



Commonwealth
National
Preventive
Mechanism

 FOR CONSUMERS

Post Visit Summary

Villawood Immigration Detention Centre
and Miowera Village (APOD)

June 2025

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Summary

Our visit

The Commonwealth National Preventive Mechanism (NPM) conducted an announced visit to Villawood Immigration Detention Centre (VIDC) from Tuesday 12 to Thursday 14 November 2024.

The visit was conducted by five OPCAT Monitors from the Commonwealth NPM.

During this visit, we focussed on key areas which, based on information provided by the Department of Home Affairs and Australian Border Force prior to the visit, we identified may pose the greatest risks for ill treatment during this visiting cycle. These areas were:

- the experience of persons with a suspected or diagnosed disability
- the Miowera Village;
- the use of force and ABF's oversight of use of force, and
- the use of High Care Accommodation (HCA) for 'respite' purposes.

What we found

Our previous visit to VIDC found that the relationships between the three stakeholder groups (Australian Border Force (ABF), Serco, and International Health and Medical Services (IHMS)) had improved since our 2023 visit.

We found during this visit that communication between the stakeholders had remained consistently positive. However, at the time of this visit, IHMS was preparing to transition out of the location, as a new medical services provider had been contracted to service the Immigration Detention Network – Health Care Australia.

At the time of our visit, Serco's contract as Facilities and Detention Services Provider (FDSP) was coming to its end, and it had not been determined whether they would be re-contracted as FDSP, or whether another party would be successful. Because of this, we observed uncertainty regarding the future of many staff – which poses a risk to the quality of service delivery.

Subsequently, and at the time of publication of this PVS, we learned that MTC (Management and Training Company) operating as “Secure Journeys” would be replacing Serco as the new FDSP for the Immigration Detention Network.

The transition to the new FDSP is to occur in stages throughout 2025, and we will monitor this transition.



Recommendations and suggestions

I recommend the following:



Recommendation 1 (repeated)

The Department implement across the network a process for the routine, formalised review of all unplanned use of force incidents independent of the Facilities and Detainee Services Provider by 30 June 2025, as agreed to in the Melbourne IDC Post Visit Summary.

Recommendation 2

The Department work with the service provider(s) to identify and, if necessary, construct appropriate infrastructure to support the respite program / "low-stimulus" placements, removing the reliance on HCA units for this purpose.

Recommendation 3

As a priority, and reiterating our previous recommendation, individuals in immigration detention who are suspected of having complex psychiatric, neurological, or developmental disorders, organic brain damage, and/or behaviours of concern, are comprehensively assessed at the earliest opportunity to ensure that they can receive the most appropriate placement and care.

Recommendation 4

The Department should allow the Health Services Provider to maintain a small stockpile of regularly used medical aids and equipment in each centre, for immediate use, or while waiting for procurement of specialist equipment.



Recommendation 5

The new Detention Health Service Provider should provide medical services to the Miowera Village.

Recommendation 6

The Department and service provider(s) cease routine pat searches for residents of the Miowera village.

Recommendation 7

When undertaken, pat searches must be performed by a staff member of the same gender as the detained person identifies, unless otherwise consented to by the detainee.

Recommendation 8

The Department and service provider(s) should deliver training to staff on the management of, and interactions with, a range of uniquely vulnerable cohorts including but not limited to cultural, religious, transgender persons, and those with complex mental health needs.

Recommendation 9 (repeated)

The Department should develop a nationally consistent and clear policy on the management and placement of transgender and gender non-conforming persons in the Immigration Detention Network.

I suggest the following:



Suggestion 1

The Department and service provider should strategically plan the placement of armoury equipment to ensure easy access in the event of emergency.

Iain Anderson

Commonwealth National Preventive Mechanism

Facility & demographics

VIDC consists of several accommodation compounds, which vary in capacity, style, and function.

