust and improve communication and relationships, in accordance with RRT.

In most IDFs, IMAs required an appointment to see their case manager. However, in some facilities (such as DAL APOD), DIAC case managers walked around the centre regularly to enable more informal interaction and rapport building with detainees. While this was perceived as a best practice approach by some management staff, one Serco officer reported that IMAs could get annoyed if their case manager touched base without providing any news or progress. Some other facilities had regular patterns of case manager visits, as evidenced in Brisbane ITA and Melbourne ITA.

Overall there appeared to be six components which bear on how IMAs receive information about the status resolution process and about the regulations governing life within the IDFs:

- The nature of the information itself, including its complexity
- How information is provided or exchanged, i.e. verbally, in writing, and the language the information is provided in, with or without interpreters
- The context in which the information is provided, including timing, whether individually or in groups, who is providing the information, how the information provider behaved towards an IMA, and whether information had immediate relevance to an IMA
- The perceived credibility of the information (and the information provider)
- The sensitivity of the information and the degree of challenge it represented to the detainee
- Personal factors of an IMA: level of education and literacy, mental and physical health, understanding of English or their home language, expectations, personality, etc.

Where information was reasonably straightforward, provided in a way that the IMA could easily understand, was relevant to the current situation, provided by a credible source (to the IMA) and was not very challenging, then IMAs were likely to take the information on board. However in many situations these factors were not present; information was complex, provided in a way that was not easy for the IMAs to understand (for example, written materials for IMAs with low literacy levels) and by individuals or organisations that did not have credibility to an IMA. This can cause confusion and further distress for IMAs. One of the clear findings from this study is that there was often a significant discrepancy between the perceptions of IMAs and staff about the provision of information; staff generally believed that they had conveyed the information accurately and in a timely manner, whereas IMAs stated that they had not

been provided with adequate information or had been given confusing or conflicting information (or in some cases had been given too much information to take in).

As stated above, this finding is consistent with the empirical literature in this area and it raises challenging issues for DIAC and other service providers.

Identity documents

IMAs who the researchers interviewed arrived in Australia either with or without identity documents in the form of passports, ID cards or UNHRC refugee cards. Given that identity checks are one of the three key purposes of detention (along with health and security checks, see also chapter 2), IMAs' ability to produce valid identity documents was critical to the progress of their status resolution. Approximately one-third of the IMAs who spoke about this issue in interviews stated that they had brought identity documents with them. Interviews with staff suggested that the proportion of IMAs arriving with identity documents, or who were easily able to access documentation (for example via email and internet) had increased over time.

Those arriving without documentation reported doing so for a number of reasons including:

- They had initially brought documentation such as a driving licence, but that this was taken away from them by the people smugglers
- They had destroyed their documents, e.g. thrown them into the sea, because their agents had demanded that they do so
- Their agents had destroyed their documents on the boat¹²
- Their agents had taken their documentation and said that they were going to destroy them.
- They did not have any appropriate documents because they were stateless (that is, they did not have legal status in their country of origin) or because they had encountered barriers to obtaining such documents
- Their documents had been taken by other authorities on their way to Australia (such as the Indonesian or Malaysian police).

Some IMAs admitted that they had travelled with false documentation in order to get away from their own country to Malaysia or Indonesia, which they believed would limit or delay the chance that they would be deported if they were caught. Others had travelled on their own documents to Malaysia/Indonesia, but used false documents from Indonesia to Australia. A small number admitted providing false information about their identity during their initial interview. These IMAs said they did so to protect their families at home and that they had rectified their accounts at subsequent interviews.

There were two main reasons offered by IMAs for not bringing identity documents or providing false documentation. The first was that people smugglers told IMAs that if they arrived without documentation this would prevent deportation from Australia. The

¹²In some cases ID documents were fakes provided by smugglers to gain passage to Malaysia and/or Indonesia. The smugglers took the fake documents back or destroyed them so that the asylum seekers were not caught with ID. Identification reportedly made it easier for authorities to deport them from these transit countries, even if the documentation was forged.

second reason appeared to be related to the fear of being detained by authorities in a transit country such as Malaysia, Thailand or Indonesia.

I tore up my passport but I have a copy. This was done under the pressure of the agent. He took them from everyone. I am regretting that I tore it up as it was the original and not fake. I didn't have any legal status in Indonesia. Whatever they told us we had to do, so I tore it up in front of them (Male IMA, aged 18-30 years, 4-12 months in detention, Wickham Point IDC).

Having started the status resolution process, some IMAs reported that they realised the process would be faster if they were able to provide identity documents. Others reported that once they understood the system, they were able to present the necessary documents, for example by email. This process was facilitated by DIAC, which provided IMAs with verbal and written information about how and where to send documentation.

These accounts indicate that there were a number of factors impacting on whether or not IMAs arrived in Australia with identity documents. IMAs were reliant on advice from people smugglers and were, in large part, subject to their whim. IMAs indicated that police and other authorities in transit countries could also threaten and arrest them. Thus there were strong incentives for IMAs to arrive without full documentation. However it appears that the majority realised very quickly that they needed to supply documents if possible, and that once this was understood, most IMAs cooperated with DIAC to access their genuine identity documents. Although many IMAs appeared to be well informed about the Australian migration system, others had limited access to accurate information before they arrived. They were driven primarily by the desire to have their cases resolved positively and as quickly as possible and were keen to comply if they believed that compliance would facilitate their case. It also appeared that DIAC was generally successful in persuading IMAs that compliance was in their best interests.

Clients will often say that they lied at boat processing with Navy or Customs and they want to amend that. They admit that they have a fake passport but they don't want to submit it and it's separate to the documents they provide to the Department. Clients will say "that's what the people smuggler told me [to give another name/papers], but now I have been warned about the consequences." I presume that other clients have told them that it's wrong to give false information (DIAC staff member, IDC).

Processing on arrival

Most IMAs arrived on Christmas Island, where they were first processed at Phosphate Hill. Most IMAs reported feeling exhilarated on arrival and were happy to be safe and alive because they thought they might die on the trip to Australia. Most reported that they had been handled with respect and were treated kindly. Nearly all indicated that they had been told what was going to happen next.

I was so happy to achieve my target. They did a blood test and urine test and did an x-ray. They checked for any sicknesses and gave me clothes and food. They told us about laws and the system in the camp. I am slowly learning the law and how the system works here (Male IMA, aged 18-30, 0-3 months in detention, North West Point IDC).

The system is pretty fair. The first day staff were helpful, nice to us, no discrimination. We just had to queue in line. We had a good feeling. Other people felt the same way. They treated us fairly. They said 'welcome' to us, which is the first time in my life I heard that from authorities. It was nice (Male IMA, aged 45 or over, 0-3 months in detention, North West Point IDC).

While IMAs generally understood the need to be processed, a number found the initial processing on Christmas Island confusing at a time when they were tired and stressed from a very long and dangerous boat journey to Australia and uncertain about what was going to happen to them.

I felt free. I wanted to have a rest but Immigration was trying to process us as quickly as possible. Other people were very tired too. We spent 10 days in the boat. It would have been better if we had a shower and food but we were happy to get the processing done (Male IMA, aged 18-30, 0-3 months in detention, North West Point IDC).

We got a lot of information. Like me, others have said that when they went to Christmas Island, they were tired and scared. We were apprehensive because we came here illegally. You then get asked all these questions and you are tired, you forget, you are not at your best. It can be confusing. It would be better if we were given some time to rest first (Female IMA, aged 18-30, 0-3 months in detention, Inverbrackie APOD).

Staff reported that processing had improved in recent times, with IMAs receiving fresh clothes and access to showers and food as a priority. Staff also spoke of the importance of ensuring that initial interviews were private, so that IMAs did not feel threatened from being overheard.

The initial feelings IMAs had on arrival (i.e. a mix of exhilaration as well as being tired, disoriented, apprehensive about what was going to happen next, and overcoming sea legs from the boat journey) appeared to play a strong role in their ability to process information they received in the first few days following their arrival. Several IMAs who had been in detention for fewer than three months reported that they could not remember all the information that was conveyed to them. Their concentration was focused on the relief of arriving in Australia and they were still getting over the journey. For those who could remember, the information at initial processing included being told:

- They had arrived illegally and would therefore be detained
- The different steps of the status resolution process
- Key aspects about living in detention, e.g. role of different staff, use of facilities, that they would be given a case manager, and some IDF rules
- To treat everyone with respect and about the importance of equal rights
- No fighting or damaging property will be tolerated- it will affect their case.

Serco told us that the process will begin now and do not get panicked; to keep yourself busy and attend classes, and that you can use the internet. They told us that I will be provided with accommodation while my application is being processed: that I will be interviewed; that I have to maintain my room and keep it clean. I had to behave properly and not to have fights or be a bully; that I will

have a room-mate and to respect each other (Male IMA, aged 18-30, 0-3 months in detention, Curtin IDC).

I am still getting information and still a bit confused, so I'm still listening to what people tell me. At the beginning they told everyone who arrived here that they will be living equally and that there will be no discrimination of each other; that everyone is equal (Male IMA, aged 45 or over, 0-3 months in detention, North West Point IDC).

Some people also reported receiving information on the rules and processes in detention in their own language, either in a booklet or DVD. A number of IMAs reported that they received too much information too early and they were therefore unable to process all of it. They suggested having repeat information sessions and easier access to key information points if they required further explanation (for example, via a key contact person or noticeboard). It is also important to consider literacy levels when providing information to IMAs, as some people were illiterate. This meant that even though interpreters were used, some IMAs were unable to understand some of the terminology around detention even though the information was presented verbally in their own language through interpreters.

Overall it appeared that most IMAs were not in a position to take in a great deal of information on their immediate arrival and some needed to be informed several times and in different formats before they fully understood the processes, what they needed to do to progress their case and to integrate into IDF routines.

7.1.2 Perceptions of fairness and (in)consistency

IMAs were more hopeful, patient and positive about the status resolution process if they had been in detention for shorter periods (three months or less) and if their asylum case was processed according to their expectations, for example, if they had completed their entry interview and were on a positive pathway. Most asserted that they just wanted to know the date when their case decision would be made. Being kept in limbo about how long it would take to process their case appeared to be distressing for many.

On average, IMAs who expected to be detained understood that it would take some time for their case to be processed. However, once a person was on a negative pathway, or they were in detention more than six months, their concerns about their case increased significantly.

Time in detention was also strongly associated with diminished trust in the system. This was exacerbated by an IMA's level of understanding of the complexities and limitations of the case management and status resolution processes¹³. Concerns about their case appeared to be compounded by perceptions of randomness, differential and inequitable treatment in the status resolution process.

¹³There were a few longer term detainees who said they had been told that they would not be in detention longer than 3 months. This was at a time when, apparently, DIAC was informing detainees of a timeframe. DIAC has since stopped doing this. Stories from this cohort appeared to put doubts in the minds of new arrivals, some of whom became confused and sceptical when this information turned out to be inaccurate.

For IMAs in detention over six months the main concern around status resolution concerned perceived inconsistencies in how people appeared to be processed differently. A common question posed was “why did one person arrive later than me but get released earlier than me?” Most IMAs interviewed in this group knew someone who had been in detention for a shorter period than themselves and who had been granted a permanent visa, a BVE or who had been moved to CD. There was a perception that asylum seekers from similar backgrounds, e.g. age and ethnicity, arrived on the same boat etc, and with comparable asylum cases received outcomes in different timeframes and could be on different migration pathways.

There is no consistency here. They lie, tell the truth, you never know. [You] don't know why things happen to people and when this [will] happen. They say everyone is different, everyone has special circumstances. But there is no fairness in it (Male IMA, aged 31-44, 4-12 months in detention, Wickham Point IDC).

I have not got an outcome yet, but other people on my boat have already gone out on a bridging visa (Male IMA, aged 18-30, 4-12 months in detention, Brisbane ITA).

I have finished my POD [Protection Obligation Determination] interview and I got a negative outcome. I went to the IRT [Immigration Review Tribunal] one month ago and I am waiting for that. Someone on the same boat went to the IRT and he got a visa after 15 days, but I am still waiting (Male IMA, aged 31-44, 4-12 months in detention, Curtin IDC).

DIAC case managers and middle management confirmed that this was often how IMAs felt, and that they, as staff, also saw inconsistencies in ministerial decisions and how cases were processed (inconsistencies from a staff perspective are discussed extensively in chapter 8):

We hear all the time, ‘my boat is x and so why is person [on a later boat] going out before me?’ (DIAC staff member, APOD).

There are a lot of inconsistencies that we have to deal with. We get observable data that we can't explain, like one group where all are on the same boat and arrived at the same time and they are all out except one or two (DIAC staff member, IDC).

These perceptions resulted in a number of IMAs believing they were discriminated against. For example, some IMAs perceived that their ethnic group spent longer overall in detention compared to others, e.g. Sri Lankans or Vietnamese compared to Iranians. They perceived such differences to be the result of racism or punishment by DIAC for the misbehaviour of other IMAs in their ethnic group.

Most IMAs used the experiences of other IMAs' status resolution to evaluate and benchmark the progress of their own case and outcome. This meant that even among IMAs who had expected to be detained, witnessing people who arrived after them and who left before them led them to believe that the system lacked transparency, which in turn could have had a negative effect on their wellbeing. On the whole, the less time IMAs had been in detention, the more trusting they appeared to be of the status resolution process and their case managers. Even fairly new IMAs started to question

the processing system once they heard stories of unjust treatment. Perceptions of the resolution process being unfair, a gamble, or dependent on a case manager were conveyed to new arrivals through other IMAs or friends and family who had previously been through the process. However, IMAs who had spent longer in detention were more likely to report first-hand experiences of inconsistencies in the way in which their case was managed.

IMAs' trust in the system appeared to be significantly eroded when case managers had created expectations which were not met, for example by the date or timeframe for a particular outcome such as moving to CD being promised but not happening within the specified timeframe. However, case managers were rarely able to control whether a particular date or timeframe was met. This issue arose for all IMAs, but more frequently for those in detention longer than one year. Many IMAs in this group reported having their hopes raised and crushed. Some IMAs reported being told they had been selected for community detention or a bridging visa but were still in an IDF several weeks or months later. Confounding this issue of expectations was IMAs' and interpreters' understanding of fine nuances in the English language. A case manager may have said something like "We *should* know by x date" and this may have been interpreted simply as "It will be x date."

IMAs who had spent extended time in detention (12 months or more) were more likely to perceive a lack of transparency and were more likely to raise questions over procedural justice compared to those who had spent shorter times in detention. For many IMAs, perceived inconsistencies resulted in loss of trust in their case managers and the immigration system overall.

People who had been accepted as refugees but had a negative security clearance (ASIO outcome) had the least trust in the system. Among this group there was a strong sense of injustice, hopelessness and apathy. Although this group were a minority of those interviewed, some reported that they would have stayed in their home country if they had known that immigration detention would be indefinite (see also section 7.3 Expectations).

(Would you have come to Australia if you knew what detention was like?) No, I came to Australia to save my life, to have a brighter future. But here in the camps we are like animals in a cage. After coming here I think I should have stayed in [origin country], even maybe died (Male IMA, aged 18-30, over 12 months in detention, Sydney IRH).

Sometimes I think I should have died in my country and not suffered like this (Male IMA, aged 18-30, over 12 months in detention, Villawood IDC).

Most IMAs with negative security (ASIO) outcomes questioned the security assessment process and decision. IMAs in this group all stressed that they had not committed or been involved in any criminal activity. The sense of injustice was compounded by the lack of right to appeal against the merits of an ASIO decision.

Most (but not all) people with negative ASIO assessments were living in low security facilities, e.g. ITAs or IRH, and some questioned why they were held in such an environment if they posed such a high security risk.

As noted above, the perception of the lack of consistency and transparency in status resolution outcomes was shared by many of the DIAC case managers interviewed across different IDFs. Some DIAC staff perceived that DIAC National Office was at times slow to process cases and that decisions regarding status resolution appeared to be inconsistent and sometimes unfair.

We are battling individual cases where there seem to be inconsistent decisions from the minister. It doesn't make sense that someone on a major [police] charge gets out and another on a minor charge stays in (DIAC staff member, IDC).

7.1.3 Relationships with case managers

Overall IMAs reported good relationships with DIAC staff, including their case managers. However IMAs' positive perceptions of DIAC declined as they spent longer in detention. Most longer-serving IMAs had experienced many changes in DIAC staff members. The only certainty they could rely on about DIAC was that as an IMA they would meet new DIAC staff members in the future. There were few opportunities to build longer-term relationships with DIAC case managers because of staff movement. Most IMAs only experienced DIAC through case managers and some knew of their case officers and the difference in roles.

The majority of IMAs who had spent less than three months in detention said they were happy with their case manager, while only around half of those who had been in detention 4-12 months shared this view. Among IMAs who had spent longer than one year in detention, most understood that there was little a case manager could do to help them. Nevertheless, even some IMAs detained for short periods, and who had little contact with case managers, were uncertain about the support a case manager could provide. Short-term IMAs also appeared to have a stronger need for regular contact with their case manager; most complaints about case management from this short-term group related to the infrequency of contact.

IMAs who had spent 4- 12 months in detention felt more supported by their case manager when they saw them on a weekly basis (as was reportedly the case at DAL APOD and Brisbane ITA). There was also a sense of greater engagement with case managers in IDFs where DIAC had a shop front. The satisfaction of IMAs in this group appeared to rest largely on how they perceived their case to be progressing and the extent to which they thought their case manager supported them. A few people said they were unhappy with their case manager, but had not reported their concerns as they believed it could affect their case¹⁴. This was an example of how passive compliance with the status quo was more preferable for some than exercising their right to complain.

IMAs who had spent more than one year in detention had mixed views about case managers. While some reported that there were caring case managers, many IMAs in this group perceived that DIAC staff did not follow their own rules or stick to what they said they were going to do. A number of these IMAs perceived that their case manager

¹⁴We have no evidence that IMAs who had complained about their case manager had been penalised in any way. However the important finding was the perception that complaining would affect their case.

had negatively influenced their case and that they had been indirectly punished by their case manager for inappropriate behaviour, such as arguing with their case manager or self-harming. However the majority of IMAs who had spent more than one year in detention believed that their case managers had little influence over their case. While there was some evidence that case managers had a role in influencing IMA placement within the detention network (which may have depended on a range of factors including IMA behaviour and vulnerability), this perception was also likely to be related to decisions not being clearly understood by IMAs.

DIAC expects us just to sit there and accept. If we argue or question they try to indirectly punish us. That's the perception I have ... DIAC can delay the paperwork or influence where you are detained ... They are trying to do their job but it depends if you are lucky to have a good case manager (Male IMA, aged 31-44, over 12 months in detention, DAL APOD).

7.1.4 Role of the case manager

Interviews with both staff and IMAs indicated varied perceptions and interpretations regarding the role of case managers. Although many IMAs described their case managers as nice people, case managers' limited role affected levels of engagement between case managers and IMAs as well as IMAs' trust in case managers. Levels of engagement and trust were also affected by some of the challenges case managers face.

All staff understood that the role of case managers was managing IMAs' status resolution. On the whole, this was perceived to include informing IMAs about the status resolution process generally and managing their expectations. For many case managers, but not all, part of the role was perceived to be educating IMAs about the rules and regulations in IDFs. Some case managers believed that the role included monitoring the welfare of IMAs they were responsible for, for example, ensuring IMAs were eating, getting enough sleep, participating in activities and attending appointments.

Case managers' ability to handle IMAs' expectations about the status resolution process appeared to be critical to their success. However, managing expectations was challenging because IMAs had different expectations and responses. On the one hand many IMAs complained that they were not informed about how long they would be in detention and that it would be easier to cope if they were given a timeframe. On the other hand, if expectations were set but not kept, there was an erosion of trust between case managers and IMAs. Some DIAC staff suggested that the solution to this was to provide realistic messages, rather than offering promises that could not be delivered. Informing IMAs about the process was also important. IMAs often reported that nothing was happening with their case, particularly if they had not seen their case manager recently. However, case managers indicated that IMAs needed more information about what happened behind the scenes. At Brisbane ITA, for example, regular briefing sessions were held for IMAs about case management.

There were also significant differences in IMA perceptions of how much influence a case manager could have on an individual case. Several IMAs referred to their case managers as "the postman," demonstrating that case managers were not perceived as

decision-makers, but as delivering messages about decisions made elsewhere (i.e. Canberra). However, this picture was not consistent. Some case managers were perceived to be more effective than others at influencing individual cases. For example, some IMAs reported anecdotes about their friends being moved between IDFs or into CD because their case manager had advocated for them based on their (poor) mental health. Although case managers were not the ultimate decision-makers for status resolution some IMAs perceived that case managers had influence over decisions about such matters as where IMAs should be placed and the speed of their status determination¹⁵. Some case managers reported requesting a case to be progressed more quickly to DIAC National Office, encouraging IMAs to provide full information to expedite the process, or requesting migration agents to contact their clients:

Where the client is static and the clearance the client needs [to progress their case] could have been done 2 months ago but is only being started now ... the Protection Obligation Determination team can be sent email follow-ups and we can chase them up (DIAC staff member, Curtin IDC).

We don't make the decisions but we can refer on for guidelines assessment and advocate for particular outcomes. We advocate for some clients to get bridging visas (DIAC staff member, IDC).

Case managers engaged in different ways with other issues such as IMAs' welfare. Case managers were reported to be more involved in IMAs' welfare when the IMA was part of PSP, as DIAC staff would liaise with Serco and IHMS to discuss the person's risk rating and support needs. Confusion about the role of the case manager may have been exacerbated by the use of the word 'manager' in their job title, suggesting the job holder is in a decision making role.

Case managers' caseloads varied according to the number of detainees at facilities. However, case managers reported that a smaller case load was essential for providing better support to IMAs and allowing for more appropriate allocation of IMAs, taking account of their vulnerabilities.

Right now there are 40- 50 clients to one case manager, but at other times it has been 100-150 clients to one case manager. It's good now because clients get more support, not like when the client numbers were a lot higher and generally assigned randomly. But now we consider client vulnerabilities. Once they arrive, clients should be seen within the first week (DIAC management, IDC).

Contact between case managers and IMAs varied between facilities. Contact appeared to be stronger and more hands-on at some of the IDFs, in particular Curtin IDC, Construction Camp APOD, Brisbane ITA and Melbourne ITA. At Curtin IDC, case managers considered it best practice to see IMAs within their first week at the IDF. At other fieldwork sites, contact levels appeared more variable and dependent on individual case managers (see also chapter 8).

Staff turnover (often a result of deployments) also significantly affected the ability of case managers to build relationships, and therefore trust, with IMAs; this problem was

¹⁵Where an IMA has been identified as having a mental health problem, DIAC, Serco and IHMS collaborate to make a decision about the most appropriate form of detention for the individual. Case managers can refer clients who they believe have mental health problems but are not decision makers in this process. Nevertheless this was the perception of IMAs.

further compounded by limited opportunities for hand- over between old and new staff (staff turnover is discussed in more detail in chapter 8).

Changes in national policy also affected the case manager role. Policy changes were seen to impact on trust between IMAs and case managers. A case manager may have told an IMA something, but policy was subsequently changed, meaning that what they discussed was no longer valid, or that a change affected some IMAs one way and affected other IMAs a different way - and word spread about these different types of treatment. DIAC staff said that they believed it was difficult for IMAs to maintain trust in their case managers, given the working context of a rapidly evolving immigration policy, e.g. the 2010 six-month processing freeze on Sri Lankans and Afghanis, the Malaysia solution, the alignment of off-shore and on-shore processing, etc.

7.2 Reasons for leaving origin countries and coming to Australia

Around three-quarters of the IMAs interviewed spoke about their reasons for coming to Australia.

Reasons for leaving

A large number of IMAs reported that they had to leave or flee their origin country to save their life or escape from danger and threat. A considerable number of IMAs perceived that Australia was a country that provided protection and accepted refugees (unlike some other countries) or perceived that it was a good, safe country.

Some IMAs reported that when they had to leave their country (often in a hurry) they did not care where they were going; they only wanted to get out and be safe. When they or other family members arranged to, the only option they were offered (by people smugglers) was Australia. Others said that, because they did not possess a passport (sometimes because they were stateless), they were unable to travel legally to Australia or an alternative country. Several said that their refugee status was not accepted in the countries they had lived in before coming to Australia. For example, Kurdish people in Iran and Sri Lankans in Malaysia often perceived Australia as one of the few options they had to gain recognition of their status and live a safe life.

(Why did you come to Australia?) People from my village said good things about Australia and its policy to have a Humanitarian Program and that it has good policies about refugees. (Would you have still come to Australia if you had known you'd be in detention?) Yes, because I am not coming here for work or money. I'm coming to save my life. I didn't choose to come here to become rich (Male IMA, aged 18-30, 0-3 months in detention, Curtin IDC).

Coming to Australia

Many IMAs who spoke about their reasons for coming to Australia said that they were aware that Australia had a humanitarian program that accepted refugees, victims of war and crime and people in danger. Some reported that they perceived their chances of being accepted in Australia to be higher than in other developed countries. A small number of people stated that they had chosen Australia over other western countries

because they believed it more difficult to get to Europe or Canada. One IMA from Iran reported that he would have needed a fake passport to enter Europe and make a claim for asylum. Others said that the trip to Europe was much longer or that refugees in Europe had to wait up to four years to be accepted. At least four IMAs reported wanting or trying to get to Europe or Canada but failing. Three people said that they had chosen Australia because it was the easiest path.

Once I tried to get to Europe from Turkey. I departed through Afghanistan. I did not want to be deported again [like I was in Turkey], so I saved up some money and decided on Australia (Male IMA, aged 18-30, 0-3 months in detention, North West Point IDC).

We were forced to get out because of political problems. My husband left one and half years before and went to Turkey. If we went to Europe we needed to get out from there on a fake passport, but if we went to Indonesia we could use our own passport and then go on the water. I am scared of water but we went this way because there was no choice ... We came here not because of shortage or hunger but to save our lives ... We would have come even if detention was worse than this because of our life in [country of origin] (Female IMA, aged 31-44, 0-3 months in detention, DAL APOD).

Many IMAs reported that Australia was a good, safe country and a number explicitly mentioned freedom (of speech, religion, political persuasion) and equal rights (for men and women, different ethnic groups) as key Australian values and reasons for them choosing Australia. For others a good country meant that things were done according to rules, that the Australian government was just, safe and supportive, that families and children had a future (access to good education, jobs, and homes), and that there were higher standards of hygiene in Australia than in other countries. For many IMAs, their view of Australia was directly linked to perceptions about Australian people. Australians were described as peaceful and kind people who treated others humanely and with respect. Some said that Australia was multicultural, which was perceived to mean that Australians did not discriminate based on language, race or religion.

Less frequently mentioned reasons for coming to Australia included wanting to come to study and having family and community connections in Australia. A small number said that they did not know they were coming to Australia and that their family had made the arrangements on their behalf. Four people said that they had tried to come to Australia legally; one person applied through the skilled migration program and had been rejected; another was successfully accepted as a student at an Australian university but an incident occurred which meant he felt it was necessary to leave before his visa was issued.

7.2.1 Information sources

The overwhelming majority of IMAs who were aware that they were coming to Australia and had some information about the country before their arrival reported that they had accessed information through word-of-mouth and social networks. Social networks included specific individuals but more frequently many people, such as visitors and friends who had been to Australia in the past, village members who shared narratives and stories, and people who were already living in Australia - both people who had

arrived on visas or irregularly. For some, information about Australia was obtained through the internet and media reports.

I saw on TV news about refugees and that Australia was good compared with other countries (Male IMA, aged 45+, 0-3 months in detention, North West Point IDC).

I heard that there was a lot of chance of being accepted as a refugee in Australia; that it was a good country to bring my family to. I heard this on BBC TV programs on the Farsi and Persian news (Male IMA, aged 18-30, 0-3 months in detention, North West Point IDC).

Access to information about Australia prior to arrival was highly likely to influence IMAs' expectations about detention (or lack thereof) and life in Australia.

7.3 Expectations

IMAs arrived in Australia with mixed expectations. Among IMAs who spoke about their expectations, just over half reported that they expected to be detained, while the remainder did not anticipate detention. In the analysis we distinguished three groups of IMAs, those who:

- Did not expect to be detained
- Expected to be detained but did not realise what detention would involve
- Had pre-arrival expectations compatible with their experiences of immigration detention.

