

Inspector of Detention Services



**Southern Queensland
Correctional Centre
inspection report**

March 2025



**QUEENSLAND
OMBUDSMAN**



Nathaniel Chapman

Leaving Our Mark, (2023).

Digital artwork (cover uses elements)

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Nathaniel Chapman is a Goenpul and Yuggera Man, also from the Wambia Tribe in Northern Territory and Waka Waka country in Eidsvold, Queensland.

We acknowledge the Traditional Owners of the land throughout Queensland and their continuing connection to land, culture and community. We pay our respects to Elders past, present and emerging.

Authority

The Inspector of Detention Services prepared this report for the Speaker under the *Inspector of Detention Services Act 2022*. The final report was given to the Speaker of the Queensland Parliament for tabling in the Legislative Assembly.

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Contents

Snapshot	6
Positive practices observed	6
Areas for improvement	6
Southern Queensland Correctional Centre (SQCC)	7
Recommendations	8
Introduction	13
Role of Inspector of Detention Services	15
Our inspection process	15
Acknowledgements	16
Submissions	16
1. Early days in custody	17
Induction information is not provided through various modes and in different languages	18
The induction hub provides women with an opportunity to meet key staff	19
Inadequate privacy is afforded to prisoners undergoing initial health assessments	21
2. Duty of care	23
Access to legal representatives is good, but legal resources require updating	23
The management of women in the safety unit needs to improve	25
There is limited support for victims of abuse and trauma	28
Human rights are not properly considered in solitary confinement	30
Requests are documented, with outcomes communicated and recorded	31
Complaint processes at the centre are generally robust, but response timeframes require improvement	34
3. Managing behaviour	40
Disciplinary hearings are inconsistent and have limited oversight	40
Decisions about applying mechanical restraints are not individualised	43

4. Daily life	45
Living conditions were observed to be of a high standard	46
Cell sizes do not meet standard facility guidelines	46
Clothing is in poor condition and is not regularly replaced	48
The centre needs to review the food and nutrition it supplies	49
Applications for leave of absence are routinely rejected	51
Remuneration rates for students and expectant mothers are too low	53
5. Health and support	55
There are lengthy waitlists to see doctors, dentists, and the Prison Mental Health Service	55
There is inadequate access to medication within the centre	57
Continuity of care is impacted by the use of paper-based records	59
There is limited access to allied and specialist health care	60
There are significant delays for acutely mentally unwell women requiring treatment at external hospitals/facilities	62
6. Security	64
Dynamic and procedural security processes improved during the inspection	64
The centre has reduced removal-of-clothing searches but can do more	65
7. Rehabilitation and reparation	69
There are significant waiting lists for education and program participation	69
8. Equity and diversity	80
Cultural items are not available through the prisoner canteen	80
9. Prisoners and children	82
There is a strong commitment to accommodating children with their mothers	82
The Parental Support Unit is not a child-friendly environment	84
Limited parenting programs are available to women at the centre	87
Limited postnatal mental health support is available to women	88
Communication between Child Safety and the centre could be better	89

10. Transgender and gender diverse prisoners	91
The centre has complied with case conferencing requirements	91
11. Older prisoners	92
The centre manages the needs of terminally ill prisoners	92
12. Governance	93
Training for staff deployed to high-risk areas requires a trauma-informed approach	94
The current staffing mix is not gender or culturally responsive and does not provide enough staff for critical positions	95
More recruitment is needed to critical positions	97
Appendix A: Queensland Corrective Services submission	98
Appendix B: West Moreton Hospital and Health Service submission	131
Appendix C: Office of the Health Ombudsman submission	134
Appendix D: Queensland Corrective Services submission - Women's Safety and Justice Taskforce report responses	138

Snapshot

The Southern Queensland Correctional Centre (the centre) is a women's correctional facility located in Spring Creek, approximately 115 km west of Brisbane, upon the traditional land of the Ugarapul and Yuggera nation and its people.

Positive practices observed

During our inspection, the centre presented as a clean and well-maintained facility that was not overcrowded. However, the number of women detained there is increasing.

The interactions we observed between the staff and the women were respectful. We support the approach of management in using the term women instead of prisoners. We do the same in this report where possible, to reduce labelling.

