

# AMES response to Joint Select Committee on Australia's Immigration Detention Network

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PREPARED FOR:  
**Parliament of Australia Joint Committee**  
**AUGUST 2011**

## Background

AMES has worked for 60 years with new and recently arrived refugees and migrants to Victoria to ensure these new arrivals are well supported in their settlement. The overarching aim of the organisation's work is assist refugees and migrants to settle successfully, support them to participate and contribute to Australia's diverse society. AMES Vision is *Full participation for all in a cohesive and diverse society*.

AMES focuses on assisting new arrivals achieve short and medium term settlement outcomes consistent with their own goals, so they can be prepared to make successful transitions to longer term social and economic inclusion within the broader Australian community.

AMES and a number of consortium partners deliver the Humanitarian Settlement Strategy (HSS) for all newly arrived refugees settling in Victoria. Through provision of services in this contract AMES has had direct engagement with a significant number of clients who have previously been in detention centres in Australia and on Christmas Island. In 2010 the AMES Consortium worked with a total of 1092 Protection Visa Subclass 866 (Onshore) clients and has also worked with significant numbers in 2011.

In 2011 AMES is also providing case management services as a sub contractor to Red Cross for people seeking asylum who have been released into Community Detention. AMES was pleased to support this initiative of the Australian Government to place people in community detention while their status is being determined. To date AMES has managed 25 cases. These cases are a combination of family groups and single adults.

In addition to working with clients in HSS and Community Detention, AMES delivers the Adult Migrant English Program (AMEP) across most of metropolitan Melbourne and all of regional Victoria. In 2010 AMES worked with approximately 5,000 people on Refugee and Humanitarian Visas in the AMEP. AMES also provides a CALD specialist employment service through Job Services Australia for job seekers from migrant and refugee backgrounds.

There are a number of organisations and individuals who have more appropriate expertise to provide detailed input on some specialist areas of the Terms of Reference

AMES has limited its response to including the direct feedback of people who have experience of being detained, the observations of those who have worked closely with clients who have been in detention and to the direct experience AMES has had in providing services in the community detention program.

## **Sources of information included in this response**

This response draws on three sources of information.

### ***Direct feedback from AMES clients***

AMES ran focus groups and undertook individual interviews with a number of our clients who have previously been in detention centres. The purpose of these was to gather direct feedback to provide input to the Inquiry. This feedback is reported directly from the perception of these clients.

A number of themes came out of these focus groups and interviews. This response draws out and records people's feedback under these themes. AMES is reporting these as a third party as the feedback is directly from those who have experienced detention. Clients expressed a diversity of views and this diversity is reported.

### ***Observations of AMES staff who have worked with clients on their release from detention and staff who have worked in detention centres***

AMES has spoken with AMES staff who work with clients as soon as they are released from detention. This feedback also contributes to this response. Input was also provided by an additional person who provided pastoral care on Christmas Island and works to support people who have now been granted visas and released from detention.

### ***AMES observations based on experience delivering the community detention program***

AMES has provided services to families who have been released into community detention. This section of the response is based primarily on this experience and focuses on this aspect of detention. In contrast to the first section, this is based on AMES experience and expresses AMES views rather than representing views of clients with whom we have spoken.

## **Gathering Information from Clients**

To ensure that the experiences and opinions of people who have been in detention are conveyed in this response AMES has spoken with 21 people who have been in detention.

Interpreters were used to gather information from these clients to ensure that they could speak in some detail should they wish to do so. The reasons for gathering and documenting this information were explained to clients in terms of seeking input to a government inquiry. Clients who agreed to be part of these groups were very appreciative of the opportunity to provide their feedback to the government.

Areas explored in these groups included relevant areas from the Terms of Reference. The areas explored were as follows.

### ***Long term effects***

1. What are the effects you think your time in detention has had for you?
2. Is there anything else you would like to say to the Government in relation to detention (given this is the system in Australia)?

### ***Health***

3. Were there good services for looking after health issues (physical and mental)?
4. Do you have any suggestions about better or different health services?

### ***Programs/Activities***

5. What did you do each day?
6. How well prepared did you feel when you came out of detention?

7. Were there any programs/information in your detention facility which were useful? If so, what were these and how were they useful?
8. What about your children? Families?
9. Do you have any suggestions of activities or services the Government could introduce in detention facilities to help people prepare for the next stage in their lives?