Some IMAs who did not expect to be detained also did not understand why they were being detained. Several questioned the process of detention in Australia and compared it to European countries where they had relatives who had gained refugee status without being detained in any way. Many also had varied expectations about what detention would be like, for example, some expected that they might be living in the community under supervision. Regardless, very few IMAs expected to be held in detention for lengthy periods.

7.3.1 Did not expect to be detained

Around a third of IMAs said they did not expect to be detained. This expectation did not appear to vary by nationality. The views about detention for people with this expectation were quite mixed. Among some IMAs who reported that they had fled persecution, imprisonment or had suffered torture and trauma, there were strong feelings of disappointment, stress and grief about being detained in an environment where their freedom was restricted and monitored. For example:

In my own country it was like living in jail so I thought of coming here to live free.... It [detention] is like living in a jail. When they [Serco] take me out I feel good for that moment but when I return, those feelings come back (Male IMA, aged 18-30, 0-3 months in detention, Brisbane ITA).

For IMAs whose families were experiencing critical issues in their country of origin, such as a family member who was suffering a serious illness, being in detention unexpectedly could be distressing, even from the start:

I did not think I would be in detention ... I wasn't thinking about these things. I thought I would just go there [to Australia] and be released and then I could support my family (Male IMA, aged 18-30, 0-3 months in detention, Curtin IDC).

Other IMAs appeared to cope better with detention even if they had not expected it. There was some evidence that people from more disadvantaged countries and countries affected by war, such as Iraq or Sri Lanka, were more likely to accept detention compared to people from more developed countries and affluent backgrounds, such as those from Iran. Many IMAs in the former group reported that, although they worried about their case outcomes, they were relieved that their basic needs, such as food, shelter, health and protection were met and that they were looked after to a high standard.

I did not expect to be in detention ... I thought it would be different than Iraq... I thought it would be worse than this (Male IMA, aged 18-30, 0-3 months in detention, Construction Camp APOD).

Of the people who did not expect to be detained around half said that they would have still come to Australia regardless of detention, most because they had no choice other than to leave their country or no other options to go to, and that detention was better than death and persecution. A few IMAs reported that they may not have come to Australia if they had realised they would be detained. Many of the IMAs in this group were people who had spent over 12 months in detention either on negative pathways or with negative ASIO assessments.

7.3.2 Expected to be detained

Among the IMAs who anticipated being detained prior to their arrival, expectations varied considerably. Several people in this group compared immigration detention to detention or incarceration in their home countries, irrespective of whether they had experienced it themselves. Most reported that the conditions were better than they thought a prison would be.

The majority of these participants said that they had expected to be detained for short periods (from 2 weeks to 3 months) while health and identity checks were completed. However, they often learned quite quickly from other IMAs in detention and from case managers that the times could vary and could be considerably longer.

Some IMAs reported that they were disappointed because detention was not what they had researched at home on the internet or heard through word-of-mouth. They found that immigration detention was not only much longer than the three months or 100 days that others had told them but that detention was also more restrictive and less comfortable than they had imagined. The information that people received about immigration detention prior to arrival appeared to be misleading in many cases and to set unrealistic expectations.

I didn't know much. I wasn't expecting how it is now. I just thought they would keep us for one to one and a half months. After processing we would be let free and go into the community and work. Now I do not see anything different between this and jail (Male IMA, aged 31-44, 0-3 months in detention, Curtin IDC).

I knew that there were some camps that people go to ... I did not know it was this type of process. I was thinking we have to go through it but day by day it is getting hard. Maybe because of the situation in my own country, in my own city because I think of my son and my brother (Male IMA, aged 31-44, 0-3 months in detention, Curtin IDC).

On arrival in detention, this disappointment was further compounded by stories from other IMAs about an unclear or unjust process of accepting or refusing asylum seekers.

7.3.3 Expectations were met

A much smaller group of IMAs reported that immigration detention was what they had expected and that they believed it was fair to verify asylum seekers' identity and refugee claims. However, the majority of people in this cohort had been in detention less than three months. Some people in this group had more realistic expectations regarding the duration of stay in detention. Expectations about time in detention varied from a few months to two years. Several people who had a good understanding of detention said their friends had told them about it prior to their arrival or they had researched it on the internet. One man reported:

I knew all about this detention centre before I came. Two friends had escaped [country of origin] and came here and contacted me.... It does not matter how long [I have to stay]. As far as I know this place has no particular rule. Some stay two weeks, some stay two months, others years (Male IMA, age unknown, 0-3 months in detention, Construction Camp APOD).

Interaction with other IMAs

For many IMAs however, pre-arrival expectations were updated by the stories and experiences of other IMAs once they arrived in detention. Thus, simply living with IMAs who had been in detention for longer periods than anticipated (and who potentially have more negative views about the detention process and experience) could fuel uncertainty, angst and anxiety.

I thought I would be in detention but I didn't know for how long ... Most of the time I think when will I get out of this place? Things are uncertain here and it is difficult not knowing [the outcome of case and length of time in detention]. Sometimes I get stressed when I see people who have been here for more than two years (Male IMA, aged 31-44, 0-3 months in detention, Curtin IDC).

Overall it appeared that expectations played a role in framing experiences of detention; those who expected to be detained were more accepting of the situation, at least at first. After a few weeks most IMAs appeared to be more influenced by their current situation and the information provided by fellow IMAs. Consequently their previous expectations were less relevant. For many people information from other IMAs was considered more reliable than that of case managers and other staff.

7.4 Detention environment

The architecture, layout, design and structure of facilities including the level and types of security measures, strongly affected how and what happened within a facility¹⁶. This was evident when comparing the different types of facilities, such as APODs and IDCs. In high security facilities, e.g. Northern IDC and Villawood IDC, security measures such as fences and gates were highly visible and the movement of detainees was strongly regulated. At some sites, IMAs were unable to move between compounds and often had to be escorted around the facility, e.g. to see visitors or to attend the IHMS clinic. This environment appeared to affect some IMA's wellbeing. For example:

When I saw Christmas Island immediately I was upset – the barbed wire ... I saw all this wire and I thought, 'oh my god'. It brings memories back of the sufferings back home (Male IMA, aged 31-44, over 12 months in detention, DAL APOD).

This looks like a prison and we are treated like prisoners. When you see fences and barbed wire, it's like a prison (Male IMA, age unknown, 0-3 months in detention, Villawood IDC).

IMAs who had been transferred from IDFs where there was greater freedom of movement, e.g. Pontville IDC, Melbourne ITA Curtin IDC, Brisbane ITA, Inverbrackie APOD, said that they had felt much better at the previous sites. However, even at lower security facilities, IMAs were affected by the detention environment:

The environment automatically causes stress and depression because we are inside temporary detention. But it's not a detention centre: it's a jail, a prison. A detention centre is where they bring you for a short time. Here you are inside a fence with no access to the outside. I don't have any options or choices. It's a prison (Male IMA, aged 18-30, 4-12 months in detention, Curtin IDC).

Some Serco, IHMS and DIAC staff shared the perception that the more freedom detainees were given, such as freely moving across a whole facility, and the less their movements were regulated, the better IMAs' sense of self and wellbeing was supported. For example:

It [Curtin IDC] is an open centre. Other sites have a lock down procedure at breakfast, lunch and dinner, where they close an area and limit access to other facilities. Here clients can move around 24 hours a day and across the whole facility. It allows them to interact with their social groups and gives them more dignity. They can get the support of others from other compounds. They can sleep in other places and they can move around and talk with a mate at 2am if they want (Serco staff member, IDC).

Compared with Northern IDC it's very different. Here it's good – it's a nicer environment and there's not a big fence. There are no gates and there's grass (Serco staff member, APOD).

However, greater freedom of movement may increase opportunities for harassment and tension between detainees.

¹⁶For a description of each IDF visited see chapter 4.

Common spaces such as dining and sporting areas and activity rooms could fill quickly, access to resources and activities could be limited and excursions were not always available to everyone (see also section 7.7 Activities and programs). Reduced privacy and limited resources reportedly impacted on relationships between IMAs (see also section 7.10 Relationships and interactions between detainees), although sharing rooms also provided IMAs with the opportunity to build close relationships.

Surveillance and intrusion

IMAs in some IDFs described the behaviour of service providers as intrusive, demeaning and humiliating. Some felt that they were constantly watched by Serco staff.

They count [us] three times per night. They knock on the door and ask if you are there. 11pm they turn on the lights and check if you are there. Sometimes they check in the middle of the night and then at 6am. I feel like I am in prison (Male IMA, aged over 45, 4-12 months in detention, Wickham Point IDC).

Some IMAs described the high security levels, numbers of Serco staff, and close monitoring by staff (often in uniform) as distressing, e.g. at Sydney IRH.

These examples show situations in which the wellbeing of IMAs may have been compromised by the perceived need to avoid risk. Some IMAs were distressed and embarrassed by the level of surveillance which they were subject to, and did not feel that the rationale for this level of security had been adequately explained.

7.5 Rules, regulations and information

Most of the IMAs interviewed appeared to understand that there were rules and regulations governing their behaviour in immigration detention. Most understood how to seek support or services or other information they required, even if it was from other IMAs.

7.5.1 Behaviour management

In addition to being processed on arrival in Australia (see section 7.1 status resolution), most IMAs remembered being informed very early on after their arrival in Australia about what was appropriate and acceptable behaviour and that everyone is equal and needs to be respected regardless of gender, religious beliefs or other characteristics or backgrounds.

IMAs generally understood that they were supposed to respect other detainees; not to fight or bully others; follow staff instructions; and not break or demolish detention property or steal. In summary they understood the rules of good behaviour in IDFs. Most IMAs who had spent less than one year in detention reported that they knew about the rules after being briefed by DIAC and/or Serco staff. Some learnt about the rules from other IMAs who had been detained for longer than them. A number said that they learnt the rules simply by observing what was happening around them, and a minority said that the rules were common sense and they did not need to be told how to behave.

A number of IMAs believed that if they behaved badly (for example, self-harming or destroying property) this may negatively impact or delay their status resolution. IMAs who had spent a short time in detention generally reported that not following the rules would slow down or delay the progress of their case. This was confirmed by a number of staff who said that IMAs were told that their case or opportunities for CD or a BVE may be affected by negative behaviour. For example:

If there are any behavioural problems we let the client know that non-compliance is going to affect their eligibility to go to community detention. For example, I had a person that was not attending IHMS mental health appointments. They were informed that this might affect the possibility of CD. He then went to the appointments (DIAC staff member, APOD).

We are now spending time advising clients about their behaviour and the effects on their visa process (Serco staff member, IDC).

I tell them [IMAs] that if they mix with the wrong people, do self-harm or damage property their case will slow down (DIAC staff member, IDC).

Longer term IMAs had more ambiguous responses about bad or unacceptable behaviour. Some believed it could lead to severe consequences such as being placed in isolation, being detained in a higher security part of an IDF, being denied access to excursions, or even removal to Northern IDC or Christmas Island. These measures were confirmed by staff who stated that unacceptable behaviour was dealt with using a number of options. This included increasing a detainee's risk rating (which limited opportunities for movement to lower security facilities, granting of visas or excursions, amongst other entitlements); being placed on a Behaviour Management Plan (which may include being moved to a different compound within a facility); or in extreme cases being moved to a higher security IDF altogether.

IMAs viewed these consequences as a form of punishment for bad behaviour. Several IMAs perceived that Serco staff took notes about incidents of bad behaviour and recorded them in IMA case files. On the other hand, IMAs who had spent longer time in detention often noted that bad rather than good behaviour was rewarded, because they had witnessed IMAs who were involved in riots and fights leave detention completely, receive a BVE, or be released into CD.

Many IMAs were able to report incidents where Serco staff had dealt with poor IMA behaviour. They often involved reports of Serco staff intervening in arguments between detainees, some before they escalated, and reminding detainees that bullying and fighting were unacceptable. However, IMAs who had spent more than one year in detention reported incidents where Serco staff should have, but did not, intervene, for example, when IMAs were arguing or fighting. Some staff were also frustrated that there were limited options for managing negative behaviours.

I think we over-cater to clients. There are no penalties for misbehaviour. They can break a computer and the next day there is a new one (DIAC staff member, IDC).

Sometimes behaviour plans work and other times they don't. As soon as a client realises that you don't have power to imprison them, then we lose credibility and there's not much we can do (Serco staff member, APOD).

Among IMAs who had only spent a short time in detention, Serco was generally considered kind and fair when intervening in situations. However, among some IMAs who had spent two or more years in detention, there was a perception that Serco had introduced rules to disturb IMAs peace and that they were often treated disrespectfully or harshly when Serco staff were implementing regulations (for example, during room searches).

Staff attributed negative behaviour (or not following IDF rules and regulations) to a number of factors, including IMAs frustration with their status resolution or IMAs trying to influence visa outcomes. One example was self-harming to influence their case positively. Staff also attributed good behaviour and compliance with rules and regulations to a number of factors including the development of strong relationships and high levels of interaction between staff and IMAs (see also section 7.11 relationships and interactions with staff); staff clearly explaining the consequences of unacceptable behaviour and *why* it is unacceptable; having relatively low numbers within an IDF; and having fewer long-term IMAs in the IDF population.

Right now we have a fairly new group of clients so the dynamics are very different. Before we had a lot of people in detention for a very long time and they were the majority of the client base. Now a majority are about or less than six months in detention. It makes a difference to how we manage them (DIAC management, IDC).

7.5.2 Finding information and making complaints

On a day-to-day basis IMAs found out about what was happening in detention, for example, facility procedures or how to access certain services, through other IMAs and Serco staff. However, there were a few exceptions and some IMAs reported seeking information first from their DIAC case manager or on the internet. The data also indicated that IMAs were most likely to seek information through word-of-mouth rather than written information, such as information provided by services on noticeboards and leaflets. A significant proportion of IMAs in detention at the time the study was conducted had minimal literacy and education levels.

IMAs who had spent longer in detention tended to be clearer about whom to speak to if they had a problem or a question. For example, they knew to contact their DIAC case manager about status resolution issues and Serco staff if they had general needs or complaints. For other information gaps, IMAs tended to speak with their social network of other IMAs. However, while most IMAs appeared happy relying on their social group for information, this sometimes resulted in incorrect or conflicting messages and a lack of understanding about why certain things did or did not happen. Nevertheless, few IMAs reported problems with accessing information. Most were happy that if one source did not know something they could use another. However, IMAs did not like to be referred back and forth between service providers for information. One example of the 'toing and froing' that caused frustration was requesting food exemptions for religious fasting, which appeared to fall between the responsibilities of DIAC and Serco.

Few IMAs who had spent less than one year in detention had made a complaint, but most understood how the complaint process worked. A few IMAs said that they had

raised concerns or issues at Client Consultative Committee (CCC) meetings¹⁷. However, the majority of IMAs complained to Serco if they needed to get something fixed or to request different activities or new equipment. Among IMAs who reported they had complained to Amnesty International, the Ombudsman or to the Minister of Immigration about their case, or who had attended a CCC meeting¹⁸, most had been in detention for over one year.

Although a number of people were satisfied with the outcome of their complaint, the majority said that nothing had happened as a result of their complaint, which was a source of frustration. For some IMAs this contributed to feelings of not being heard or responded to. This appeared to result in apathy among some IMAs. As a woman at DAL APOD in Darwin explained, when numerous requests or complaints go unheard “You just stop asking.” Slow processing of requests and complaints may therefore contribute to a culture of not complaining. This may be concerning if it affects individuals’ confidence in raising or complaining about sensitive or serious issues.

7.6 Basic needs

On the whole, IMAs reported that their basic needs such as food and clothing were adequately met. However, a number of IMAs interviewed expressed concerns about issues such as the type, quality and quantity of food, the ability to exercise choice around what and when to eat and what they were given to wear.

7.6.1 Diet, meal times and food preparation

Food and meal preparation were an important theme for many IMAs as it not only constituted their nutrition and energy but was also a significant cultural, social and religious identifier. For anyone, irrespective of culture or circumstances, selecting and preparing food provides the opportunity to exert significant agency over a basic need.

Approximately two-thirds of the IMAs who spoke about food in their interviews were positive about the food they received. This was largely consistent across different types of facilities (IDFs and APODs). IMAs were particularly satisfied when staff were responsive to their needs. For example, a number of IMAs reported that food had improved at Construction Camp APOD after IMA consultations. At DAL APOD IMAs reported that the chef changed the menu to cater for vegetarian requirements once it came to their attention that some of the IMAs were vegetarian.

However, a significant number of IMAs reported that they would like to see a greater variety of food on offer and that they would prefer their food to be more or less spicy (depending on personal and cultural preferences).

Food is tolerated; I don't feel that it is enjoyable food. There are only two-three types of food, meat, meat and meat. Different types of meat, beef, lamb,

¹⁷ Almost all sites hold monthly CCC meetings that provide a forum for detainees to raise matters of concern to service providers (Detention Services Manual, 2010, Chapter 4: Client consultative committees, p3).

¹⁸ Most IMAs did not know what CCC was. Some who had attended said it was a waste of time because nothing happened as a result.

chicken but sauces and spices are the same (Male IMA, aged 31-44, 0-3 months in detention, Construction Camp APOD).

This demonstrates the challenge for IDFs of satisfying the cultural and taste requirements of large numbers of people from a wide-variety of cultural and religious backgrounds, something that staff were generally aware of. Some IMAs complained about the amount of food that was wasted because it was not to their taste or culturally appropriate. Preferences for particular types of food were often expressed in relation to cultural needs. Although provision of culturally inappropriate food was rare, one IMA reported being given pork, which he did not eat due to religious beliefs.

Although it was a constant challenge for IDFs to cater for many and sometimes conflicting tastes, lack of appropriate food resulted in a handful of reports of IMA's losing weight, probably because they were not eating enough, or weight gain because the food was richer than they were used to. A number of IMAs had very specific complaints about food being poorly prepared and sometimes under-cooked. Food on Christmas Island (North West Point IDC and Construction Camp APOD) was reported by both staff and IMAs to vary in quality, particularly fresh food, due to the facility's remote location.

In several of the detention facilities visited, the main complaints around food concerned lack of choice of meal times which affected IMAs preferred daily routines. For example, many IMAs slept later into a day and they did not want to get up for specified meal times (see also activities and health sections). Some IMAs managed this by taking food to their rooms and storing it in mini -fridges to eat later, which raised concern among some Serco staff about food health safety. In some centres, for example Curtin IDC, IMAs were not allowed to take food back to their rooms for this reason. A number of IMAs disliked the requirement that they were obliged to attend specified meal times in order to meet Serco's welfare check (have their name ticked off a meal attendance list). Meals checks were conducted so that staff could ensure that detainees were eating and so reduce welfare concerns. Some IMAs perceived that this was more about staff checking whether IMAs were on hunger strikes. The concern about staff checking when IMAs were eating was reported by some IMAs at DAL APOD, Wickham Point IDC and Melbourne ITA, although it was not an issue raised by staff in interviews and was not specified in the DSM.

If the food is not good, we don't eat it. We will take bread and have tea. Immediately the welfare officers will come and say in a threatening way that we are causing problems and are protesting [by not eating the food]. We are told that we will be sent to another camp. But we don't eat simply because the food is not to our standards (Male IMA, age unknown, 4-12 months in detention, Melbourne ITA).

Where IMAs were allowed to cook for themselves or participate in meal preparation there appeared to be far fewer complaints around food. Among the fieldwork sites visited, IMAs had full cooking facilities at Inverbrackie APOD, Villawood IDC (Blaxland compound), and Sydney IRH. Some other sites had limited cooking facilities. At Melbourne ITA there were reports from staff that IMAs had the opportunity to assist catering staff, although IMAs were not allowed to cook on their own). At North West Point IDC IMAs had food preparation areas with toasters and microwaves for making

light snacks and at Villawood IDC there were reports from both staff and detainees that some detainees were cooking in their rooms. However, the latter did not appear to be formally sanctioned. Detainees liked cooking for themselves for several reasons:

- It ensured they had food to their taste and preferences
- Cooking provided an opportunity to exercise a certain level of agency and choice in meeting their own needs
- Meal preparation provided a structure to their day by providing some routine to the experience of detention
- Preparing food facilitated the feeling of acting in a culturally appropriate manner.

While there was greater choice around diet in facilities where detainees could cook, Sydney IRH was not exempt from complaints, particularly that IMAs were unable to choose where to buy their groceries. IMAs in Sydney IRH also reported that their weekly grocery allowance was inadequate to buy all the products they required to cook meals¹⁹ and that there was a lack of variety and choice in what they were able to purchase. IMAs at Inverbrackie APOD were able to buy their own groceries from a shop within the IDF. Unlike at Sydney IRH, there were no complaints about this process or the allowance, and Inverbrackie IMAs reported that if they asked for something specific, it was usually provided.

At IDFs where IMAs were unable to cook, a number reported that they would like the opportunity to do so. For example:

If they could give us a cooking facility and we can buy our own food, even if it is eggs to make an omelette. It may not be much but we can cook it to our liking and maybe cook in a group (Male IMA, aged 31-44, 0-3 months in detention, North West Point IDC).

Some IMAs commented that if they could at least prepare their own meals or help in the dining areas, they would have something meaningful to do, a real purpose during the day, which would help to make them feel better.

A number of staff also thought that cooking opportunities would be beneficial for detainees in terms of providing some independence, dignity and improving morale. At Curtin IDC, an opportunity for IMAs to participate in some cooking activities was being investigated at the time of the fieldwork visit, for example, cooking and preparing food for religious festivals and within a cafe environment. Serco staff reported that the main reason for not allowing detainees to cook or to assist in meal preparation was because it contravened Serco's health and safety regulations, with particular concerns about IMAs using kitchen knives.

It appeared that over time many IMAs' tensions and disappointments with the detention experiences became focused on food and food preparation took on a symbolic value for these IMAs. In particular, their lack of agency in relation to food selection and preparation and eating times contributed to their overall feelings of passivity, loss of control and the process of institutionalisation.

¹⁹The grocery allowance is to support people living in an IRH or APOD to purchase food and household items for consumption in their accommodation. The amount is set by the regional manager in consultation with departmental staff and the DSP (Detention Services Manual, chapter 2, page 11).

7.6.2 Clothing and other personal items

Most IMAs appeared content with issues around clothing. Many IMAs brought clothes with them or had clothes sent to them from overseas. There were also reports of IMAs sharing clothes with each other. Where IMAs did not have sufficient personal clothes, DIAC provided clothing, and in many cases people appeared content with this arrangement. However, there were some complaints from IMAs regarding the amount of clothing they were provided with, the restricted range of clothing (in terms of styles and colour), lack of access to appropriately sized clothing and the time it took to receive new clothing.

At Construction Camp APOD and Curtin IDC, some IMAs reported that they did not have enough clothing because they exercised very regularly, which meant that they had to wash their clothes every day. Some IMAs reported that there was often no clothing available in the sizes they required:

Sometimes we don't receive proper clothing. Today my wife is wearing a man's t-shirt which is inappropriate (Male IMA, aged 18-30, 4-12 months in detention, DAL APOD).

Some women with children (in APODs) were particularly concerned about clothing provision. For instance:

I put a request letter in to the support office for some clothes but I'm still waiting. For almost one month I've had no result, no answer. They said your son is too small and we don't have that size. But I'm still waiting (Female IMA, aged 18-30, 0-3 months in detention, DAL APOD).

There is a shortage of clothing – not enough for my kids. They go through their clothes; they get dirty. My son had a cut in his trousers and I had to stitch it up. Children need more variety in their clothing, say every month. It would be good if they gave it to us so that we are not asking or begging every month (Female IMA, aged 18-30, 0-3 months in detention, Inverbrackie APOD).

Although a less significant concern, a number of IMAs also complained that everyone's clothes were the same colour. Lack of choice about clothes including colour and style may also contribute to institutionalisation; it reduces one aspect of individual and cultural expression.

The main concern about clothing was the time it took for requests to be processed. Several IMAs reported that they had submitted forms to request basic clothing, such as underwear, baby clothing, or clothing in a particular size and that it could often take a month or longer for requests to be processed. This issue was raised across a number of sites including DAL APOD, Villawood IDC and Construction Camp APOD.

The delays associated with Serco processing clothing requests were clearly an issue for the more remote centres such as Christmas Island, due to the time that it took to order and receive supplies from the mainland. However, at some sites it appeared to indicate inefficient procurement processes, with new clothing stock not being ordered until existing stock was exhausted. For example, a DIAC staff member reported that the provision of clothing was efficient if there was clothing in stock, but not when it ran out. This meant IMAs had to wait for orders to arrive.

In other IDFs, such as DAL APOD, North West Point IDC and Villawood IDC, both IMAs and service providers reported difficulties or major delays for IMAs to access their personal belongings. In some cases this was because specific items, such as mobile phones, were not permitted within facilities. A number of IMAs said that the money and other valuables they arrived with was taken from them on arrival and would be returned to them when they left detention.

7.7 Activities and programs

The provision of appropriate programs such as English lessons, excursions, recreational and cultural activities is part of the service contracts between DIAC and Serco. All detention facilities provided a range of recreational and social activities, as well as some opportunities for learning. However, there appeared to be large differences in the range and quality of activities and programs available across the IDFs due to a range of factors, including the remoteness of a facility (meaning there were only a few low risk excursions available), the capacity of Serco to assign staff to support excursions and contractual requirements. IMA access to and satisfaction with activities varied considerably between facilities.

All of the IDFs provided English lessons and all but one of these had dedicated staff teaching classes. The majority of IDFs provided organised sports, such as soccer, cricket and volleyball as well as games such as chess, cards and pool and most had a library of some type. All sites provided detainees with internet access, and some with computer classes. The majority of IDFs ran excursions for detainees (although they varied considerably in frequency), including visits to zoos, parks, beaches, cinemas, swimming pools and places of worship. At Melbourne ITA some excursions were individually tailored to IMAs' interests, like visiting the coach of a sports team.

Approximately half the sites visited provided art and craft classes and specialised lessons about living in Australia. The latter provided IMAs with the opportunity to learn about Australian driving rules, how to open a bank account, how to pay rent and bills, how to access Medicare and so on. These were very well received. There was evidence that at three of the IDFs (Brisbane ITA, Curtin IDC and Sydney IRH) IMAs could participate in gardening. Other less frequently provided activities mentioned by IMAs and staff at Inverbrackie APOD, DAL APOD and North West Point IDC included yoga and relaxation classes, healthy lifestyle lessons, music lessons, women's groups, cooking and sewing classes and community projects.

7.7.1 Positive features

Generally, IMAs who had spent less than three months in detention were satisfied with activities and programs. Satisfaction levels with programs and activities were higher when IMAs reported that a wide range of activities were available to them. Many IMAs, particularly those who had spent a short time in detention, reported that activities helped them to feel better and to distract them from worrying about their situation.

Some programs and activities were particularly popular with IMAs. These included all forms of living in Australia classes, Aqualand at Curtin IDC, sewing at Inverbrackie

APOD and any projects that were community-based. The Aqualand project was exclusive to Curtin IDC and provided IMAs with the opportunity to engage with and learn about gardening. Staff attributed the success of Aqualand to the fact that it gave participants a sense of dignity, respect and pride in what they achieved. However, Aqualand did not appeal to the interests of all IMAs. This was somewhat problematic given that both IMAs and Serco staff reported that participation in Aqualand was a prerequisite for participation in excursions at Curtin IDC.

IMAs also spoke positively about community-based activities and projects. Those described in interviews included:

- Sports matches against local teams, for example Curtin IDC IMAs played cricket in the Derby cricket fixtures
- The restoration of a historical gun in a park area at North West Point IDC
- Putting in a garden at an aged care facility at Curtin IDC.

These activities were seen as valuable because they provided IMAs the opportunity to practise English, to learn new skills or to teach others skills, to participate in a meaningful activity and to work outside the detention environment, all of which contributed to their sense of wellbeing. Such community activities were reported by staff to inspire IMAs to learn English. Some facilities, e.g. North West Point IDC, Brisbane ITA and Northern IDC, had piloted a directed persons program, where approved members of the community were able to take one or two IMAs on excursions out of the detention environment, for example to the cinema. External stakeholders reported that this had good outcomes for IMAs, as it provided an opportunity for IMAs to manage their own behaviour. However, it was unclear at the end of the fieldwork period whether the pilot would be rolled out across the network. One external stakeholder indicated that all the good work that had gone into setting up the pilot project with local community members had been lost due to the extensive time DIAC had taken to evaluate the project, such that some community members had disengaged from the program.