The centre operates a separate Parental Support Unit for pregnant women, mothers and resident children. Specific programs and services are available for these women, including a dedicated counsellor and a children's playgroup. Keeping a young child with their mother in prison has been shown to have positive impacts on both mothers and children, such as improved mother-child relationships, mental health, quality of life and rehabilitation, and reduced reoffending.

Our inspection identified several other positive practices at the centre, including:

- the innovative use of an induction hub to provide the women with information about services, and make staff accessible
- use of a body scanner to reduce the number of strip searches
- an increase in employment positions available to the women and reduced waitlists for a position
- an evident commitment to enabling women to have their young children with them at the centre
- support and encouragement of the women to celebrate milestones and occasions with their children that would be acknowledged in the community
- the commitment to better meet the needs of women and children in prison by providing essential items which are kept by the women on release to support their reintegration and the connection created with their child in the prison.

Areas for improvement

We also identified a number of areas for improvement, including:

- a lack of individualised assessments in the use of restraints when escorting women from the detention unit
- the absence of written notification, including how to request review of a decision, when advising the women of a leave of absence application outcome
- long waitlists to see a doctor, dentist or mental health services resulting in a lack of preventive health care
- no overnight nurse for the centre
- limited or no trauma-informed training for custodial staff
- male custodial officers conducting observations in the safety and detention units
- a more gender responsive staffing mix is required as a majority of male staff at the prison impacts operational work, such as searches and the administration of urine testing
- the need to increase First Nations staffing representation with 44% of the prisoner population being Aboriginal and/or Torres Strait Islander
- poor hygiene and menstruation management in safety units that fails to uphold humane conditions and subjects the women held in those units to degrading treatment
- insufficient consideration of human rights when placing women on a safety order or a period of separate confinement
- long waitlists for women wanting to join various programs
- unwearable clothes are sometimes provided to women at the centre.

Southern Queensland Correctional Centre (SQCC)

SQCC is one of three women's secure prisons in Queensland and is also a placement centre. (This means it primarily holds women who have been sentenced, but it can also hold women on remand.)



Location

SQCC is located in Spring Creek, in the Lockyer Valley Region of South East Queensland, approximately 115 km west of Brisbane. This is the traditional land of the Ugarapul and Yuggera nation and its people.



Onsite inspection dates

28 November - 1 December 2023

On 28 November 2023, SQCC had:



289
prisoners



302
cells



312
beds

an operating
capacity of



308
(number of prisoners the
centre is approved to hold)



Medical

The SQCC medical centre is run by the West Moreton Hospital and Health Service



First Nations

44% of SQCC prisoners identified as Aboriginal and/or Torres Strait Islander women (as of November 2023)

Recommendations

Recommendation 1

Southern Queensland Correctional Centre:

- a) reviews how induction information is provided to the women to ensure it is accessible through a wider range of formats
- b) ensures staff can access interpreters for the induction process.

Recommendation 2

West Moreton Hospital and Health Service and Queensland Corrective Services identify a more suitable location for health assessments to improve prisoner privacy.

Recommendation 3

Southern Queensland Correctional Centre implements a process for ensuring all required primary and secondary resources identified in the Custodial Operations Practice Directive: Prisoner Entitlements – Legal Resources are available to the women, including the most current versions of the legislation.

Recommendation 4

Queensland Corrective Services updates the Custodial Operations Practice Directive: Prisoner Entitlements – Legal Resources to include the *Domestic and Family Violence Protection Act 2012* and the Domestic and Family Violence Protection Rules 2014.

Recommendation 5

Queensland Corrective Services amends the Custodial Operations Practice Directive: At-Risk to specify that, if a decision has been made to deny a woman access to underwear or shorts as part of the risk assessment process, the assessment includes strategies for managing the woman's menstruation in a way that is hygienic, humane and dignified.

Recommendation 6

Southern Queensland Correctional Centre ensures there is always one female officer rostered in each of the safety and detention units.