Compound	Who is held there?	Number of people
Miowera Village APOD	Family groups / transgender people	6
Sydney APOD	Short stay / turnarounds	11
Bryce	Women	4
Cowan	Women	26
Hospital	Short stay for medical attention	1
Hotham	Medically vulnerable ¹	23
Hume	High security	52
Lachlan 1	Vulnerable ²	40
Latrobe	General population	143
Mackenzie	Medium Security	44
Mitchell	Medium Security	50

Table 1: Accommodation at VIDC: Profile, and number of people in detention, 14 November 2024
[Source: Department of Home Affairs]

On 15 November 2024 (the last day of our visit), there were 386 people detained at VIDC, including 352 males and 34 females. The youngest person detained was 16, and the eldest was 79 years of age.

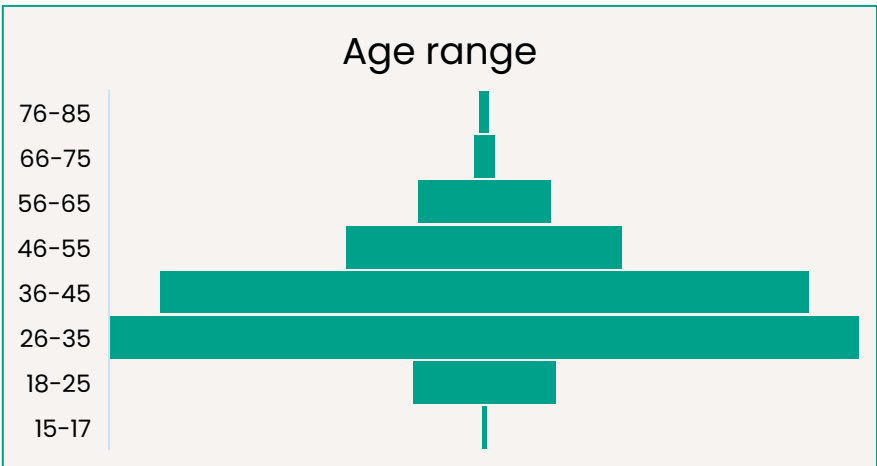


Figure 1: Age range of people detained at VIDC, 15 November 2024 [Source: Department of Home Affairs]

¹ By way of physical or mental disability or impairment

² At greater risk of victimisation by general population

The length of time spent in detention ranged from one day to 3,510 days (approximately 9.61 years). Of the 386 people in detention on 15 November 2024, 251 (65.02%) had been in detention for less than one year. One hundred and eighteen people (30.56%) had been in detention for one to five years, and 17 (4.40%) had been in for between six and ten years. We have repeatedly made recommendations about reducing the amount of time people remain in immigration detention.

Observations

Progress against previous recommendations

The Commonwealth NPM's previous visit to VIDC was announced and conducted in November 2023. We made seven recommendations and one suggestion to improve the operations and conditions of the VIDC and Miowera Village, which Home Affairs accepted.

Recommendation	Progress
Recommendation 1 The Department must ensure that individuals in immigration detention who are suspected of having complex psychiatric, neurological, or developmental disorders, organic brain damage, and/or behaviours of concern, are comprehensively assessed to ensure that they can receive the most appropriate placement and care.	Not implemented: The specific case which prompted the making of this recommendation has not progressed in regard to obtaining an assessment, and we have seen no amendment to departmental policy.
Recommendation 2 The Department must explore new ways to share information and communicate with people in detention, to ensure that it provides them with clear and current information in a timely manner.	We made no observations in respect of this recommendation during this visit.

<p>Recommendation 3 The Department should continue to explore ways of improving accommodation and placement options for women at VIDC, while ensuring that they are accommodated as close to families and support networks as possible.</p>	<p>Partially implemented: During this visit we observed the newly opened Bryce compound which provided an additional placement option for women of different risk ratings and needs – allowing for separation of cohorts.</p>
<p>Recommendation 4 The Department should develop a national framework for the immigration detention network outlining how people in detention may access hair colouring at each facility.</p>	<p>Not implemented: We observed no progress on this recommendation.</p>
<p>Recommendation 5 The Department should remove any remaining COVID-19 restrictions affecting visits, as well as revitalise the visits area at VIDC to make it safer for children.</p>	<p>Implemented: We observed a return to normal visiting practices at the location, in addition to revitalised play equipment and visits areas for children.</p>
<p>Recommendation 6 The Department should work with Serco to improve the Programs and Activities Schedule, to ensure that all people in detention at VIDC have access to stimulating and engaging activities regardless of their age, ability, or placement.</p>	<p>Not Implemented: We will monitor progress in line with this recommendation in future visits.</p>
<p>Suggestion 1: I suggest the Department should support the continuation of self-improvement courses for people in immigration detention and consider ways to incentivise attendance.</p>	<p>Not implemented: We will monitor progress in line with this suggestion in future visits.</p>

