



Australian Government  
Department of Immigration  
and Citizenship

**Risk Assessment Template and Reference Information.**

**All risk Assessments within DIAC must be done using the template on Tab 2**

For detailed instructions and background please see the [risk assessment toolkit](#)

**Spread Sheet Contents**

*Tab 1 - Risk Reference Card*

Refer to Tab 1 for the Risk Matrix and other information necessary to complete a risk assessment.

*Tab 2 - Risk Assessment Template*

Complete your risk assessment using this tab

If you need help or advice contact the Risk Management Helpdesk

Phone  
Email

s. 47E(d)

## Risk Assessment Reference Card

This Risk Assessment Reference Card provides the Risk Matrix and associated tables required to complete a risk assessment. Please

### Risk Matrix

The risk matrix table expresses risk in terms of a combination of the consequences or impact ratings of an event occurring and the

LIKELIHOOD RATINGS	CONSEQUENCE RATINGS				
	Low	Minor	Moderate	High	EXTREME
Almost Certain	MEDIUM	MEDIUM	HIGH	EXTREME	EXTREME
Likely	MINOR	MEDIUM	MEDIUM	HIGH	EXTREME
Possible	MINOR	MINOR	MEDIUM	HIGH	HIGH
Unlikely	LOW	MINOR	MINOR	MEDIUM	HIGH
Rare	LOW	LOW	MINOR	MEDIUM	MEDIUM

### Consequence Ratings

The table below describes the five ratings that can be selected to show how severe the consequence or impact would be if the risk

Risk Areas Consequence Rating	Financial	Reputation	People	IT	Outcomes
Extreme	> \$2mil	Result in extreme political/community sensitivity and media scrutiny	Result in death or permanent disability to a DIAC Officer, service provider, or client	An ICT application, system or service is unusable for a period greater than 48 hours.	Would threaten the department's viability OR result in a commission of inquiry or inquest
High	\$1mil - \$2mil	Result in significant political/community sensitivity and media scrutiny	Result in life threatening or serious injury requiring ongoing treatment to a DIAC Officer, service provider, or client	An ICT application, system or service is unusable for a period greater than 24 hours.	Impact adversely on the achievement of the department's strategic objectives OR require audit of program or project
Moderate	\$250k - \$1mil	Result in some political/community sensitivity	Result in injury or health impact requiring limited ongoing treatment to a DIAC Officer, service provider, or client	An ICT application, system or service is unusable for a period greater than 12 hours.	May be some impact on the department's operational objectives OR require management initiated review of the program or project
Minor	\$80k - \$250k	Result in limited political/community sensitivity	May result in a minor injury or health impact with some medical treatment to a DIAC Officer, service provider, or client	An ICT application, system or service is unusable for a period greater than 1 hour.	Could require action to offset the impact on some aspect of a program or project OR management reporting required
Low	\$0 - \$80K	No reputation damage outside the department	Injury may be dealt with through primary first aid	An ICT application, system or service is unusable for a period less than 1hour.	Any consequence can be dealt with by routine operations and management action

When assessing the level of risk it should be recorded at its highest level. Where different consequence ratings could apply to the

### Likelihood Ratings

The table below describes the five ratings that can be selected to show how likely it is that a risk will occur.

LIKELIHOOD RATINGS	LIKELIHOOD OF RISK OCCURRING
Almost Certain	The risk is expected to occur within a 12 month planning time frame
Likely	The risk will probably occur within a planning cycle or on an ad hoc basis
Possible	The risk may occur within the foreseeable future
Unlikely	The risk may occur at some time but not likely to occur in the foreseeable future
Rare	The risk will only occur in exceptional circumstances or as a result of a combination of unusual events

### Control Effectiveness Ratings

The table below describes the ratings that can be selected to show the level of effectiveness of the individual controls identified.

EFFECTIVENESS RATINGS	DESCRIPTOR
Highly Effective	The controls are highly effective in reducing risk on all occasions.
Effective	The controls have some level of effectiveness in reducing the level of risk on most occasions.
Ineffective	The controls are ineffective in reducing the level of risk.

### Risk Treatment Level - Level of Treatment Required

The table below describes the minimal action required for the risk rating.