One of the main benefits of community-based activities and excursions was the opportunity for IMAs to leave the detention environment, giving IMAs a sense of freedom and a chance to experience Australian life. These activities also gave some community members the opportunity to interact with IMAs and possibly reverse negative stereotypes of asylum seekers.

7.7.2 Program and activity challenges

IMAs and staff raised a number of challenges and problems regarding activities and programs. They related to the range and quality of activities, as well as access issues.

English lessons

Many IMAs raised concerns about the adequacy of English language classes. These concerns varied for different IMAs. There was criticism of the experience and skill of some teachers. At most IDFs, qualified staff contracted by Serco provided English lessons. However, at one IDF volunteers reportedly ran English classes. This was

reportedly due to the nature of that IDF's contract—it was not required to offer English classes. Some IMAs reported that lessons had little structure, with others reporting that they were only taught grammar and no conversational English and others stating that they didn't learn enough grammar. Some just wanted normal, everyday conversation classes. Many IMAs were not happy that whenever new IMAs arrived, or they themselves were moved to another facility, it felt like they were starting all over again rather than continuing at an appropriate level that took account of their ability.

For some IMAs with no English language knowledge and no or little literacy in their own language, classes were challenging because they were reportedly conducted exclusively in English, although to provide classes in every IMA language would not be feasible. A few IMAs reported that they believed the English classes were so poor that they preferred to learn by themselves using other materials, such as library books, online programs or books sent to them by friends and family.

Some IMAs, particularly those on negative pathways, dropped out of English classes due to apathy around their case. As soon as they heard some positive news, their interest in learning English rose.

Resources and equipment

A number of IMAs reported that the activities they participated in did not have adequate resources, for example lack of space, lack of equipment like sewing machines or musical instruments, or lack of sporting equipment like footballs or tennis balls. At some sites, service providers said that there were not enough covered areas outdoors. This was particularly problematic at IDFs located in tropical climates where the weather could be extremely wet, hot and humid. There was also a report from a staff member at Inverbrackie APOD that some external suppliers would no longer fill orders for them because of the time it took to get paid.

In part the lack of available resources may have been attributable to large numbers and lack of space for the large proportion of IMAs who wanted to participate in a particular activity. Popular activities could fill-up quickly and some IMAs were reportedly unable to participate as a result. This was a particular problem in the context of the Individual Allowance Program (IAP). IAP allows IMAs to accumulate points based on their participation in programs and activities (for more information see below).

Computers and internet

In some IDFs computer shortages were reported and the quality or speed of internet connections was criticised, e.g. at Villawood IDC and Inverbrackie APOD²⁰. Slow internet connections were particularly problematic where IMAs only had limited internet access. Many IMAs reported that access was limited to 30-60 minutes per person per day. Limited computer access, in terms of amount of time and the periods of availability of computers, reportedly made it difficult for some IMAs to communicate with family and friends. For example, many IMAs wanted to use computers at night, due to time differences between Australia and their countries of origin, but were unable to do so.

²⁰Staff at Inverbrackie APOD were aware of this situation and it was being addressed at the time of fieldwork.

An exception to this was Curtin IDC where Serco staff reported that computers were available 22 hours a day.

Excursions

The limited space available on excursions was problematic, especially at IDFs with few regular excursions. Some IMAs complained that the same IMAs were always selected for excursions and perceived that participation in other activities was a prerequisite to being selected (note the Aqualand, Curtin IDC comment above). Staff also reported that only low-risk IMAs were allowed on excursions. Where IMAs did participate in excursions, there was some criticism that excursions could be repetitive, as visits were often to the same places. The latter was primarily due to the Serco requirement for a prior risk assessment of the site which took considerable time and effort to conduct. IMAs were particularly critical if they were escorted by Serco staff in uniform, which made them feel stigmatised when they were in the community. However, at some sites, Serco escorts wore civilian clothing.

A number of staff at various IDFs also commented that excursions were sometimes cancelled when there were staff shortages and that if they had more Serco staff they would be able to run more excursions. On Christmas Island, no program facilitators attended excursions: the island bus tour was effectively a bus ride and IMAs had no interpreter who could describe points of interest.

Activities for specific groups

Another concern regarding activities was that there were not enough activities catering for certain groups such as women and older or frail IMAs. The latter was particularly relevant at facilities where activities were largely sports-based or physical such as gardening. Although all the APODs we visited ran activities for women, there were some reports of overcrowding. A number of women said they were unable to participate due to the lack of childcare. A few IMAs in APODs also stated that although there were activities available for all members of a family, there were few activities that a family could participate in together as a family unit.

Other criticisms included a lack of activities in the evening and that it was difficult to find out about activities if IMAs could not read, as information such as timetables was usually posted in English only on information boards.

For IMAs who had spent more than three months in detention, the main problem was loss of interest. Several male IMAs reported having little motivation to participate in activities because they felt too down, depressed or tired. These IMAs often reported problems sleeping and sleeping late into the day which also affected their ability to participate. Furthermore, many longer-term IMAs reported that activities and programs were repetitive and boring, were not meaningful and did not distract them from their over-riding concern with their status resolution. Staff also reported that activities needed more tailoring for longer-term IMAs who could be difficult to engage.

7.7.3 Potential activities

Many of the activities that IMAs reported they would like to do may be thought of as meaningful activities that have a purpose beyond passing time. For example, at IDFs where living in Australia classes were unavailable, IMAs stated that they would like to know more about the Australian community and what life would be like if they were granted visas. At IDFs where living in Australia classes were available, they were very positively received; many IMAs wanted more of these classes. Many IMAs, particularly longer-term detainees, wanted to participate in education or vocational training and to obtain qualifications, even a driver or truck licence²¹. This included a desire to obtain a formal English language qualification or engage in the International English Language Testing System (IELTS). Some IMAs were even prepared to pay for education themselves. IMAs with existing qualifications were keen to re-train or convert their qualifications to meet Australian standards, for example, electricians, welders or mechanics. A number of IMAs stated that they would like to learn to drive. IMAs perceived that participating in these types of activities would help them to gain work in Australia once they had received a visa, or at least provide them with greater opportunities elsewhere.

Several IMAs reported that they would like to use their existing skills in the context of detention, for example, to teach other IMAs a skill, to make and/or alter clothes or to cook. A number of IMAs said they would like to work in the IDF, for example take part in jobs such as cleaning or cooking, because it would feel like a real or useful activity. In a few cases this already appeared to be happening, with some IMAs reporting doing activities such as helping in the IDF library, helping other detainees use the internet, supporting English teachers in classes if their English was already reasonable, e.g. at Villawood IDC, or helping prepare food in the kitchen, e.g. Melbourne ITA. Serco staff reported that such work activities were feasible as long as IMAs were not used to replace staff.

7.7.4 Activities for children

At all facilities accommodating families, parents with school-age children (and who spoke about school) said that their children were attending local schools²². At Inverbrackie APOD, DAL APOD and Construction Camp APOD parents were generally pleased their children were attending schools in the community and pleased with the education provided. They reported that their children were happy to go to school and that they were making friends. At Sydney IRH, parents were critical that their children were escorted to school by Serco staff in uniform. Some children also received after-

²¹ Persons in immigration detention are not permitted to undertake courses that are directed towards achieving formal qualifications. They may, however, participate in workshops and non-award educational programs and receive a 'recognition of attendance' certificate. Detainees are not permitted to undertake tertiary courses, as this may undermine student visa policy objectives (Detention Services Manual, 2012, Chapter 5 – Programs and activities, p6).

²² Minors residing in immigration detention are provided with access to schooling. Recognising that parents remain responsible for their children, parents are encouraged to allow their children access to available educational services. However, as they are unlawful non-citizens, their attendance is not compulsory (Detention Services Manual (2011) Chapter 2 – Minors in Detention, p11 and Chapter 5 – Welfare: Programs and activities, p7).

school homework support or informal support from Serco staff, for example with reading. This was reported by IMAs at DAL APOD and Sydney IRH. For younger children there were also playgroups or specific playrooms for children.

To help ensure school readiness, at Inverbrackie APOD a curfew was imposed on children to be in bed by a certain time at night and parents to be in their own homes (not visiting) at a slightly later time. Some parents appreciated the curfew, as it reinforced what they had told their children. For some parents it reduced their parental responsibilities by making it Serco's responsibility. On the other hand, at DAL APOD one mother complained that there was no curfew and consequently her 14 year old stayed up late and mixed with what the mother considered the wrong type of people.

7.7.5 Individual Allowance Program

The IAP operated in all facilities to enable detainees to exchange points for small items such as personal care products, telephone cards, stamps, writing paper, cigarettes, memory sticks and snack food obtained from a canteen located within an IDF. IAP points were not used for purchasing services such as additional internet access²³.

The stated objectives of the IAP are to encourage participation in programs and activities in order to promote physical and mental wellbeing, and improve the quality of life for detainees. By providing access to incidental items and limited acquisition capacity, the aim was to enable detainees to exercise a level of control over their daily lives²⁴.

The DSM states that adults in detention should be allocated 25 points per week, with an additional 25 points available for accrual each week through participation in programs and activities, such as going to gym or English classes. Points are allocated at the rate of two points per hour.

The DSM also states that if programs and activities are cancelled or postponed or detainees are unable to participate (for example, due to sickness or injury), points may be allocated by discretion.

The accrual of IAP points through activities and programs was in the process of being rolled out to IDFs at the time of fieldwork. At some facilities, it was fully operational, while at others visited, it was in the process of being implemented. This meant that at some IDFs IMAs received 50 points without a requirement to participate in activities and programs.

Most male IMAs reported that they spent their IAP points on cigarettes and phone cards. Purchases also included headphones, toiletries, snack food, dictionaries and MP3 players and flash drives (USB / memory sticks). There were also reports that IMAs who did not smoke bought cigarettes to trade items with IMAs who had items sent from family and friends. However, some IMAs were disappointed with the variety of goods available to purchase using IAP points. For example, IMAs at different facilities reported that they would like to purchase clothes, or material to make clothes;

²³Australian Government Department of Immigration and Citizenship and Serco Detention Services
Contract: Immigration Detention Centres (Public Release Version)

²⁴Detention Services Manual (2011) Chapter 5 – Welfare, Individual allowance program in IDFs, pp4-6.

some wanted more fresh food and less junk food while others requested craft materials and notepads, backpacks, MP4 players, books and make-up. IMAs also indicated that they would like more choice in terms of brands of goods. At some IDFs, such as Melbourne ITA and Inverbrackie APOD, IMAs reported that they were able to make special requests for goods, which staff would then order specifically for them. A number of IMAs also stated that they would like the opportunity to accrue points over time to enable them to save for more expensive items, rather than losing points if they were not spent by the end of a given period.

At APODs and the IRH, there were reports that the choice of goods for children was limited. In Sydney IRH, for example, parents complained that at first there had been few options for them to redeem points for their children. Although there were reportedly more child-focused products available than there used to be they did not fully meet children's needs as parents were unable to accumulate points to get their children a more expensive or meaningful item.

A range of other issues with the IAP system were reported. Some IMAs valued the association between IAP and activities, but others resented the changing regulations, which sometimes meant they felt coerced into participating in activities. Some noted the inconsistency between facilities. As noted above IAP was not fully operational at all IDFs and a considerable proportion of IMAs who had moved between facilities were aware of these differences. Inconsistency was also associated with whether IMAs were able to collect additional points if they were unable to participate in activities, for example if they were ill.

IMAs reported that sometimes they would receive points if they were sick and at other times they would not. Some detainees also reported that it could be difficult to collect additional IAP points because activities and programs were often at capacity (i.e. classes were full), that points could not be collected for all activities, or only at certain times (for example, if there was an instructor in the gym).

Staff had mixed views about the IAP system. On the one hand, some staff thought that providing points for participation in activities was a positive innovation which incentivised detainees to participate in structured activities. Others felt that it was a source of stress for detainees, and that the system was undermined by detainees who participated in activities merely to gather points and that the system was cumbersome to administer.

While there was overall agreement that encouraging participation in activities was a positive goal, it appeared that this program required more development and evaluation to ensure that its benefits outweighed its costs, including staff time, transaction costs and detainee frustration.

7.8 Religious practice

Religion is an important part of many people's identity and having the opportunity to practice religion may contribute to a person's wellbeing. Hence supporting detainees' religious practices and participation in religious festivals and ceremonies should be a

relatively high priority within the detention environment. DIAC understands this given that the DSM states that all IDFs should have a religion liaison officer²⁵.

The majority of IMAs reported that practising their religion was relatively easy in the detention environment. Those who wanted prayer mats and holy books (for example, the Koran) were provided with them, in accordance with the DSM²⁶. Overall satisfaction levels regarding religion were consistent across IDFs. Exceptions to this were IMAs interviewed at Brisbane ITA, Northern IDC, Sydney IRH and Villawood IDC, where these IMAs more frequently expressed dissatisfaction with their ability to practise religion. While this may be related to access to appropriate facilities and support for religious practice, it may also be related to the average length of time these IMAs had spent in detention.

IMAs were most satisfied with religion where they had a dedicated place for worship, such as at Curtin IDC. At IDFs where there were limited facilities for worship, IMAs were satisfied if they perceived there were adequate opportunities to worship in the community. For example, at most facilities visited, IMAs were taken on weekly excursions to the local temple, church or mosque. Most IMAs welcomed the opportunity to practice their faith outside the detention facility. However, this was not without problems, with a number of IMAs revealing they were uncomfortable attending a place of worship when they were accompanied by Serco staff. These IMAs believed their peace was disturbed by being constantly watched. They were also concerned about the presence of Serco officers disturbing other worshippers. Concerns were heightened when accompanying staff were perceived by IMAs not to respect customs and traditions. For example, refusing to remove their shoes when entering the temple or mosque in an IDF²⁷. This example was provided by an IMA at Sydney IRH and an external stakeholder who was a visitor to IDFs on Christmas Island. For a minority of IMAs, such circumstances resulted in them opting not to attend places of worship in the community. A handful of IMAs were also critical when prevented from accessing community-based worship. IMAs at Northern IDC, for example, reported that their access to worship in the community was removed because of the bad behaviour of some IMAs.

Within some IDFs, dedicated space for worship was limited. At most sites meeting rooms were used for worship and were shared by different faith groups. For example, at North West Point IDC, DIAC management reported that the DIAC shop-front was also used as the Christian church and Hindu temple. Some IMAs said they understood the lack of space and did not expect there to be a different place of worship for each religious group. However, some IMAs interviewed were critical if the facilities that were available were inappropriate. For example, at North West Point IDC, some IMAs reported that there were no wash facilities near the Muslim prayer room. Occasionally IMAs complained that they did not like particular visiting religious leaders, for example, if they disagreed with their religious interpretations. While similar disagreements might

²⁵Detention Services Manual (2010) Chapter 5 – Welfare: religious and spiritual care, p2.

²⁶The Detention Services Manual (2010) states that specific requirements for religious practices, including food, clothing and books will be facilitated where possible (Chapter 5 – Welfare: religious and spiritual care, p2).

²⁷Serco staff explained that they cannot remove their shoes for OHS reasons and are as respectful as they can be given these restrictions. There were also similar complaints about this when Serco entered detainees' accommodation in cases where it is customary to remove footwear before entering.

occur in the community, IMAs in remote locations do not have the option to visit an alternative place of worship. In some IDFs IMAs also reported a lack of visiting religious leaders, for example at Wickham Point IDC. However, this specific example may be because the IDF was a new facility and some things were still in the process of being implemented at the time of fieldwork.

IMAs usually had the opportunity to celebrate important religious and cultural festivals. At a number of IDFs, such as Curtin IDC, North West Point IDC, DAL APOD and Inverbrackie APOD, service providers supported IMAs to celebrate key events, including using dining areas to celebrate a festival or being given specific foods of religious or cultural significance. It also included service providers supporting IMAs during fasting periods. This was important given that detainees' eating patterns were usually monitored for welfare reasons (see food section). At other IDFs, such as Villawood IDC and Northern IDC, opportunities to celebrate festivals appeared more limited. A number of IMAs complained that their requests to fast or for specific foods were not met, e.g. at Northern IDC and Sydney IRH.

Although Serco staff in at least two IDFs (Brisbane ITA and Curtin IDC) indicated that many IMAs had opportunities to talk to staff through CCC meetings, for example, about forthcoming religious festivals and activities IMAs would like to hold to celebrate, some IMAs were unclear about who they should speak with about organising such things. This was important as a number of IMAs had ideas about how religious practices and festivals could be improved, including inviting religious leaders and community members to celebrate festivals with them.

7.9 Maintaining external relationships

Almost all of the IMAs interviewed reported that it was relatively easy to maintain contact with family and friends, both in Australia and overseas, primarily by telephone, but also using the internet, e.g. email, Skype and Facebook. The main problems with communication were not related to the detention experience itself, but to the quality of phone lines in the countries being contacted and safety concerns for family at home. For example, some IMAs expressed concern that their phone calls might have been monitored in their countries of origin and that their family might have been at greater risk of persecution as a result.

A small number of IMAs raised other issues with communication. Some reported that phone cards (purchased using IAP points) did not last long enough, as phone calls overseas were expensive. However, this did not hinder most IMAs who were usually able to contact family by phone at least once a week and often more frequently. Some IMAs would like to have spent more time longer using the internet to facilitate communication (see also section 7.7 Activities and programs). Some IMAs also reported that there was not enough privacy to make phone calls, for example because other IMAs were in close proximity, and there were fears that phone calls and internet use were monitored by Australian authorities. A small number of IMAs said they would

like to have a mobile phone. However, IMAs at Villawood IDC did have access to mobile phones, highlighting another perceived inconsistency in IMA treatment²⁸.

Although not a key feature of IMA interviews, a number reported receiving visitors (for example, from refugee support groups and their local ethnic community). This was reported at Brisbane ITA, Melbourne ITA, DAL APOD, Sydney IRH, Northern IDC and Villawood IDC, all metropolitan facilities. On the whole, IMAs seemed to enjoy having visitors and liked the opportunity to interact with people outside of the detention environment.

During fieldwork at Villawood IDC and Sydney IRH, the visitor policy changed so that visitors were required to provide 24 hours notice of their visit in writing²⁹. This caused frustration for all stakeholders, including IMAs, visitors and the Serco staff responsible for implementing the policy. However, this may have been because the policy was new and appeared to have been implemented with minimal information provided to visitors in advance of their visits.

It was also clear from interviews with staff that it was more challenging to attract visitors at IDFs in remote locations. Having said this, there were often strong relationships with some people within local communities in remote locations, with IMAs engaged in community projects and sporting events with the community, e.g. at North West Point IDC and Curtin IDC (see also section 7.7 Activities and programs).

7.10 Relationships and interactions between detainees

Considering the living conditions in immigration detention, together with the diverse backgrounds of detainees, e.g. in terms of socio-economic, ethnic and religious differences, most IMAs got along well and felt safe with each other. People in detention live in close proximity to one another. At IDCs and ITAs, detainees usually shared a bedroom and bathroom with one other person, and in one instance shared a dormitory with up to 12 people. In Brisbane ITA some share with three others. In APODs and the IRH, families often share houses. Some IMAs commented on the limited privacy and space.

I was in DAL 3 for 3-4 months. It's a very small centre; we could only walk on the corridors. It was difficult not to bump into other people all the time (Male IMA, aged 18-30, over 12 months in detention, Northern IDC).

Access to shared spaces, activities and resources can also be limited (see also section 7.7 Activities and programs). Nevertheless, for many IMAs interviewed, this provided the foundation to build strong relationships with other IMAs.

On the whole, IMAs' social networks within a facility were focused on the peers they arrived with by boat and others in their ethnic or language group. This appeared to be a result of shared experiences and language barriers between IMAs from different backgrounds. There were exceptions to this general pattern. For example, people who were able to speak some English, or another language, were able to mix more with

²⁸At the time of fieldwork it was DIAC policy not to allow IMAs the use of mobile phones, although other detainees within the detention network did have access to mobile phones.

²⁹This was already the policy at most other IDFs visited.

others and some IMAs reported having friends from other groups or socialising with their roommates and neighbours through body language and other means of communication.

A number of IMAs appeared cautious about making friends and limited their social contact for two reasons. Some had high levels of distrust in others, including those from their own ethnic group, while some kept to themselves in order to avoid getting drawn into trouble. A small number of longer-term IMAs also reported limiting their social contact. This appeared to be a result of general disengagement and apathy resulting from their time in detention. There may also have been a fear about making friends with other IMAs, only to see them leave detention before they did:

I am now very cautious to make relationships. I just say hello and goodbye to people. I am just trying to find my own level. I don't like to waste time on chatting. I rather spend time trying to improve myself (Male IMA, aged 31-44, over 12 months in detention, Melbourne ITA).

As might be expected among any large group of people living together in a restricted environment, there were reports of squabbles between IMAs and some fraught relationships. For example, there were reports of: IMAs making too much noise; parents arguing about disputes between children; people pushing into queues, e.g. for the internet or in the canteen; disagreements about food where families shared housing (especially for example if one family was vegetarian and the other non-vegetarian); arguments about what to watch on communal televisions; and, unaccompanied minors being unruly.

It's living in a group and living in a group has issues anywhere in the world. We have only one TV; people want to watch different programs. It's to be expected with a family of five and living in a small group (Male IMA, aged 31-44, 0-3 months in detention, Construction Camp APOD).

A number of staff reported that tensions could erupt between detainees unexpectedly and around seemingly trivial things. For example, an insult between two men could easily lead to a group of people getting upset and misinterpreting an individual's behaviour as an insult against the whole group/community. If not handled promptly, this could result in tensions or fights between groups of detainees. Serco staff largely attributed this behaviour to the fact that detainees were worried about their family and future.

Although disputes between detainees were generally relatively minor, there were a few reports from both IMAs and staff of more serious issues such as harassment, bullying, abuse and violence. Generally these issues appeared more prevalent in larger IDFs and IDFs with more diverse detainee populations and those which were at full capacity.

At IDFs where there were a small number of IMAs from one ethnic group among large numbers of IMAs from other ethnic groups, several IMAs reported that they felt unsafe, harassed or bullied by larger groups (for example at DAL APOD). In some APODs where there were unaccompanied minors as well as women and families, some women also reported feeling unsafe and harassed. Such reports were not substantiated in this project, as an audit of complaints at IDFs was outside the scope of this research. Further research is therefore required in this area.

Several IMAs living at Villawood IDC also reported feeling unsafe in the presence of non-IMA detainees. This appeared to stem from IMAs being worried about living with detainees who they perceived to be criminals. This was because many of the non-IMAs at Villawood IDC were people whose visas had been cancelled under section 501 of the Migration Act, usually because they had been convicted of a criminal offence.

Here in detention we are living with criminals and people charged with murder. We don't have our own detention centre [just] for us. We are here with the criminals ... and we don't get along with them very well (Male IMA, aged 18-30, over 12 months in detention, Villawood IDC).

Reports from staff indicated that tensions between these two groups were often the result of one group believing that the other received better treatment whilst in detention, such as being allowed or not allowed certain items. Furthermore, section 501 detainees often felt resentment towards IMAs, because as section 501 detainees they perceived that they had more legitimate claims to be in Australia having served their time in prison in Australia.

The other main sources of tension within IDFs were racial undertones and tensions between some ethnic groups. This largely stemmed from historic animosities between certain ethnic groups, particularly where ethnic groups had been or were currently at war. For example, there were some tensions between Iranians and Iraqi IMAs. However, staff tried to manage this by educating detainees that such behaviour was not tolerated in Australia. Most IMAs interviewed appeared to accept that such behaviour was not acceptable.

In addition, some staff reported incidents of domestic violence in some families living in APODs; however, there were no direct reports of this from detainees. Staff attributed domestic violence to people losing their traditional ways of expressing their roles and purpose in life while they were in detention. For example, husbands were no longer able to fulfil the provider or other related roles in their family, which may contribute to perceptions of loss of respect. Women were limited in their traditional care-giving or cooking roles. In cases where domestic violence did occur, this may also have occurred prior to arriving in Australia. There was also some indication that women were reluctant to report domestic violence because they feared that it might compromise their status resolution.

While there was little other evidence of harassment between detainees from other detainees, community stakeholders, e.g. some visitors at Villawood IDC and external service providers from counselling services, also perceived that physical, mental and sexual abuse/harassment did occur in at least some IDFs.

It may be that the methodology for this research (one off face-to-face interviews lasting around one hour) was not conducive to the disclosure of intimate issues such as domestic violence. Participants may have been reluctant to disclose these issues to the researchers because of fear of compromising their immigration status or because of fear of retaliation.

7.11 Relationships and interactions with staff

Most IMAs said they had been treated well and with respect by staff. Relationships with staff members did, however, vary according to a number of factors including: organisation and role, e.g. IHMS medical staff, DIAC case managers, Serco officers and DIAC and Serco management; time in detention and place of detention.

The main point of contact between IMAs and DIAC was through case managers (for more information on relationships with case managers, see section 7.1 status resolution), although in rare instances IMAs may have had some contact with other DIAC staff, such as detention operations and facility management. For example, detention operations and management were sometimes involved in crisis management and some DIAC centre managers reportedly made a point of walking around their facility and talking to detainees. Relationships with DIAC staff generally were similar to those with case managers; positive when people first arrived in detention and deteriorated with time. For example, short-term IMAs described staff as attentive and good listeners. However, as time in detention increased IMAs were more likely to say things like, '[my Protection Obligation Determination] *interviewer did not believe me. They believe I am lying*' (male IMA, Northern IDC); that DIAC was not successful in catching people who were lying; and that DIAC breached their confidentiality, for example, reportedly checking their data on Facebook for age determination); and differential discriminatory treatment of ethnic groups.

7.11.1 Serco staff

The majority of IMAs spoke positively about Serco staff. Relationships with Serco were strongly associated with length of time in detention. IMAs with less than three months in detention were mostly positive about their interaction and relationship with Serco staff. The vast majority said Serco staff were helpful and good, that they 'treat us fairly' (e.g. male IMA, Inverbrackie APOD) and 'look after us' (e.g. male IMA, North West Point IDC). With longer times in detention IMA perceptions of staff were more varied. Many of those who had spent four months or more in detention reported that 'it's very hard to generalise as it depends on the officer' (male IMA, Curtin IDC). Some Serco staff were reported to be helpful, caring, good listeners, engaging, supportive, willing to be flexible with rules or simply good officers, while others were described as rude, 'cranky' (female IMA, DAL APOD), racist and disrespectful. For example, some IMAs said: 'they treat us like criminals' (male IMA, Sydney IRH) and 'we are not treated like a human being' (female IMA, DAL APOD). A few IMAs suggested that Serco staff had favourite detainees, with whom they spent more time and were friendlier. Some Serco staff, similar to some DIAC staff, were perceived to 'misbehave' (male IMA, North West Point IDC), with reports that IMAs were told 'you are costing us a lot of money' (male IMA, North West Point IDC) or that they queried IMAs' genuine intentions for seeking asylum. Further information about staff attitudes to detention is included in Chapter 8.

Serco staff at some IDFs appeared to be more engaging and respectful than in others. More IMAs reported that they were happy with Serco at Curtin IDC, DAL APOD and Melbourne ITA. For example, an IMA who had spent more than two years in detention perceived that the Serco and DIAC staff were:

A bit more soft and flexible compared with other centres. That's good. But not everyone is like that' (Male IMA, aged 18-30, over 12 months in detention, Melbourne ITA).

IMAs who had spent more than one year in detention more frequently described the processes and procedures under which Serco operated as degrading for IMAs. For example, many IMAs complained about the requirement to put in request forms for basic needs, such as requesting extra clothing, exemptions for meals, or seeing a doctor. They also complained about excessive security measures, such as room searches without notification, head counts in the middle of the night, being shadowed and very closely monitored during excursions and community outings. A small number of IMAs reported specific incidents where they believed they were mistreated, for example harsh treatment during room searches and inappropriate behaviour management of a mentally ill person.

Me and my brother were once beaten by Serco officers in [Northern IDC], not in Serco uniform or with Serco ID, they were in Jeans and T-shirts and I think they could be some sort of police They came and said they want to check our room, I was in the room and my brother was sleeping initially. My brother said you can but we have some case management papers which I will take and then you can check our room. But then they took his hand. He screamed in pain. They pulled him up by his hand violently (Male IMA, aged 31-44, over 12 months in detention, DAL APOD).