<p>Recommendation 7 The Department and Detention Health Service Provider should offer pregnancy testing to all women of childbearing age during their Health Induction Assessment.</p>	<p>Implemented: This recommendation was enacted locally during our previous visit, and we understand has since been introduced across the network.</p>
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Safety

All unplanned use of force should be independently reviewed

Following our visit to the Melbourne Immigration Detention Centre in April/May 2024, we recommended that the Department implement, across the network, a process for the routine, formalised review of all unplanned use of force incidents, independent of the Facilities and Detainee Services Provider, Serco, within 3 months. The Department agreed with this recommendation but considered a three month timeframe for implementation was not achievable and that they anticipated completing this work during Quarter 4, 2024-25. We will follow up with the Department in due course to ensure implementation of this recommendation.

We heard during this visit that the ABF staff on site had been undertaking reviews of unplanned use of force/use of force complaints by detained persons, and that they had revealed inappropriate uses of force by Serco staff. As a result, some Serco employees had been terminated. We were told that this, in turn, lead to fewer complaints of inappropriate use of force. These efforts are encouraging, and support the intention of our recommendation which is to reduce inappropriate unplanned use of force used across the IDN.

However, with fewer complaints being made, we also heard that the high degree of oversight at VIDC had decreased. This demonstrates that independent review of use of force incidents is effective and should be maintained. We reiterate our previous recommendation and encourage the department to embed a formal process for reviews of all unplanned use of force incidents across all facilities in the IDN.



Recommendation 1 (repeated)

The Department implement across the network a process for the routine, formalised review of all unplanned use of force incidents, independent of the Facilities and Detainee Services Provider by 30 June 2025, as agreed to in the Melbourne IDC Post Visit Summary.

Armoury

During this visit, we requested a 'tour' of the centre's armoury and equipment – including the various restraints and personal protective equipment available to staff during an incident which requires the use of force.

We observed that these assets were stored in a dispersed and disorganised manner, and items were stockpiled based on available space. We consider this to be poor asset management, and may increase the risk to both staff and detained persons:

- **Staff:** If staff are unable to access requisite resources quickly and effectively in an emergency, their response to an incident may be delayed or they may be placed at increased risk of injury if they proceed without the resource sought (e.g., if they are unable to locate specific PPE such a shield or face-shield prior to entering a compound to manage a non-compliant or aggressive individual).
- **Detained persons:** If staff are unable to locate all forms of restraints (e.g., body belts versus handcuffs), staff may default to the use of handcuffs for physically restraining detained persons, increasing the risk of inappropriate use of force and injury.

We acknowledge that a new Service Provider has been announced, and note they will have their own armoury and equipment. To ensure the above risks do not arise with the new provider, we suggest caches of complete sets of equipment being distributed around the centre for easy access in the event of an emergency.



Suggestion 1

The department and service provider should strategically plan the placement of armoury equipment to ensure easy access in the event of emergency.

HCA 'Respite' accommodation trial

In our 2023 [Post Visit Summary](#), we detailed the VIDC's trial of a 'respite' program for a detained person who exhibited several challenging behaviours but had not yet been formally diagnosed with mental impairments or illnesses. The 'respite' program was implemented to place the individual in a low-stimulus environment to reduce adverse behaviours which arose from conflict with other detained persons. That low stimulus environment was a High Care Accommodation Unit.

Since that time, our routine monitoring of the operations of VIDC has shown that at least two other detained persons have participated in the 'respite' program with varying degrees of success. One such individual remained in 'respite' for medical reasons for over 50 days as they could not be housed in any other area where centre management were satisfied that he would not be further injured.

We acknowledge the high needs of some individuals who are detained in these facilities, and that there may arise a need, or sometimes even a voluntary request, to accommodate an individual away from other detained persons. We were told by both Serco staff and ABF that the respite program had yielded positive results in the behaviour of the individuals in question.