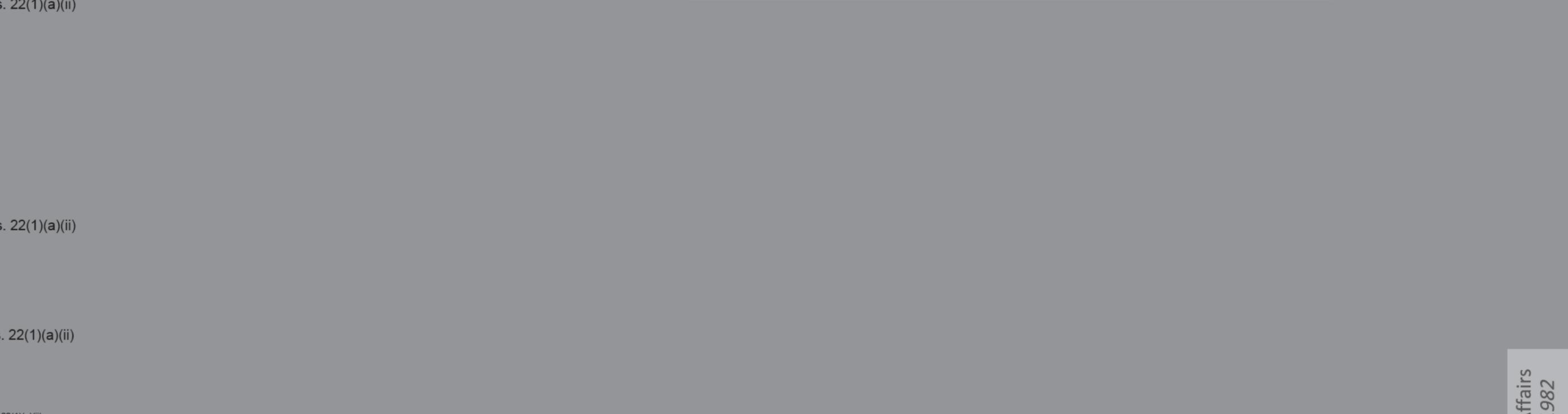
RESIDUAL RISK RATING	LEVEL OF ACTION REQUIRED
Extreme	The risk cannot be justified and must be mitigated or avoided. The risk should only be accepted if the program or project relates to a key objective or strategic outcome of the department. Quality control measures must be implemented and managed by the relevant Division. Regular review and reporting of the risk needs to be provided to Senior Executive and all relevant stakeholders.
High	The risk may be acceptable to the department if the possible benefits of the activity outweigh the consequences of the associated risks. Quality control measures must be implemented and managed by the relevant Division. Regular review and reporting of the risk needs to be provided to relevant stakeholders and to Senior Executive at their discretion.
Medium	The risk may be acceptable to the department if the possible benefits of the activity outweigh the consequences of the associated risks. Regular review and reporting of the risk needs to be provided within the relevant Division and to affected stakeholders.
Minor	Minor risks are generally acceptable to the department but must be monitored to ensure that the risk rating does not change.
Low	Low risks are generally acceptable to the department but must be monitored to ensure that the risk rating does not change.