Some IMAs perceived strong differences between old and new Serco staff, with more experienced staff described as easier going and less punitive than newer, less experienced staff. This was particularly evident at Sydney IRH, for example:

Most of the staff [Serco] are very good; there is no problem. But escort officers and new officers treat us like prisoners. If a new officer comes to our house, they knock on the door, even if I am in the toilet I have to open the door and show my face to them. Officers who have been here longer can recognise my voice, I don't have to open the door (Male IMA, age unknown, over 12 months in detention, Sydney IRH).

I always have good relations with them [Serco], they respect me, some officers. But if they are only one- time officers, someone who just came and work here for short time, they treat us like criminals. They read our file and it says I am high security – it's like a red file, so they are scared of us. But those who work with us longer and see us they know we are harmless (Male IMA, aged 31-44, over 12 months in detention, Sydney IRH).

Limited communication processes between service providers and IMAs also affected some IMA experiences. This was exemplified by an external stakeholder who provided services to Northern IDC. They reported that an IMA was escorted by four officers for an appointment. However, due to perceived security risks, Serco officers reportedly did not tell the IMA where they were taking him. This resulted in the IMA arriving for counselling traumatised about where he was being taken. Similar reports were given by some IMAs from other IDFs; that IMAs often did not know why things were done in a particular way.

A number of Serco staff reflected on the importance of building relationships and rapport with detainees.

It works well when there is rapport and we build trust with a client. If you do this at a very early stage you are able to diffuse or resolve issues, if they trust you. You have to learn to trust clients and they need to trust that you will look after their welfare. It happens very slowly but once you do build trust then they will feel comfortable (Serco staff member, APOD).

Building trust enabled Serco staff to understand better when there were welfare concerns or rising tensions. Increased trust made it easier for IMAs to raise issues with staff including requesting a specific activity an IMA would like to participate in. On the whole, trusting relationships seemed easier to build in smaller facilities, e.g. Brisbane ITA and Melbourne ITA, where there were fewer IMAs and it was easier to remember IMA's names and backgrounds. It was also easier in larger facilities when IMA numbers were below capacity. Relationship building took longer if IMAs had limited English. Serco staff reported that they would seek out IMAs who had better English to help interpret if necessary because interpreters were often not available for Serco's use. Having the opportunity to build relationships also required adequate staff levels, which was reportedly not always the case (this and other staffing issues are discussed further in chapter 8). Most staff also spoke positively about the Personal Officer Scheme (POS) which was aimed at improving rapport and trust between staff and IMAs (see figure 6.2 for more details). POS was not explicitly mentioned in any IMA interviews.

Staff know clients. Through POS, staff know them [IMAs] and their issues. It helps staff to pick up on things and be aware of any changes. POS lends itself to making it better for clients and we can better service their needs as they [detainees] change (Serco management, IDC).

A few Serco staff also spoke about the challenge of being required to interact and be friendly with detainees but also having to enforce rules and regulations with the same people.

The issue of trust is a good example of the challenge of implementing responsive regulation. Managers were aware that in order to regulate IMAs effectively and meet their needs, staff would have to know them well and develop a sense of trust with detainees. On the other hand some staff were uncomfortable with the tension between being responsive on the one hand and regulating or enforcing rules on the other. This tension is reflected in a number of different situations where staff had to balance being engaged with detainees while remaining objective, professional and distanced. The findings indicate that it takes some time for most front line staff to develop the ability to maintain a professional authoritative stance, being clear about the rules and procedures whilst at the same time engaging with detainees. However most of the more experienced staff felt comfortable in this and accepted it as part of the professional role.

Although staff at all levels recognised the need for engaging with IMAs to build trust, and that engagement was also endorsed in the procedure manuals through initiatives such as POS, there were considerable barriers to maintaining relationships, in particular the rapid changes in staffing due to Fly in Fly out (FIFO), secondments and staff turnover (as well as IMA turnover). Trust between IMAs and staff was also

undermined by the risk-averse organisational culture which pervaded IDFs and affected the nature of many of the practices procedures relating to a range of activities from excursions to procurement.

7.12 Interpreters

Interpreters played a critical role in communication between staff and detainees at all facilities. Two-thirds of IMAs who spoke about interpreters were satisfied with them. There were, however, two key issues regarding interpreters that impacted on IMAs: access and quality.

In terms of access, at the time of fieldwork, a number of IDFs were experiencing shortages of interpreters in some languages, e.g. at Sydney IRH, Villawood IDC and Curtin IDC. This was reported primarily by IMAs themselves, but also by some staff. Interpreter shortages caused significant issues when case management interviews were postponed. For example, at Curtin IDC, some Pashtun IMAs waited up to four months for an entry interview due to lack of appropriate interpreters. Shortages meant that other appointments, such as medicals, were occasionally cancelled. Serco front-line staff also reported that they had limited access to interpreters, who appeared to be prioritised for use by DIAC and IHMS. In many cases this meant it was necessary for Serco staff to rely on detainees who could speak some English to assist in communicating with other detainees. Serco officers also reported having limited budgets for translation, which at times could be problematic. For example, at North West Point IDC, it was reported that activity timetables were communicated in English only. Some interpreters were reportedly reluctant to provide these services because translation required a different skill set to interpreting—and the ability to read the language they spoke. A few IMAs also described gaining access to interpreters outside of business hours as difficult. One female IMA also reported a need for more female interpreters as she felt uncomfortable describing medical problems with a male interpreter present.

Quality and accuracy of interpretations were issues for some IMAs and service providers. This was a particular concern in cases where interpreters spoke several languages but did not speak a specific dialect well and where details were critical to an asylum application. While staff were sympathetic to this problem and tried to accommodate IMAs with alternative interpreters where possible (this was confirmed by staff and IMAs), there were some concerns among staff that complaints about interpreters may be due to ethnic tensions between IMAs and particular interpreters.

There are some racist issues with clients and interpreters and sometimes this comes down to language and dialect issues. There is a fine line between dialect and racist problems (DIAC management, IDC).

Nevertheless, some IMAs had real concerns about interpretation around dialect and misinterpretation. For example, one case involved an interpreter translating “certificate of military service” as “birth certificate”. Where such misinterpretations occurred they caused considerable concern as IMAs felt that the course of their lives potentially hinged on misinterpretation of a word and they would not know for sure if that was the case.

Some staff shared IMA concerns that interpreter quality could be variable and that it was sometimes difficult to know if interpreters were accurate in their interpretations. Interviews with staff indicated that this may be compounded by a number of issues:

- Not all interpreters used in IDFs were accredited by the National Accreditation Authority for Translators and Interpreters (NAATI)
- Interpreters had no formal supervision or opportunities for formal debriefs, although at some facilities the DIAC interpreter liaison officer took on this role informally
- A number of staff and interpreters reported that staff needed better training in how to work with interpreters despite someone producing over 5,000 CDs that were distributed at one stage on how to work with interpreters
- Some words were difficult to interpret, resulting in some messages to IMAs not being correctly given (for example, words around mental health and the term case manager when the role in question does not make decisions). At Curtin IDC, DIAC staff reported that they were in the process of developing a guide for interpreters on how to interpret key terms like mental health and medical names in order to address this issue³⁰.

7.13 Health

IMAs arrived in immigration detention with varying levels of physical and mental health. Their experiences of detention, including access to health services, affected IMAs' health variably. The majority of IMAs who had used medical services said that they were treated well and with respect by medical staff.

7.13.1 Physical health

The majority of IMAs interviewed reported relatively good physical health and that was because most IMAs at the time of conducting the fieldwork were young and physically fit. Both IHMS staff and IMAs reported that pre-existing health conditions were usually identified at initial health checks and screening on arrival. This included identifying chronic health conditions that were previously undiagnosed, e.g. diabetes, tuberculosis, hepatitis, heart conditions or hypertension. Most IMAs interviewed who had chronic health conditions were fairly positive about the treatment they had received.

A number of IMAs reported that they had gained weight since being detained. For some this was a positive outcome, as they had been ill prior to arriving in Australia. For others it was less positive and related to a change in diet, with IDFs reportedly serving larger meal portions, with more meat and fewer vegetables than they would usually eat and some doing less physical activity than they were used to, particularly if they had been working in physically demanding jobs.

IHMS and most IMAs interviewed indicated that IMAs' physical health did not change as a result of being in immigration detention. Many IMAs reported very limited or no

³⁰The perceptions of interpreters around these issues are not included, as interviews with interpreters were not within the scope of this study.

interaction with an IDF medical clinic. However, of those who did interact, a number of IMAs were critical of various aspects of health services.

In most IDFs it was necessary for detainees to make appointments to see IHMS. However, some IMAs were critical of waiting times to see medical staff (on average, the waiting time seemed to be 1-2 days), by which time their symptoms may have cleared. Interviews with IHMS staff indicated that waiting times were equivalent to community standards. The IMA responses indicated that there may be cultural expectations regarding appropriate waiting times and what constitutes an emergency. Some Serco staff indicated that if there was an emergency or someone became rapidly unwell, IHMS staff would do their best to see a person immediately.

A number of IMAs were concerned that presenting with an illness may impact negatively on their asylum case. This suggests that more education was needed so that IMAs understood how health was (not) associated with status resolution. A few younger IMAs said that they were reluctant to seek medical services because older IMAs put pressure on them to reveal what they had told the medical staff.

Some IMAs were also critical about the advice and medication they were given. Many IMAs reported that medical staff frequently recommended and provided over-the-counter medication such as paracetamol and aspirin, rather than antibiotics or stronger pain killers, for example:

One week I had the flu. They said stay warm, drink liquids and take Panadol. But I know this is not the best treatment. I think they just want to be cost effective (Male IMA, aged 31-44, 4-12 months in detention, Wickham Point IDC).

This led to IHMS staff frequently being referred to as 'Panadol nurses'. Interviews with IHMS and other staff indicated that the reasons for this were twofold:

- 1) IMAs did not understand that antibiotics were only appropriate for fighting bacteria and not viruses, such as colds, flu and coughs. This may also be related to different community standards in IMA countries of origin and Australia where many drugs which are only available in Australia on prescription can be bought over the counter in their home countries.
- 2) Comments from a small number of staff suggested that health practitioners were wary about prescribing strong drugs to IMAs in case they were stockpiled and used for self-medication or self-harm or were traded and / or given to others where they might be taken inappropriately. For example:

Sometimes clients collect meds, which aren't harmful if taken in the correct dosage. A few do this and it wrecks it for others (IHMS staff member, IDC).

However, IHMS generally monitored medication use by providing IMAs with daily dosage packs, which had to be returned empty before being re-issued. Anyone who needed to have their medication more closely monitored (for example, for strong psychotic medications or if there was a risk of self-harm) was required to take their medication in front of a nurse.

A number of staff and IMAs expressed concern about the lack of health services available in facilities outside of business hours, particularly in cases of emergency, e.g. at Wickham Point IDC, and in more remote locations, e.g. North West Point IDC and

Construction Camp APOD. However, some facilities provided 24-hour medical services, for example Curtin IDC and Northern IDC.

Facilities in remote communities dealt with the same levels of medical service as the local community, meaning that access to health services was as problematic in remote IDFs, as it was for the local community. However, remote IDFs may also place additional pressures on existing health services (and other essential infrastructure) in remote locations, where services were already in short supply³¹. For serious medical issues, detainees in remote locations had to be transported to urban centres for treatment, as would the local population:

People are triaged according to need. We can handle dehydration cases here, but broken bones or heavily pregnant cases, along with other very sick people go straight to Broome with the Navy or they are flown to Perth (DIAC management, IDC).

Access to specialist medical services such as dentistry, optometry and radiology were also criticised by both staff and IMAs. These types of services were usually provided outside the detention facilities and were often associated with longer waiting times (although the waiting time may still have been on par with local community standards). However, this issue was compounded in more remote sites like Curtin IDC, where there were logistical issues. For example:

Sometimes we have five radiology patients and one specialist appointment and we have to choose which one [IMA] gets transported [for the appointment] (IHMS staff member, IDC).

At Curtin IDC and North West Point IDC, a dentist visited the facilities on a regular basis to deal with minor dental issues. However if a person developed toothache the day after the dentist had visited, they may have had to live with the condition until the dentist visited again two months later.

IMAs at Sydney IRH were using GPs and other health providers who also serviced the general community. A key problem with using community health services appeared to be a lack of access to interpreters. Some external health providers were reportedly reluctant to organise interpreting services, which strongly impacted on the detainees' experience of seeing a doctor. This demonstrates a need for education and awareness- raising among community service providers who work with the IMA population, for example, to highlight the Doctors Priority Line³².

Physical health appeared to be slightly more problematic for IMAs who had been in detention for longer than one year. These detainees were much more likely to state that their physical health had deteriorated than those who had spent a shorter time in detention. A majority of those interviewed used the gym but those who were depressed or in detention for a longer time, said they had stopped going to the gym—they had lost interest. They were not physically unfit but reported that they had lost condition due to

³¹In consultation with State/Territory Health Services, DIAC provides additional support to many local health services surrounding IDFs, to bolster services and ensure there is no impact on the level of services already offered to members of the local community.

³² The Doctors Priority Line is a free telephone interpreting service which helps medical practitioners communicate with their non-English speaking patients, see: www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/free-services.htm

inactivity. Also based on the symptoms and problems described by IMAs, these issues may have been psycho-somatic symptoms, for example, sleeping problems, digestive problems and panic attacks. An IHMS staff member reported that IMAs often believed they were experiencing physical illness in the form of chest pains, but they were actually experiencing panic attacks as a symptom of mental health problems.

7.13.2 Mental health and wellbeing

As noted previously, it is important to examine the various factors influencing the mental health and wellbeing of IMAs and to determine the extent to which the experiences of detention per se affected mental health and wellbeing. It is also important to distinguish between mental health in terms of a diagnosed illness and general wellbeing (see chapter 5 for further information).

Although IMAs are given a full mental health assessment within one week of arriving in immigration detention, the interview data did not establish clear evidence of the extent of mental illness among IMAs on arrival. The aggregated data from these assessments is not available publicly and the extent of mental illness among IMAs on arrival was debated by the staff interviewed. Some IHMS staff reported that few IMAs arrived with serious mental health problems and that rates of mental illness were similar to those in the Australian population. However, others suggested that higher numbers of IMAs have some mental health issues before they arrive in detention and pointed out that a significant minority of IMAs have experienced torture and trauma in their country of origin; that they may have been away from home for a significant period before arriving in Australia; and that the journey from home and the boat trip to Australia can itself be a traumatic experience for some. For example, many IMAs are relieved to have arrived safely during the first few hours and days following their arrival (see also section 7.1 Status resolution). This may therefore not be the most appropriate time to assess typical mental health. Typical remarks from IMAs when asked how they felt on arrival were that they were elated, happy to be alive because they thought they were going to die on the trip. After about two weeks, these initial feelings subsided and IMAs began to reflect on the process of immigration, started to hear stories of people in detention for long periods and began to wonder how their case would progress.

It is also likely that staff and IMAs define mental health differently. The empirical findings and previous research strongly indicated that time in detention impacts on detainee wellbeing, and may exacerbate mental illness for those with pre-existing conditions, but this is not the same as the detention experience causing depression, anxiety or more serious mental illness.

The evidence about mental health and wellbeing is based on the perspectives of IMAs and staff rather than clinical diagnostic tools. Nevertheless, many of the staff interviewed believed that time spent in detention was the major factor impacting on detainees' mental health and wellbeing. This was also evident from the interviews with IMAs themselves. Among those interviewed, approximately a third of those who had been in detention 0-3 months said that their mental health had deteriorated. Among IMAs in detention 4-12 months, this increased to over two-thirds, and all IMAs who had spent longer than one year in detention and who spoke about their mental health, stated that it had deteriorated.

Most of the IMAs who had spent a relatively short time in detention experienced some anxiety about what was going to happen to them and were especially worried if they had left family behind in their country of origin. Anxiety about family often focused on fears of their family being persecuted or affected by war:

I think about my family, wife and children. I worry about the situation. It's a 14 minute drive from home to school twice daily. My brother takes my son each day to school. They have to go through the death zone in [town] to get there and back. It is very dangerous (Male IMA, aged 31-44, 0-3 months in detention, IDC).

Despite these anxieties, IMAs in this group generally had a reasonable level of wellbeing. Nevertheless, some IMAs who had been in detention for relatively short times worried about their mental health deteriorating based on observing others who have been detained for longer. Some IMAs feared this would affect their ability to work and support their family when they were released and as a result, reported heightened anxiety levels. There was particular anxiety for short-term IMAs who witnessed self-harm, which prompted reflections such as 'I hope I don't turn out like them.'

Poor wellbeing and mental health were particularly evident among longer-term IMAs interviewed. Deterioration in wellbeing appeared to be strongly linked with the slow or negative progress of their status resolution as well as developing institutionalisation. Some of the staff interviewed referred to this as 'detention fatigue' and suggested that the detention fatigue turning point for most IMAs was between three and six months in detention. Many of the detainees who had been in detention for 6 months or more appeared to be more negative about themselves and others, and relatively more hopeless and apathetic compared with their shorter-serving counterparts. Most IMAs who showed greater signs of apathy were disinterested in how they were treated by DIAC, Serco or IHMS staff, the facilities available to them, the activities, food, clothing etc; their focus was on getting released and the perceived lack of procedural justice in the system. Many also reported having sleeping problems, for which they were taking medication, or other related health issues, e.g. digestive problems, loss of appetite, incidents of reported or unreported self-harm, which contributed to poor overall wellbeing:

Mentally we are becoming very sick. I need many tablets to sleep now. I use them every night. When I was in my country I was a healthy person. Now I'm a very sick person. We [I] lost our memory power. We are [I am] like mentally sick people now. Sometimes I become very angry and aggressive because of that (Male IMA, aged 18-30, over 12 months in detention, Villawood IDC).

I try to sleep but I can only sleep for three hours because of my brain. It's not working properly. There is no change. I don't know how my life will be. I forget what I just told you 30 minutes ago. I can't remember things easily anymore (Male IMA, aged 31-44, over 12 months in detention, Sydney IRH).

It is not easy to live here at times, especially when other friends of mine have not been to court but have been released from detention. It just makes me feel sad because I see people coming and going very quickly. At home I have work to do. Here I have nothing to do. It gives me time to think. I'm not in a good mental state (Male IMA, aged 18-30, over 12 months in detention, Northern IDC).

'Detention fatigue' also impacted on some IMAs' motivation to participate in programs and activities. The decline in motivation appeared to occur at around six months (although this varied between IMAs), with a number of long-term IMAs stating that to begin with they had greater interest in programs and activities. Mental health and wellbeing also appeared to be related to the general atmosphere within different IDFs (for example, the extent of self-harm incidents, security measures, opportunities for meaningful engagement).

Although symptoms such as sleeplessness, digestive problems and panic attacks could be addressed, the basic cause of these symptoms - time in detention and the detention environment - continued for these IMAs, and therefore remedies were at best palliative. Many IHMS staff reported providing 'band aid measures', meaning that they tried to keep the detainee as mentally healthy as possible under the challenging circumstances but they could not help the continued deterioration in a detainee's mental health. Some IHMS staff, other stakeholders and IMAs themselves indicated that it was impossible to heal a mental illness when one of the major contributing factors to the illness, i.e. being in detention, could not be changed. Healing could not occur within an environment that initially caused the problem.

Staff also spoke about the challenge of discussing mental health with IMAs. For many cultures, the stigma associated with mental health problems could be threatening. DIAC staff reported that there could be reluctance to use mental health services because IMAs did not want other people to think they were crazy. This was thought to be exacerbated because in some cultures it is uncommon to talk to unfamiliar professionals about personal issues. In addition, mental health, self-harm and suicide were not commonly used terms or often discussed in many of the cultures IMAs come from. Many words, phrases and terms around mental health were reported to be difficult to interpret in some languages:

Sometimes it can be difficult to translate sensitive mental health issues and some of the questions can be quite subtle. If they're not translated properly it can mean something different (IHMS staff member, APOD).

A limited number of staff across DIAC, Serco and IHMS believed that some IMAs used mental health as a deliberate strategy to progress their case or get attention:

Clients ask, 'do I have to cut my wrists to get out of here?' One guy did it and got moved, at least noticed, immediately. There is a slight culture of, 'get people out if they have become high risk or vulnerable' (DIAC staff member, IDC).

There was a belief amongst detainees that if they self-harmed they would get a visa (IHMS staff member, IDC).

Another IHMS staff member suggested that longer-term IMAs in particular were able to learn what to say and focus on in terms of health in order to get a desired response, based on the questions they were asked by all service providers and by their peers. In this way, health might be seen as one of the few aspects of their lives that IMAs were able to control, that is, exert some agency over.

The DSM states that IMAs at risk of self-harm and/or suicide should be placed on PSP³³. On the whole, this seemed to work well. There were varying levels of PSP and detainees were stepped up and down according to their risk factors. However, one of the strategies for managing detainees on the PSP where risk was deemed imminent was to place a detainee in an observation unit for a short period of time, e.g. 24-48 hours. Many detainees who had knowledge of this procedure, IHMS staff and visitors were critical of observation units due to concerns that this approach did not improve mental health and indeed could result in further deterioration. Some IMAs perceived the procedure to place detainees under intense scrutiny and removal from friends. This perception may also relate to levels of communication between IHMS and the other services, which is discussed further in chapter 8.

Interviews with both IMAs and staff indicated that there were a number of risk factors for mental health and wellbeing. They were:

- Observing friends leave detention, particularly if they arrived at the same time and were perceived to have similar circumstances
- Observing other people leave detention before them, particularly if these people were seen to be trouble-makers within a facility
- Being exposed to the self-harm or suicide attempts of other detainees or involved in discussion of self-harm attempts, which may also affect the overall atmosphere within a facility
- Receiving a negative hand-down
- Having too much time to think about their case and situation, because there were few meaningful activities available or because they had become disengaged from activities.

A number of protective factors were also identified. In the APOD facilities, IMAs arriving with their family appeared to have the benefit of more intensive social support. These IMAs also appeared to worry less and have less guilt about leaving family behind compared to unaccompanied adult males. Staff at these sites also reported fewer incidents of self-harm or behaviour management issues.

7.14 Comparison with non-IMA experiences

Non-IMA detainees interviewed included Section 501 detainees (described above), air arrivals and illegal fishermen. Length of time in detention was of equal concern to these detainees as it was to IMAs. Similar to IMAs, non-IMAs were often unclear about how long they would be held in detention.

I'm very distressed living a life in limbo. I have a life here [in Australia], a son who is sick. I can't leave back to [origin country], they will kill me there. I have enemies. Everything is up in the air (Male non-IMA, age 45 or over, 0-3 months in detention, Villawood IDC).

Some non-IMAs compared prison favourably to immigration detention, pointing out that in prison the duration of the sentence was known, that good behaviour was rewarded

³³For more information about PSP see the *Detention Services Manual* (2012) Chapter 6 – Detention health: Psychological Support Program.

and that prisoners had rights such as conjugal visits which were not available in immigration detention. Non-IMAs were also affected by family issues. For example, a fisherman was concerned about not being able to support his family while he was held in detention. Section 501 detainees were concerned about being deported and leaving family behind in Australia, where they had often been settled for many years. They were also concerned about the limited contact they were able to have with their family whilst in detention, especially partners and children, compared with while they were in prison. Non-IMAs were similarly impacted by a lack of meaningful activities in detention, with section 501 detainees reporting that they had more to do and greater freedom in prison compared to detention.

We don't have anything to do in here, so people sleep all day. Activities are like a bandage solution, it does nothing for us. Give us the ability to work. In jail what you have is structure – you have to be in the workshop, or there are different types of educational training (Male non-IMA, aged 31-44, 0-3 months in detention, Villawood IDC).

There is no system here to give you hope. You have to work very hard to find something to do here. There is no activity to make you engaged, only sports like soccer. I would like to have some work or other classes (Male non-IMA, aged 18-30, over 12 months in detention, Villawood IDC).

As noted above, a number of section 501 detainees were also resentful towards IMAs, since they believed that they had greater rights than IMAs to stay in Australia, due to family ties, having served their time in prison, and having paid taxes through prior employment.

7.15 Summary and conclusion

The findings show that a whole range of issues impact on the experiences and wellbeing of IMAs living in immigration detention. They include:

- The status resolution process
- Expectations regarding immigration detention
- Levels of security
- Knowledge of rules and regulations and access to information
- Extent to which basic needs are met
- Engagement in activities and programs
- Opportunities to practise religion
- Opportunities to maintain relationships with people outside immigration detention
- Quality of relationships between detainees and with staff
- Access to interpreters
- Health conditions and access to medical services.

Overall the findings indicated that IMAs were reasonably well cared for with regard to their basic needs such as food, shelter and safety. The research highlights the

challenge of meeting the needs and providing services for a diverse and ever-changing population of IMAs who have a very wide range of needs and desires in relation to activities, education, nutrition and resources. This was particularly acute in IDFs which were located in remote locations where opportunities for excursions and other activities were limited and where the logistic challenges of providing equipment, food and clothing were considerably greater than in urban areas. Agencies also had to balance welfare needs against security requirements and other risks in relation to access to cooking equipment and excursions.

A number of themes also emerged from the experiences of IMAs that have significant consequences for wellbeing in immigration detention. They were:

- Length of time in detention, including the indeterminate nature of detention
- Inconsistent messaging
- Institutionalisation, disempowerment and lack of agency.

Each is discussed in more detail below.

Length of time in detention was clearly associated with IMAs' perceptions, attitudes and behaviours regarding a number of issues. It was evident for example, that dissatisfaction with the detention system, services and staff increased as time in detention increased. Long durations in detention also tended to result in apathy and disengagement with life in detention and particularly the motivation to participate in programs and activities. Activity repetition and lack of meaning also hindered long-term IMAs' engagement in programs and activities. However, given the levels of apathy and poorer mental health among this group, it is difficult to determine whether the availability of more meaningful activities would benefit their wellbeing. Although complaints about basic needs and services and relationships with other detainees generally appeared to be relatively minor, it is likely that they have a cumulative effect on IMAs and have the potential to cause significant frustration for individuals, particularly if they are bored. Having said this, most long-term IMAs had little interest in the day-to-day running of IDFs and were interested only in their status resolution and getting out of immigration detention.

Inconsistent messaging was particularly evident around status resolution issues, but also around information about processes, rules and regulations within IDFs. This contributed to IMAs perceiving the detention systems as unfair and unjust. The absence of clear information often meant that IMAs relied on what they were told by their peers, some of which was likely rumour and gossip, and some of which may have been correct but not necessarily applicable to their own case. Differences between IDFs also hampered consistent messaging, since many IMAs moved around the detention network and almost all had experiences from more than one IDF. This did not necessarily mean that procedures were not followed correctly but rather that they were poorly communicated to detainees, a significant proportion of whom have low literacy skills. Also contributing to poor communication levels was the fact that staff themselves were sometimes unclear about the reasons behind decisions, particularly if they originated from national or head office or the result of policy changes. The lack of understanding among staff and IMAs is important in the context of RRT and

compliance: in order for an authority to be seen as legitimate people being regulated must be able to understand *what is expected of them and why*.

A number of features of the detention environment contribute to the *institutionalisation, disempowerment and lack of agency* for IMAs, which are all exacerbated by the amount of time spent in detention and not knowing how much longer they will remain in detention. Referring to IMAs by their boat number, rather than their name, for example, does not instil respect and dignity. In larger IDCs this was justified by the fact many IMAs may have the same or very similar names. IMAs were not allowed mobile phones (this appears to be for reasons of security, although there were exceptions to this, for example at Villawood IDC), despite having relatively unrestricted access to the internet. While the IAP system was introduced to encourage participation in activities, the system effectively meant that IMAs have very little choice about participating if they want to achieve their full point allowance (which is necessary if they want to purchase goods like phone cards). Most IMAs had extremely limited agency in relation to some basic aspects of their life. For example, they had little choice about what to eat, how food was prepared, or when and with whom to take their meals. IMAs also had a restricted range of clothing if they did not bring sufficient clothing with them; they had no choice in the colour or style of clothing they could get. An alternative option would be to provide IMAs with a regular clothing budget that they could choose how to spend, similar to the food budget that IMAs living in Inverbrackie APOD and Sydney IRH received. When comparing detainees who have greater (but still limited) agency, e.g. in Inverbrackie APOD, with those in IDCs with minimal agency, there appeared to be a link between freedom to lead a life in detention as close to normal as possible and a person's overall wellbeing.