Recommendation 7

Queensland Corrective Services clearly indicates its expectation of how custodial correctional officers manage observations of prisoners of the opposite gender when undertaking duties in a safety unit, detention unit or similar, with reference to the Custodial Operations Practice Directives: At-Risk Management – Safety Unit; and Prisoner Accommodation Management – Detention Unit.

Recommendation 8

Queensland Corrective Services prioritises the delivery of specialist mental health and trauma support for women at Southern Queensland Correctional Centre.

Recommendation 9

Queensland Corrective Services implements a process for the decision-making and recording of the considerations when limiting human rights for individual prisoners placed on safety orders or separate confinement orders, and ensures this process is accurately reflected in the relevant Custodial Operations Practice Directives.

Recommendation 10

Southern Queensland Correctional Centre ensures records from all Prisoner Advisory Committee meetings accurately document the outcomes from requests by prisoners and these outcomes are communicated and documented.

Recommendation 11

Southern Queensland Correctional Centre ensures all requests from the women, no matter how they are received, are accurately documented, including the date the request was received, the subject, who it was tasked to and when it was completed.

Recommendation 12

Southern Queensland Correctional Centre implements a process to ensure blue letters are correctly categorised as a complaint, request, compliment or enquiry; and ensures timeframes for the resolution of complaints are improved.

Recommendation 13

West Moreton Hospital and Health Service implements a complaints management system for Southern Queensland Correctional Centre to allow for the appropriate categorisation of complaints, reporting of complaint data, and monitoring of service delivery improvements required.

Recommendation 14

Southern Queensland Correctional Centre implements an audit process for those disciplinary hearings that are not subject to a request to review, to address areas such as considerations and consistency in decision-making, and the conduct of hearings - to promote good practice and identify areas for improvement.

Recommendation 15

Southern Queensland Correctional Centre ensures that, prior to the application of restraints, an individualised assessment is undertaken to assess the risk of self-harm or harm to others, to reduce the over-application of restraints on women when escorted within the centre.

Recommendation 16

Southern Queensland Correctional Centre ceases reissuing worn-out, torn, and stained clothing and commences a program of replacing all such uniforms. This should include recording requests for uniform exchange, to allow for overseeing of such requests.

Recommendation 17

Queensland Corrective Services updates its Food and Nutrition Guidelines 2009 as a priority prior to the next review of the statewide menu, which was due in 2024. The finalised menu should reflect endorsement by a dietician and be implemented at Southern Queensland Correctional Centre.

Recommendation 18

Southern Queensland Correctional Centre records deviations from the statewide menu to ensure the women are receiving a variety of protein options, especially when the identified protein option in the statewide menu is not available.

Recommendation 19

Queensland Corrective Services updates the Custodial Operations Practice Directive: Escorts – Leave of Absence to include that:

- a) written notification as to the outcome of an application must be provided to the prisoner
- b) the written notification must include information about the prisoner's right to review and the process for requesting a review.

Recommendation 20

Queensland Corrective Services reviews the prisoner remuneration rates to ensure:

- a) special provision is made for women unable to participate in work due to pregnancy
- b) consideration is given to promoting study by providing equitable levels of remuneration for women engaged in full-time education and training.

Recommendation 21

The West Moreton Hospital and Health Service increases access for women to medical, dental and mental health services until waitlists are reduced and preventive health care can be put into practice, equivalent to community expectations.

Recommendation 22

West Moreton Hospital and Health Service develops a strategy for recruiting and retaining nursing staff to ensure the provision of an overnight nurse for Southern Queensland Correctional Centre.

Recommendation 23

Queensland Corrective Services considers making medication such as paracetamol and ibuprofen available for prisoner purchase on the canteen list, allowing prisoners to demonstrate their capacity to self-manage medication needs as they would be expected to do in the community.

Recommendation 24

The West Moreton Hospital and Health Service increases women's access to allied health care, including physiotherapy and podiatry.

Recommendation 25

To ensure that women have access to health services, the West Moreton Hospital and Health Service resolves jurisdictional issues and refusals to provide health services based on the classification of prisoners.

Recommendation 26

Queensland Health addresses delays in prisoner access to acute mental health facilities because of the perception that they are receiving the required mental health care and support in a prison.

Recommendation 27

Queensland Corrective Services introduces body-scanning technology as a priority for women's prisons to remove the need for routine strip searching.