We commend the centre management on taking a flexible and individualised approach to behavioural management of individuals with complex behavioural presentations. We do not, however, believe that the use of High Care Accommodation units is the most appropriate placement for a 'respite'.

HCA is where people in detention are held when close monitoring and intensive management is considered necessary. They are typically low-stimulus settings, with enhanced observation (in-room CCTV) and movement restrictions. People in detention are most commonly placed in HCA after having been involved in aggressive or violent incidents.

Placing someone with mental or physical health concerns in HCA for 'respite' may be counter-productive to the goals of the 'respite' program. It can lead to stigmatisation of the person, by conflating people who exhibit behaviours of concern due to unmet needs with those who do so out of antisocial attitudes, without acknowledging or addressing the underlying unmet needs of the person.

The consistency of the respite program also depends on the availability of HCA placements – we observed during this visit the respite of an individual cancelled, because the HCA was required for placement of persons who had been involved in incidents. We heard that the detained person whose respite had been disrupted then went on to perpetrate an assault against another detained person.

This example indicates that the consistency of the respite program assisted in managing the person's challenging behaviour but was not able to be maintained due to a lack of resourcing and lack of placement options.

The immigration detention network would benefit from the ability to separate certain individuals into low-stimuli environment and away from other detained persons without placing them in HCA. The appropriate infrastructure to support this is currently lacking.



Recommendation 2

The Department work with the service provider(s) to identify and, if necessary, construct appropriate infrastructure to support the respite program /" low-stimulus" placements, removing the reliance on HCA units for this purpose.

There may be CRPD non-compliance

Our routine monitoring activities over the 2023/24 year highlighted to us the case of an individual who was displaying significantly challenging behaviours suspected to be the result of disability or mental health issues. After our previous visit to the centre, the Department accepted our recommendation:

"The Department must ensure that individuals in immigration detention who are suspected of having complex psychiatric, neurological, or developmental disorders, organic brain damage, and/or behaviours of concern, are

comprehensively assessed to ensure that they can receive the most appropriate placement and care.”

During our recent visit, we followed up on the recommendation and the specific case mentioned above. We were told that the individual’s behaviour had improved due to the regular use of the ‘respite’ accommodation. However, we were informed no progress had been made for the individual to receive a psychiatric assessment as the Department was unwilling to fund an assessment, and because Detention Health assessed it would be “difficult for [the individual] to sit still long enough to be assessed”. We were told the specialised assessment the individual required was an expense greater than the Health Services Provider had delegation to approve and thus required the approval of the Department.

We were informed that Serco staff allocated to maintain constant supervision of the individual due to their challenging behaviours are hand-picked based on who had developed a positive relationship with the individual.

The Commonwealth NPM commends the VIDC management and staff on doing their best to be responsive to the complex needs of persons in detention, however the Department needs to support and resource the facility to ensure appropriate assessment, placement, and management of these persons.

We heard from detained persons who resided in the compound with the above individual and others with mental health and/or accessibility issues that the placement of these persons in their compound was highly disruptive to their day-to-day life in detention. We were told there were significant impacts to their own wellbeing. Detained persons told us of almost daily incidents, conflicts, and high tensions, as well as reduced access to resources because these individuals frequently damaged communal property in the compound such as microwaves, fridges, televisions and more. We observed at least one room boarded up due to property damage in this compound.

There are a number of compounds in the VIDC and one has the designation of being for people who are ‘vulnerable’ and have ‘high medical needs’. We do not consider that this is sufficient – someone may be placed in this compound because they use a mobility aid, or because they have significant, serious and undiagnosed psychiatric conditions – this approach fails to recognise the specific and different needs of persons with different vulnerabilities, and in effect mixes all cohorts – creating a microcosm of a general population.

We are concerned about the continued housing of such individuals with significant unmet needs within the 'general population' of the IDCs and the failure to obtain initial assessments and regular re-assessments (which may influence placements, and resources allocated for their care). These practices do not appear to be consistent with international human rights expectations for appropriate medical care.