**Risk Assessment Contract and Service Offshore Service Delivery**

ISPR Reference	Contract Responsibility Risk	Risk Type	The Cause of Failure (excluding Excusable Performance)	Risk Impact	Existing DIBP Controls	Effectiveness	Residual Risk Likelihood	Consequence	Risk Rating	Risk Treatment Level	Future Controls	Risk after all proposed			Person/s responsible for	Target date for implementation	Action to be taken on risk realisation
												Likelihood	Consequence	Risk Rating			
<b>s. 47G(1)(a)</b>																	
s. 22(1)(a)(ii) 1.1, 1.2 SCA	Transferees IMPs aren't completed to required standards and within required timeframes.  2.3 - Individual Management Plans	Program Development & Delivery	1. Service Provider inadequately resources IMPs. 2. Poor Service Provider processes. 3. Audit mechanism doesn't capture quality and frequency faults.	1. Transferees' welfare is not individually managed, meaning that other services are less effective, and individual vulnerabilities may not be detected. 2. Information not accessible between Service Providers to allow appropriate care. 3. Records of Transferees not maintained, DIBP has no evidence that it has exercised its duty of care. 4. Injury or death to transferees resulting from IMP fault (eg, allergy, psychological sensitivity, self-harm tendency).	1. IMPs reviewed fortnightly by care manager, and at inter-service provider forum as required. 2. Subject to Service Delivery Manager (SDM) observation. 3. Potential for qualitative and quantitative audits. 4. Managed through the Contract Management Plan.									Mark Painting, AS Contract and Services Management Branch	Feb-15	Agreed process under the PMF and the contract to be followed.	
s. 22(1)(a)(ii) 1.8 SCA	Complaints are not responded to or referred within the required timeframe.  2.15 - Complaints Management System	Stakeholder Management	1. Volume of complaints exceeds capacity to respond. 2. Complaints input is not maintained. 3. Complaints unable to be translated. 4. Interpreters aren't available.	1. Transferees resort to protest raising serious security implications. 2. Systemic problems missed. 3. Other Service Providers can't access feedback. 4. Attracts criticism (media/international standards). 5. Simple problems are not addressed early.	1. Complaints management and escalation system in place. 2. Each transferee complaint is responded to. 3. Complaints can be escalated through care managers, discussed at the WDR with SDM, trends are discussed at meetings. 4. SDM monitor complaints for recurring trends.								Mark Painting, AS Contract and Services Management Branch	Dec-15	Agreed process under the PMF and the contract to be followed.		
s. 22(1)(a)(iii) 1.3, 1.4 SCA	Adequate and appropriate P&A program is not provided to transferees.  3 - Programmes and Activities	Program Development & Delivery	1. Circumstances make delivery impossible (weather, asset and resource availability). 2. Poor attendance by transferees. 3. Poor cooperation between Service Providers. 4. SP Personnel are insufficiently trained or qualified. 5. Schedule doesn't meet transferee demand.	1. Transferees have no meaningful occupation, with implications for mental health and security. 2. Duty of Care obligations not met. <b>s. 33(a)(iii)</b> 4. Transferees can't earn IAP (invoking risk 1.7)	1. P&A schedules are to include contingency planning for instances of rain, weather, etc. 2. IAP and other messaging encourages attendance. 3. Schedules are submitted to DIBP and agreed upon monthly. 4. P&A performance is subject to ISPR reporting. 5. SP is required to take transferee feedback into consideration in developing schedules. 6. SP undertakes security assessments of excursions.								Mark Painting, AS Contract and Services Management Branch	Nov-15	Agreed process under the PMF and the contract to be followed.		
1.7	Canteen and IAP not run in accordance with guidelines.  3.7 - Individual Allowance Programme and Canteen	Stakeholder Management	1. Poor record keeping. 2. s. 47G(1)(a) 3. Inappropriate items are stocked in the canteen.	1. Loss of incentive to attend P&A, invoking 1.4 Risks. 2. Transferees don't have access to non-essential goods. 3. Implications for security and mental health. 4. Self-agency of transferees impacted.	1. P&A encouraged through messaging to transferees, and is intended to be enjoyable and attended despite P&A. P&A controls include ISPR and auditing. 2. Canteen lists cleared through DIBP. 3. Canteen list takes into account transferee feedback and requests.								Mark Painting, AS Contract and Services Management Branch	Jan-15	Agreed process under the PMF and the contract to be followed.		
1.8	Communication services are not provided equitably to transferees.  6 - Access to communication services	ICT Management	1. An equitable roster that considers individual circumstances and technological capacity is unable to be developed. 2. s. 47G(1)(a) 3. Contractual issues with information service provider.	1. Transferees are isolated from external world. <b>s. 47G(1)(a), s. 33(a)</b> 3. Failure to comply with standards of care. 4. Negative media attention.	1. Necessary equipment provided and maintained. 2. Provision of communication services is measured within the ISPR. 3. Transferees can complain through the complaints mechanism if access is inequitable.								Mark Painting, AS Contract and Services Management Branch	Apr-15	Agreed process under the PMF and the contract to be followed.		
2.1	Transferees are not referred for medical attention.  2.9 - Health of Transferees	Third Party / Service Provider Activity	1. Administrative error made in referral process. 2. Transferees not encouraged to request medical advice. <b>s. 33(a)(iii)</b> 4. Health Service Provider unable to accept referrals. <b>s. 47G(1)(a)</b>	<b>s. 33(a)(iii)</b> 3. Negative media attention. 4. Mental health impacts.	1. Health Service Provider has a similar PMF. 3. Care managers encourage Transferees to attend doctors' regularly, as reflected in IMPs. 4. A missed meals register is monitored by SP. 5. Multilayered approach is taken to health with many SPs.								Mark Painting, AS Contract and Services Management Branch	May-15	Agreed process under the PMF and the contract to be followed.		
s. 22(1)(a)(ii) 3.5 SCA	Reception, induction, transfer and discharge processes are not carried out in accordance with guidelines. 4.1, 4.2, 4.3, 4.4, 4.6, 4.7, 4.8, 4.11, 4.12, 4.13	Program Development & Delivery	1. SP not given sufficient notice of arrivals or departures. 2. Timing conflict with rosters. 3. Privacy Legislation/obligations misunderstood.	<b>s. 47G(1)(a)</b> 2. Accurate records of transferees on Site not created, maintained, or transferred to or from site.	1. OSD ensures communications between DIBP Operational teams and SP to ensure sufficient notice of arrivals. <b>s. 47G(1)(a)</b>								Mark Painting, AS Contract and Services Management Branch		Agreed process under the PMF and the contract to be followed.		
2.3	Transferees do not have required bedding, clothing, footwear and other items.  4.5 - Bedding, clothing, footwear and items	Asset/Property Management	1. SP not given sufficient notice of arrivals or departures. 2. s. 47G(1)(a) 3. Poor SP processes. <b>s. 47G(1)(a)</b> 5. Transferees trade items on a blackmarket.	1. Subject to frequent and significant scrutiny and media attention. 2. May impact upon Transferee health and welfare.	1. SP required to maintain a reserve store of goods. 2. Shortages get escalated to the WDR, monitored by SDM. 3. Complaints mechanism administered by SP. 4. Care managers are able to identify particular needs through the IMP mechanism.								Mark Painting, AS Contract and Services Management Branch		Agreed process under the PMF and the contract to be followed.		