Recommendation 28

To allow for increased enrolments and reduce the waiting lists, Southern Queensland Correctional Centre increases the availability of educational courses or the capacity of the current programs.

Recommendation 29

Queensland Corrective Services investigates the implementation of in-cell technology to support the completion of self-paced education programs and reduce the lengthy waitlists for education.

Recommendation 30

To ensure a continuing connection to their cultures, Southern Queensland Correctional Centre makes a broader range of cultural items available on the canteen list to all women.

Recommendation 31

Queensland Corrective Services and Southern Queensland Correctional Centre improve the Parental Support Unit for women and their children by:

- a) making the unit child-friendly through the installation of a shaded outdoor play area and adding colour through murals or artwork to the unit
- b) installing cooking and washing facilities to support the women in developing cooking and managing-hygiene skills to support them on release
- c) introducing a variety of child-related programs, services and activities to support the development of resident children.

Recommendation 32

Queensland Corrective Services and Southern Queensland Correctional Centre investigate and implement additional parenting programs to provide women with the opportunity to enhance their parenting skills and improve their opportunities for engaging with children post-release.

Recommendation 33

Southern Queensland Correctional Centre introduces a process to screen mothers returning to the centre immediately post-childbirth, to identify postnatal support needs, including mental health care needs, with follow-up reviews conducted at regular intervals until no longer required.

Recommendation 34

Queensland Corrective Services develops and prioritises the implementation of the framework for managing women in correctional environments, including training for staff working with women experiencing acute mental health issues in high-risk settings such as the safety and detention units.

Recommendation 35

Queensland Corrective Services increases the recruitment of female correctional staff to achieve a 70% female to 30% male staff ratio at Southern Queensland Correctional Centre.

Recommendation 36

Queensland Corrective Services and Southern Queensland Correctional Centre improve the representation of Aboriginal and/or Torres Strait Island peoples employed at the centre by:

- a) developing a recruitment strategy to attract and retain First Nations people as correctional and/or support staff
- b) establishing a cultural development and advisory position to support the work of the cultural team.

Recommendation 37

Queensland Corrective Services reviews the current recruitment strategy to attract and retain psychologists and trade instructors.

Introduction

Southern Queensland Correctional Centre (the centre) is located in Spring Creek, in the Locker Valley Region of Southeast Queensland, approximately 115 km west of Brisbane, upon the traditional land of the Ugarapul and Yuggera nation and its people.

The centre began operation in January 2012 under the management of a private prison operator, Serco Australia Pty Ltd. While it was originally intended to accommodate women, it was first commissioned as a male prison before being transitioned back to the intended female population in 2019, to address significant overcrowding in women's prisons.

The centre has 312 beds and 302 cells. It accommodates women classified as high security but can also house women classified as low security who are waiting for an available bed in a low custody facility, such as Numinbah Correctional Centre or the Helana Jones Centre. Prisoners are given a security classification as high or low to enable them to progress through their prison sentence and prepare for reintegration. This means prisoners will commence in a high security facility and, when classified as low security, they are eligible to be moved to a low security facility.

In the 11-month period between the onsite inspection in November 2023 and September 2024, the number of women classified as low security at the centre increased from 13% to 18%.

From December 2022 to November 2023, the average number of women held in the centre was 291, which is within the operating capacity of the centre (set at 308). However, since this time, the number of women at the centre has significantly increased. In September 2024, the average prisoner number for the month was 348. This is almost a 20% increase over an 11-month period. This was supported through the installation of bunk beds in most cells, which was occurring during the inspection period.

The centre is identified as a secure placement centre. This means that it holds women who are sentenced or have ongoing matters before the courts. The centre has 4 secure and 34 residential accommodation units. The secure units have 112 beds in total, and the residential units have 196 beds in total. The centre also has 12 detention unit cells, 2 padded cells, an 8-cell safety unit and 8 beds available in the medical centre.

During the same periods, the average time the women spent in the centre also changed. In November 2023, most women had been in the centre for 3-6 months or for more than 12 months (26% each). However, by September 2024, 19% of women had been in the centre for 1 month or less, 18% for between 1-2 months, and 25% for 3-6 months, reflecting an increase in shorter stays.