**Staff**

10. Do you have any comments about staff at the detention facility/ies?
11. Do you think staff were well trained for their jobs?

**Facilities**

12. What were the physical facilities like?
13. Did you feel safe? Did you feel that your family was safe?
14. Do you have any suggestions for how facilities could be improved?
15. Do you have any suggestions about staffing?
16. Do you have any other comments?

## Perspectives from clients and staff working directly with detention centre clients

|                      |  |
|----------------------|--|
| Ethnicity            | Tamils from Sri Lanka: Kurds from Iran: Tajik, Pashtoon, Hazaras from Afghanistan  |
| Number               | 21 participants  |
| Gender               | all male   |
| Family status        | 11 single; 7 with wives & children overseas; 1 with wife & children also in detention  |
| Arrival in Australia | Between September 2009 and June 2011   |
| Detention facilities | Christmas Island only x 6; CI + Darwin (airport) x 2; CI + Villawood x 2; CI + Curtain x 3; CI + Curtain + Perth + Melbourne x 1; CI + Scherger x 1; CI + Maribyrnong x 1<br>(Indonesia x 5) |
| Time in detention    | from 3 months to 21 months (2 years for those in Indonesia)  |

Also consulted were staff who have worked with detainees both in detention and on immediate release from detention. These included:

- A priest [Father P.] who provided pastoral care on Christmas Island on two occasions - once in 2010 and again in 2011. He was on the island for a total of 6 weeks over the two occasions.
- AMES Case Managers who work with clients immediately on their release from detention.

### Introduction

The following feedback is from clients who have recently been in detention in a range of Australian detention centres and who have been granted visas. All have spent time on Christmas Island.

It also includes feedback and comments from staff who have worked with clients (i) when they were in detention on Christmas Island, and (ii) immediately after their release.

Note: A number of the clients were also in detention in Indonesia, and one in Malaysia as well as Indonesia. These clients were at pains to say that detention conditions in Australia are significantly better and more humane than in the other countries.

### Impact of length of detention on mental health

The 21 clients consulted had been in detention for varying periods of time ranging from 3 months to 21 months.

The length of time people are held in detention is of utmost concern to the clients consulted. All had experienced for themselves, or observed in others, the deterioration in mental health that occurs over protracted periods in detention. Many know people who are still in detention after 2 years.

**Father P.** also expressed great concern and dismay at the impact on mental health of long periods of time and lack of information about how long people might remain in detention. People held in detention for a long time become depressed and frustrated, especially when they feel they are not being given any real information. This can spark riots and fights.

**AMES Case Managers:** The overarching impact of detention is that the longer clients are in detention the more difficult their settlement becomes and the more apparent the effects of detention are in their behaviour.

Now that many of the clients being released have been in detention for extended periods there are noticeable differences which include more extreme behaviours and severe depression that can weigh clients down so much they struggle with day to day activities.

Clients who have been in detention for 12 months and longer have greater difficulty understanding process and many conversations need to be repeated for comprehension to take place.

Catatonic behaviour is prevalent in clients who have been in detention for over 18 months. This results in them not being able to make decisions.

Thoughts of self harm and cases of violence have increased as people are being detained for longer periods.

Mental health issues including depression and extreme moods swings - "high highs and low lows"

Extended time in detention is considered to be the single most detrimental factor of mandatory detention. This is exacerbated by:

- the lack of any sense of how long it will take for a case to be determined
- worry and guilt about family members left behind to fend for themselves for long periods of time
- the impact of witnessing increased incidences of self-harm
- a perceived lack of transparency in systems for processing and determining claims

There is great concern for people from the interviewees' communities who are still in detention and, in some instances, have been there for nearly 26 months. The clients feel that those still in detention are 'losing their mental health', that a solution is needed now and that these people need to be 'looked after'.

In contrast, clients who had been in detention for shorter periods - up to 3 months - felt that being held in detention for a short time while claims for asylum are processed is not generally detrimental to mental or physical health.

#### ***Lack of any sense of how long it will take for a case to be determined***

Clients suggest that asylum seekers being placed in detention be told clearly what will happen so that they understand how long they may need to wait and what the process of determining status will be.

Waiting and not knowing how long the waiting will go on takes an extreme toll on people mentally and emotionally.