In respect of the detained person detailed above, it appears the person has been denied an assessment and care because of their disability (because it would be "difficult for [the individual] to sit still long enough to be assessed")³. These assessments and health services, including early identification and intervention as appropriate, should be provided specifically *because* of their disabilities, in order to minimise and prevent further disabilities.⁴

Convention on the Rights of Persons with Disabilities:

Article 25: Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

...

(b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

...

(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Further, we note that as the assessment of their needs has not yet been undertaken, habilitation and rehabilitation services and programmes, including a multidisciplinary

³ Convention on the Rights of Persons with Disabilities (CRPD) Article 25: Health.

⁴ *ibid*

approach to best cater for the person's strengths and weaknesses, were not commenced at the earliest possible stage (they have already been detained for more than two years).⁵

⁵ Convention on the Rights of Persons with Disabilities (CRPD) Articles 26: Habilitation and Rehabilitation



Recommendation 3

As a priority, and reiterating our previous recommendation, individuals in immigration detention who are suspected of having complex psychiatric, neurological, or developmental disorders, organic brain damage, and/or behaviours of concern, are comprehensively assessed at the earliest opportunity to ensure that they can receive the most appropriate placement and care.

Infrastructure and Accessibility

Buildings and grounds in poor condition

We observed that the material conditions of the site appeared to have declined. The grounds were consistently poorly maintained, rubbish visible in common and outdoor areas, and the cleanliness of buildings was poor.

In our previous Post Visit Summary, we noted that some accommodation buildings damaged by a fire in early July 2023 had not been repaired. During this visit, we observed that these buildings remained offline as they had not yet been cleared for habitation.

We note that at the time of our visit, the Service Provider's contract was coming to an end, with no confirmation as to whether it would be renewed. This uncertainty which we heard was felt by many staff, may have resulted in decreased attention to the cleanliness of the site. The upcoming transition period also presents a risk that routine services may be reduced until the new provider reaches full operating capacity.

We will monitor this in future visits and make recommendations if we find the conditions do not improve.

Accessibility compliance

During this visit, we paid particular attention to the accessibility of the facilities for persons who may use mobility aids such as walkers or wheelchairs, and the provision of disability supporting resources such as bedding and hospital-style beds for those who required them.

We observed that it was often difficult to obtain supporting resources such as the above items, as they were required to be assigned to an individual, rather than the facility. For example, the facility could not have a hospital style bed allocated to a room in the event it is needed, rather, they needed to wait until a person who required that support to be placed in a room and then the medical staff must apply to have the bed provided.

This process means that an individual who may require an aid like this has to be placed in a room or compound without that support, and await an assessment, procurement and allocation process before being able to access the resource. We do not consider this an efficient practice, resulting in long waiting periods in which people who require aids have to go without them.

We acknowledge that both the Medical and Facilities Service Providers contracts are transitioning, however, to ensure the above risks do not arise with the new providers, we recommend the department consider changing their policy and procedures to allow the Health Services Provider to maintain an inventory of most critical or frequently used medical equipment and aids, to avoid preventable delays in the provision of aids to detained persons.



Recommendation 4

The department should allow the Health Services Provider to maintain an inventory of regularly used medical aids and equipment in each centre, for immediate use, or while waiting for procurement of specialist equipment.

Miowera Village

The Miowera Village (“The Village”) has typically housed family units subject to held detention or persons undergoing specific medical treatments such as chemotherapy.

During this visit, we observed the Village was housing one family unit which included a minor, in addition to three transgender women.

We made several observations of the Village during our visit, of which some related specifically to the treatment of transgender persons.

Access to medical care

We learned during this visit that the medical services provider (IHMS at the time of the visit) was not contracted to provide services to the Village.

This means that for any medical needs or appointments such as medication (which may occur up to three times per day), persons detained at the village have to exit the Village and be driven to the VIDC proper to access the medical clinic.

If any medical issues occur which require immediate attention at the Village, detained persons are either required to be moved to the medical clinic of the main facility or an ambulance is to be called. The lack of medical service available to the Village may increase the expense to government through an increased reliance on ambulance services.

Further, IHMS staff on site believed that if they were to respond to a medical incident in the Village, and sustained an injury, they would not be covered by Comcare due to no existing agreement for services to that location by medical staff.