In November 2023, 44% of the women identified as Aboriginal and/or Torres Strait Islander peoples. This increased to 50% in September 2024.

The age range of prisoners remained consistent across the 11-month period with 38% of the women aged between 25 and 34 years of age. There was also a slight decrease in the number of older prisoners held at the centre over the same period.

The centre operates a separate Parental Support Unit for pregnant women, mothers and resident children. Specific programs and services are available for these women, including a dedicated counsellor and a children's playgroup.

The centre offers a range of employment opportunities, including food services, horticulture, laundry operations and manufacturing. Other programs include Murri Art and a dog training program.

The centre works to address the specific needs of imprisoned women, including providing substance abuse treatment, educational and vocational programs, and parenting programs.

In conversations we had with staff at the centre, they did not refer to the women as prisoners. This is to be more supportive, and less stigmatising of the women imprisoned there. The women are supported by various professionals, including counsellors, psychologists, education and program officers, trade instructors, and cultural liaison officers.

Women in the criminal justice system have an especially high prevalence of trauma when compared with women in the general population (and men in the criminal justice system). Prior exposure to trauma, including childhood or adult experiences of sexual, physical, or emotional abuse, is common to nearly all women in prison. In 2019, Queensland Corrective Services (QCS) reported that 87% of women in custody had been victims of child sexual abuse, physical violence or domestic violence and 66% of those women had been victims of all three types of abuse.

In this report, we have considered many of the issues included in the *Hear her voice* report (by the Women's Safety and Justice Taskforce) as they apply to the experience of women at the centre. These issues include:

- adequacy of health services
- quality of care that women in prison receive during pregnancy, birth and after the birth of their babies
- a lack of clarity about responsibility for meeting the health, wellbeing, and care needs of children who stay with their mothers in prison
- concerns about the ongoing practice of strip searching, and recommendations to introduce non-invasive screening technology
- improving access to rehabilitation programs and access to education
- better support to maintain contact with children, family and community
- meeting women's psychological needs while in prison, including the importance of improved trauma support
- the need to better support staff to have the necessary skills and competencies required to appropriately and effectively manage women in prison.

Additionally, in April 2023, QCS released *Queensland Corrective Services Interim Women's Strategy 2023-2025: Women in our custody and care* (QCS Interim Women's Strategy). QCS explains that the strategy is a response to 'the urgent need for cultural change ... to break the intergenerational cycles of trauma and social disadvantage'.

The strategy is grounded in evidence from other Australian jurisdictions and international practice and seeks to promote evidence-informed, gender-centric, individualised, culturally safe, and trauma-informed practice across QCS.

We further note that QCS is currently in the process of delivering the funded recommendations from the Women's Safety and Justice Taskforce. We enquired with QCS in relation to these recommendations and the response received has been attached in full to Appendix D of this report.

Role of Inspector of Detention Services

The role of the Inspector of Detention Services was established under the *Inspector of Detention Services Act 2022* (the Act) to provide independent oversight of detention services and places of detention in Queensland.

The Act promotes the improvement of detention services and places of detention, with a focus on humane treatment of detainees and preventing them from being subjected to harm.

Key functions of the Act involve inspecting detention services and places of detention (once every year for youth detention centres and once every five years for adult prisons) and then reporting to the Legislative Assembly with advice and recommendations.

As required by the Act, in August 2023 the Inspector of Detention Services published the *Inspection standards for Queensland prisons* (the standards). These are designed to provide consistent, transparent assessments of prisons and are intended to protect the basic rights of people in these centres. The standards also contain a specific section on women prisoners, and in so doing, meet recommendation 146 of the Women's Safety and Justice Taskforce *Hear her voice* report. We refer to relevant standards throughout this report.