**Father P:** raised the question of "What are the problems preventing more speedy processing?"

People are held for unacceptably long periods without any idea of what their futures will be.

*"The uncertainty of people's time in detention is dismaying."*

#### ***Worry and guilt about family members left behind***

**Father P:** People feel terribly guilty at leaving their families for much longer than they expected. The frustration at not being able to do anything leads to depression and self-harm, and can result in outbreaks such as the recent riots on Christmas Island.

One person spoke of having a wife and children overseas and of the extreme distress it caused when he was detained for 21 months knowing they had no way of supporting themselves.

#### ***Impact of witnessing increased incidences of self-harm***

Clients report that extended periods of detention and severe overcrowding is leading to increased instances of self-harm and suicide. The impact of witnessing suicides and attempted suicides is mentally and emotionally damaging detainees.

**AMES Case Managers:** Many clients have witnessed suicides while in detention and this can result in night terrors and trust issues.

### ***Perceived lack of transparency in systems for processing and determining claims***

While the government has prescribed steps for assessing visa applications and aims to have most protection visa applications decided within 90 days, these processes, and the reasons for the different times taken to determine status, are clearly not understood by clients.

Amongst the clients consulted there is a perception that processes to determine status are not standard. Clients clearly do not see that there is a system for processing visa applications and their perceptions are that “everything is by chance”. Clients speak about people they know on Christmas Island who have been waiting for extended periods as well as others who have been processed and granted visas in times as short as 2 months. Clients feel strongly that in detention “you did not know what would happen tomorrow” and this increases people’s anxiety.

In some cases clients believe they are not informed of decisions until some considerable time after they have been made.

*“My friend had his hearing in May 2010. His rejection was given 7 months later. On the document we saw that the case was decided many months earlier, soon after his hearing.”*

A number of clients referred to people who arrived in earlier boats waiting a lot longer for a determination than those who arrived later, and do not understand the reasons for this.

*“People should be seen in order they arrive. If not it creates problems for the government and amongst asylum seekers themselves.”*

### ***Impact on capacity to contribute to Australia***

Clients recognize the cost to Australia, as well as to themselves personally, of mental health issues. A number felt that when they came out of long periods in detention they were not useful citizens for Australia.

*“If we get mental problems we cannot be useful to Australia”.*

In some cases lengthy periods in detention engendered a lack of trust in authority and the services that are designed to assist people.

**AMES Case Managers:** Clients are often angry, not trusting of case workers and feel that there has been a miscarriage of justice because they have been in detention for so long.

Another emerging pattern is clients having fits of rage to get their own way.

Clients are also intolerant of waiting for services when released into mainstream society since they have been waiting in detention for so long resulting in high levels of frustration.

## **Services**

### ***Mental health: counselling and support in detention***

There are different views on how mental health issues are treated in detention.

Some clients report that there are counsellors and other staff to provide help within the detention centres for anyone with a problem and that people who need additional counselling support are taken outside the detention centre for treatment.

They also report that medical staff exercise a duty of care and:

- explain prescription drugs to people - what the drugs are; why they have been prescribed these drugs and what effect they will have
- dispense each dose separately rather than all at once to prevent opportunities for overdosing

Other clients do not report favourably on mental health care. There is a perception in this cohort that staff were not very concerned about detainees' mental health and that they only pay attention when people attempt acts of self-harm.

### **Physical health**

*“When you arrive, they make a record if you are on medication. They check the vitals and that’s it. There is no other medical examination.”*

Generally the clients interviewed did not comment positively on attention to physical health while in detention. People say that it takes some time to get medical attention and that most people are advised to ‘take panadol and drink lots of water’.

An important issue is the limited number of interpreters, and the limited hours they are available.

Clients also expressed concern at the lack of dental services on Christmas Island.

### **Safety**

Clients generally said that they felt physically safe in the detention centres, but added - *“but you only feel really safe when you get your visa.”*

The exception is Villawood where some people feel unsafe partly because they are exposed to other asylum seekers who are in very distressed mental states.

### **Programs and Activities**

Many people are positive about the programs and activities provided. They appreciate having access to the types of activities provided on Christmas Island, for example:

- English classes
- Gym
- Basketball
- Billiards, etc

*“I also went to gym and learned a martial art”.*

Some commented that there are not as many activities on Christmas Island now (since the riots and the increased numbers of detainees) as there were previously.