In addition, requiring detained persons in the Village to access medical services at the medical clinic in the main facility means detained persons need to frequently move between secure areas which results in an unreasonable number of pat searches.

Detained persons are subject to pat searches both upon leaving and returning to the Village, thus if an individual requires three rounds of medication per day, they can be subject to six pat searches per day – just to receive medical care. If persons detained at the Village are attending visits or programs and activities in the centre-proper, this will increase the number of pat searches even further.

We enquired whether pat searches were conducted by officers of the same gender to that which a transgender person identifies and were informed that a pat-down would be conducted by whomever was on duty – and that no female staff were specifically allocated to the Village.

We consider that the allocation of officers of both genders to conduct pat searches, when required, for individuals residing in the Village based on the gender which they

identify is an easy mitigation strategy to implement and would be consistent with our observations of Australian Defence Force and Australian Federal Police practices⁶.

We also remind the Department of Australia's obligations under the *International Covenant on Civil and Political Rights* (ICCPR), which require upholding the rights of all individuals, including those of diverse gender identities.



Recommendation 5

The new Detention Health Service Provider should provide medical services to the Miowera Village.

Recommendation 6

The Department and service provider(s) cease routine pat searches for residents of the Miowera village.

Recommendation 7

When undertaken, pat searches must be performed by a staff member of the same gender as the detained person identifies, unless otherwise consented to by the detainee - and this practice be reflected in policy.

Monitoring

We observed that staff responsible for the monitoring of transgender women were largely male, and that they were placed within the accommodation units. Whilst we acknowledge the need for supervision for safety and security reasons, the supervision appears intrusive and is predominately carried out only in the unit in which transgender women were placed, by male staff, which may not be conducive to a calm and private placement for a cohort of people who would likely benefit from privacy.

⁶ [AFP National Guide on Persons in Custody and Police Custodial Facilities and People in Custody 10MAY2012.pdf](#)

We understand that people are typically placed in the Village if they are considered lower risk, and do not require stringent monitoring. It is unclear why this monitoring regime is used only for the transgender women who reside there, or if monitoring is for the purposes of ensuring their safety from one-another, why they have been housed together.

We also learned that there was no additional training provided to staff on working with transgender or gender diverse detained persons, or with unique and vulnerable cohorts. Staff who were rostered at the Village were drawn from the pool of staff of the entire location.



Recommendation 8

The Department and service provider(s) should deliver training to staff on the management of, and interactions with, a range of uniquely vulnerable cohorts including but not limited to cultural, religious, transgender persons, and those with complex mental health needs.

Placement policies for transgender persons and other unique cohorts

We acknowledge there can be challenges in finding the most appropriate placement for transgender persons within the network. The Village as a default placement for all transgender persons in the immigration detention network would not be appropriate because it may see persons removed from states in which they have connections to family and community. It may also result in reduced medical services, as described above. We note that most of the detained transgender persons had been moved from interstate facilities to the Miowera Village.

At the time of the visit, there was no policy in place for the management or placement of transgender persons. We have [previously recommended](#) developing a consistent and clear policy for service providers to assist in managing any such persons at their respective locations and avoid transferring them to the Village as a default placement. The Department agreed to implement this recommendation, but this has not been completed.



Recommendation 9 (repeated)

The Department should develop a nationally consistent and clear policy for the management and placement of transgender and gender non-conforming persons in the Immigration Detention Network.

The Commonwealth National Preventive Mechanism Mandate

The *Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (OPCAT) is an international human rights treaty designed to strengthen the protections for people deprived of their liberty and potentially vulnerable to mistreatment and abuse.

OPCAT does not create new rights for people who are detained, rather it seeks to reduce the likelihood of mistreatment. OPCAT combines monitoring at an international level (by the Subcommittee for the Prevention of Torture) and by National Preventive Mechanisms (NPMs) at a domestic level.

NPMs are independent visiting bodies, established in accordance with OPCAT, to examine the treatment of persons deprived of their liberty, with a view to strengthening their protection against torture and other cruel, inhuman, or degrading treatment or punishment.