7.15.1 Stages of wellbeing in detention

It appears that IMAs go through a number of stages during their time in detention, and at each stage it is possible that effective interventions could help to support the IMA through to the following stage.

Detention affects people differently. Some are much more resilient than others and retain relatively high levels of wellbeing despite being in detention a long time. Logically it would be expected that those who have more risk factors (institutionalisation, anxiety due to uncertainty of status, PTSD and depression) are likely to be more adversely affected by detention. It could also be hypothesised that those IMAs who are able to access resources such as support from community, communication with family, access to meaningful activity and effective counselling services should have relatively higher levels of wellbeing.

Furthermore those who do deteriorate do so in different ways. While some become depressed and passive, others become angry and aggressive. Here we attempt to understand better some of these patterns. It is important to note that this model is only an outline and cannot be used to predict the particular trajectory of individual IMAs. Nevertheless there are identifiable stages that most IMAs appear to go through as they progress through immigration detention. Table 7.1 presents the proposed stages that IMAs may go through the course of time while in detention.

Table 7.1 Model IMA wellbeing stages

| Stage | Timescale | Social and emotional issues | Implications |
|-------------------------|------------------------|--|--|
| Arrival | Arrival and first week | Excitement, relief, confusion, safety, physical tiredness. | First impressions very important. Too confused to take in much information. |
| Accommodation | 1 week – 3 months | Physically better, hopeful but anxious, learning rules, talking to other IMAs. | Good time to give information and set rules. Can become involved in activities. Time to provide trauma counselling etc if PTSD is apparent. |
| Realisation/habituating | 3-6 months | Disappointed, angry or fearful, overwhelmed, familiar with IDC routine, aware of others who have left detention. | Encourage to participate, reinforce information and rules, consistency of message and respectful treatment. Start meaningful activities. |
| Demoralisation | 6 months onwards | Withdrawn and depressed and/or angry and sullen. Backward and inward looking. Cynical. Know the system well. | Provide responsibility and meaningful activities. Stimulating environment and challenges. Regular contact with sympathetic supporter. Personal responsibility. |

Arrival (arrival and first week)

Most IMAs arrive at Christmas Island with a sense of relief and elation that they have survived the journey, are physically safe and have reached their destination. However they are also likely to be exhausted after their journey and may also be ill, severely sunburned, dehydrated or undernourished. They are also confused and disoriented by the initial assessment process, and are likely to be anxious about this. Their primary source of information at this point has been people smuggler(s) and other asylum seekers, so they are likely to have a partial understanding of what they are going through. First impressions are very important and IMAs are likely to remember how they were first treated.

Implications: Our research found that although IMAs do need some information at this stage, they are not able to absorb a lot of information, and it is therefore probably not appropriate to burden them with detailed information in the first 24-48 hours. Assessments of wellbeing and mental health are likely to underestimate underlying issues and concerns.

Accommodation (1 week - 3 months)

After a few days in detention IMAs become more oriented to the routines of the detention centre and will have physically recovered from the journey. The realities of detention will begin to sink in, and their understanding of the status determination process will begin to improve. They are likely to still be hopeful about their claim but will also be very anxious. At this stage issues relating to their past and their families will become more significant again. Those with underlying psychological conditions (PTSD)

will probably begin to show symptoms of any disorders. Most, though, will engage with activities in IDFs.

Implications: This is a very important time to engage with IMAs and gain their trust. IMAs who are able to form trusting relationships with case managers and other staff will understand and be more likely to accept (or at least acquiesce with) the immigration processes and the detention regime. If trust and understanding are not achieved during this period, IMAs will probably lose confidence in the process.

Realisation/habitation (3 - 6 months)

By three months most IMAs have moved from Christmas Island to another IDF (or more recently to CD or BVE) . Those remaining in IDFs will have become used to the routines of detention and will have developed more stable views of their own situation, detention conditions and their future. Those on a positive pathway who believe they will soon be released will be hopeful and will be preparing for their move. They will also be anxious about this. Others will begin to get despondent about their own cases. This despondency will be exacerbated by boredom and lack of meaningful activity, seeing members of their boat cohort leaving detention and hearing a range of negative stories about detention from others. On the other hand they may have developed close and trusting relationships with staff members and other detainees. Concerns about their family at home will also become more apparent. Many will still be future focused and will continue to be motivated to learn English and to participate in organised activities and excursions.

Implications: This is an important time to identify IMAs who are more vulnerable and whose mental health is likely to deteriorate should they remain in detention for a further period or be returned to their home country. Even IMAs destined for CD or BVE may continue to have mental health difficulties after they leave IDFs. Vulnerable IMAs can be strongly encouraged to participate in activities or be supported to other therapeutic activities. If necessary they should be referred to counselling or other treatment at this stage. This is also an important time to commence meaningful activities and particularly to develop skills sets that will make them useful in Australian society, e.g. driving licence, how to look for accommodation and a job, or how to be more skilled on the return to their home country.

Demoralisation (6 months onward)

After six months in detention most IMAs have become demoralised and disaffected. Demoralisation can take a number of forms, depending on the situation of IMAs and their personalities. Common symptoms appear to be a growing level of apathy and disengagement from the routines and processes within a facility. Longer term detainees tend to develop daily routines which involve unusual sleeping patterns (sleeping late and staying up late, often with disrupted sleep) and are reluctant to engage in excursions, English lessons, representative committees or other communal activities. Some try to remain isolated to avoid establishing relationships with other detainees who may be released soon. Other psychological and psychosomatic symptoms (headaches, other pains, sleep disturbance, mood fluctuation) may begin to manifest and detainees can become obsessed with their illness as well as their status

determination situation. At this stage IMAs know the system well, have probably talked to various advocates and other groups, but believe that none of this has helped with their case.

Even those who are most resilient and have a high sense of coherence will begin to deteriorate mentally after an extended period in detention. It is not clear to what extent the damage to wellbeing and mental health caused by extended periods of detention are reversible on release from detention, and in particular the extent to which people can easily re-engage with other people and with activities such as education and employment once they have reached the stage of demoralisation.

Because all IMAs who have been in IDFs for extended periods are often on negative pathways, their response to the detention environment is often overshadowed by feelings of panic and anxiety about their imminent return or despair at the prospect of indefinite detention, especially for those who have been granted refugee status but have received negative ASIO assessments³⁴.

As we note in Chapter 8, IMAs can be affected by the overall atmosphere within centres as well as staff attitudes and support. For some IMAs on a negative pathway, however, even a generally positive atmosphere is not felt to be supportive. Some IMAs contrast their situation to those of others who they perceived to be receiving better treatment, and they therefore do not see themselves as being part of the group culture. In consequence feelings of victimhood, depression and/or anger can be exacerbated.

Implications: Once IMAs become demoralised and cynical there is very little that can be done to change their state of mind. It is very difficult to force them to participate in group activities or to persuade them of the benefits of active participation. Nevertheless it is important for them to continue to have contact with people outside of the IDF and to be offered opportunities so that when they are eventually released or returned, the damage to their mental health and social functioning is minimised. Many clients who have spent several years in IDFs are likely to require considerable support when they are eventually released or returned.

³⁴There have been recent changes to some of the processes around ASIO assessments (Inspector General of Intelligence and Security, 2012) and in October 2012 the Attorney General announced the appointment of an independent reviewer, the Hon Margaret Stone, to assess adverse security assessments.

8 Organisational issues in IDFs

This chapter outlines issues, activities and features in IDFs that contribute to organisational culture and which directly and indirectly affect IMAs' experiences of immigration detention. In particular, it focuses on issues that emerged from the data as barriers and facilitators to the effective operation of IDFs. The chapter primarily focuses on organisational issues concerning DIAC and the two main detention service providers: Serco and IHMS. These issues were:

- Staff attitudes towards IMAs
- Management practices
- Communication and collaboration between service providers
- Human resources and infrastructure.

8.1 Staff attitudes

The attitudes of staff towards IMAs and that of IMAs towards staff played a key role in shaping organisational culture. Staff attitudes were influenced by a range of factors such as their work and personal histories, their personal views about immigration detention, the management style of IDFs, interactions with other staff members and even the physical environment of IDFs.

Many staff were committed to their jobs and felt they were doing the best they could in difficult and challenging circumstances. They felt their work was important and were committed to the wellbeing of IMAs. Many of the staff interviewed were motivated to work in immigration detention because they wanted to make a difference in the lives of IMAs (this response was typical particularly among IHMS staff), or because they enjoyed interacting with different types of people (this response was typical among Serco staff especially).

It's about nursing at the grass roots. I like to think I give them more than Panadol. I do think I make a difference every day, even if it's only for a minute (IHMS staff member, APOD).

The day I feel I cannot make a difference I will resign (Serco staff member, APOD).

I like the interaction with people and at least make a small difference to their day. I find that rewarding (Serco staff member, IDC).

I like working here because I like working with clients. I prefer interacting with clients rather than staff (DIAC staff member, APOD).

Some staff reported being motivated to work in detention primarily because of the money and relatively high pay. A less frequently mentioned reason for working in detention was because it was the only work available.

A number of staff said that it was important to remain non-judgemental and neutral in their interactions with IMAs, in particular not to make judgements about whether IMAs

were genuine refugees. It was also important to be neutral, in that they should not become too friendly with IMAs. However, this had to be balanced with demonstrating respect for IMAs, as well as care and compassion.

It's futile for me to decide if they [IMAs] are or are not genuine. It's not my job and it would cloud my ability to be neutral (Serco staff member, IDC).

I leave my feelings at the door. As soon as I enter the gates of the detention centre I am an officer of the Department. As soon as I start feeling sorry for them [IMAs], it's time for me to leave (DIAC staff member, IDC).

Nevertheless, a small number of staff felt that some staff were too soft with IMAs, reporting that staff with a background in social work were unsuitable for working with IMAs, since they could be too sympathetic. One Serco staff member also commented on the difficulty of treating IMAs respectfully and with care when they were in an environment tantamount to prison. This was supported by an external stakeholder at a different IDF, who suggested that the detention environment and working conditions combined could make it easy for staff to forget that IMAs were real people who should be treated with respect and dignity.

The huge problem with the centre is that it is a deeply de-humanising system. It is remote, harsh, there are staff shortages and not enough staff to process people quickly and the environment is not suitable for mental health. A staff member has to cope with all these things while working in an environment that causes harm. This leads to a shame response from staff which is dealt with in many ways like avoidance, drugs, alcohol, dominating clients or demonising clients. Staff can say things like, 'clients are not proper refugees' or 'it's their own fault' (External stakeholder, IDC).

A small number of staff expressed concerns about the negative attitudes of other staff (both within their own organisation and among other agencies). For example:

There are lots of ex-prison staff here and some who have been in the job way too long. They say things like 'don't be nice to clients. They will turn on you. Don't trust them or help them'. There's a whole culture of that. There's a lot of them (Serco staff member, IDC).

Serco employs ex-prison guards and when I asked them what 'would you do if clients are playing up?' One guy said 'just shackle them'. Language is reflective of the attitude (DIAC management, IDC).

Some more punitive attitudes were also observed directly in interviews:

My responsibility is to keep clients alive and stop them from escaping. Anything in between is a bonus. We cater too much for them. We need to stop being their friends (Serco staff member, APOD).

They [IMAs] have no right to protest. We are feeding them and giving them medicine (DIAC staff member, IDC).

On the whole, interviewees working for DIAC and IHMS had fewer negative comments about detainees than Serco staff. Furthermore, the negative attitudes among Serco staff were particularly apparent at one IDC where staff turnover was much lower than at other sites. The relatively low staff turnover at this site may mean that organisational

culture and corresponding negative staff attitudes (which had reportedly persisted over a number of years) were more entrenched and difficult to challenge.

8.2 Management practices

On the whole, there were mixed views from staff about management practices in IDFs. Views also varied between IDFs, although the turnover of management and staff between facilities (see section 8.3 below) made it difficult to attribute the varied views to specific organisational cultures. Nevertheless, management from DIAC, Serco and IHMS were generally perceived more positively by IMAs if they:

- Were proactive
- Communicated messages to staff regularly and frequently
- Had a consistent team around them
- Were willing to collaborate with others
- Were client-focused
- Understood the role of, and issues faced by, frontline staff.

The extent to which these characteristics featured in IDFs set the tone for the organisational culture. The main criticisms about management practices across all IDFs related to contract management and inconsistencies in the implementation of policies and procedures. Some of the discord identified between the organisations also likely related to the different responsibilities and goals of the different agencies.

8.2.1 Contract management

A key issue with the governance of IDFs related to the interpretation and implementation of service provider contracts (i.e. the contract between DIAC and Serco, and DIAC and IHMS). It should be noted that these were the perceptions of staff about the contract; examination of the contracts and the extent to which they were fit for purpose was not within the scope of this project. However, it appeared that when the contract worked well, staff members tended not to comment about the provider contract. Therefore comments related mainly to aspects of the contract which participants found frustrating or challenging.

One of the main contractual concerns which staff raised was the extent to which the contract was open to interpretation, leading to inconsistencies between facilities and over time (for example, when staff change occurred).

I have had three DIAC contract managers since February 2012, which means three interpretations and the goal posts keep moving (Serco management, APOD).

The contract is like the bible. I can read it and people on the left and right of me can read it and everyone gives wildly different interpretations (Serco management, IDC).

DIAC staff also commented that it could be difficult getting support and clarification from DIAC National Office regarding interpretation. An example of the ambiguity was described in relation to the review of IMPs:

With IMPs it comes down to interpreting contracts. It's a grey area for reviewing them. The contract is not well written in terms of reviewing: are all to be reviewed fortnightly, or just the critical clients, or just a few clients? (DIAC staff member, APOD).

A number of staff suggested that the focus on compliance with the contract did not necessarily lead to better wellbeing for detainees. This was partly because the amount of paperwork associated with managing and reporting for the contract was seen to distract from time that could be spent with IMAs. The contract was also perceived by some to become a tick box measure, where service providers could show that they had met minimum required standards, rather than monitoring detainee welfare in the most appropriate way possible in given circumstances. For example, a Serco staff member working at an ITA reported that the contract stated Personal Officer Scheme (POS) interviews should be conducted every two weeks. At a smaller facility like an ITA, where IMAs were often more vulnerable than the general detainee population, discussions (similar to the POS interviews) between staff and IMAs reportedly took place informally every day. However, the contract could, in theory, be seen as a reason to stop regular informal discussions. This suggests that some aspects of the contract may be too prescriptive while others are not prescriptive enough. It was also reported that it was difficult to conduct the POS interviews consistently on a fortnightly basis because of shift rotations, which affected continuity of interviewers (different people asking the same questions with no basis of comparison between one interview and another).

The IRH/ITA contract was different from the IDC contract. Despite the differences, the contracts were not generally perceived to be sensitive enough to allow different facilities to be managed appropriately. For example, ITAs were on an IRH contract, and management was actively trying to change this because they perceived ITAs to be more like mini-IDCs than IRHs (which house families rather than individuals). Another example of this was reported by several Serco staff at North West Point IDC. The contract was reported to apply strict timeframes for the processing of new arrivals at any IDF. However IMAs arrived at Christmas Island in very different circumstances from most other IDFs. IMAs arriving at Christmas Island were usually new arrivals, whereas most arrivals at other facilities were a result of transfers between IDFs. This meant that managers could control the number of new arrivals in a given day at most IDFs, but the number of arrivals at Christmas Island depended almost entirely on new boat arrivals and was therefore not within the control of Australian authorities. The processing timeframe was also seen to be in tension with IMA welfare, since rushing to process IMAs might have negative consequences.

The contract is hard as it applies to all centres. For example, there are strict timeframes for arrivals processing; however, there is a big difference between arrivals by boat and by plane. Mainland centres may have to process 20-30 [IMAs] at a time versus 167 that came by boat the other day. We've had 700 people arrive in only a few days. The contract is not tailored for that (Serco management, IDC).

The sorts of targets we have to achieve are things like information upload on new arrivals and this has to be done in a certain timeframe, otherwise we are abated. This type of target conflicts with addressing the underlying welfare of clients (Serco staff member, IDC).

The challenge of processing IMAs quickly at North West Point IDC was exacerbated by the slow speed of the internet.

The contract is demanding for the wrong reasons. For example, 150 people can arrive at the same time and the contract says they must have induction within 12 hours. We have a very slow internet speed here which makes this very hard. What's the purpose of the 12-hour rule? It's just bureaucratic, box-ticking stuff. To do the whole induction takes one week and it needs to be done at an individual site level, like if there is or isn't a gym on site ... trying to do it in one place and quickly is foolish (Serco management, IDC).

Serco staff were also critical that abatements (financial penalties for missing contractual targets and reporting requirements) were focused on absolute numbers rather than proportions. This indicated that the contract lacked consideration of the size of the problem faced by different facilities. For example if Serco did something 1000 times at a large IDC and did it wrong twice, they would receive the same abatement as another site that did the same thing 100 times and got it wrong twice.

If we fail to report on two incidents per month then we get fined but it doesn't take into account the number of incidents in a month; the same with data entry. It's not done on the percentage but the absolute number. Our current measures don't measure quality of service – just the quantity of processes (Serco management, IDC).

Although staff reported that abatements could be negotiated with DIAC, particularly if they had a good relationship with the DIAC centre manager and contract manager, this was seen to take up valuable time that could be better spent elsewhere.

Although contract issues with the IHMS contract were less of a feature in interviews, the under-utilisation of staff skills was often attributed to, or perceived to be a result of the contract³⁵ (see also section 8.3 Human resources and infrastructure).

Under the contract we can only give Panadol. We are very governed by the contract which is very specific. We can really only give over the counter stuff. I am not allowed to stitch anyone or put a line in. It's really only basic primary care here. I moved from a remote area where I did everything in relation to patient care and in comparison I sit on my hands (IHMS staff member, APOD).

However, while a number of IHMS staff felt their skills-sets were under-utilised, this view was not universal, which again may have resulted from different interpretations of the contract. For example:

I can canulate here. If you are credentialed to suture I think you can do that here too, but I'm not sure. If there's an emergency like an anaphylaxis then you're going to canulate. It's primary health care here at the end of the day and they're clear about our scope of practice, but we can do quite a lot of things (IHMS staff member, IDC).

³⁵Some perceptions about what the contract allowed staff to do may be incorrect.

There were also some reports by Serco staff that IHMS staff were less willing to do things over and above the contract compared to other providers, with the implication that these IHMS staff were directed more by what the contract allowed them to do than by the interests and wellbeing of IMAs. However, this may relate more to insurance implications and the relationships and extent of collaboration between providers rather than interpretation of the contract (see also section 8.2 below).

8.2.2 Inconsistency and flexibility

Many DIAC, Serco and IHMS staff commented on inconsistencies within the immigration detention system. Some of these inconsistencies have already been documented in the report, but included:

- Lack of transparency and perceived inconsistencies around status resolution (see also section 7.1 status resolution)
- Different interpretations of detention contracts (as described above) and other policies
- Policy changes that lead to IMAs being treated or processed differently
- Policies being rolled out across facilities at different times and at different rates
- Staff not consistently following procedures (or lack of adequate procedures or systems).

Some examples of these are outlined below.

The changing immigration policy environment strongly impacted on the day-to-day case management process, e.g. the introduction of a single process for IMAs and air arrivals,³⁶ as well as others. For DIAC frontline staff (case managers) the changing policy environment meant that they had to deliver new information that contradicted what IMAs had previously been told. Staff commented that changes to policies or procedures often resulted in a loss of trust and respect from IMAs, making their job more challenging and demanding. Inconsistency had a negative impact on IMAs, causing confusion and discontent.

There are different Serco policies and procedures everywhere across the detention network (Serco management, APOD).

Frequent changes to policies and procedures confuse clients (Serco staff member, APOD).

The problem with immigration is that the policies are always changing. There is continual change so you never feel grounded in your job. Every IDC has different ways of doing things. You're working on shifting sands and you never feel grounded in your knowledge. That said, all the changes that have been made recently have been positive changes (DIAC staff member, IDC).

Many IMAs have experience of living in at least two IDF, if not more, which makes inconsistencies more noticeable. IMAs often have detailed experience of how things

³⁶ From 24 March 2012, a single process was introduced for all people seeking asylum in Australia, regardless of their mode of arrival. I.e. the same process applies to IMAs and air arrivals. For further information see: www.immi.gov.au/visas/humanitarian/pdf/implementation_single_process_ima.pdf

operate differently in other facilities. However, some inconsistencies were seen to have less impact than others. For example, inconsistencies around operational issues were not always perceived to directly impact IMAs, whereas inconsistencies around an individual's status resolution had a more direct effect on IMAs.

Staff were not only critical of inconsistency but also a perceived lack of flexibility in applying policies and procedures. Some staff believed that inflexibility could be detrimental to IMA wellbeing.

You need to assess risk in context, especially in an APOD where you need to make judgements on a case by case basis, not on principle. Like the UAM who went for a walk (out of the centre). He just wanted to go outside and be alone, nothing more. We found him on the road. That day the young person lost all his friends and his social support had moved to CD – 50 people were transferred. He told Life without Barriers that he was going, but obviously he shouldn't have left without a Serco officer. For these assessments you need good judgment and that's difficult to train or teach (Serco management, APOD).

On the whole, being flexible and making individual allowances was seen as positive. For many staff, this was about applying rules and policies with a degree of common sense. Allowing flexibility and not following processes rigidly was perceived as acceptable, particularly in low security facilities such as APODs. However, not all staff felt experienced or confident enough to make decisions about when it was appropriate to exercise flexibility. An example from a Serco staff member now working at an IDC illustrated this well. He recalled working at an APOD, where they would provide IMAs with goods and items between 8am and 12pm, and that some staff were very rigid with this, not allowing any flexibility even for something like toilet paper. He went on to say:

New officers struggle because they must do this or do that, without understanding that giving a client toilet paper will not make a big difference. It may make a big difference for the client, but by saying "no" it can create a more stressful experience (Serco staff member, IDC).

Achieving a balance between consistency and flexibility is clearly a challenge for IDFs. Where this balance was achieved, it appeared to facilitate the smooth operation of facilities and IMAs' wellbeing. It appeared that when management culture was more client-focused and where staff were adequately trained and experienced, there was some leeway to exercise appropriate flexibility. Where the organisational culture was rigid and bureaucratic or where the contract was interpreted only one way, staff tended to stick to the letter of the law and this could cause some difficulties for IMAs. On the other hand too much flexibility could result in inconsistencies and perceived inequities which could equally result in IMAs' dissatisfaction and poor levels of service overall.

As we describe below, one of the important factors determining the approach to flexibility was the relationship between the DIAC centre manager, DIAC contract manager and the service providers in a facility (Serco and IHMS). Where there was mutual respect and understanding then a degree of managed flexibility was possible and appropriate. On the other hand where relationships between the contract manager and service providers were not so cooperative, there appeared to be less willingness to adapt to the needs of specific detainees or detainee groups.

Although there may be opportunities to improve the service provider contract, overall it appeared that the key factors driving how service provision balanced flexibility with consistency were:

- The degree of communication and trust between DIAC and service provider organisations
- Staff experience, training and confidence
- The extent to which the whole facility was managed in a client-focused way.

8.3 Communication and collaboration between agencies

The level of communication and collaboration between staff groups varied considerably by facility, across agencies (DIAC, Serco, IHMS) and staff levels (i.e. management versus frontline staff). Generally there was a perception that there had been high levels of inter-agency tension in the past but that many relationships had improved in recent times. Within facilities, different staff often had different views about whether relationships between agencies were productive. Although, this made it difficult to identify any particular IDF as having a more collaborative approach than any other, agencies appeared to work particularly well together at Curtin IDC, Inverbrackie APOD, Melbourne ITA and North West Point IDC. A number of factors appeared to underpin effective collaboration within particular IDFs:

- The commitment of key staff (usually management) to work together
I've worked hard at making the relationships positive and making Serco confident that stakeholder needs could be met. It took time to make the relationship work. We've all identified the need to get on. They [DIAC and IHMS] gave me a go and they didn't have to because they have been burnt before (Serco management, APOD).
- Regular formal and informal communication between stakeholders
- Consistency in the staff representing each organisation at interagency meetings (although this could be challenging due to staff churn; see section 8.4 below)
- Maximising opportunities for sharing information about detainees and listening to the views of other providers, especially in relation to detainee wellbeing issues

Case managers, Serco welfare officers and Personal Officers work very well together and look at clients very regularly so things don't escalate. They identify issues early on and deal with them. Issues are not dismissed as petty and each is listened to (DIAC management, IDC).

- Being open with other providers about problems and working together to overcome them rather than assigning blame

We have regular meetings to discuss findings and issues without pointing the finger and where it could be detrimental to one party we share beforehand (Serco management, IDC).

We are not nervous about discussing things [between providers]. We put issues on the table and don't always agree, but 95% of the time we do. There are no secrets between providers (Serco management, IDC).

- Working together as one team, especially in crisis or emergency situations. For example, at Christmas Island, staff from all organisations worked together in challenging times such as when new boats arrived
- Understanding the role of other agencies
- Adequate systems and structures for decision making and sharing information.

Managers' personalities and how well these personalities worked (or did not work) together were a critical determinant of the way things were run in a facility. When collaboration was perceived to be less effective, stakeholders also identified personalities as well as systems and structures as a driving force. It appeared that personalities strongly affected how things were done and to some extent overrode or re-interpreted procedures.

Strong relationships, trust and collaboration between agencies were perceived by staff to provide better outcomes for detainees; minimising the extent to which detainees could play providers off against each other; making it easier to implement new initiatives or trial innovative ideas.

Here the relationships are great and it works and the clients benefit from it. It works because there is very client-focused management (DIAC staff member, APOD).

There are very good relationships between the three stakeholders and this has a big impact on clients. We are all singing from the same hymn sheet and clients don't get mixed messages (Serco management, IDC).

We have a strong relationship with DIAC and without their support we would be stuck in pushing new initiatives (Serco management, IDC).

By contrast, the relationships between providers were seen to be less productive if agencies blamed each other for problems that occurred (as this distracted from resolving problems); if staff from one provider were perceived to treat other staff as less than equal; and if communication between agencies at the management level was not filtered down to frontline staff.

There is a tendency for DIAC and IHMS to assume that Serco officers are unintelligent and uneducated because they have a security background. I have post -graduate qualifications in welfare, but you wouldn't know it from the way that DIAC [doesn't] listen to me (Serco management, APOD).

The lack of integrated data systems (or ease of sharing critical data) between providers was a further challenge to effective inter-agency collaboration in IDFs, and was also seen as detrimental for detainees. A Serco staff member described how DIAC, IHMS and Serco each have separate booking systems for detainees, which meant it was possible for a detainee to have several appointments booked for the same time.

There's nothing more frustrating for a client who's got an excursion booked, but has also got a DIAC appointment and a medical appointment booked (Serco staff member, IDC).

In day-to-day management the lack of collaboration between providers was illustrated when minor decisions could not be resolved at a local IDF level but had to be escalated

to DIAC National Office. An example of this was disagreement about moving certain IMAs to more or less restrictive forms of detention:

I wanted to put some people in [compound] on a lower level risk – there was immediate push back [from Serco] instead of listening to my reasoning. It took intervention at a national level to work it out. But this was a local issue not a national issue (DIAC management, IDC).

At a number of facilities the relationship between IHMS and Serco, and to a lesser extent IHMS and DIAC, was perceived to be a challenge. IHMS staff were frequently described by Serco staff as ‘doing their own thing’.

IHMS can be quite stand-offish. They don’t like to interact with Serco staff (Serco management, IDC).

Conversely, some IHMS staff reported that they sometimes felt left out or were not included as full and equal partners in decisions considering the management of the centre but were only called upon in emergency situations.

I feel like DIAC are over there and we are over here. We should have some time for us to have a meeting with DIAC about clients (IHMS staff member, APOD).

In some IDFs which contained people with high health needs, IHMS staff reported that they sometimes felt like sitting ducks who would be given the blame if anything went wrong. IHMS staff attributed this to a lack of education regarding mental health and appropriate treatment among other agencies, as well as limited clinical support within IHMS (see also staff supervision below).

The main issue with IHMS, however, related to sharing information about IMAs. Several Serco staff were concerned that they were not told about the illnesses of IMAs and that this was problematic both for their own safety and enabling them to provide the best care for IMAs.

