



Post Visit Summary

Adelaide Immigration Detention Centre

Kaurna Country

3 - 4 October 2023

20 June 2024

A member of the Australian National Preventive Mechanism

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Summary Our visit

The Commonwealth National Preventive Mechanism (NPM) undertook a semiannounced visit to Adelaide Immigration Detention Centre (IDC) between 3 and 4 October 2023. We advised the Department of Home Affairs on 17 August 2023 that we intended to visit Adelaide IDC sometime between 18 September and 30 October 2023, and requested that selected documents and other information be provided to us before 15 September 2023.

On 3 October we advised the nominated Australian Border Force (ABF) representative at the facility of our intention to visit that day and arrived at the facility approximately 30 minutes later. The visit was conducted by two OPCAT monitors.

The Commonwealth NPM last visited this facility in June 2022 when it was still known as the Adelaide Immigration Transit Accommodation (AITA).

What we found

Overall, we found a small well-run centre and noted no significant concerns about its operations.

There had been significant infrastructure works undertaken at the facility since our last visit in June 2022. There were improvements in the availability of indoor recreation facilities for people in detention with the completion of the new multipurpose building.

Feedback we received from people in detention was generally positive with no significant concerns raised with us about the conditions within the centre or the treatment of people in detention by staff.

During this visit we received a positive reception from staff and people in detention. We were provided with full and free access to the entire facility, and were able to move freely around the facility.



Recommendations, suggestions & comments

An important part of our role is to make recommendations, suggestions or comments about how the experience of people deprived of their liberty could be improved.

During this visit to the Adelaide IDC our OPCAT monitors did not identify any significant concerns relating to the operation of the facility and we therefore did not recommend or suggest any ways to improve the operation of the facility as a result of this visit.

At the same time, I note that extended periods of immigration detention can in themselves lead to individuals developing significant mental health problems, due to the lack of certainty as to the length of detention and the outcome that might result and the prolonged and uncertain separation from family and the community. I have made recommendations, suggestions and comments in other places about this issue and about other concerns relating to extended immigration detention, including in the Annual Report of the Commonwealth National Preventive Mechanism.

lain Anderson Commonwealth Ombudsman



Facility and demographics

The Adelaide IDC is a small, purpose-built immigration detention facility located in suburban Adelaide.

On 3 October 2023, the centre held 21 people from 13 different countries of origin, all of whom were male, and the centre was at approximately 84 percent of its preferred operational capacity.

Of these 21 people, 2 had been in detention for more than 2 years and an additional 6 had been in detention for between 1 and 2 years.

The people held in the centre ranged in age between 25 to 73 years, with 5 people who were more than 60 years old.

The majority of people (approximately 86%) held at the centre were in detention because their visas had been cancelled on character grounds under section 501 of the *Migration Act 1958*.

Length of time in detention	
3 to 4 years	1
2 to 3 years	1
1 to 2 years	6
6 to 12 months	3
0 to 6 months	10
Total	21

Reason for detention	
s501 visa cancellation	18
Other visa cancellation	0
Overstayed visa	2
Unauthorised maritime arrival	0
Air arrival and not cleared by immigration	1



Observations Safety

Use of Force

Reports of use of force at this centre were minimal, with no unplanned use of force reported in the six months prior to the visit. Planned use of force was restricted to offsite transport and escort activities, which appeared to have appropriate risk assessments and approval processes in place.

Respect

Relationship between people in detention and staff

During the visit, we observed interactions between people in detention and staff of the facility. The interactions we observed were all polite, professional, and respectful. Staff we spoke to displayed a good knowledge of individual detainees and their needs. This reflects the higher ratio of staff to people in detention than that found in larger detention facilities.

While speaking with people in detention we asked about their treatment by staff and received positive feedback about the relationship with staff in general, but especially with the medical, welfare, and programs and activity staff. People in detention also advised us they are comfortable in raising any issues or concerns directly with staff including with ABF officers who visit the accommodation area on a regular basis.

Facilities

The accommodation and communal areas of the Adelaide IDC appeared to be well maintained and in a clean and hygienic condition. We observed cleaning staff servicing the communal areas of the facility, including the kitchenettes in each accommodation unit. We were advised that people in detention were responsible for cleaning their accommodation rooms with cleaning equipment and products available on request.



The gardens and outdoor recreational facilities were well maintained. We noted that people in detention have access to an outdoor volleyball court and grassed areas as well as outdoor seating areas.