An NPM is not an investigative body. The mandate of an NPM differs from other bodies in its preventive approach: it seeks to identify patterns and detect systemic risks of torture and ill-treatment, rather than investigating or adjudicating complaints.

In July 2018, the Australian Government announced the Commonwealth Ombudsman as the visiting body for Commonwealth places of detention (the Commonwealth NPM). At present, the Commonwealth NPM visits places of detention operated by:

- the Department of Home Affairs
- the Australian Federal Police
- the Australian Defence Force

Methodology

The Commonwealth NPM visits places of detention to:

- monitor the treatment of people in detention and the conditions of their detention.
- identify any systemic issues where there is a risk of torture or ill-treatment.
- make recommendations, suggestions, or comments promoting systemic improvement.

The Commonwealth NPM conducts three types of visits: announced, unannounced, and semi-announced. The type, location and timing of each visit is determined by the Commonwealth NPM alone.

Each place of detention is observed in terms of its performance based on the management and conditions for people in detention. We assess these against the 5 indicators of a healthy detention facility, adapted from those used by other international and domestic visiting bodies.

The five indicators of a healthy centre are⁷:

Safety	people in detention are held in safety and that consideration is given to the use of force and disciplinary procedures as a last resort
Respect	people in detention are treated with respect for their human dignity and the circumstances of their detention
Purposeful activity	the detention facility encourages activities and provides facilities to preserve and promote the mental and physical well-being of people in detention
Well-being and social care	people in detention are able to maintain contact with family and friends, support groups, and legal representatives, and have a right to make a request or complaint
Physical and mental health	people in detention have access to appropriate medical care equivalent to that available within the community. Stakeholders work collaboratively to improve general and individual health conditions for people in detention

⁷ These indicators have been adapted from expectations used by international and domestic inspectorates.



Australian Government
Department of Home Affairs

SECRETARY

OFFICIAL

[REDACTED]

Mr Iain Anderson
Commonwealth Ombudsman
GPO Box 442
CANBERRA ACT 2601

Dear Mr Anderson,

Thank you for your correspondence of 26 March 2025, providing the National Preventive Mechanism's (NPM's) Post Visit Summary for the Villawood Immigration Detention Centre (VIDC) detailing the findings from the 12-14 November 2024 visit.

I am pleased to advise that the Department of Home Affairs (the Department) agrees to six of the recommendations and the suggestion. Recommendation 4 is partially agreed, noting there are infrastructure constraints that prevent it from being fully implemented. Recommendation 6 is not agreed as the Department considers that the cessation of routine pat searches would present an unacceptable risk to the safety of detainees, staff and others at each facility. I would welcome the opportunity for the relevant officers in the Department to discuss Recommendation 6 and our response with your staff.

Recommendation 7, which relates to gender issues, is noted at this time as work is underway with key stakeholders to develop an operational policy on this matter. The Department's full response to the recommendations is at **Attachment A**.

The Department did not identify any omissions, errors of fact, or operationally sensitive matters in the report.

Should your staff wish to discuss any aspects of the Department's response, they may contact

[REDACTED] or
[REDACTED] Alternatively, you are welcome to contact me directly if that is helpful.

Yours sincerely,

[REDACTED]

Stephanie Foster PSM

22 May 2025

OFFICIAL

Recommendation 1 (repeated)

The Department implement across the network a process for the routine, formalised review of all unplanned use of force incidents independent of the Facilities and Detainee Services Provider by 30 June 2025, as agreed to in the Melbourne IDC Post Visit Summary.

The Department **agrees** with recommendation 1. An enhanced Australian Border Force (ABF) workforce presence is being implemented at Villawood, Melbourne, Brisbane and Yongah Hill IDCs to strengthen and improve reviews and oversight following incidents such as unplanned use of force, health access gaps and security and safety threats.

Recommendation 2

The Department work with the service provider(s) to identify and, if necessary, construct appropriate infrastructure to support the respite program / "low-stimulus" placements, removing the reliance on HCA units for this purpose.

The Department **agrees** with recommendation 2. Work is underway with the new Facilities and Detainee Services Provider (FDSP) and the Detention Health Services Provider (DHSP) to evaluate existing infrastructure options at each facility, with a focus on repurposing existing spaces, noting budget constraints.