**Father P:** Serco has tried to provide a variety of activities, and volunteers provide some English classes but after 3 months with nothing useful to do people, especially young men, become bored, frustrated, angry and depressed.

As with the uncertainty of their futures (how long they will remain in detention, whether or not they will get a visa), the lack of any meaningful activity increases this frustration and depression.

### **Impact of long term detention on participation in programs and activities**

Those who are in detention for protracted periods lose the will to participate in activities, including English classes.

**Father P:** After 3 months ‘the human spirit begins to wilt’. People don’t have the will to participate in activities without purpose.

*“People held in detention for a long time become ‘mentally sick, get fed up’ and do not participate in any of the programs or classes provided.”*

*“Other people spent time at the gym, playing football, volleyball. I was sick so I didn’t. I was just walking around.”*



*"I had lots of tensions. I was feeling I was sick, I didn't do anything. Sometimes I was playing football, volleyball."*

### **Education facilities - library**

Other clients commented that the education facilities [on Christmas Island] are poor and that there are few adult/professional books in the library.

*"I spent 7 months in both detention centres. It was a lost time for education for me. So many times I asked, so many people promised to send me books, but I didn't get any."*

### **Suggestions for improving activities/programs**

Clients interviewed had some suggestions for how the activities program and classes could be made more effective in preparing people for life in Australia (or giving them skills they could use if returned to their own countries).

#### **English classes**

Many clients appreciated the provision of English classes, but report that people don't attend regularly because classes are not compulsory and people who have been a long time in detention are 'mentally sick', can't concentrate and don't see the point in attending language classes.

Suggestions include:

- More formal English classes (not drop-in, drop-out)
- Attendance at classes for set hours needs to be enforced (the same way as Centrelink requires attendance for clients who now have visas).

#### **Skills training**

Training in different skills (for example - in people's previous skill area) would help prepare them for life in Australia.

Clients suggest that it would be very useful to have some vocational training programs so that they could learn trade skills that they could continue in Australia (or use in their own country in their visa application was not successful)

#### **Work**

Clients reported that not working for a long period destroys people's motivation to work (when they are released from detention '*they don't want to work because they haven't worked for a long time*'). This takes away people's independence.

Most people wanted some kind of work to do to keep them occupied and to keep up motivation while in detention. Suggestions from clients include:

- 'the good ones' could be given work as volunteers
- people could be paid a small amount to take on certain jobs/tasks in the detention centres (as they are in the prison model)

**Father P** reported that there had been a small factory on Christmas Island where 20 - 25 detainees could work. The factory produced furniture and clothes - some for the local church or families in need; others were sold and the money raised given to the local Christmas Island community.

The men were very happy to work from 8.00 to 5.00 and have something useful to do that used their skills.

The factory was flourishing, but has been closed down since the riots.

## **Preparation for life in Australia**

Most said that the orientation sessions and information provided about Australia are very useful.

*“There was one good thing. Four or five times a week there was a class on Australia. Volunteers were there and they taught us.”*

**Father P:** However, living in detention with large numbers from the same community does not prepare people well for life in a new culture (Australia).

People also tend to become institutionalised - particularly if they are in detention for long periods - and become very upset if there is any change to routines. They lose independence when they have ‘everything on tap’ in the detention centre and do not have to look after themselves.

## **School for children and young people**

**Father P:** On Christmas Island one of the greatest problems is getting the young people/children into school.

There is not always room in the island’s school for all the young people (who are bussed from the detention centre to the schools). There is a school in the camp for those who can’t get into the schools, but this is not of a very high standard.

## **Staff**

People spoke in generally positive terms about the staff in the centres. They reported that most are professional, friendly and helpful.

Security staff: clients from one particular ethnic background feel that sometimes some of the security staff give preference to some people over others; that some staff are racist. This group of clients thought that security staff are not properly trained and this could be improved by providing training in:

- respecting human rights
- how to work with people
- how to listen to the problem and look for a solution

DIAC staff: clients who made the comments above, also reported that DIAC staff help if there are perceived racist instances.

Case managers: there are comments about the very high case loads on Christmas Island (up to 150 people to one case manager).