Our inspection process

The inspection process included:

- reviewing information from relevant reports
- reviewing relevant legislation and policies
- assessing data held on the department's information system (Integrated Offender Management System, IOMS)
- obtaining information from the government departments responsible for providing services at the centre: Queensland Corrective Services and the West Moreton Hospital and Health Service
- seeking submissions from a range of other government bodies
- engaging with other services such as the Official Visitors who attend the centre
- seeking submissions from community organisations
- engaging with community service providers including Aboriginal and/or Torres Strait Islander organisations
- interviewing and engaging with staff at the centre, including managers, operational and therapeutic staff
- attending the centre to conduct an onsite inspection in November 2023 on weekdays and a weekend
- observing (during the November 2023 onsite inspection):
 - accommodation units, detention and safety units
 - education rooms
 - health service facilities
 - casework and administration facilities
 - recreational facilities
 - visits facilities (on the weekend when most visits occur)
- listening to the women who were detained at the centre.

Acknowledgements

We acknowledge the support and assistance we received throughout the inspection process from Queensland Corrective Services and its staff at the centre.

We also acknowledge the assistance of staff from the West Moreton Hospital and Health Service and the medical centre staff at Southern Queensland Correctional Centre.

A range of government and non-government stakeholders provided valuable information during the inspection process, and we thank them for their assistance.

Finally, we acknowledge and thank the women who took the time to speak to us and share information about their experiences within the centre.

Submissions

As is required by s 24 of the Act, on 4 December 2024, we provided a consultation draft of this report to a number of entities to allow them to make submissions. The entities that provided submissions, and the dates those submissions were received, are as follows:

Date	Submission provided by
21 January 2025	West Moreton Hospital and Health Service
7 February 2025	Queensland Corrective Services
19 February 2025	Office of the Health Ombudsman

We carefully considered each of the submissions prior to finalising this report. Where we considered it relevant, some of the information provided in the submissions has been included in the report. The submission of each entity has been included, in full, at the end of this report.

1. Early days in custody

This chapter considers the process a woman goes through on arriving at the prison and the first days of being accommodated at the centre. It also discusses how the centre orients the women to the correctional environment and manages those on remand.

We looked at the initial assessments conducted by correctional and health staff, including the health and psychological assessments, and how custodial staff source and use details of the individual woman's circumstances.

We observed the health assessments and noted they were conducted in an area used as a thoroughfare in the reception store, raising privacy concerns. However, the assessments conducted by psychologists and counsellors were conducted in interview rooms. This provided a safe environment for the women to discuss their needs and assist the psychologists and counsellors to identify if a woman was at risk of suicide or self-harm. We noted the interaction between the reception store staff and newly arrived women was professional, courteous and positive, and the women were treated with respect and dignity.

We reviewed the Prisoner Property System (PPS) that has been commissioned at the centre. The system enables the secure storage of property within the reception store. Additionally, the system enables an auditing process of when a prisoner's property is accessed. This is done through a correctional officer having to enter their personal identification login details prior to allowing the system to retrieve a prisoner's property. The system then retrieves the property and delivers it to a collection point that the officer is able to access.

We were advised the system has the ability to accommodate 1400 allocations (also known as 'bag hangs') of personal property, and each woman is allocated multiple bag hangs within the system. While we were advised the system can be a bit slow in retrieving a bag hang, it appears the ability to store a women's property, including valuables, within one place, and the added oversight function, has delivered a better property management process than those at other centres.

Inspection officers observed the induction hub and identified all work areas of the centre were represented, except for health services. The induction hub process was relaxed, and the women were observed engaging with staff members. The environment provided an opportunity to inform the women of available services and have their requests addressed in a non-intimidating style.

We found the majority of the standards that relate to early days in custody were met adequately. As such, we have not discussed them in detail. Instead, we have noted our concerns and what we believe the centre is excelling in.

Induction information is not provided through various modes and in different languages

Relevant standards

5

Prisoners receive a prompt, effective and supportive orientation to understand life in prison, including their rights and obligations.

The centre is not a reception prison. This means that in most cases women are not arriving at the centre from a watch-house and have already been to a prison such as Brisbane Women's or Townsville Women's Correctional Centres. These women will already have an IOMS profile (the QCS information database on all prisoners) identification number with a photo taken on arrival. It records any contact information, kinships, ethnicity, religious and food requirements.

As part of this, the court documents authorising that the woman be held in custody would have been reviewed. The inclusion of any domestic and family violence order should have been added to IOMS. A placement decision would have been made, resulting in the woman being transferred to Southern Queensland Correctional Centre.