Sometimes clients come with a medical condition. I think there was a case where a client had TB [tuberculosis] but no one knew. I think that is the main thing, not knowing what clients have and how we can protect ourselves from that if we don’t know. I guess they say in general treat everyone like they have something, but it doesn’t always work (Serco staff member, IDC).

If someone has epilepsy we find out through the client themselves. The client said he had a headache and knew he was going to have a fit, but medical never informed us that this was possible. If we don’t know then we could think that when he is having a fit and tossing his arms about that he is trying to hit us. We could restrain him which might be the worst thing we could do. Being ignorant can lead to problems. We should be made aware of these things so that we can do our job more efficiently and with more compassion (Serco staff member, IDC).

To some extent, these concerns were confirmed by IHMS staff themselves, for example:

If someone is mentally ill, do we let DIAC or Serco know? IHMS code of ethics says don’t talk to anyone. I’m used to working in a hospital environment where you talk to people. My boss however said keep quiet about speaking to case managers. There is the fear of being misrepresented so client confidentiality is

most important. There is even a preference, discouragement from IHMS management, despite receiving consent from a client, to tell staff about cases (IHMS staff member, APOD).

Serco staff also perceived that IHMS could be unresponsive in emergency situations. For example:

About four months ago there was a client with a possible heart attack and IHMS refused to go into the compound because they thought it was unsafe for them to do this ... Then last week a client had an epileptic fit. They would not come and get the client in the vehicle they have on site, so we had to put the client into a wheelchair and wheel him to the medical centre (Serco staff member, IDC).

IHMS won't deal with Serco staff incidents when IHMS are the closest and most qualified medical staff. I had a staff member who hit their head while working and was bleeding. I asked a nurse to help and she refused, so we dealt with it ourselves. I asked her what would happen if someone was seriously ill, like had a heart attack on the job, and she said she would need to call the ambulance, that the IHMS contract did not allow them to treat Serco staff (Serco staff member, APOD).

However, these situations were not universal. Some facilities successfully overcame the challenges of data sharing and confidentiality, relying on common sense rather than a strict interpretation of confidentiality, indicating that these issues were not insurmountable.

Here there is a good and established liaison between Serco and IHMS about client welfare. There is good shared care with forums to present concerns about clients and opportunities to assist their wellbeing (IHMS staff member, IDC).

The team is very open. I can talk to DIAC and Serco staff at any time. There is good communication. We identify problems and they are dealt with quickly and with minimal impact on clients (IHMS staff member, APOD).

There is clearly a difficult balance to be struck between client confidentiality and collaborative working. Confidentiality is an important ethical issue for IHMS (and is reportedly part of their contractual obligation). Furthermore it was important that detainees were reassured that information they gave in confidence to health providers remained confidential. Without this reassurance they were likely to withhold this information altogether. However Serco and DIAC may have a legitimate need for information about IMAs, whose best interests were mainly served by the agencies working together. This was another area where there were differences of interpretation across facilities and staff groups. This is an important issue which could be resolved in principle at a strategic level between the three agencies.

8.3.1 Relationships with external agencies

Immigration detention services liaised regularly with other agencies outside the detention network, some of which provided direct services to IMAs. External agencies included, for example, the Australian Federal Police (AFP), ASIO, state police forces, state education authorities (applicable to APODs and IRHs only where children went to school), health services, Life Without Barriers (who provide services to unaccompanied

minors), torture and trauma services (e.g. ASeTTs, NSW Service for the treatment and rehabilitation of torture and trauma survivors, Melaleuca Refugee Centre and Foundation House), religious organisations and other representatives and refugee support groups. Some, but not all, of the external agencies providing services in detention had contracts or Memorandums of Understanding with either DIAC or Serco.

On the whole DIAC, Serco and IHMS were positive about the relationships they had established with external agencies and the ease with which they were able to refer IMAs to services such as torture and trauma services or other specialist medical services.

There's a robust referral process between IHMS and [external agency]. It works well in terms of continuity of client care (IHMS staff member, IDC).

However, some staff members were critical about the standard of services provided by other agencies. For example, at some facilities some IHMS staff were critical of the standard of care provided by torture and trauma services and some Serco staff were critical of the way in which the AFP had dealt with criminal issues, e.g. assault, damage to property, within IDFs.

AFP were disgraceful. We had criminal assaults, criminal damage and nothing was done. AFP were very sloppy. One incident took two weeks for them just to get a statement (Serco staff member, IDC).

Perspectives from the external stakeholders interviewed varied. A common theme was that the detention service agencies (DIAC, Serco and IHMS) did not fully understand the role or services that external agencies provided.

Some staff and clients don't understand the concept of a volunteer, and so I don't feel part of the team because I'm a volunteer ... Staff are not made aware of what we can offer (External stakeholder, IDC).

Stakeholders believed that this lack of understanding impacted negatively on opportunities to support IMAs and referrals to their service. They also indicated that this problem was compounded by the high turnover of staff working in detention (see also section 8.4 below) . This made it challenging to establish the strong relationships with DIAC, Serco and IHMS staff which, when they did develop, helped to promote understanding around roles. Staff turnover meant that the external agencies had to re-establish the process of educating staff about their role.

Where the centre is located is a problem. It means there is high staff turnover. You build relationships and then staff leave. Formal case conferences happen, but informal ones don't because experienced staff and ones you have relationships with leave. Staff turnover works against informal stuff happening (External stakeholder, IDC).

8.4 Human resources and infrastructure

A number of issues were raised regarding human resources and infrastructure. They included staff turnover or churn, staff resourcing, support for staff, staff training, staff supervision and infrastructure and systems. These issues could impact directly on the job satisfaction of employees, but also indirectly on IMA experiences. As one external

stakeholder commented, if staff were dealing with pressures around resourcing, it was likely that they were not focusing on detainee wellbeing.

8.4.1 Staff turnover or churn

A key issue raised was the high staff turnover or churn that occurred at many facilities. Staff churn resulted from:

- The employment of staff on short-term contracts (often 12 weeks)
- Secondments and deployments between roles, facilities and from head offices
- FIFO (relevant in remote facilities specifically)
- Shift work (particularly relevant among Serco staff).

Staff churn occurred among all agencies (DIAC, Serco and IHMS) and was evident at almost all facilities. It was less of a concern at IDFs located in urban areas, such as Villawood IDC, Sydney IRH, Melbourne ITA and Brisbane ITA where there was greater consistency in staffing that resulted from a more steady supply of local labour. However, secondments and shift work also occurred at these facilities. Shift work was particularly relevant to Serco frontline staff.

The problems associated with staff churn were described by staff primarily in terms of the loss of organisational knowledge and constraints on relationship building, both with colleagues and detainees.

In terms of organisational knowledge, staff indicated that the churn of staff strongly affected communication and meant that messages around new policy initiatives or about specific detainees or incidents did not always appear to get through to all relevant staff members, or was lost between shifts. For example, some Serco frontline staff reported that information was inconsistently passed on from management to staff. This meant that front line staff felt they were not informed and kept up-to-date on changes to procedures.

There is confusion between local staff and FIFO staff. There is a high turnover and information is only distributed once ... Not knowing the procedures creates instability. Yesterday you do one thing and the next morning you do something else. It means that there is no real continuity. The centre runs over 4 lines/shifts: there are 2 day shifts and 4 teams cover them. We work 7 days, then 7 nights then have 7 days off and there are days on and off in that. It's all over the shop. So this adds to lack of continuity. Each Client Services Manager might have their own interpretation of a policy and so they apply it differently. So clients will experience all 4 teams/lines in a short period of time and so experience a lot of inconsistencies (Serco staff member, APOD).

[The] turnaround of case managers causes a loss of corporate knowledge. People don't know the reason why they are doing something or why something is not occurring (DIAC staff member, IDC).

Staff reported that churn amongst management often resulted in new systems and strategies being implemented, some of which were perceived to be unnecessary or to be implemented too quickly, in order that the new management could make their mark.

Staff come from other areas or centres, and want to put a new system in place immediately. It's better to keep the systems we have in place as it affects clients when we change things. But we shouldn't stop new ideas - just introduce them slowly (IHMS staff member, IDC).

I have had seven team leaders in 11 months, all with different ways of working (DIAC staff member, IDC).

Each time there's a different Health Services Manager, rather than stick to the current policies and procedures they reinvent them or put in place what they did in their previous place (IHMS staff member, IDC).

Staff also indicated that the turnover of staff impacted on relationships with other staff and with detainees. For example, an IHMS staff member reported that it was difficult to make friends with colleagues when they were only working at a centre for 12 weeks. This was exacerbated towards the end of 12 week rotations, when staff particularly felt it was an emotional drain to make friends with new staff arriving at a facility when they were about to leave. A Serco staff member also indicated that there could sometimes be animosity between FIFO and local staff members. He believed this was because FIFO staff were paid more than local staff for the same work.

The turnover of staff also impacted on IMAs, who were often unable to establish stable relationships with either Serco officers or DIAC case managers. This was particularly important for building rapport and trust between IMAs and staff. It also made it difficult to implement specific policies, such as the Personal Officer Scheme, at some facilities.

[The] Personal Officer Scheme has problems due to shift work. It would be good for clients to be able to see their officers when they need to but that is not possible (Serco staff member, APOD).

It takes two months to develop a relationship [with detainees] before you can make real progress. Then the contract winds up and they [staff] go. There are six month contracts here [for mental health nurses], psychologists are 12 months, counsellors 12 months (IHMS staff member, APOD).

By contrast:

There's also more stable staff here and that means clients can build rapport, not like on deployment. Clients get sick of telling their story to a new case manager (DIAC staff member, APOD).

A number of staff from DIAC, Serco and IHMS reported that management relied on short-term contracts as a way of managing problems with personnel, rather than effectively dealing with the problem. For example, staff suggested that where problems such as conflicts or poor performance occurred, managers would sometimes state that the problem would remove itself when the staff member left at the end of their contract, rather than dealing with issues directly.

Interviews with IHMS staff suggested that IHMS was addressing the issue of staff churn by introducing 50 week contracts. This strategy was being successfully implemented among IHMS staff at Christmas Island and at Curtin IDC and was being rolled-out across the immigration detention network.

In the last three months we have moved to 50-week contracts which means there will be continuity of staff and already things are running smoother with the same staff in team leader roles. It's better if clients have the same clinician see them. Otherwise it makes the client retell their story and it re-traumatises them (IHMS staff member, IDC).

The implementation of longer contracts was also reported by DIAC staff who stated that deployments and secondments had started to increase to 6-12 months, rather than 2-3 weeks as many had been in the past. Longer term deployments and contracts were particularly important for providing the opportunity to build trusting relationships and also for promoting consistency in the implementation of policies and procedures.

On the other hand, a small number of staff spoke about the positive aspects of deployment and short-term contracts. For example, one staff member stated that staff on deployment were more focused on their work:

We only employ metro staff but the downside is that there are more distractions. In remote locations staff are paid to do one job and they work hard when they are there. Here, some want full time hours when they want it and time off when they want it. You can't run a centre where everyone gets everything they want (Serco management, APOD).

Short-term contracts were also perceived to help protect staff against burn-out. However, it was also possible that staff burn-out would occur less often if staff were not working short, intense contracts as suggested in the quote above.

8.4.2 Staff resourcing

Participants at a number of facilities commented on the negative impact of under-staffing. Under-staffing was an issue for Serco frontline staff and mentioned at Wickham Point IDC, Villawood IDC, North West Point IDC, Melbourne ITA, DAL APOD and Curtin IDC. However, it was also mentioned by IHMS staff at North West Point IDC and Inverbrackie APOD and by DIAC staff at Curtin IDC and North West Point IDC.

Staff indicated that staff levels were usually sufficient when detainee numbers were low, but facilities were often under-resourced in terms of staff if there was a sudden increase in detainees. The challenge of balancing staff numbers against fluctuating detainee numbers was mentioned at a number of IDFs, but was a particular issue at North West Point IDC where there was less advance knowledge regarding arrivals of new IMAs. This challenge was compounded for facilities in remote locations because it took time to deploy staff from other areas to meet shortages, e.g. at North West Point IDC and Curtin IDC.

There are challenges as a manager with staffing here. It is either a feast or famine for staffing. It's very difficult to balance a budget. We need to get people here quickly sometimes, but we can't get them here exactly when we need them because the planes are full (Serco management, IDC).

Serco was reported to use sub-contractors (at Villawood IDC and North West Point IDC) to address staff shortages, particularly in security roles. A number of Serco staff questioned whether sub-contractors were sufficiently trained.

The main problems reported with under-staffing were that it compromised safety for both detainees and staff and that it led to existing staff becoming over-worked. Concerns about safety mainly related to the risk of what would happen if a facility was operating with minimum staff numbers and an incident occurred, as there would not be sufficient staff to cope.

If you are running a centre you need operational staff on the ground - boots on the ground and [to be] observing clients, which does not happen if you don't have enough staff. If you have the right number of staff and the right people a number of problems we have had here could have been circumvented (Serco staff member, APOD).

In terms of staffing levels, there have been cases where there have been shortages on the floor but the managers won't get the supervisors to approve people to come in and cover those positions ... Serco have come in and they will allow 'x' number of staff on the floor, but if someone was to call in sick they won't replace that staff member. So we would have to run short anyway (Serco staff member, IDC).

Safety is compromised because of low staffing levels – they [management] save on money because they don't call in casuals (Serco staff member, IDC).

Staff also indicated that high workloads for staff diminished the quality of service they were able to provide to IMAs, particularly when IMA numbers were high. For example:

Right now there are 40- 50 clients to one case manager, but at other times it has been 100-150 clients to one case manager. It's good now because clients get more support, not like when the client numbers were a lot higher (DIAC management, IDC).

Some excursions have to be cancelled because of Serco staff shortages. Management are working on that but we have periods of staff droughts. But we should not cancel excursions. Staff shortages are not an acceptable excuse (Serco staff member, IDC).

Some Serco staff suggested that DIAC should be more proactive in monitoring Serco staffing levels and that there should be minimum staff-to-detainee ratios. There were also concerns from Serco staff that under-staffing within Serco was driven by the desire to maximise profits.

A few staff also reported that they had extremely high workloads and that they worried about burn-out as a result or stated that they would not be renewing their (short-term) contracts.

I could be doing four different jobs in one day and I get burnt out. I'm on an 84 hour salary [7x12 hour shifts in a fortnight] and I do 100 hours at the moment (Serco staff member, APOD).

I am not going to renew my contract because I get a barrage every day and getting smashed by the clients. We get 350 appointments per week and there are only 350 people in here (IHMS staff member, APOD).

Burnout is common. I'm one of the old salts and I probably would be [burnt out] but I have just had to let some things go. There is just so much to do but I can't worry about everything all the time (Serco staff member, APOD).

In small facilities such as Brisbane and Melbourne ITAs, Serco staff in management positions also commented on a lack of administrative support that resulted in increased workloads for themselves. They perceived that they had less administrative support because they had fewer detainees, but understood their reporting and planning requirements to be similar to larger IDCs.

8.4.3 Staff supervision and managerial support

A number of staff from all the agencies commented on formal supervision and other types of support that staff received. While many staff remarked on this positively, for example to say they felt supported by their managers and colleagues, comments about supervision and support tended to be critical³⁷.

Another staff support issue related to debriefing. Staff were required to undergo operational debriefs following serious incidents, e.g. violent forcible removals or suicide attempts. Although they reported being disturbed by some of the events and were offered formal psychological debriefs, e.g. through the Employee Assistance Program, staff at some sites did not feel supported to take-up these opportunities.

Staff critical incident debriefs are non-existent. I was almost speared by a three-metre pole – I have had no debrief. Three weeks later I stopped a guy from hanging himself – never had a debrief. I had a brilliant one in Melbourne, but have not had one since (Serco staff member, APOD).

Some staff indicated that while they felt supported by their immediate manager or supervisor, they did not feel that frontline staff were supported by management more generally. This was reported by all staff groups.

I get support from my peers and totally from my manager. But I don't get support from the organisation. There is no structured supervision or debrief session for people in my role. The role can be trying and taxing. How do we know we are doing the right thing? (DIAC staff member, APOD).

There were also reports that management did not take on board the concerns or recommendations of Serco frontline staff, for example with regard to staff levels or OHS concerns. A number of Serco staff also felt that good work was not recognised; that rewards for staff were often based on who you were friends with rather than merit; and that performance management was limited.

Lack of clinical supervision was a particular concern for mental health staff within IHMS. Participants indicated that in a community framework they would consult regularly with senior mental health staff and psychiatrists about patient care, but found limited opportunities for this within IHMS. While psychiatrists were available within the IHMS network, they were not available out of hours and were often difficult to contact because they were so busy. The lack of regular clinical meetings to discuss complex

³⁷It is likely, however, that the majority of staff who were happy with the support and supervision they received simply did not raise this as a topic in their interviews.

cases meant that some mental health staff felt vulnerable if and when things went wrong, because there would be no demonstrated rationale for the course of care or treatment that was provided.

In IHMS I'm not confident I'd get supported if there was an adverse situation. I have access to only one psychiatrist at the moment for one day per week and I cannot call after hours (IHMS staff member, APOD).

A number of IHMS staff also reported that they felt their skills were underutilised. This was not universal but had a negative impact on the morale of staff who felt this way.

I'm not unhappy but I can only tolerate it for a period of time. My clinical expertise is not used. While I'm employed as a psychologist, I'm really a mental health worker. I do a bit of psychology, a bit of risk management, I administer the mental state exam. I'm not doing psychology work to a great degree. Take today. I'm on the mobile assessment team. This means I'm a mental health nurse responding to crises. If there is a problem, I go there [to see a client] and do a referral and do some medication. So it's about containment management and referral. But if I did this as a clinical psychologist I would set up an initial consultation and then an ongoing schedule of appointments with the aim of resolving the underlying problem with the client (IHMS staff member, IDC).

8.4.4 Infrastructure and systems

A number of staff commented on the lack of space available in facilities for staff. This related both to work space and having a space to relax in during breaks. For example, IHMS staff at Brisbane ITA reported needing more space (although this was related to an increase in mental health staff and was in the process of being addressed); DIAC staff at North West Point IDC said they would like to have an office space with a desk, chair and computer port; and IHMS staff at Construction Camp APOD said they would like a staff room. This was also an issue for interpreters at Villawood IDC and Sydney IRH who did not have a space they could call their own, instead “hanging out” in the visitor area, waiting to be called to a compound when their services were required.

Some staff also commented on the need for better IT facilities and support systems that would help them do their work more efficiently and ultimately better support detainees. For example, Serco and IHMS staff at DAL APOD and IHMS staff at Inverbrackie APOD reported that they were required to share computers and laptops with other staff. Serco and IHMS staff also stated that improved IT systems and electronic equipment could reduce paperwork and help them to do their work more efficiently.

The computer system is clumsy and slow to work with. If I give someone a pill I need to fill in a chart twice in the computer. The appointment system is also error prone. Clients turn up for an appointment and we don't know why, and they don't know why! It is prone to human error (IHMS staff member, IDC).

I don't have access to a laptop when I need it and all the records are electronic. That is a risk situation if I prescribe medication for someone that they might be allergic (IHMS staff member, APOD).

We walk around with paper rolls, and all sorts of paper, and loads of paper and that. Whereas these days I'm sure you could find a nice little cheap tablet, you could have everything data wifi'd or connect so it's always updating and it's easy and you're saving resources that way. Very heavy paper usage within this system (Serco staff member, IDC).

Lastly, as mentioned in section 7.7, resourcing for activities and programs was sometimes problematic. Staff concerns about this related to the processes for obtaining resources, with a member of Serco staff stating that they had sent four requests to DIAC for new equipment with no response. It was also related to a lack of additional resources for excursions. For example, Serco staff reported that unless an excursion was specifically at lunch time they were not given a budget for food or drink, even if they were out for 3- 4 hours. Some staff also believed that IMAs should have better access to items like dictionaries, rather than having to buy them with IAP points. At North West Point IDC, Serco staff reported that a dictionary cost IMAs 40 IAP points, which would be most of their weekly (50 point) allowance ³⁸. Remoteness also impacted on the speed with which items (such as equipment and supplies like paper) could be provided, as they usually had to be transported in. This meant that advanced planning was required (but did not always happen because peak usage could not always be predicted) to ensure that supplies did not run out.

8.4.5 Staff training

Other issues reported by some staff interviewed included concerns about the adequacy of initial and ongoing training for staff.

A number of staff indicated that initial training was not practical enough and that much was learnt on the job. While many staff stated that new staff were required to shadow more experienced staff or were mentored by other staff in their first weeks on the job, some staff suggested that hand-over periods between staff were not long enough and that they had to work things out for themselves, since there were no written procedures for handovers:

My training and coaching was haphazard and I had a manager who was also new. I learnt by mistakes and that was partly the environment and partly a lack of direction from higher above. I had to manage up a lot. I could only learn so much. But there were also a lot of changes because people were on deployment and so I had to manage on my own. I was letting my two up manager know that we were drowning. It's a very hierarchical structure in DIAC. As a new person, I didn't know what I didn't know. I didn't know some things were wrong. I did my best but it was not enough without clear direction. It's a very finger-pointing environment (DIAC staff member, APOD).

It was also suggested that this meant some staff were not prepared for the working environment of immigration detention, not only in terms of the type of work, but also things like shift work.

³⁸As noted in chapter 7, detainees were unable to accrue points, so saving points for more expensive items was not an option.

Some staff are stressed out. They do a two-week course and then they shadow someone. Some leave in that time because they find out it's not like the (recruitment) ad (Serco staff member, IDC).

A few Serco and DIAC staff reported a need for more training on working with interpreters, cultural awareness, and dealing with vulnerable detainees, especially those with mental health issues or who have experienced torture and trauma. Further training and support for front line staff in these areas is likely to improve the quality of interpreting, help identify potentially vulnerable detainees, and promote positive relationships between staff and detainees. Training could also help to encourage a client-centred organisational culture, enabling staff to better understand the issues faced by IMAs and the most appropriate ways to respond.

Staff also reported that it would be useful to receive more training when major new policies were introduced, such as the Personal Officer Scheme.

Serco is trying to introduce a personal officer scheme here but there is a real lack of direction. They told us we would be doing formal paper work associated with that and filling things in. But we have had no formal training about this and no direction from on high (Serco staff member, APOD).

Elsewhere, Serco was addressing this issue by implementing training to ensure that senior officers understood why policies were implemented and why things were managed in a particular way, e.g. at Inverbrackie APOD.

Some IHMS staff wanted to maintain their professional accreditations (some of which were required for their work and some of which were not), which required the completion of a certain number of hours' training each year. However, some staff were critical that IHMS did not support this training and that they were required to complete training in their own time. This was despite the fact that they were largely aware IHMS did not support specialist training because it was reportedly part of their employment contracts.

8.5 Summary and conclusion

The findings indicate that a range of organisational issues affected the way in which IDFs were run. The degree to which these issues impacted on IMA wellbeing was variable: some impacts were clear and others were subtle. Overall, the organisational culture appeared more positive and more effective at supporting IMA wellbeing if IDFs were governed by a client-centred approach. A client-centred approach was more apparent when:

- The contract was interpreted in the best interests of IMAs (and not necessarily followed to the letter)
- Inconsistencies were minimal and clearly explained where they did exist
- Inconsistency was balanced with flexibility, so approaches and responses accounted for individual circumstances rather than providing a single approach
- Providers overcame differences and worked together in the interests of IMA wellbeing

- There was consistency among staff – minimising inconsistency and enabling stronger relationships and collaboration.

However, it was also clear that there were a range of challenges in achieving an organisational culture with a client-centred approach. Such challenges resulted from:

- Ambiguity in the contracts between DIAC and service providers, particularly with Serco
- A lack of understanding surrounding the inconsistencies that existed (for example, if staff themselves did not understand inconsistencies, they were not able to explain them to IMAs)
- Staff turnover/churn, which occurred to some extent among all agencies and which hindered relationship-building between staff and between staff and IMAs, and contributed to inconsistency
- Inadequate staffing levels at some facilities, which compromised the quality of service that could be provided
- Adequate and appropriate staff training.

One of the key factors which appeared to underpin organisational culture in IDFs was the tension between the officially expressed and covertly understood purposes of immigration detention. Although this project focused on the wellbeing of IMAs and the factors that shaped their experience of detention, IMA wellbeing is only one objective of the immigration detention system; other objectives can be in tension with detainee wellbeing. For example, the detention system's stated objectives are (to paraphrase the values in the New Directions in Detention policy) to manage the health, identity and security risks to the community and to hold unlawful non-citizens who have repeatedly refused to comply with their visa conditions. Not stated in these values or policies is detention as a means of deterring future IMAs from coming to Australia. Yet, arguably, this is a commonly accepted rationale for immigration among the media and some politicians. Similarly the media attention on IDFs and the negative portrayal of IMAs appears to play a part in determining the views and behaviours of some staff in IDFs as well as having some effect on the management priorities of DIAC, Serco and IHMS. It is likely that media attention to self-harm, riots and escapes, and consequent political fallout from these events result in agencies involved in immigration detention feeling pressure to minimise risks such as escapes and riots. The risk is that measures taken to do so could compromise the wellbeing of the majority of IMAs.

In addition to these tensions around the purpose of the facility, IDFs and associated providers have to face issues which confront all human service organisations. These include balancing quality with economy, creativity with accountability and staff care with control.

PART FOUR – CONCLUSIONS

9 Conclusions

This chapter combines the findings from the interviews with detainees, staff and other stakeholders and relates these findings to the analytical framework set out in Chapter 5. In doing so the chapter addresses the research objectives which were set for this project. We mainly address the research objectives in Figure 9.1, which focus on the analysis of detainee's experiences and link those experiences to the practices and culture of IDFs. We then draw conclusions about policy and practice and indicate what the research has identified as best practice in immigration detention.

Table 9.1 Research objectives

- | |
|---|
| <ul style="list-style-type: none"> • Interviews and qualitative analysis, using professional judgement to assess complex dynamics that have a role in shaping detainee experiences and detainee wellbeing, e.g. <ul style="list-style-type: none"> • Uncertainty of situation • Personal background / case status • Motivations for travelling to Australia • Risk management / mitigation in relation to experience of detainees • Role of health services in contributing to the wellbeing of detainees • Interaction between detainees and how this mutual influence impacts on them • Management of detention facilities and how this impacts detainee experiences • The 'culture' of detention as practiced by staff and as experienced by detainees • Whether the conditions of detention ensure the inherent dignity of each person. • Accounting for the differences between staff, service provider and detainee cultures • Comparative analysis of experiences across detention locations and detainee categories • Interpretation of the research findings in terms of <i>Responsive Regulation Theory</i> • Description of variables that impact or enable measurement of detainee wellbeing, which might enable DIAC to align data variables to future evaluations and longitudinal studies • Positioning of the research by providing a framework to help DIAC in its planning of formal evaluation of the government's immigration detention policies and/or programs • Evaluation of the extent to which experience of detention harms and how to mitigate • Identification of a 'best practice' detention environment and culture for detainees and staff. |
|---|

9.1 Factors shaping detainee experiences

Chapter 7 provides a detailed examination of the various factors which appear to affect the experiences and wellbeing of detainees in immigration detention Facilities. Broadly speaking these factors can be divided into four categories:

- Personal and personality factors
- Pre-migration experiences
- Events and circumstances in detention
- Status determination process

There were also some cross-cutting themes, which are outlined below.

9.1.1 Time in detention

Time in detention has variable and, for some, considerable impact on mental health and engagement with activities and programs, other detainees and staff. Length of time in detention also impacts on detainees' trust in the immigration system, which may have a subsequent effect on relationships between staff and detainees and detainee behaviour generally.

The findings of this study that time in detention and the uncertainty of the status resolution process are by far the most important factors affecting the wellbeing of IMAs are consistent with all the previous research in this area. This is not surprising since many research studies show that institutionalisation, no matter how benign, can lead to depression, passivity and mental illness. However these overall findings mask a number of further issues about the factors which contribute to the loss of wellbeing other than time and uncertainty. The methodological limitations of our research mean that we cannot accurately determine how these various factors interact and how they affect different detainee groups. One limitation is that there is no benchmark or comparison group for the detention population. This means it is not easy to determine the extent to which it is detention per se rather than other factors such as previous torture and trauma or adaptation to a new culture which are the major determinants of wellbeing. Research shows that refugees and asylum seekers suffer a number of effects from the experience of leaving their country of origin and arriving in a new country, whether or not they have experienced immigration detention and/or anxiety about status (Schweitzer, Melville, Steel, & Lacherez, 2006; Ying & Akutsu, 1997). Thus it seems clear that institutionalisation and anxiety about visa status exacerbate other factors such as previous trauma, cultural 'shock' and dislocation from families.