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							Likelihood	Consequence	Risk Rating			Likelihood	Consequence	Risk Rating			
2.4	Incidents are not managed effectively. 4.13 - Incidents, 2.5 - Emergency breakdown and repairs, 2.10 - transferees under the influence of drugs and alcohol, 2.14 - illegal and anti-social behaviour	Physical Security Risk	1. s. 47G(1)(a) s. 33(a)(iii), s. 47G(1)(a)	s. 47G(1)(a) 2. Attracts significant scrutiny. s. 33(a)(iii), s. 47G(1)(a)	s. 22(1)(a)(ii) 2. Reviews are conducted at the WDR on Post Incident Reviews. SP's completion of Action Items from WDR's is assessed in the PMF.									Mark Painting, AS Contract and Services Management Branch	Jan-15	Agreed process under the PMF and the contract to be followed.	
s. 22(1)(a)(ii) 3.3 SCA	Incidents are not reported to DIBP. 4.13, 2.5, 2.10, 2.14	Management Activity	1. s. 47G(1)(a) 2. Incidents only reported after the event. 3. s. 33(a)(iii), s. 47G(1)(a)	1. DIBP is not made aware of incidents, unable to respond to scrutiny. 2. Controls in place in the ISPR	1. DIBP Service delivery staff and operations teams are present to monitor and provide independent reports to DIBP. 2. Controls in place in the ISPR									Mark Painting, AS Contract and Services Management Branch	Mar-15	Agreed process under the PMF and the contract to be followed.	



s. 22(1)(a)(ii) 8.1 SCA	s. 33(a)(i) 1.2 - Provision of works and services in PNG and Nauru	HR / People Management	s. 33(a)(iii)		1. PMF includes a metric addressing a training schedule for personnel. 2. SDM identifies when individual personnel are not performing effectively. 3. s. 33(a)(iii)									Mark Painting, AS Contract and Services Management Branch	Nov-15	Agreed process under the PMF and the contract to be followed.
s. 22(1)(a)(ii) 8.2 SCA	SP Personnel do not behave appropriately. 1.4.4 - Criteria for the Service Provider's Personnel	HR / People Management		1. Personnel do not satisfy appropriate checks (Working with children, AFP, medical screening). 2. Personnel not trained adequately in code of behaviour. 3. Personnel not subject to internal, transparent, and accountable disciplinary system.	1. Unlawful or inappropriate conduct takes place, perpetrated by SP personnel. 2. Transferees or other personnel harmed as a result of inappropriate behaviour. 3. Media scrutiny.									Mark Painting, AS Contract and Services Management Branch	Feb-15	Agreed process under the PMF and the contract to be followed.
8.3	Records are not managed appropriately. 2.5 - Transferee Records	Information Management		1. Records are accessed inappropriately. 2. Information security processes are insufficient. 3. Infrastructure does not support secure storage of records. 4. Personnel are not adequately trained in records maintenance.	1. Records are lost, with extreme consequences for other risk items (BMPs, IMPs, etc) 2. DIBP cannot demonstrate duty of care. 3. Transferees denied access to their records through FOI.									Mark Painting, AS Contract and Services Management Branch	Dec-14	Agreed process under the PMF and the contract to be followed.