The Custodial Operations Practice Directive (COPD): Reception processes – Admission and Assessments identify prisoners who may receive different types of inductions, such as a system induction, which provides information about the correctional system. We were advised this type of induction is provided to the women at Brisbane Women's Correctional Centre. The second type of induction is a facility induction, which provides information relevant to the specific prison.

For this inspection, we considered facility inductions to be more relevant to the centre, given that it is not a reception centre. The women who arrived at the centre were provided with an induction handbook to meet the requirements of the COPD. We observed women reviewing the induction booklet as they waited in the reception store holding cells. When questioned, most of the women stated they had been at the centre before and knew about the centre's regime and rules. Some women reading the handbook reported it was easy to follow. This is despite the fact that it is quite detailed.

There is no easy-read version of the centre induction handbook available. There are televisions in the holding cells, but they were not in use while we were there. They could be used to provide induction information in a way that is accessible to women who cannot read.

We spoke with a culturally and linguistically diverse woman who advised she did not rely on the induction booklet, as English is not her first language; she learned the routines of the centre by observing others or by having others explain to her what was required.

The centre has a local instruction outlining the various modes by which the women can be inducted. It includes:

- induction handbook
- induction slide via the video channel
- unit induction
- induction group hub
- information and support provided in the induction unit
- the QCS Easy-Read Prisoner Handbook (for women identified as needing it).

We noted the local instruction for inductions dated 28 March 2023 refers to inductions being conducted in the woman's primary language if resources are available. The resources refer specifically to 'local staff who can translate'. This fails to acknowledge the availability of interpreting services, and while we acknowledge it may not be available for all languages, we are aware that the culturally and linguistically diverse woman we spoke to would have had her language available through this service. We consider the rules and regimes, especially where women may be breached for non-compliance with those rules, to be important enough to ensure they are fully aware of them, warranting access to interpreter services if required.

We did not observe women receiving the induction slide via the video channel and nor was the slide provided to us. The QCS Easy Read Prisoner Handbook is a very general introduction to prisons. It contains no specific information that applies to the centre. While we consider it to be helpful, it should be supported at a local prison level with visual presentation of the induction information relevant to the specific prison.

The induction booklet is a detailed document that may not be accessible to culturally and linguistically diverse women and those who cannot read. This is leading to greater reliance on others to inform the women of prison regimes and entitlements covered within the handbook. The handbook is not available in an easy to read format, and other modes of delivering the facility induction information are not being used.

Recommendation 1

Southern Queensland Correctional Centre:

- a) reviews how induction information is provided to prisoners to ensure it is accessible through a wider range of formats
- b) ensures staff can access interpreters for the induction process.

The induction hub provides women with an opportunity to meet key staff

Relevant standards

5

Prisoners receive a prompt, effective and supportive orientation to understand life in prison, including their rights and obligations.

As part of the induction process, women are scheduled to attend the induction hub, which occurs once per week. The induction hub process was launched at the centre in 2023 and was driven by the need to move away from a detailed system induction that would have already been provided to the women at their reception centre. The induction hub was designed as a more personalised approach that gave the women access to relevant people within the prison in a non-threatening environment. The location of the induction hub in the outdoor main area was deliberately selected to soften the custodial experience for the women.



Photo 1: Area where the induction hub is undertaken

We observed the induction hub process and identified that all areas of the prison were represented, except for health services. The General Manager led the induction hub, acknowledging the women's presence, engaging in a respectful and purposeful manner and prompting the women to access the services provided. Each staff member in attendance talked about the services their area provided. For example, the Industries Manager talked about the employment process, a Programs Officer discussed available programs, and the Cultural Liaison Officer talked about how they could provide assistance.

The women appeared at ease, and most approached a staff member after the presentations. Women were observed engaging freely with the General Manager. It was noted that the women were provided with, and assisted in filling out forms for programs, talking to the Trust Accounts Officer about their money coming from other centres, and talking to the Centre Services Manager about their concerns for each other. It was a very relaxed and conversational process.