As indicated in this report, there is some potential to change the detention experience to better meet the needs of those who spend longer periods in detention, but it should be recognised that the majority of factors that lower the levels of wellbeing for detainees are not easily modifiable within a detention context.

Stages of IMA wellbeing

In Section 7.15 we outlined a model of how immigration detention affects IMAs over time. This model could be used to develop timely interventions at different stages which could facilitate the maintenance of IMAs' wellbeing should they have to spend an extended period in detention. Early intervention with those who are likely to be more vulnerable to institutionalisation and demoralisation could potentially strengthen the resilience of those IMAs and help them when they enter the community or are returned to their country of origin. The model could be considerably refined by using the current psychological assessments of IMAs and other data sources to develop a more detailed typology and trajectory for different categories of detainees. This in turn should become the basis for more sophisticated programs of early intervention, activities and support for vulnerable detainees.

9.1.2 Wellbeing and agency

While immigration detention was not specifically designed to encourage or discourage individual agency, within the constraints of the current system there do appear to be opportunities to facilitate the capability of IMAs to exert limited agency over their lives. Our findings indicate that providing such opportunities could significantly improve the wellbeing of detainees and these may carry over into settlement and possibly even facilitate the return of those who are on a negative pathway.

Most of the restrictions on IMAs' capability to make decisions and take responsibility were explained by service providers as resulting from resource limitations, risk avoidance or OHS concerns. These are all legitimate issues and it is clear that provision of opportunities for meaningful activities and participation by IMAs require careful planning and adequate resourcing. In some facilities IMAs were provided with at least some degree of autonomy and decision making. Selection and preparation of their own food and meals seemed to have significant benefits for IMAs.

Providing opportunities for meaningful activities, participation and engagement is not only consistent with the theories of wellbeing discussed in the framework, it is also a key component of Responsive Regulation. When people being regulated have a stake in the system, e.g. by organising meals, cooking food, arranging classes or sharing in decision making, then they are much more likely to view the regulator and the regulations in a positive light, and are more likely to comply with the rules of the regulating institution. Another prerequisite of RRT is the provision of individually tailored intervention. People who can exercise choice will, by definition, shape a situation to better meet their needs. Choice is a key principle of RRT as well as Sen's capability approach, both of which see the realisation of personal goals as important, in one case for effective regulation and in the other for wellbeing.

Facilitating IMAs to exercise individual responsibility and decision making does not imply that IDFs should adopt a laissez faire approach to management. Indeed providing a clear structure for daily activities can facilitate the wellbeing of detainees. If the structure includes activities with a goal or future focus that is meaningful to individual IMAs and individuals have a choice to participate in these activities then structure can be reassuring and containing for IMAs. Allowing IMAs to exercise choice is also a matter of balancing their desire to opt out of participation (risking further passivity and alienation) and requiring some IMAs to participate, albeit reluctantly.

Sen's capability approach indicates that choices such as which excursions to go on or what to cook for a meal and how it should be cooked are not sufficient to maximise capabilities, although these choices would be preferable to no choice at all. Rather, opportunities need to be meaningful and should be provided in a way that maximises individuals' life choices. For example consultation meetings with facility managers could involve soliciting the views of IMAs about their concerns relating to the organisation of the facilities, acting on those issues where appropriate and providing feedback on progress. This can be challenging in the context of changes in staff and detainee cohorts. Nevertheless providing a signal to IMAs that their concerns are being taken seriously and are being acted on can be an important facilitator of agency.

Implications

The risk-averse organisational culture in many IDFs was a key factor limiting IMAs capabilities to exercise agency. Whilst it is very important for OHS and other risks to be minimised in IDFs, and for managers to ensure the safety of detainees and staff, Responsive Regulation theory indicates that restriction should be proportionate to the level of risk, and tailored to specific situations.

The general culture of risk aversion within facilities appeared to undermine the commitment to providing meaningful activities to detainees, and contributed to a narrow sense of the duty of care of agencies, focusing on physical care and provision of diversionary activities such as excursions and exercise. Although there are some initiatives aimed at increasing agency and meaningful activities in IDFs they tend to be piecemeal and many are short-lived. A clear conclusion from this research is that the provision of meaningful activity and exercising agency should be considered a core component of the duty of care and should be addressed strategically within IDFs. Nevertheless it must be recognised that exercising agency in detention may only marginally affect IMAs' wellbeing.

9.1.3 Positive features of detention

An important finding from this research has been that the experience of detention is not wholly negative for all IMAs. Although in general our research is consistent with previous findings relating to the harm of detention (as stated in research objectives at table 9.1 above), we found that there were some aspects of detention which were positive for IMAs and which could help them in their settlement in Australia. These factors were most apparent in those centres where there was better practice. Briefly the positives were that IMAs could:

- Receive medical and other services, generally in a timely manner.
- Receive food, clothing and shelter after their challenging journey to Australia.
- Meet with Australians (staff and visitors as well as community members) in a relatively controlled environment and so learn about how Australians behave and interact with others. They could learn some of the basics of Australian society in a context in which they did not have to deal with issues such as money, housing, benefits etc.
- Build relationships with others in the same cohort which could be supportive and nurturing if and when they were finally settled in Australia.
- Be provided with a structured environment and not left to cope with a completely new situation on their own.

It should be noted that these facilities could be provided without the restrictions of detention. In some countries such as New Zealand, newly arrived refugees (those from UNHCR as well as most onshore arrivals) are similarly housed in a reception centre for the first few weeks of their stay in the country, and are provided with similar services and supports, but they are not detained, and are free to come and go as they wish (New Zealand Government Department of Labour, 2006).

9.1.4 IMA stereotypes

Our findings indicate that many people tend to classify IMAs into particular categories or types. These depictions are also reflected in the media and even in academic accounts. Some IMAs viewed themselves as falling into one or other of these categories, although it was not always clear whether this was a response to how they were treated by others or their own self-identity. Broadly IMAs are seen as either:

- *Victims* – traumatised by experiences in their own countries, through their asylum journey, exploited, for example, by people smugglers and corrupt officials in intermediate countries
- *Agents/entrepreneurs* – proactive and resilient people who have managed to overcome huge difficulties to escape their country and negotiate the dangerous journey to Australia against significant odds, and who still expect to create a good life for themselves and their families
- *Escapers* – people who have left their countries to avoid conflict or oppression and who are unwilling to take responsibility or control
- *Queue jumpers* – people who deliberately manipulate the asylum laws for their own gain, often to improve their economic situation, and who are willing to deceive in order to procure their Australian visas.

These stereotypes can be classified along two dimensions – proactive vs passive and good intentions vs bad intentions, as indicated in Table 9.1 below.

Table 9.2 Dimensions of IMA stereotypes

| | Good intentions | Bad intentions |
|-----------|-----------------|----------------|
| Proactive | Agent | Queue jumper |
| Passive | Victim | Escaper/coward |

Each of these depictions elicits a distinctive policy and practice response. Victims require high levels of support and care. They are vulnerable people who are likely to suffer mental ill health and are very grateful for the support offered to them in Australia. Agents, on the other hand, are active and assertive, they are likely to greatly benefit society and are highly motivated to settle and achieve. They do not really require support as they are very resourceful individuals. Queue jumpers are also resourceful but their resources are aimed at manipulating or undermining the system. Some may be genuine refugees but they are too impatient to wait their turn and be processed by the UNHCR. They are devious and unreliable and likely to lie about their circumstances. Escapers are passive individuals who need and desire someone to take control of their lives. They are people who were unwilling or unable to face the situation in their own country and have left their family and community behind in order to save themselves.

The different perspectives arose in a number of contexts, for example in relation to the debates cited above about the proportion of IMAs who had suffered torture and trauma and needed counselling. Estimates from our interviewees ranged from around 5% to 95%.

Predictably our research found that IMAs as a group could not easily be categorised into any of these types. The motivations and expectations of IMAs were diverse and complex. Our research found that many of the IMAs appeared to fit more than one of these categories and others did not fit any, or viewed themselves differently in different contexts (for example, believing that they were resilient and proactive individuals, but also feeling guilty about leaving their families behind). Whilst some IMAs had long planned their journey to Australia and had specific reasons for coming to this country, others had arrived almost by chance and had little awareness of Australia and its particular circumstances and policies.

The implications of these findings are that policy makers need to think carefully about their assumptions before developing policy and program responses which flow from these generalisations. Policies and practices which are based on the assumption that IMAs will respond in a particular way are likely to result in inappropriate responses to large numbers of IMAs (for example assuming that they will need trauma counselling or on the other hand that they will cope with settlement easily).

9.2 Responsive regulation

As outlined in the Analytic Framework (chapter 5), responsive regulation theory (RRT) proposes that most people tend to follow the rules most of the time. People are more likely to comply with regulation when they understand the rationale behind the rules, the procedures make sense to them and seem reasonable within the context and they trust the authority making the rules. The corollary of this is that people are less likely to comply if they do not trust the regulator, do not see rules as reasonable or do not understand the rationale behind rules.

In summary Responsive Regulation involves the following basic components:

- Trust and respect between regulator and those being regulated (leading to the perceived legitimacy of the regulator)
- Effective communication of the rules
- A regulatory pyramid in which sanctions are seen as appropriate to the situation
- Consistency and transparency in the application of the rules and sanctions.

Our findings indicate that the operation of these principles is variable within and between facilities, and there are a number of reasons for this.

9.2.1 Communication and information

The research found that there was often a discrepancy between IMAs' perceptions of the information provided and those of staff members, with many IMAs reporting that information had not been adequate or conversely that they had been over-loaded with information which they found difficult to take in, and staff mainly believing that information was adequate and clear. As we state above, this discrepancy was found in many areas of service provision, particularly where information was complex and emotionally-charged from an IMA perspective.

In the immigration detention context there are two important consequences of these findings:

- 1) It cannot be assumed that IMAs will have understood and/or accepted information, even if it has been provided in what the agencies believe to be a clear and adequate manner. IMAs may have to be informed several times and in different formats, e.g. written documents, group presentations and individual face-to-face sessions, before they are able to understand the complex information about immigration detention and the status determination process. Different groups of IMAs may also respond differently to information, depending on their level of education, their degree of literacy, their personality, their current mental state and their previous knowledge and expectations.
- 2) Information provided to IMAs should be as consistent as possible. This applies to general information about the status resolution process and the processes and rules within IDFs, and equally information relating to individual IMAs. It is recognised that consistency is very challenging because IMAs receive information from a number of sources, and DIAC and its service providers cannot control all these sources. Further, information changes rapidly and is easily out of date. Despite these challenges it is important that the messaging is consistent so that DIAC, Serco and IHMS remain as credible as possible.

For example IMAs may be told in good faith that they are to be moved to another facility, but at the last moment this decision may be changed for operational reasons. From the point of view of service providers, this is a legitimate and transparent decision based on a careful assessment of changing priorities. From the point of view of IMAs, however, this can seem arbitrary and punitive.

9.2.2 Perceived legitimacy of the immigration system

The research found that many IMAs arrived in Australia already suspicious of government authorities and this suspicion was stoked by other detainees and other influences such as people smugglers. This was compounded when IMAs perceived that their claims were treated with suspicion by DIAC staff. Thus levels of trust in the immigration system were low, and there was a common belief that the system treated IMAs inequitably, especially amongst those who had been in detention for long periods.

Nevertheless there were powerful forces working in the direction of compliance. IMAs want to settle in Australia and to be seen as potential good citizens; they do not want to start life in Australia with a criminal record. A good disciplinary record was also (sometimes) seen as a way of progressing their status claim. Thus, for most IMAs there were incentives both to comply and to break the rules (if breaking the rules was believed to improve their chances of obtaining residency). For the most part, IMAs were compliant with both the migration process and with the rules of IDFs.

The implications for the system are therefore clear:

- As stated above, it is important that decisions are consistent and are perceived to be consistent³⁹

³⁹This project did not examine the actual consistency of decisions, but there is clearly a perception of inconsistency by IMAs as well as many other stakeholders.

- IMAs should not only be told of decisions but also the rationale for decisions and changes to decisions. This applies to decisions about individual IMAs and also to changes in policy or procedures within IDFs or in the system as a whole.

Where policies change, or where procedures differ between IDFs or for different groups of IMAs, the rationale for this should be spelled out explicitly. This will not stop IMAs from feeling confused, angry or victimised at policy shifts or perceived inequalities in treatment, but it can at least facilitate negotiation and discussion with IMAs who may well accept changes and inconsistencies even if they do not agree or fully understand them.

There are significant opportunities for improvement in most IDFs in relation to the organisational structures and functions which undermine the development of effective engagement. These include FIFO arrangements, communication of policies to staff members, processes for handing over to colleagues at the end of shifts and infrastructure for sharing of information about IMAs between agencies.

9.2.3 Sanctions

Another factor limiting the extent to which responsive regulation could be implemented was the lack of consistency around sanctions.

There appears to be a degree of confusion about the relationship between behaviour and outcome in the management of IMAs. Lack of clarity around the consequences of non-compliance, and in particular the implications of non-compliance for the status determination process, meant that some detainees (and even some staff members) believed that misbehaviour was rewarded (by visas being granted to people who misbehaved). It is therefore vital that the link between behaviour and status determination should be clear, transparent and consistent, both for IMAs as well as staff in IDFs, and that policies in this area should be consistently applied.

9.2.4 Regulation and early intervention

Most staff members recognised that maintaining a regulation hierarchy was important, and a number of managers pointed out that to maintain order in IDFs it is best for staff to intervene early. At a facility level staff and managers need to be aware when tensions are high and to intercede before incidents occur. At an individual level, staff need to intervene when someone is beginning to show unusual behaviour or seems to be on edge, rather than waiting for people to break rules and then having to exercise sanctions. Thus responsiveness within RRT is as important - if not more so - than regulation. In fact, where staff were highly responsive to the needs of detainees, there tended to be much less requirement for regulation. However, as we describe above, there were a range of factors limiting the extent to which staff could build trusting relationships with detainees, and therefore in some cases the potential for responsiveness was limited.

Where the wellbeing of detainees was better met, compliance was much less of an issue within IDFs. Compliance is therefore only one of a range of issues that staff had to consider in the management of IMAs. Effective management required wellbeing to

be seen in a holistic way and for a range of cultural, group and other issues to be taken into account. It also required an understanding of the complex motivations which underpinned detainees' behaviour.

Overall, RRT provides an important underpinning theory for the management of detainees in IDFs. Where its principles were followed, facilities tended to be calm and incidents were able to be contained. However, the circumstances were often not in the control of either DIAC or Serco staff members but were determined by extraneous factors, particularly the flow of detainees into and out of IDFs and the makeup of the detainee cohort. Nevertheless, staff and managers in some facilities were able to respond flexibly and creatively to these challenges.

The more serious incidents in IDFs such as riots, gang fighting, self-harming and mass escape attempts appeared to be related to group processes including the general atmosphere and culture of the cohort or in response to factors such as overcrowding or policy statements about changes in processing visas, rather than to factors relating to individual IMAs and their specific treatment or wellbeing. Group situations are much more difficult to manage than individual cases of misbehaviour, and are far less subject to the principles of RRT. This is because they can be provoked by relatively minor incidents and can involve individuals whose behaviour is otherwise compliant. Group breaches of order can only be avoided by careful preparation before facilities become crowded or new policies are announced, but of course these cannot always be anticipated.

9.2.5 RRT and organisations

As we indicate in Chapter 5, RRT can apply in a number of domains in the context of immigration detention. One of these is the relationship between DIAC and the other agencies working in IDFs. As we have discussed in Chapter 8, this relationship varied between facilities. In those IDFs where the three agencies were able to work together with a strong client-focus, there was little tension between the agencies. Where there was evidence of tension, agencies tended to rely on their contract to govern their interactions. This had two negative consequences. Where the contract was specific, agencies tended to stick to the letter of the law (including especially the implementation of abatements) and this reduced flexibility and creativity in solving problems and resulted in defensive and risk-averse practices. Where the contract was vague this could then result in inconsistent interpretations of its meaning and therefore to rapid changes in policy depending on the particular interpretation of specific managers. In both these situations the practice in the centres tended to lose focus on the detainee, with most attention being paid to organisational issues and concerns.

Thus RRT principles applied to the relationship between agencies in IDFs – where regulation of subcontractors was responsive to the context then all three agencies were able to work together.

These findings are again consistent with RRT in that it appeared that the key factors which separated facilities where regulation was effective were the good personal relationships between senior managers and open channels of communication between staff at all levels of the organisations.

It is therefore likely that if the principles of RRT were appropriately applied at the level of inter-agency collaboration and particularly sub-contracting within IDFs, the result would be a more responsive, less risk averse and more client-focused approach to the direct work with IMAs. The key issue is not the actual wording of the contract but the way the contracts are used by managers within the agencies.

9.3 Organisational culture

In this section we combine the insights drawn from the literature reviewed in the framework with the empirical findings from the study to arrive at some conclusions about the factors which appear to influence organisational culture in the context of immigration detention. This sets the scene for the following sections of the report which identifies best practice and for development of an evaluation framework which incorporates a more rigorous methodology for measuring organisational culture than has been possible for this project.

9.3.1 Factors affecting organisational culture

Overall the research found that while DIAC, Serco and IHMS aimed to maintain the wellbeing of IMAs, organisational cultures were, in many cases, dominated by risk aversion, and that a reluctance to take risks often led to treatment of IMAs which caused frustration and distress for IMAs and staff. The facilities that appeared to be able to support the wellbeing of IMAs most effectively were characterised by a client-centred approach.

A client-centred approach was more apparent when all agency staff worked together with IMA welfare as their paramount concern rather than contractual compliance. Personalities and individual capabilities were important in achieving this focus. We noted that senior staff members were NOT chosen because of their compatibility in working styles or approaches to managing a detention environment. This lack of emphasis on personal operating style could cause problems at the highest level of a centre and flow down through all levels in all agencies.

A key recommendation for organisations in the immigration detention network is that senior management in each IDF:

- Work towards a consistent shared vision of the purposes and value of the work within the facility
- Take a proactive and strategic approach to risk management
- Develop a consistent and creative process for communicating this vision and for managing risks
- Formally and informally review, support and reward staff who adopt a client-focus and who take well-calculated risks.

Within the current context the above actions present a significant challenge.

An important factor underpinning organisational culture in IDFs and its effect on IMAs' wellbeing was the staffing levels within facilities. This is an issue for all human service

delivery agencies. It may therefore be appropriate to review the current guidelines relating to the ratio of staff to detainees in different detention circumstances.

9.3.2 Determinants of organisational culture in IDFs

The research identified the following factors as being important determinants of organisational culture within IDFs.

Structural/resource issues

- Size and physical layout of facility
- Location of the facility
- Infrastructure, e.g. IT resources etc
- General level of resourcing
- Staffing issues (staff resources/churn and quality).

Inter-agency issues

- Functional issues
- Management structures (overall facility management and vision)
- Contract
 - Conflict resolution mechanisms
 - Decision making, e.g. management committees, case management protocols
 - Communication protocols
 - Communication and relationships
- Trust
- Communication and negotiation
- At different levels (strategic, operational management, detainee management)
- Shared vision between providers
- Understanding of roles
- Openness and willingness to share problems.

Organisational culture

- Management style
- Leadership
- Clear shared vision or understanding of the task
- Attitude of senior management to staff
- Hierarchical vs equitable
- Engaged vs disengaged
- Rule bound vs laissez faire

- Trusting vs suspicious
- Diversity vs homogeneity
- Open vs defensive
- Attitude to risk and innovation
- Adaptability to changing circumstances
- Basic drivers (money, quality, staff, detainees, image)
- Training
- Organisational attitude towards detainees:
 - Caring
 - Patronising
 - Punitive
 - Customer
- Attitude towards other organisations
 - Open
 - Collaborative
 - Defensive
 - Competitive
 - Dismissive.

Organisational culture arose from the way the senior managers set their priorities and managed tensions, and how these were communicated to staff, detainees and other stakeholders. Generally the tone was set by managers who provided strategic direction to the organisation. Where managers from all three agencies had a clear vision which they conveyed to their staff, and which staff bought into, then organisational practices tended to be purposeful and appropriate.

9.4 Contextualising our findings

As we state above it is very difficult to assess the extent to which wellbeing outcomes for IMAs are attributable to detention per se, to the specific detention conditions or to factors outside of detention. Indeed as is indicated above, detention can have both negative and some positive effects on IMAs. Thus while we were able to point to some of the organisational issues which appeared to affect the wellbeing of IMAs, these findings should be further validated in studies which involve a counter-factual (i.e. they compare the circumstances of IMAs in detention with those in other circumstances).

It is also important to recognise that tensions and management concerns within IDFs are not unique. Inter-agency collaboration is challenging in any context, and tensions between organisations around communication, values, functions and resources is very common (valentine & Hilferty, 2012). The context of IDFs creates additional challenges for organisations to work together. Unpredictable flows of IMAs, FIFO arrangements, remote locations, political and media scrutiny and financial pressures all create

additional pressures for the agencies within IDFs. All these factors need to be taken into account when making judgements about agencies and facilities, and about the impact of organisational culture on the wellbeing of IMAs.

Our research team was only able to visit IDFs once, and the research was undertaken at a particular period in the evolution of detention policy. During our visits most of the facilities were not at full capacity and this appeared to greatly ameliorate not only the conditions for detainees, but equally the pressures on staff. In many of the facilities, staff described crisis situations which had taken place months earlier, reportedly due to facilities being at overcapacity following the temporary halt of processing of IMAs from Sri Lanka and Afghanistan and increasing numbers of boats arriving. Many of the senior managers were in the process of re-assessing organisational cultures and structures following these crises. Thus our findings should be read in this context. However many staff interviewed pointed towards long standing practices and relationships within IDFs, indicating that some of the identified problems were deep seated and not easily changed.

9.4.1 Best practice components

Despite this background, we were able to identify clear elements and principles of good practice in IMA detention, where frontline staff and managers have addressed the challenges and managed to provide an environment which was largely conducive to the wellbeing of IMAs, given the constraints of detention itself (see table 9.2 below). It indicates that with good management and even limited resources some facilities were able to provide a relatively high level of service.

The findings point to a number of characteristics that create a best practice detention environment and culture for IMAs and staff. These are implicit throughout the report but are summarised in the table 9.2 below. Some of these factors relate to the physical characteristics of the facility, (e.g. location and type of housing). We include these factors because they are significant in facilitating IMAs' wellbeing. However we recognise that these are not factors which are modifiable by managers and therefore can only be changed by strategic policy decisions. It should also be noted that some of these factors must be seen in the context of the population being served in the facility. For example a facility whose purpose is to house high risk or dangerous detainees must, of course, maintain very high levels of security. Similarly if IMAs need to be isolated for particular reasons such as health issues, conflicts etc, then isolated compounds would be necessary. These characteristics therefore will be modified according to the specific purposes and population of the individual facility.

Table 9.3 Characteristics of best practice in immigration detention

| |
|---|
| <ul style="list-style-type: none">• Lowest security consistent with IMA population• Open (no isolated compounds⁴⁰)• Live in houses (similar to community)• Located near urban or regional centres |
|---|

⁴⁰However there may need to be isolated compounds for specific groups of detainees, for example those who are violent or who are particularly vulnerable.

- Many and varied excursions, excursions available to all
- Varied activities that consider interests of population
- Opportunities to maintain relationships with people outside immigration detention, e.g. community visitors
- IMAs have provision to cook for themselves
- There are effective channels for IMAs to raise concerns
- Concerns are addressed
- IMAs have some possibility exercising agency over other aspects of their lives, e.g.
 - Cooking own food
 - Shopping for food and basic items
 - Vocational skills building
 - Life skills training for living in Australia and practical exercises
 - Ability to care for their family
 - IDF shop with range of goods (provides IMAs with choice of what to purchase)
- IMAs are consulted about aspects of management of the facility (as per main point below)
- Rules and regulations communicated effectively
- Staff are client-focused
- Collaborative relationship between providers
- Good relationships between staff levels within providers
- Staff relationships with IMAs are strong and stable
- Staff have access to formal supervision and performance plan
- Staff receive appropriate and ongoing training
- Staff churn is minimal
- Number of casual staff is minimal
- Staffing levels are adequate
- Staff are committed to the welfare of detainees
- Detainee names used in most staff interactions
- Contract treated as a guideline not an absolute [this could be contentious].

10 Evaluation framework

Two of the objectives DIAC set for this project were:

- Describe variables that impact or enable measurement of detainee wellbeing, which might enable DIAC to align data variables to future evaluations and longitudinal studies
- Position the research by providing a framework to help DIAC in its planning of formal evaluation of the government's immigration detention policies and/or programs.

This section addresses these two objectives, based on the findings of this research and the lessons learned from the research process itself. We provide various options for conceptualising and conducting a future evaluation. Some of them would be relatively easy to set up, and involve relatively minor adaptations of current systems. Others will be more challenging and resource intensive but would provide information not readily available in other ways. Ideally a comprehensive evaluation would use most or all of the methods described, but a more limited evaluation could be developed which draws on fewer methods or is more limited in timescale.

It should be noted that these suggestions are not based on knowledge of current data collection activities undertaken by DIAC, Serco or IHMS. Examination of data flows and monitoring systems was out of scope for this project. We have attempted not to make assumptions about current monitoring systems but are unclear whether the few assumptions implicit here will be borne out on closer examination of information systems.

Similarly, although case file analysis was originally part of the scope of this project, we were not able to examine case files and therefore again we have had to make some assumptions about the content, use, consistency, currency and accuracy of case file material which will have to be validated when the evaluation is established.

Some of the recommended activities may therefore already be underway, in which case they could be incorporated into broader evaluation activities.

10.1 Monitoring and evaluation

Monitoring and evaluation are overlapping concepts and can be defined in various ways. For the purposes of this document we will use the following broad definitions:

Monitoring

Monitoring is an ongoing process to measure how well organisations are adhering to required standards and processes. Serco and IHMS are monitored closely through their contracts with DIAC. However current systems of monitoring do not include monitoring of the trajectory of IMA wellbeing.

Review

Review is a process generally carried out by experts who assess an organisation or an aspect of work against a set of standards. Reviews of IDFs are carried out from time to

time by a number of different agencies including the AHRC and other human rights organisations and government regulators such as the Australian National Audit Office (ANAO) (see for example, The Auditor-General, 2013). Reviews can use very similar methods to evaluations but they tend to be narrower in focus and may be less impartial. Generally their methodology is less rigorous than comprehensive evaluation but this is not always the case.

Evaluation

For the purposes of this document evaluation refers to an independent assessment of the overall effectiveness of a policy or program. Evaluations generally focus both on processes (implementation) outcomes (impact) and the costs and benefits of policies or programs.

Any evaluation of the immigration detention system or of individual IDFs would therefore have to focus on how the organisation affects the wellbeing of detainees, given the context in which it must operate. However evaluations must also address issues around the efficiency and cost effectiveness of service delivery and the extent to which IDFs (and the broader system) effectively address other objectives of the policy – for example protecting the security and maintaining the confidence of the Australian public.

Evaluation can either be internal or independent. Internal evaluations are those which would be conducted by DIAC using data and reports produced by the IDFs. Independent evaluations would involve employing external consultants to conduct the evaluation. Consultants could similarly use data already produced as part of an IDF's monitoring processes, or could visit and interview stakeholders. The advantages of independent evaluations are that they provide a degree of credibility not available for internal evaluations. However they are relatively expensive compared to monitoring and so should be conducted sparingly, when there is a real policy need for an independent and rigorous analysis of a policy or program.

Evaluations are generally divided into the following components:

- Impact/outcome evaluations which focus on the outcomes of interventions, particularly on end users (detainees)
- Process evaluations which consider organisational aspects of a program and the adequacy of implementation of a policy/ies
- Economic evaluations which consider the cost/benefits or cost/effectiveness of a program.

10.2 Purpose of an evaluation

The overall purpose of evaluation is to provide an independent assessment of the effectiveness of the immigration detention system (or components of the system) in meeting its objectives. Independent evaluations serve a number of purposes including:

- Helping policy makers and managers improve the efficiency and effectiveness of the system by identifying its strengths and weaknesses and pointing to ways the system could be improved

- Gaining the confidence of key stakeholders and the public in the system by demonstrating openness and transparency
- Adding to the evidence base on effective policies and programs for addressing the complex issues raised by immigration detention.