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

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3.4 SCA	Work Health and Safety laws not complied with. 7.1 - General (Work Health and Safety)	OH&S	1. SP Personnel are not sufficiently trained in WHS. 2. Inappropriate WHS management/reporting mechanism in place for Personnel. 3. No clarity on reporting responsibilities. 4. Site not being checked by authorities.	1. s. 33(a)(iii) 2. Civil liability to DIBP. 3. May impact operations.	1. SP submits hazard reports to DIBP for review. 2. Safety moments discussed regularly with SDM at WDR. 3. WHS Management Plan is required to be submitted to DIBP under the contract. 4. A WHS Governance meeting is conducted which all stakeholders attend. 5. DIBP engages an inspection from Comcare.									Mark Painting, AS Contract and Services Management Branch	Nov-16	Agreed process under the PMF and the contract to be followed.
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s. 22(1)(a)(ii)

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9.2 SCA	SP does not attend governance meetings or complete action items. 1.2 - Governance framework	Governance	1. Insufficient SP resources allocated to Governance. 2. Governance structure collapses. 3. SP doesn't attend governance meetings. 4. Contract broken or non-ongoing.	1. Systemic issues in other items aren't corrected or noted. 2. WDR and Daily Ops meetings controls aren't effective. 3. Communications between SP and DIBP fail, issues don't get resolved. 4. Other risks are left without a control.	1. PMF item includes attendance at meetings and action item completion. 2. Attendance at meetings is recorded and monitored. 3. Action Items remain on agendas until they are finalised and closed.									Mark Painting, AS Contract and Services Management Branch	N/A	Agreed process under the PMF and the contract to be followed.
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s. 22(1)(a)(ii)

9.3 SCA	SP does not engage in collaboration and does not continuously improve.	Contract Management	1. Contract performance is not providing value. 2. No incentive to innovate and continually improve. 3. SP does not allocate enough staff at the corporate level to the contract. 4. Breakdown of relationship.	1. DIBP can't justify expenditure in the face of scrutiny. 2. Implications on all other risk items above, DIBP cannot ensure that services are being delivered. 3. Fail to maintain best practice.	1. DIBP has a range of remedies and a dispute resolution process available in the contract. 2. Innovation bonus rewards SP for making cost savings. 3. Fixed price contract encourages SP to create further efficiencies. 4. ISPR and PMF provide a framework for SP to monitor their improvement. 5. Demand Driven Model includes SP profit incentive. 6. Regular governance meetings undertaken to ensure positive relationship.								Mark Painting, AS Contract and Services Management Branch	ongoing	Agreed process under the PMF and the contract to be followed.
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SCA ISPR (Other ISPR items can be found in the TSL ISPR)