Recommendation 3 (repeated)

As a priority, and reiterating our previous recommendation, individuals in immigration detention who are suspected of having complex psychiatric, neurological, or developmental disorders, organic brain damage, and/or behaviours of concern, are comprehensively assessed at the earliest opportunity to ensure that they can receive the most appropriate placement and care.

The Department **agrees** with recommendation 3. The Department's detention health policy settings align to this recommendation and work is underway with the new DHSP, Healthcare Australia (who commenced in November 2024) to operationalise the policy settings. This work includes an increased emphasis on the Department's health policy assurance activities to ensure service providers are appropriately implementing detention health policies. This program of detention health policy assurance is addressed in the new Detention Health Services Contract with Healthcare Australia.

Recommendation 4

The department should allow the Health Services Provider to maintain a small stockpile of regularly used medical aids and equipment in each centre, for immediate use, or while waiting for procurement of specialist equipment.

The Department **partially agrees** with recommendation 4. The Department acknowledges the need for further consideration of the medical aids and equipment that are reasonably foreseeable to be clinically required at short notice to support the daily health needs of the detainee population at each facility. It is noted that some of this equipment (e.g. walkers, wheel chairs and hospital-style beds) requires significant storage space and this must be balanced against the space required for facilities to deliver health care services.

Recommendation 5

The new Detention Health Services Provider should provide medical services to the Miowera Village.

The Department **agrees** with recommendation 6. This recommendation will be implemented in collaboration with the DHSP, Healthcare Australia. This is anticipated to occur in the latter half of 2025. In the interim, detainees in Miowera Village will continue to be transferred to the main medical centre in the VIDC facility or an ambulance will be called should they require medical treatment.

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Recommendation 6

The Department and service provider(s) cease routine pat searches for residents of the Miowera village.

The Department does **not agree** with recommendation 6. Cessation of routine pat searches would heighten safety and security risks for detainees, staff and others at each facility, including minors and other vulnerable persons accommodated in the Miowera Village APOD.

Processes for searching and screening of immigration detainees, staff and visitors is conducted under the *Migration Act 1958* or under common law to discharge the Department's duty of care to maintain a safe and secure environment. The search and screening of detainees by trained and authorised officers is a critical activity that ensures detainees do not have hidden controlled or contraband items on their person, in their clothing or in any property under their immediate control.

Recommendation 7

When undertaken, pat searches must be performed by a staff member of the same gender as the detained person identifies, unless otherwise consented to by the detainee.

The Department **notes** recommendation 7. Consultation is underway with key internal stakeholders and the Attorney General's Department (as owners of the Gender Guidelines) to develop an operational policy position on this matter. The Department will shortly commence work with the Australian Human Rights Commission (AHRC) to co-design strategies for the immigration detention network to better manage issues relating to gender.

Recommendation 8

The Department and service provider(s) should deliver training to staff on the management of, and interactions with, a range of uniquely vulnerable cohorts including but not limited to cultural, religious, transgender persons, and those with complex mental health needs.

The Department **agrees** with recommendation 8. Prior to commencement all FDSP personnel must undertake mandatory training, including cultural awareness, first aid, mental health awareness, mental health first aid, suicide and self-harm awareness or management, human rights and human interaction. The training encompasses working and positively engaging with detainees who may be traumatised, including communication and building rapport.

Additionally under the new FDSP contract, all personnel are expected to abide by the Code of Conduct which outlines the delivery of services and reflects the values of the Department. The FDSP Code of Conduct is integrated into training and development programs, particularly leadership development, management and supervisor training.

Recommendation 9 (repeated)

The Department should develop a nationally consistent and clear policy on the management and placement of transgender and gender non-conforming persons in the Immigration Detention Network (IDN).

The Department **agrees** with this recommendation. A Procedural Instruction (PI) entitled "*Transgender and intersex persons in Immigration Detention*" is currently being drafted. The Department will provide this to the Ombudsman's Office once finalised.

Suggestion

The department and service provider should strategically plan the placement of armoury equipment to ensure easy access in the event of emergency.

The Department **agrees** with this suggestion and will discuss placement with the FDSP as part of their transition-in activities across the IDN.

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