**Father P:** Some new caseworkers are prejudiced against people who come by boat and have the attitude that “they made this choice - it’s their choice. We’re not duty bound to welcome them with open arms”. Father P’s opinion is that this attitude is developed as part of their training, and that when staff got to know individual people their attitude changed.

Case managers have a very responsible role and they can have significant influence on the hearing of cases and can influence what a person says in their hearing.

Interpreters: It is not always easy to get experienced interpreters as languages change and new groups arrive. Also the distance and the off-shore location are problematic as interpreters may not want to be away from their families for long periods.

The issue is that inexperienced interpreters are not always accurate when translating and can change or misinterpret what a person says.

## Facilities

**Father P:** Facilities and all the money spent on them are **not** the issue. Keeping people in mandatory detention for long periods of time is the real concern.

There are differing opinions on the facilities. The length of time people are in detention appears to influence how they feel about the facilities and other aspects of the detention centres. These differences of views may also relate to the centres being maintained at different standards at different times.

**AMES Case Managers:** Different detention centres prepare people differently. People in Curtin and Scherger are more isolated and less informed about settlement compared to people in Maribyrnong where they have access to visitors.

Clients who have been in Villawood appear very agitated when they arrive in HSS services.

### *Christmas Island*

One group rated the physical facilities on Christmas Island as good, except for the recent overcrowding.

Others had different experiences and report that Christmas Island has two sections - facilities in one section are good and those in the other sections are not.

**Father P:** Considered the physical facilities on Christmas Island to be good, but they were very overcrowded (up to 3,000 detainees) at the time he was there.

**Father P:** The distance of Christmas Island from the mainland is a problem. People cannot have visitors. Lawyers will not visit as it is too expensive to fly in, so all advice has to be given over the phone.

### *Villawood*

The centres that people consider the worst in terms of facilities are Christmas Island (in some sections) and Villawood.

A client who was in both Villawood and Christmas Island considers Villawood far worse than Christmas Island largely because of the lack of space. Villawood is described as “like a jail” because of the extremely confined spaces. This has a negative impact on mental well being.

Two aspects of detention in Villawood that clients felt were better than Christmas Island were:

- that fact that visitors are allowed - makes it ‘mentally’ better
- better food

### *Christmas Island and Curtin*

Clients rate Curtin as a little bit better than Christmas Island in terms of facilities, but commented on the crowded conditions.

*“The accommodation I stayed at was not good. It was 30-40 people in one room for sleeping, it was like this at Christmas Island and Curtin.”*

*“I was in a tent on Christmas Island - 40 people in one tent. In Curtin I was in a dormitory with 35-40 people.”*

### *Darwin (airport)*

Clients who had been in the detention centre rated it as being better than Christmas Island, because of:

- more freedom - anyone can visit
- more phone facilities/access
- size - smaller than Christmas Island

- more variety of food - people are given food which they can cook for themselves
- external activities - detainees are taken on excursions

### **Maribyrnong**

Reported as being the better than other detention centres in terms of food and education facilities.

**Father P:** Facilities at Maribyrnong are very good compared to other places. (Reported by two bishops from the Vatican who inspected as part of a UNHCR visit) and:

people can have visitors

lawyers can assist people face-to-face, not just over the phone

*“I’ve been at Christmas Island, Curtin and Maribyrnong. Maribyrnong was better.”*

### **Communication and Food**

Two aspects of facilities in detention (apart from physical building/spaces) that received considerable comment are communication and food.

#### **Communication**

**Visits:** Being able to have visitors, including lawyers, makes a huge difference to people in detention. One of the few positive things that people report about Villawood is that people can visit.

**Phone:** Phone access is important to people in detention. Access to phone cards and public phones on Christmas Island is good. People also report positively on the phone cards and access at the Darwin (airport) centre. While people consider Villawood one of the worst detention centres, they commented positively on having access to a mobile phone.

*(Those who had been in detention in Indonesia where they had no access to communication at all said access to phones would have made a big difference to them.)*

**Internet:** Internet access is very important to people in detention. Clients comment that there are not enough computers on Christmas Island and that the internet connectivity is extremely slow. They report that fights over internet access lead to the recent riots and disturbances in the centre.

*“Internet facility is almost zero. You can get one hour a day but you have to queue from 6 am, at 9 am you get the time. The download speed is very low - 20 minutes to download one page. It is very difficult to communicate with family.”*

#### **Food**

The major concern about food is the lack of culturally familiar foods and, in most centres, no access to being able to prepare own meals.