10.2.1 Focus

A successful evaluation addresses a clear set of questions or hypotheses. In relation to immigration detention, perhaps the most important issue relates to the effectiveness of the network (or particular facilities) in maintaining the wellbeing of detainees as well as addressing its other policy priorities. This question can be answered in a number of ways and at a number of levels. For example, at the strategic level an evaluation could address the most basic question: *Is immigration detention the most appropriate way of responding to IMAs and other unlawful non-citizens?* At that level immigration detention could be compared to other policy frameworks for processing unlawful non-citizens, including IMAs and determine whether the immigration detention system is fit for purpose. A particular focus would be on the costs and benefits of the current system as opposed to other systems.

At a slightly less strategic level an evaluation could focus on the range of facilities now being operated and assess whether this is the optimal range of facilities given the IMA group and the operational and policy context. Again the costs of the current system would be considered against the outcomes of the current range of services and alternative arrangements.

At a more operational level an evaluation could focus on the actual impact of detention on the wellbeing of detainees and also the operations of the IDFs themselves. This would cover similar ground to that of the current study but would more formally evaluate outcomes and processes and would take into account the range of policy objectives of the detention network. The rest of this section will focus on such an evaluation.

10.2.2 Measuring wellbeing

Table 10.1 is taken from the framework that has been developed for this project. It is an enhanced version of the dimensions of wellbeing developed by the ABS.

Table 10.1 Aspects of wellbeing of detainees

| Aspects of life contributing to wellbeing | Areas of concern |
|--|-------------------------------|
| Time for and access to cultural and leisure activities | Culture and leisure |
| Personal safety and protection from crime | Crime and justice |
| Shelter, security and privacy, through housing | Housing |
| Command over economic resources, enabling consumption | Economic resources |
| Satisfying and rewarding work both economic and non-economic | <i>Work and participation</i> |
| Realisation of personal potential through education | Education and training |
| Freedom from disability and illness | Health |
| Support and nurture through family and community | Family and community |
| <i>Feeling of self-worth and life satisfaction</i> | <i>Subjective wellbeing</i> |
| <i>Rights and justice, due process</i> | <i>Equity</i> |
| <i>Access to adequate services and formal supports</i> | <i>Welfare</i> |
| <i>Choice and control over aspects of life</i> | <i>Agency</i> |

Source: Adapted from ABS, 2001

Some of the dimensions in this framework are easier to measure than others and, as discussed in the framework, some are more subjective than others. This project has addressed all these issues qualitatively and has validated the measures by comparing accounts of detainees and staff. Changes over time have been addressed retrospectively, with participants recalling how their wellbeing has changed whilst they have been in detention.

A formal evaluation would ideally measure at least some of these outcomes prospectively and quantitatively. In Table 10.2 we discuss some of the possible ways each dimension could be measured.

Table 10.2 Wellbeing of detainees, with discussion of measurement issues⁴¹

| Aspects of life contributing to wellbeing | Areas of concern | Measurement suggestions |
|---|-------------------------------|--|
| Time for and access to cultural and leisure activities | Culture and leisure | Detainee questions, audit of cultural, religious and leisure facilities in IDF and access to excursions, etc. |
| Personal safety and protection from crime | Crime and justice | Record of incidents in IDF linked to IMA records (victim and perpetrator). IMA perception of personal safety. |
| Shelter, security and privacy, through housing | Housing | IMA perspective, audit of IDF facilities. |
| Command over economic resources, enabling consumption | Economic resources | Adequacy of onsite stores/access to shops (for those in IRH and APODs) |
| Satisfying and rewarding work both economic & non-economic | <i>Work and participation</i> | Audit of activities available, frequency of activities, numbers participating, etc. Access to meaningful activity such as volunteering, cooking, etc. within the facility in accordance with facility policy. |
| Realisation of personal potential through education or training | Education and training | Audit of teaching - numbers participating, size of classes (impacts on quality). Adequacy of educational opportunities in IDFs. Views of IMAs, staff and visitors about adequacy of English lessons and other educational provision, level of skill development achieved. |
| Freedom from disability and illness | Health | <p>Access and take up of schooling for children.</p> <p>Individual health measured at baseline and at exit or 6-monthly intervals. Health to include mental health assessment using K10 or similar instrument⁴². Measures also need to be culturally appropriate.</p> <p>Access to health services. Standards for access to be measured and published for each IDF including ratio of health professionals to detainees, average time from request to seeing health professional. Outcome of treatment for serious health issues.</p> |

⁴¹ The limitations of this rather static conception of wellbeing were pointed out in Section 5.3 above. Thus whilst measuring components of wellbeing over time will provide useful information, it will not really capture the various factors which influence detainees' wellbeing. In particular the social dynamics amongst detainees and their interaction with others such as advocates will also have a significant impact and will need to be taken into account.

⁴² The K10 is currently used by IHMS but the results are not aggregated into a monitoring system.

| Aspects of life contributing to wellbeing | Areas of concern | Measurement suggestions |
|--|-----------------------------|---|
| Support and nurture through family and community | Family and community | <p>Access to family members via phone/internet. Feelings of concern about family wellbeing. Access to access to religion and culture, including visits by community/religious representatives.</p> <p>Support from IDF staff, respect with which individual has been treated.</p> <p>Other opportunities for engagement with community, e.g. sport, community projects.</p> |
| <i>Feeling of self-worth and life satisfaction</i> | <i>Subjective wellbeing</i> | Measured at baseline and exit or six-monthly as part of case review. Also possibly through Personal Office Scheme and Individual Management Plans |
| <i>Rights and justice, due process</i> | <i>Equity</i> | Monitoring data on progress of case. Times met with caseworker. Satisfaction with process of status determination and information provided. |
| <i>Access to adequate services and formal supports</i> | <i>Welfare</i> | <p>Access to support services and advice from migration agents and supporters.</p> <p>Access to services such as trauma counselling, domestic violence services etc.</p> <p>Adequacy of services as reported by IMA and others (staff and community members).</p> |
| <i>Choice and control over aspects of life</i> | <i>Agency</i> | Self-assessment and assessment by caseworker or other relevant staff, e.g. Serco Personal Officers. |

10.2.3 Program Logic

Although immigration detention policy is governed by a set of values⁴³, there is currently no agreed program logic or theory of change for immigration detention⁴⁴. A robust evaluation should be based on a comprehensive program logic.

A program logic is a model which sets out in detail how a policy or program is expected to achieve its desired outcomes. Program logics are generally portrayed as relatively simple flow diagrams or models which provide a summary of the rationale for the operation of the program, the resources it requires, the activities it undertakes and the short and longer term outcomes it is expected to produce.

For the evaluation the program logic will set out the desired outcomes of immigration detention and then identify the inputs, processes and resources and the mechanisms by which they are expected to contribute to those outcomes. This should be underpinned by a theory of change that identifies in detail how the inputs and processes are expected to contribute to the desired outcomes. The theory of change should draw from theoretical models and empirical findings from rigorous research.

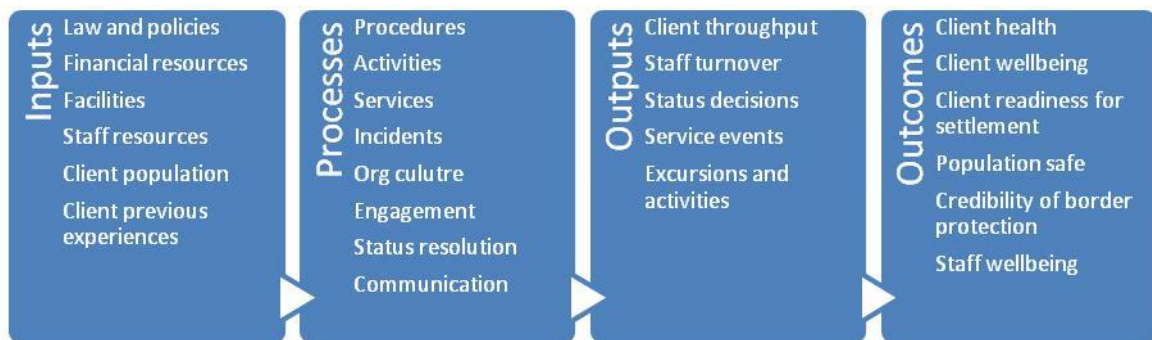
Although program logic is important for all policies and programs, it is a key component of an evaluation of immigration detention because the program has multiple objectives which are sometimes in tension with each other. The most important of these objectives is safeguarding the Australian population by ensuring that immigration detainees do not commit crime, present a health risk or engage in activities which compromise national security. The program also has to operate within resource constraints which should be specified in the program logic.

With regard to the wellbeing of detainees, the program logic should specify for each outcome domain what the relevant inputs (resources, staffing regulations, etc.) processes (decisions, training, protocols, accommodation) and outputs (services, activities) are that are expected to lead to the specific domain of wellbeing. Once the program logic has been developed it can then be tested by the evaluation. Figure 10.1 provides a very basic indication of a program logic relating to IMA wellbeing. This would have to be considerably elaborated for the purposes of the evaluation.

⁴³The government's seven key immigration detention values are outlined in Chapter 2 of the report.

⁴⁴DIAC is currently working on an approved program logic for immigration detention.

Figure 10.1 Basic program logic for immigration detention



A similar program logic should be developed for other key policy objectives that are in scope for the evaluation.

10.2.4 Individual and facility measures

It is important for an evaluation framework that dimensions of wellbeing are measured at both the individual level and at the level of the facility. The purpose of the individual level analysis is to identify, across the whole population of detainees, the factors which bear on the wellbeing of IDF IMAs and whether the wellbeing of the population changes over time. The facility level analysis focuses on the effectiveness of each facility in promoting the wellbeing of IMAs, taking into account the demographics of the IMA population and the policy and resource constraints of the facility.

Individuals

The basic evaluation questions for individuals are:

- To what extent is the immigration detention program meeting the needs of IMAs and supporting their wellbeing?
- To what degree are the needs of different sub-populations of immigration detention IMAs (i.e. demographic groups, in different facilities and on different immigration trajectories) being addressed effectively?
- To what extent can the wellbeing of IMAs be attributed to the immigration detention program?
- What are the barriers to and facilitators for ensuring the wellbeing of IMAs in the program?
- What are the costs of supporting IMAs and have resources been used efficiently, effectively and economically?

At the individual level, IMAs should have an assessment of their wellbeing at baseline (i.e. when they arrive in Australia) and then at exit or at 6-monthly intervals if they are still in detention. Baseline measurements would ideally take place one or two weeks after first arrival. This is because IMAs who have just arrived at Christmas Island are often confused, exhausted and sometimes elated, and therefore it is very difficult to accurately measure their wellbeing at this point. Nevertheless basic health checks must, of course, be undertaken as soon as possible.

Another key factor influencing outcomes is the status determination process for each IMA. As we describe above it is very important to track the progress of asylum claims in order to understand the trajectory of the IMA in the detention facility, and also to contextualise changes in wellbeing. If two IMAs are assessed at six months and one has been offered a BVE while the other has been told they will remain in an IDF, then it is very likely their level of wellbeing will differ significantly, irrespective of the treatment they have received in the facility.

Facilities

The evaluation should consider each IDF as a unit of analysis. Our findings have indicated that there are considerable differences between IDFs and it is difficult to compare facilities except in the most general terms. Even comparing similar types of IDFs, for example only APODS or only IDCs, is problematic because they are very different in terms of their layout, geography and demography. However facilities can be compared with regard to the extent to which they meet their objectives and also how closely they adhere to best practice, given their location and other constraints. It is also important that the facility is treated as the unit, and that the three organisations which operate the facility (DIAC, Serco and IHMS) are seen as all contributing to the overall effectiveness of the facility rather than being seen as independent subjects of the evaluation.

The basic evaluation questions for IDFs are:

- To what extent is the IDF meeting the needs of IMAs and supporting their wellbeing?
- To what extent is the IDF operating according to Responsive Regulation Theory in its treatment of IMAs?
- How does the organisational culture and organisational structure of the IDF facilitate or mitigate the wellbeing of IMAs?
- What other barriers and facilitators are there to ensuring the wellbeing of IMAs in the IDF?
- What are the costs of operating the IDF and have resources been used efficiently, effectively and economically?
- How is the IDF meeting its other obligations – to staff, DIAC and the Australian public?

At the facility level there should be indicators or standards established as part of the program logic, and they should be monitored using case files or other reporting data. For a comprehensive evaluation of progress each IDF would provide monitoring data on the aspects of wellbeing for its population and in addition would provide a narrative to contextualise this data by addressing issues such as:

- Demographics and numbers of detainee population in the period under study
- Status determination of IMAs during the period
- Significant achievements and challenges of the past year
- Staffing numbers including vacancy rate and turnover
- New initiatives which have been taken to:

- Enhance one or more dimension of wellbeing for IMAs
- Address issues which have arisen or which were reported in the previous year
- Plans for the next year to enhance the wellbeing of detainees.

Ultimately the aim of the evaluation will be to identify how the IDF contributes to the wellbeing of its IMAs as well as its capacity to meet its other obligations such as protection of the public. This is, however, a challenging task, because IDFs differ considerably in a number of dimensions and in particular in the IMA groups which they serve (and indeed these can differ within an IDF over time as well). Thus any assessment of outcomes against inputs and processes must take into account a number of factors including the demography of the IMAs during the period under study and the status determination trajectories of those IMAs in relation.

Although this framework is focused mainly on the wellbeing of IMAs, IDFs have a number of other objectives other than facilitating the wellbeing of detainees. They need to be efficiently run, they must protect the security of the public and the agencies need to treat staff members appropriately. A comprehensive evaluation would take all these factors into account and would also assess the extent to which these objectives have been addressed.

Organisational Culture and Responsive Regulation

The evaluation should address the extent to which IDFs are implementing the principles of responsive regulation and also attempt to gauge the organisational culture of each IDF. As we have stated in the framework for this project, neither of these concepts is easy to operationalise or measure. However we have developed a framework for researching organisational culture which could be adapted for evaluation purposes. The most rigorous framework for doing so would be to create a quantitative scale for each dimension used and then to develop operational criteria or examples to apply to the rating scale. Ideally two independent evaluators would then rate each IDF based on monitoring data, site visits and interviews with key stakeholders. A confidential staff questionnaire should also be developed to assess key dimensions of organisational culture.

Ultimately the aim of the evaluation will be to link the organisational culture with the actual achievements of IDFs and in turn relate these to the outcomes/wellbeing of the IMAs for which it has been responsible. However it is important to note that there is not necessarily a clear cut relationship between outcomes and processes/outputs. This is primarily because of the fact that many factors other than the experience of detention influence IMA outcomes, but also because individual IMAs may well experience a number of IDFs and therefore outcomes cannot easily be attributed to a specific facility or service.

10.3 Methodological approaches

Any evaluation of a complex program such as immigration detention will require data from a number of sources. Data should be triangulated in order to come to an assessment of the effectiveness of the program or the individual facility. Overall the

evaluation will need to rely on a range of secondary data (i.e. information which is collected for operational purposes but which can be used for evaluation) as well as primary research (researchers who enter facilities and interview stakeholders, observe activities or examine case material).

10.4 Data sources

10.4.1 Secondary data sources

The immigration detention program produces a great deal of data, which are currently used mainly for operational purposes such as case management, contract monitoring and administration. Many of these datasets could be harnessed for evaluative purposes if they were able to be captured and aggregated. Here we give some examples of the type of data which could potentially be used in this way⁴⁵. The evaluation should begin with a thorough scoping of the data to assess its usefulness for the evaluation, its completeness and reliability and also the process for obtaining each particular dataset.

10.4.2 Administrative data

An important component of any monitoring or evaluation framework is the ability to track individuals through the system and to link outcomes with the processes which people have experienced. At its simplest level this would involve data on key events for each IMA being tracked so that it can be aggregated in appropriate ways. DIAC, Serco and IHMS already collect much of this information [N.B. but we do not know if it is used for tracking outcomes] and therefore is in a position to [or already does] assess issues such as⁴⁶:

- The length of time various categories of detainees, e.g. those from different language groups, ages, from particular boats, etc., spend in different types of detention
- Number and type of recorded incidents⁴⁷ in which different IMAs become involved in
- The length of time from arrival in detention and the first incident
- The effect of changing centres on involvement in incidents in terms of the rate of incidents.

This type of analysis provides some indication of the relationship between these variables but in itself does not say much about outcomes or the effect of the services.

⁴⁵It should be noted that examination of data flows was out of scope for this project and we therefore do not have direct information about the data that are collected by different agencies in detention facilities, nor the purposes for which they are currently used. Although it was originally planned for case file analysis to be part of this project, this aspect of the research was not carried out as files were not able to be provided in time for the research.

⁴⁶These examples are illustrative only. The evaluation team will have to decide with DIAC the exact nature of the administrative analysis and how it will help answer specific evaluation questions.

⁴⁷Recorded incidents include criminal acts such as stealing, damage to property, rioting or violent behaviour, self harm or suicide attempts and attempts at escape or absconding.

In this analysis ‘incidents’ act as a proxy indicator of negative outcomes but are not direct measures of outcomes or wellbeing. However, it is important contextual information that is far richer than simply reporting cross-sectionally on the demographics of the detainee population at particular moments in time.

At the level of facilities, important insights could be gained from analyses which considered, for example:

- Rate of serious incidents by number (and demographics) of IMAs in the facility
- Rate of serious incidents by staffing levels (or staff vacancies)
- Staff turnover and absences by staff type (permanent staff, casual, subcontract, FIFO, secondees, etc.).

10.4.3 Case file analysis

There is potential for case files to be used for evaluations as they are likely to contain information about each IMA and the process that IMA has been through⁴⁸. Case files generally contain information such as:

- Relevant demographic details
- Assessments of physical and mental health/wellbeing (at baseline and six monthly intervals as described below)
- Activities and excursions in which the IMA has engaged
- Services accessed
- Recorded incidents in which the IMA has been involved
- Meetings with caseworker
- Status of visa claim.

These are basic areas which are important for ongoing casework and should be included in case files which follow IMAs from one IDF to another. However if this information is collected consistently for the whole population of IMAs in a way that could be aggregated, case files could be used for evaluative purposes by linking these factors to the administrative data and/or with each other, so that, for example, the wellbeing of IMAs who have been in detention for different periods of time can be quantified. Although this project, along with most of the other research in this area, has found that length of time is related to deterioration in wellbeing and mental health, the impact of detention has not been quantified, and it has not been possible to disaggregate the effects of detention from those of negative pathways. A robust evaluation would attempt to do so (although see section below on counter-factual).

If case file information is only partial or if it cannot be easily aggregated then the evaluators may have to draw a random sample of case files and manually extract the relevant data. This would be much more expensive and far less rigorous a

⁴⁸We understand that DIAC has case files relating mostly to status resolution, Serco keeps case files regarding individual management plans and IHMS has health records for each IMA.

methodology, and would still be dependent on all case files containing the relevant data.

If case file data is altogether unusable then this information will have to be collected directly from IMAs by the evaluation team. It is unlikely that researchers would be able to undertake a prospective study, so the change in wellbeing would have to be measured retrospectively and thus risk recall bias.

One way forward could be for DIAC to agree with the evaluators to follow a cohort of IMAs from arrival over time until they exit detention. This cohort (which could be defined in a number of ways, most simply by using every new arrival between two agreed dates) could then be subject to more in depth assessment and their progress recorded in more detail than the overall population of detainees.

10.4.4 Primary data collection

Although the evaluation would rely primarily on secondary data sources, any rigorous design would include primary data collection. This would involve visits to IDFs for observation and interviews, and should also involve an online survey of staff, and survey of IMAs.

Survey of staff

In-depth interviews with staff members from the three agencies should be supplemented with a confidential questionnaire which would be available to all staff in the facilities under study (or across the whole program if appropriate). The questionnaire should include (but need not be limited to) the following domains:

- Basic demographics and role
- Attitude and experiences of their job, employer, other staff and the facility
- Their views about the attitude and experience of detainees
- Their views about immigration detention in general.

IMA survey

It will be important to assess the wellbeing of IMAs on exit from detention and also to gather their views about their detention experience⁴⁹. IMAs should therefore undertake similar assessments at this point to those which were done on entry to the facility, so that changes over time can be assessed. The IMA survey should therefore contain the following domains:

- Subjective wellbeing
- Views of their experience in detention
- Hopes for the future
- Relationships with other detainees and staff.

⁴⁹This project did not have access to information about exactly what assessments are undertaken currently when IMAs leave detention.

The IMA survey could be administered either as part of an assessment at exiting an IDF, conducted by a relevant staff member or as an online or paper based survey subsequent to exiting detention. IMAs could potentially also be interviewed by a member of the evaluation team, either face-to-face or by telephone (through an interpreter) but this would be a much more expensive option and a logistical challenge, and may not add much value. However, it may be necessary for those who are not able to respond to self-complete surveys because of low literacy levels.

A particular issue arises for assessments of people on a negative pathway or who are about to be returned. Obviously these individuals' perceptions of detention, as well as their wellbeing, will be strongly affected by the fact that they are being returned. Their motivation for participating in the evaluation is likely to be very low. Nevertheless they are an important IMA group whose perspectives should not be excluded. These IMAs are unlikely to respond to paper based or online surveys and may have to be interviewed face-to-face by an evaluation team member. However the logistics and ethics of this component will have to be carefully prepared and piloted.

10.5 Conceptual and methodological challenges

As the discussion of wellbeing in immigration detention confirms, the ABS definition of wellbeing, even with added fields, does not fully capture IMAs' wellbeing. In particular, wellbeing is not only an individual characteristic but must be seen in the context of the detainee cohort.

The second important factor to take into account in the development of a more adequate wellbeing framework relates to the importance of agency for the wellbeing of detainees. As we have found, this is a complex issue and involves the opportunities (capabilities) which have been provided for engagement in meaningful activity as well as decisions to take up opportunities (functionings).

The third important factor to take into account in the development of the framework is that the actual circumstances of detention, including the 'organisational culture', appear to have a relatively minor influence on IMAs' wellbeing, especially those who have been in detention for comparatively short periods of time.

10.5.1 Benchmarking, attribution and comparison

Methodologically rigorous evaluations of outcome must always establish the extent to which outcomes are attributable to the intervention or service. In order to do so they must establish a counter-factual (i.e. what would have happened if the intervention had not been applied) . This requires a comparison of people who have received the intervention with a similar group of people who have not received it. The most rigorous methodology for establishing a counter-factual is the Randomised Controlled Trial (RCT) in which individuals are randomly assigned to the treatment or control group. Less rigorous methods involve non-random assignment or matching similar individuals who happen to have received the treatment with others who have not done so.

In the case of immigration detention none of these methods is possible. There is no equivalent group of people who have not been subject to immigration detention.

Although some asylum seekers and IMAs are now moved to CD or are offered BVEs, these people are specifically chosen for these situations either because of their demographic characteristics, e.g. they are UAMs or in families, or individual circumstances, e.g. if they are vulnerable or are on a positive pathway. Therefore they are not equivalent to those who remain in IDFs. Further, they have all spent some time in detention. Visa over-stayers and other unlawful non-citizens are also not comparable to IMAs. Thus for immigration detention there is no real possibility of establishing a control group. Nevertheless it may be possible to track outcomes over time and to compare people in IDFs to people in CD or on BVEs, taking into account the demographic differences between these populations and the fact that IMAs are selected for different types of detention on criteria which could well affect their outcomes.

These comparisons should ensure that as far as possible data is collected consistently across the different populations.

10.5.2 Timing issues

A real challenge for any evaluation of immigration detention will be the timing of the data collection. IMA wellbeing may change considerably over time, as we have noted. When they first arrive, most IMAs are relieved and elated to have completed the journey. Their subjective wellbeing often deteriorates after a few weeks due to anxiety and boredom. Those who are placed on negative pathways tend to feel even more negative, and as we have noted, mental health and wellbeing deteriorate considerably after six months. On exit from IDF, either to CD, BVE or settlement, IMAs are likely to again feel relieved, hopeful and possibly even elated. However their wellbeing may again deteriorate as they face the realities of life in the community or if they find it difficult to readjust. Thus IMAs who are assessed on arrival and then on exit from the IDF are likely to show relatively high levels of wellbeing, even if over most of their period in detention they have been depressed and felt hopeless. Nevertheless, important insights can be gained from IMAs at exit. They may be more likely to describe their experiences of detention truthfully, without fear of repercussions, as they will no longer be held in detention (although some will continue to be in CD or on BVE's).

Ideally therefore, the baseline would be established a few weeks after arrival and IMAs would be followed up for some time after exit from the IDF. However following up IMAs will be challenging and expensive. Furthermore, the longer the time between the experience of detention and the assessment, the less certainty there will be that the IMAs' level of wellbeing can be attributed to the detention experience rather than other factors.

Particular consideration should be given to IMAs who are on a return pathway. These IMAs may be able to offer very important insights into the immigration detention system, but as described above, they will be more difficult to access.

10.6 Practical and logistical issues

10.6.1 Integrating evaluation into programs

As we have noted above, a lot of data are collected in the immigration detention program, but the majority of this information is used for case management and contract management purposes. It is important when developing new policies, programs and facilities that evaluation and monitoring should be considered at the outset and should be built into the functioning of the program itself. This involves developing consistent ways of collecting and aggregating data from different sources and also developing a program logic and theory of change which includes measurable outcomes and timescales.

10.6.2 Evaluation Stages

The total timescale for the evaluation should be approximately 2 to 2.5 years. This will allow for a prospective study of a cohort of arrivals to be undertaken. It should consist of the following stages:

Scoping and development of evaluation plan

Timing: approximately 3-4 months

Activities:

- Examination of datasets
- Refinement of evaluation questions
- Consultation with key stakeholders
- Development of detailed evaluation plan
- Ethics submission
- Identification of research participants.

Data collection

Timing: approximately 1-1.5 years

Activities

- Data collection from IMAs and service providers
- Interim report
- Analysis of secondary data.

Analysis and Reporting

Timing: Approximately 4 months

Activities:

- Data analysis

- Draft report
- Consultation with stakeholders
- Final report.

10.6.3 Ethics

Any independent evaluation should be subject to ethics approval from a recognised Human Research Ethics Council. The main ethical issues will relate to:

- *Informed consent* – ensuring that consent is informed and that potential participants are not being coerced
- *Confidentiality* – ensuring that responses remain confidential and that individual participants cannot be identified in the report
- *Duty of care* – procedures for dealing with situations in which participants are distressed by the evaluation process
- *Use of interpreters* – who should be used as an interpreter and the role that interpreters should play
- *Reward/recognition payments* – what, if anything, should be given to IMA participants to encourage participation and/or to recompense their participation.

This project has designed a detailed research protocol which addresses these issues and could be adapted for a future evaluation project (see Research Methodology addendum).

10.6.4 Communication and planning

It is important that visits to IDFs (and indeed other research activity involving IMAs or staff) are very carefully planned and that there is a detailed communication strategy to inform staff and IMAs of the evaluation. Research in IDFs is very challenging as staff are often very stretched, staff turnover is high, and research is a very low priority. This is exacerbated by there being three organisations in IDFs, all of which have to be informed and engaged. Thus, before each visit or research activity there needs to be careful consideration of who should be informed and how the research is going to progress. Each facility has different protocols and procedures which will need to be followed. Contingency plans should be made in each case because circumstances could dictate that planned visits cannot take place because of burden of work, e.g. an influx of new IMAs, or a serious incident.

10.7 Summary and conclusions

This section has provided the outline framework for an evaluation of the immigration detention network (or components thereof). The evaluation will focus mainly on how IDFs have impacted on the wellbeing of detainees and the extent to which the processes within facilities conform to best practice, given the circumstances of each facility. The evaluation will build on some of the methodologies and findings from this project, but it will focus much more on outcomes and will analyse them in a more

systematic way. Any evaluation of the immigration detention system is bound to be very complex and challenging. It will require a range of skills as well as in depth knowledge of the functioning of IDFs and the context in which they operate. A key challenge is that the immigration detention system is in a constant state of flux, and therefore the evaluation will almost inevitably be examining a 'moving target'. Nevertheless, such an evaluation will contribute enormously to understanding the factors which lead to the outcomes specified by the program logic, in particular positive outcomes for detainees, safety for the Australian public and effective use of public funds.

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