1.5	Children not provided with a structured educational curriculum.	Program Development & Delivery	<p>s. 33(a)(iii), s. 47G(1)(a)</p> <p>2. Poor cooperation between Service Providers.</p> <p>3. SP Personnel are insufficiently trained or qualified.</p> <p>4. Education program not targeted appropriately to audience.</p> <p>s. 33(a)(iii), s. 47G(1)(a)</p>	<p>1. Children are unoccupied, with security, health and development implications.</p> <p>2. Duty of Care obligation cannot be demonstrated.</p> <p>s. 33(a)(iii), s. 47G(1)(a)</p> <p>4. Australia found to be in breach of its international law obligations.</p> <p>5. High scrutiny attracted.</p>	<p>1. P&amp;A schedules are to include contingency planning for instances of rain, weather, etc.</p> <p>2. Schedules are submitted to DIBP and agreed upon monthly.</p> <p>3. P&amp;A performance is subject to ISPR reporting.</p> <p>4. PMF measures and encourages attendance.</p> <p>5. IMP reviews provide opportunity for SPs to discuss individual children's progress.</p> <p>6. Transferee Consultative Committees (TCCs) run, providing for parental feedback.</p> <p>7. Youth TCCs run.</p>									Mark Painting, AS Contract and Services Management Branch	Mar-15	Agreed process under the PMF and the contract to be followed.	
1.6	Independent Observers not provided when required.	Legislative Compliance	<p>1. Inadequate notice given to SP to provide the service, or not notified at all.</p> <p>2. Personnel not trained sufficiently to act as independent observers.</p> <p>3. Service Provider resources insufficiently.</p> <p>4. Poor communications between service providers.</p> <p>5. Fixed price model creates a tendency to under-serve.</p> <p>6. Conflict of interests emerges, interference from advocacy nature of SP.</p>	<p>1. Australia found to be in breach of its international law obligations.</p> <p>2. Negative media attention.</p> <p>3. Insufficient duty of care exercised.</p> <p>4. Crucial interviews are delayed to inavailability of observers, delaying other processes, having a flow on effect on transport, resettlement, accommodation, etc.</p>	<p>1. Interviews requiring an independent observer are arranged in advance and proceed only with the presence of observers.</p> <p>2. PMF measures the availability of independent observers and ensures that they are keeping records.</p>									ark Painting, AS contract and Services anagement Branch	Apr-15	Agreed process under the PMF and the contract to be followed.	
1.7	Infant specific care is not provided to families.	Program Development & Delivery	<p>s. 33(a)(iii), s. 47G(1)(a)</p> <p>2. Standards of care to be provided are not targeted at infants.</p> <p>s. 33(a)(iii), s. 47G(1)( )</p> <p>4. No procedure is in place for arranging appointments.</p> <p>5. Parents are unaware of the service and uneducated about its importance.</p>	<p>s. 33(a)(iii), s. 47G(1)(a)</p>	<p>1. Health service provider contracted to provide health services and care.</p> <p>2. Care managers can identify emergencies and escalate at relevant forums (Daily Ops, WDR).</p> <p>3. Reported on in the ISPR and SP will be subject to significant abatement if development of infants is not monitored.</p> <p>4. ISPR may require the development of a roster of appointments.</p>									ark Painting, AS contract and Services anagement Branch	Dec-14	Agreed process under the PMF and the contract to be followed.	
1.9	Unaccompanied Minors are not provided with sufficient care.	Program Development & Delivery	<p>s. 33(a)(iii), s. 47G(1)(a)</p>												Mark Painting, AS Contract and Services Management Branch	Apr-15	Agreed process under the PMF and the contract to be followed.
3.1	Children are not sufficiently safeguarded from s. 47E(d), s. 33(a)(iii)	Physical Security Risk	<p>s. 33(a)(iii), s. 47G(1)(a)</p> <p>s. 33(a)(iii), s. 47G(1)(a)</p>	<p>s. 33(a)(iii), s. 47G(1)(a)</p>	<p>1. PSP meetings take place every day between service providers to discuss vulnerable transferees.</p> <p>2. Separate compounds and facilities are provided for children.</p> <p>3. ISPR measures any breaches.</p> <p>4. IMPs monitor the progress and issues of individual children and involve regular meetings with a care manager.</p> <p>5. Complaints mechanism is available to children.</p> <p>6. Child safeguarding protocol in place that was approved by DIBP.</p> <p>7. Reporting requirements in relation to children are closely scrutinised by DIBP. Over-reporting is encouraged.</p>									Mark Painting, AS Contract and Services Management Branch	Apr-15	Agreed process under the PMF and the contract to be followed.	