#### **Transfers to other facilities**

Lack of information about reasons for transfers to another detention centre and very short notice are of concern to clients.

*“When you are transferred they don’t tell you why. They just move us. They gave me 15 minutes. When you are in a detention centre you make very close friends. When I was leaving, they were crying. They never answered the question of where and why we are moving.”*

*“They gave me 45 minutes.”*

## **Perspectives from AMES on Community Detention**

In April 2011 AMES started providing case management services as a sub contractor to Red Cross for people seeking asylum who have been released into Community Detention. To date AMES has managed 25 cases. These cases are a combination of family groups and single adults.

Through this work undertaken in close collaboration with Red Cross, AMES has made a number of observations. These are outlined under 4 areas.

- Overall feedback from clients
- Services provided in Community Detention
- Preparation of clients for Community Detention
- Provision of health services

### **Overall feedback from clients**

AMES experience in working with clients who have been released into community detention is that they are very positive about the move out of a detention centres into arrangements in the community. There are some areas where clients find it difficult to adjust. These are addressed in the following sections of this response. However, setting these necessary adjustments aside, AMES strongly supports the government's commitment to placing people in community detention while their status is being determined.

The clients who AMES has worked with in 2011 are very positive about many aspects of their release into community detention. The capacity to move freely in the community and to be able to have contact with family and friends who are in the community (who are either also in community detention or who are permanent residents in Australia) is appreciated. The fact that they are placed by DIAC in a state where they have links and are then being placed in accommodation near those links by Red Cross and AMES is very important in providing support during a time of grave uncertainty. This care in placement is a strength that clients value.

Like all other clients who are awaiting visa determination, these clients are extremely anxious to begin their life and become involved in life in Australia. Community detention, within the limitations of what these clients can access, provides at least some more opportunities than detention centres.

AME therefore strongly support the use of detention in the community as a more humane and appropriate way to manage people who need to go through the required processes to seek asylum. Based on the experience of the people who AMES has worked with in this program we encourage the government to consider this form of detention for other asylum seekers who are currently being held in detention centres.

We propose that placing people in the community rather than expanding the network through the establishment of new facilities is a much preferred option. In addition to representing a more humane option for clients, it is likely to be more cost effective and afford much greater flexibility to manage varying numbers. Management of clients in community detention is also an area that is more likely to be taken up by not for profit and community agencies. A number of these agencies, including Red Cross as the lead agency and others such as AMES, have existing expertise with this client group to contribute to the program.

As part of consultation with clients who now have permanent status and who were previously in detention centres, we asked their opinion of community detention compared to being detained in a detention centre. There was an overwhelming opinion that community detention was a very significantly better

alternative to detention centres, better prepares people for life in Australia (within the boundaries of visa determination), has considerably less negative impact on mental health and that the government should aim to use this form of detention for as many people as possible.

### **Services provided in Community Detention**

The level of investment that DIAC is making in establishing community detention is impressive. AMES considers that the level of resources provided to undertake case management support for families and single adults is appropriate and that these people are well supported as a result of this investment. As noted below, based on their experience in on shore detention centres, some families have high expectations of the level of support that will be provided. This can take some adjustment - however AMES considers that the government's investment is reasonable.

AMES also considers that a number of other resources provided including payment of rent, assistance with a household formation package and the capacity to purchase additional items for families and payment of reasonable school expenses for children are the kinds of investment that can assist this program to be a very viable and on-going alternative to detention centres.

Identifying meaningful activities for these clients to engage in while they wait for status determination is very important to achieve some sense of routine and normality and, within the confines of the uncertainty these clients are facing, make some contribution to a sense of well being. AMES experience is that many of the clients are very keen to take part in activities, to learn English and to connect with the community. There are a limited number of activities that clients are eligible to join and continuing to identify these is important.

The most recent initiative by DIAC to establish English classes for this group is a very welcome addition as many clients are very keen to improve their English and many appear to have taken the opportunity to start to learn English while in detention centres.

AMES has not had reason to undertake any analysis of the costs of community detention compared to costs of running detention centres. We would however estimate that the costs may be less. When combined with the more positive experience in community detention and consequent possible lower impacts on mental health and the consequent personal and financial costs, the overall cost comparison is likely to be very favourable.