During our last visit we noted detainees had limited access to indoor recreational and education facilities resulting in the use of the dining room for multiple purposes. This included the room being used for programs and activities, computer/internet access, visits as well as being the primary indoor recreation facility and dining room. We also noted that only one use was allowed at a time, significantly restricting access to general recreation activities. Since that visit, a large, new multipurpose building has been constructed giving people in detention access to new indoor passive and active recreation facilities, and a new internet/computer area. People in detention now have greater access to recreational options.

Wellbeing and Social Care

Self-Catering

The Adelaide IDC is one of the few immigration detention facilities in the network where the possibility of self-catering is available for people in detention. While breakfast supplies and a cooked lunch are provided each day, people in detention are able to prepare their own dinners in the kitchenettes in each of the accommodation units. People in detention may select ingredients from an order form and these items are prepared by kitchen staff and delivered daily. People in detention who did not wish to self-cater have the option of ordering refrigerated meals prepared by kitchen staff. People in detention also have access to regular health and wellbeing cooking sessions organised by programs and activity staff.

We received positive feedback about the self-catering option from the people in detention who advised it allowed them to prepare culturally appropriate meals to their taste. They also commented that they often share ingredients and cook and share group meals and this helps develop and strengthen social networks, which is beneficial to the wellbeing of the people in detention.



Purposeful activity

Programs and activities

Access to meaningful programs and activities while in detention is extremely important for the wellbeing of people in detention. We noted that the variety of programs and activities available to people in detention has increased since our last visit. There is now a good variety of educational, recreational, and cultural activities available on the schedule, including English as an additional language, numeracy, and Self Management and Recovery Training (SMART) programs.

People in detention have access to between 5 and 7 structured activities each weekday and 3 to 4 activities on weekends, as well as a number of unstructured programs including regular health and wellbeing cooking sessions.

People in detention also have access to a small library, with books available in several languages, as well as a collection of DVDs and video game consols.

Physical and Mental Health

Access to Health Services

We found that the health needs of people in detention were well serviced in this facility with access to both on site and telehealth services. A general practitioner is onsite 4 days per week. General health nurses and mental health nurses are onsite 7 days a week. A drug and alcohol nurse visits the centre once a week. Afterhours services are facilitated via a telephone health advisory service.

Appointments with psychologists are generally facilitated via telehealth appointments but the psychologist can visit the facility if required. Psychiatric services are via telehealth appointments. Torture and trauma services are facilitated through an external provider on a fortnightly basis.

Ancillary health services such as dentistry and physiotherapy are usually facilitated offsite.

International Health and Medical Services (IHMS) staff actively participated in multistakeholder meetings we attended during the visit and displayed a good understanding of the health needs and vulnerabilities of the people in detention.

We received positive feedback from people in detention about health services at the centre.



Crowding in the Medical Clinic

We noted that the issue of crowding in the medical clinic identified during previous visits continues to be an issue.

The medical clinic currently consists of a single room that accommodates the examination room, pharmacy, and storage area as well as office facilities for up to 4 staff including the General Practitioner, nursing staff and the mental health staff. We were advised that this effects the privacy of people in detention during consultations and often results in staff having to leave the clinic space during sensitive consultations.

We were advised that expenditure to construct a new medical clinic and additional office space to address the crowding and privacy issues has been approved and we were shown plans for the new clinic space. We were advised that a start date for the project was subject to council approval.



Figure 1 : Medical clinic office area from the consultation area



Methodology

The primary function of an NPM is visiting places of detention.

The Commonwealth NPM visits places of detention to:

- monitor the treatment of people in detention and the conditions of their detention and
- 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 assessed 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 are¹:

Indicator	Description
Safety	People in detention are held in safety and 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.

¹ These indicators have been adapted from expectations used by international and domestic inspectorates.



Indicator	Description
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.

When planning the location, timing and duration of a visit, we have regard to information held by the NPM, and where possible by civil society organisations, about any potential concerns with respect to the facility.

What is this report based on?

The Commonwealth NPM team engaged with representatives of ABF, the detention facilities services provider, Serco, and the detention health services provider, IHMS. The team made themselves available to speak to any people in detention who wished to engage. Seven people in detention took the opportunity to speak to us.

This report is based on:

- interviews and discussions with staff
- interviews and discussions with people in detention
- a review of documents provided prior to the visit and requested on site, and
- the observations of the visiting OPCAT Monitors.



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.

OPCAT does not create new rights for people who are detained, rather it seeks to reduce the likelihood of their 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 working against torture in its preventive approach: it seeks to identify patterns and detect systemic risks of torture, rather than investigating or adjudicating complaints concerning torture or ill-treatment. A completely separate team within the Office of the Commonwealth Ombudsman, outside the NPM, receives and considers complaints from people in detention.

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