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3.2	Domestic violence is not prevented or addressed.	Physical Security Risk	<ol style="list-style-type: none"> <li>Families are not provided with support and outlet for tensions.</li> <li>Insufficient security monitoring undertaken.</li> <li>Vulnerable cohorts are not identified.</li> <li>PSP is unavailable to abusers and victims.</li> <li>Staff are not trained to recognise symptoms of violence, abuse or neglect.</li> <li>Awareness is not raised amongst adults.</li> <li>Cultural differences are not managed by staff.</li> </ol>	<ol style="list-style-type: none"> <li>Injury/death of a transferee.</li> <li>Significant scrutiny.</li> <li>Increased tensions within the site.</li> <li>Mental health implications.</li> <li>Duty of Care not met.</li> </ol>	<ol style="list-style-type: none"> <li>Forums are maintained and attended by DIBP that permit communications between Service Providers about specific transferees (eg. IMP reviews, PSP meetings, BMP meetings).</li> <li>s. 33(a)(iii), s. 47G(1)(a)</li> <li>Isolation rooms are available when staff identify transferees with behavioural issues.</li> <li>BMPs provide the opportunity to manage and monitor behaviour of individuals with multiple service providers.</li> <li>Reporting requirements in relation to domestic violence are closely scrutinised by DIBP. Over-reporting is encouraged.</li> </ol>	s. 47G(1)(a)								Mark Painting, AS Contract and Services Management Branch	Apr-15	Agreed process under the PMF and the contract to be followed.	
3.6	Information security requirements are breached.	Information Management	<ol style="list-style-type: none"> <li>Information equipment or infrastructure is faulty, insecure or inadequate.</li> <li>Personnel do not abide by information security procedures.</li> <li>Information security procedures are inappropriate (insecure, ineffective, or insufficient).</li> <li>Firewall breached allowing external access to systems.</li> </ol>	<ol style="list-style-type: none"> <li>Privacy legislation and obligations are breached.</li> <li>Significant scrutiny and audit.</li> <li>Significant negative media attention.</li> <li>Contract termination.</li> <li>Official information is tampered with, lost, or disclosed.</li> <li>Migration pathways, safety, psychological comfort of transferees impacted.</li> </ol>	<ol style="list-style-type: none"> <li>Information security procedures have been requested (through contractual power) and will be reviewed.</li> <li>ISPR has a high abatement amount and a low threshold for failures.</li> </ol>	s. 47G(1)(a)								Mark Painting, AS Contract and Services Management Branch	Nov-14	Agreed process under the PMF and the contract to be followed.	
8.3	Day to day management of P&A equipment not undertaken.	Asset/Property Management	<ol style="list-style-type: none"> <li>Resources and equipment misused or overused.</li> <li>Climate on site leads to faster breakdown of equipment.</li> <li>Equipment doesn't have appropriate storage facilities.</li> <li>No roster of maintenance is implemented.</li> </ol>	<ol style="list-style-type: none"> <li>Commonwealth resources used inappropriately.</li> <li>Excessive cost incurred, unnecessary expenditure.</li> <li>P&amp;A unable to take place or reduced in variety, incurring insufficient P&amp;A risks.</li> <li>Injury (eg faulty gym equipment).</li> <li>Controlled items released into site (eg scissors).</li> </ol>	<ol style="list-style-type: none"> <li>ISPR requires the SP to implement and maintain an equipment maintenance roster.</li> <li>Security SP undertakes a risk assessment on each P&amp;A, and does not approve P&amp;A where the risk is too high.</li> </ol>	s. 47G(1)(a)								Mark Painting, AS Contract and Services Management Branch	May-15	Agreed process under the PMF and the contract to be followed.	
9.1	Inappropriate public statements are made.	Reputation & Public Image	<ol style="list-style-type: none"> <li>Statements aren't cleared through DIBP.</li> <li>SP personnel not aware of or purposely in breach of contractual requirements in relation to public statements.</li> <li>SP unclear about their legal obligations.</li> <li>SP or individuals opposed to the policy and makes this known - conflict of interest.</li> </ol>	<ol style="list-style-type: none"> <li>Significant scrutiny.</li> <li>Negative media attention and poor public perception of DIBP/policies.</li> <li>Policy implicated and threatened.</li> <li>Potential privacy breach/release of Official Information.</li> </ol>	<ol style="list-style-type: none"> <li>Contract stipulates process for clearance of public statements.</li> <li>Individual personnel found to be in breach subjected to an appropriate/accountable investigation and dismissal process, which is reported to the SDM.</li> <li>SP have confidentiality agreements in place with staff.</li> </ol>	s. 47G(1)(a)								Mark Painting, AS Contract and Services Management Branch	Dec-14	Agreed process under the PMF and the contract to be followed.	