### **Preparation of clients for Community Detention**

Placement in community detention is positive. There are however a number of observations that AMES can make after working with clients who have made this transition. Clients are generally not well prepared for transition into community detention. Clients who AMES is working with have all come from on shore detention centres before they have been transferred in to community detention. There are a number of things that could potentially be done while clients are still in detention centres to better prepare them for this transition.

From AMES experience, the areas where clients find this transition most difficult are in their expectations in a number of areas. These can be summarised as follows.

#### ***Transition from staff being continuously available to being required to rely more on own resources***

AMES staff who have experience working as case managers with HSS clients and Community Detention clients has observed quite a marked difference in the levels of independence of these groups. It appears that in detention centres clients can become unnecessarily dependent on staff - for example in not managing their own medication and having an expectation that staff will be available 24 hours for minor needs. This high level of dependence seems to persist while clients are still waiting for a visa

determination and can impact on their ability to be independent and have the confidence to manage their own lives.

While it is essential that staff are supportive in detention centres (and clients generally spoke well of the staff) it is important that clients are encouraged to rely on their own strengths and retain these for life outside of the detention centre. It would be useful for staff to be aware of this balance in support and independence.

### ***Expectations of resources and living standards***

Some clients are very disappointed at the quality of housing that is provided for them in community detention. Red Cross and AMES, as a sub contractor to Red Cross, attempt to lease housing that would be affordable for clients if they transition out of community detention to HSS when they are granted a permanent visa. AMES is very familiar with what is realistic housing for HSS clients and is very aware that where clients must move into poorer quality housing or housing that is an area with less services when they are granted permanent visas that this can cause problems.

It would enable a smoother transition to community detention (and for some to HSS) if expectations of housing were discussed with clients while they were in detention centres. This may assist some clients to be more realistic about the standard of housing available - for example that houses will not usually have central heating and houses will not be new. While some clients are very happy to accept good quality second hand items (for example clothing for children and babies) some have high expectations that are beyond the scope of the program. Some additional preparation for their lives in community detention before clients move out of detention centres may assist them to have more realistic expectations.

### ***Provision of health services***

In AMES experience clients at times enter community detention with health issues that require immediate and on-going management. Given the relatively large numbers that have been released into community detention in a relatively short period, the designated health providers organised through IHMS have often not been adequately prepared. This results in confusion about billing, at times reluctance to treat and time consuming liaison. It is hoped that as these providers become more familiar with this client group and the arrangements developed through IMHS that this service will become more straightforward for clients.

These issues are progressively being resolved and in fact if the government makes a decision to detain more people in the community rather than in detention centres the services may well improve as these clients will be presenting more often and health providers will become more familiar with their issues and with the procedures for billing and arrangements such as making referrals to specialists and for further tests.

## **Future of Detention**

Feedback from clients who have been in detention centres, staff who have worked with these clients and AMES experience in managing the clients in the expanded community detention arrangements commenced in 2011 all indicate that there are opportunities to change and improve some aspects of Australia's detention arrangements.

In October 2010 the Prime Minister and the Minister for Immigration and Citizenship announced their intention to expand the government's existing residence determination program and transfer large numbers of vulnerable family groups and unaccompanied minors in immigration detention facilities to community based detention. A target of 1,500 was set for June 2011.

This target was met. This large increase in people being accommodated in community detention has achieved two things. First, it has demonstrated that alternative arrangements to manage people while their visa status is being determined are possible. Second, it has resulted in a sound framework being established that now has the capacity to substantially expand and manage significantly more people in these arrangements.

There is willingness and capacity to manage such arrangements by many relevant services in Australia. Shifting investment currently being made in detention centres would further strengthen the capacity of existing services to care for the needs of detainees. - For example existing refugee health networks and providers in Victoria have expressed a willingness to work with community detention clients and with additional investment could strengthen the services to these people. Utilising these existing structures and expertise that builds on very well established provision for clients from refugee backgrounds would be a cost effective and more efficient way to provide these services.

The impacts of long periods of time in detention centres are described by clients AMES consulted for the purpose of gathering information for this response. They are also evident in feedback from others who have worked closely with these clients once they are released from detention. A number of these issues would be mitigated by using alternative means of detention. AMES therefore strongly recommends that the government move to community detention as the predominant model while applications are being assessed.