Agreed process under the PMF and the contract to be followed.																
A	Commonwealth Funds are used inappropriately.	Budget Process / Management	<ol style="list-style-type: none"> <li>Value for Money is not achieved.</li> <li>Poor communications between SP and DIBP Procurement.</li> <li>Delegations not in place.</li> <li>Record keeping processes are not sufficiently robust.</li> <li>Clear instructions not provided to SP.</li> <li>Double billing takes place between sources of expenditure (fixed fees, OPEXs, Additional Services).</li> </ol>	<ol style="list-style-type: none"> <li>Value for Money not achieved.</li> <li>Scrutiny attracted and media attention drawn.</li> <li>Budget and Demand Driven Model exceeded.</li> <li>Services not adequate for transferees.</li> <li>Future budget implications.</li> </ol>	<ol style="list-style-type: none"> <li>Procurement guidelines are being updated and circulated to Service Providers.</li> <li>Financial reporting and audit structures are in place to regulate spending.</li> <li>Delegations are clearly documented and understood, delegates undergo mandatory training.</li> <li>Clear communication protocols exist for progressing purchases.</li> </ol>	s. 47G(1)(a)								Mark Painting, AS Contract and Services Management Branch	Ongoing	Agreed process under the PMF and the contract to be followed.

**Risk Assessment  
Contract and Service  
Offshore Service Delivery**

ISPR Reference	Contract Responsibility Risk	Risk Type	The Cause of Failure (excluding Excusable Performance)	Risk Impact	Existing DIBP Controls	Effectiveness	Residual Risk Likelihood	Consequence	Risk Rating	Risk Treatment Level	Future Controls	Risk after all proposed			Person/s responsible for	Target date for implementation	Action to be taken on risk realisation
												Likelihood	Consequence	Risk Rating			
B	Transferees are not adequately prepared for settlement.	Program Development & Delivery	s. 33(a)(iii), s. 47G(1)(a)											Mark Painting, AS Contract and Services Management Branch	Feb-15	Agreed process under the PMF and the contract to be followed.	
C	s. 33(a)(iii), s. 47G(1)(a)	Stakeholder Management	s. 33(a)(iii), s. 47G(1)(a)											Mark Painting, AS Contract and Services Management Branch	N/A	Agreed process under the PMF and the contract to be followed.	
D	Australian Government policy is not complied with.	Legislative Compliance	1. Procedures in place are breached. 2. Policy is not clearly communicated from MO through OSD to SPs. s. 47G(1)(a)	1. Major negative attention. 2. DIBP attracts significant scrutiny from MO and other sources. 3. Significant liability incurred. 4. Asylum seekers have access to incorrect immigration information.	1. DIBP remains point of contact between MO and SPs and provides regular reporting to both stakeholders. 2. Contract performance is monitored and DIBP staff respond to requests for policy clarification from SPs promptly.								Mark Painting, AS Contract and Services Management Branch	N/A	Agreed process under the PMF and the contract to be followed.		
E	Infants, children and UAMs not provided with adequate care.	Program Development & Delivery	s. 33(a)(iii), s. 47G(1)(a)	s. 33(a)(iii), s. 47G(1)(a)	s. 33(a)(iii), s. 47G(1)(a)	s. 33(a)(iii), s. 47G(1)(a)								Mark Painting, AS Contract and Services Management Branch	Apr-15	Agreed process under the PMF and the contract to be followed.	
F	Delegated guardianship responsibilities of SP for UAMs are not met.	Legislative Compliance	s. 33(a)(iii), s. 47G(1)(a)											Mark Painting, AS Contract and Services Management Branch	N/A	Agreed process under the PMF and the contract to be followed.	
G	Service provider under-serves.	Program Development & Delivery	1. Fixed price model.	1. Welfare and security needs not sufficiently met. 2. Services put through as Additional Services where the contract is unclear.	1. Controls in place for other many other items ensure that underservicing will not happen. These controls include the SDM team, governance meetings, and the ISPR. 2. ISPR encourages continuous improvement. 3. Efficiency bonuses are available when the same service is provided to a lesser cost.								Mark Painting, AS Contract and Services Management Branch	Mar-15	Agreed process under the PMF and the contract to be followed.		