We noted the absence of health staff during this process. We were told that several health matters were referred to the General Manager by the women. The General Manager would then advise the Nurse Unit Manager (NUM) regarding any enquiries from the women for follow-up and action. We were advised health staff usually attend the induction hub.

Inadequate privacy is afforded to prisoners undergoing initial health assessments

Relevant standards

- 2** Prisoners are safe and treated with respect on arrival and during the initial period of detention. Risks are identified and prisoners are supported according to individual needs.
- 4** Prisoners receive an appropriate initial health and psychological assessment to identify any immediate health problems, needs or risks, with follow-up assessments arranged to address any issues.
- 65** Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

West Moreton Hospital and Health Service (WMHHS) provides health services to the women at the centre. As part of these services, WMHHS is required to provide health assessments/screening within 48 hours of a woman's arrival at the facility. Generally, these are conducted within the reception store.

When women arrive at the centre, they are brought into an area that has holding cells; a desk where correctional staff receive the women's property, update the women's details and location on IOMS; and is where health assessments are conducted. This is referred to as the reception store. Within the reception store at the centre, we observed one interview room, which was shared between psychologists, counsellors and nursing staff.

On the day we were observing, the psychologist and counsellor completed their assessments before the nursing staff were advised the women were available for their health assessment. Three nursing staff then completed the health assessments. The limited interview rooms available resulted in nursing staff undertaking health assessments of the women at a table that was situated in the main thoroughfare area of the reception store. One nurse was able to use the interview room.



Photo 2: Table where health assessments occur



Photo 3: Showing the opposite angle with doorway into medical centre in the corner

Custodial staff and other women who were being transitioned through the area were within hearing range of the health assessments. A nurse advised she ensures a woman's privacy by talking in a low voice to avoid being heard by the others. This, however, did not influence how the woman engaged with the nurse and did not satisfy the need for privacy.

For the women who arrived while we were present, this was the final process completed for their transfer to the centre. We were told the women are not permitted into the medical centre until the entire reception process is complete and the women's IOMS profiles have been moved from whichever centre they have come from. This did not appear justified, as the women had their IOMS profiles confirmed and moved into the centre prior to the health assessments being conducted. We could see no reason the health assessment could not occur in the health centre.

The health assessment was completed on the same day the women arrived at the centre. However, the process of completing the assessment in an area that is also a thoroughfare, with another woman being assessed at the same time and within hearing distance of custodial staff, did not ensure the prisoner's privacy.

Recommendation 2

West Moreton Hospital and Health Service and Queensland Corrective Services identify a more suitable location for health assessments to improve prisoner privacy.

2. Duty of care

The inspection standards regarding duty of care address a range of issues such as:

- access to legal representatives and preparation for legal proceedings
- management of violence and bullying
- treatment of vulnerable prisoners such as those identified as victims of abuse or trauma, and prisoners at risk of self-harm or suicide
- management of prisoners in need of protection
- use of separation and solitary confinement
- provision of single cell accommodation
- approach to prisoner transfers
- management of prisoner complaints.

During our inspection, bunk beds were being installed across the centre. The accommodation we observed was clean and the units were not overcrowded. At the time of the onsite inspection in November 2023, the centre had a capacity of 312 prisoners and was accommodating 289 prisoners. While the centre had started installing bunk beds to increase the capacity, at the time of the inspection, no prisoners had to share a cell. The secure unit cells all had bunk beds installed in what were previously single cells.

Staff spoke to us about their concerns with the bunk beds being installed. They identified several issues, including shorter staff not being able to observe the top bunks to check on the woman's wellbeing, and the cells having limited toilet flushes, which were designed for single cell occupancy.

The women spoke to us about not being able to see the TV in the cell if they were placed on the top bunk. We also identified a bunk bed in one cell that had deteriorating sealant on the top bunk and a prisoner laying underneath it. A sticker on the bunk stated that deteriorating sealant should be replaced as the substance underneath is toxic. We raised this with management when we were onsite and were advised it would be addressed as a priority.

Access to legal representatives is good, but legal resources require updating

Relevant standards

9
10

Prisoners have confidential access to legal representatives and resources.

The prison assists prisoners to prepare for their court appearance.

We consulted several legal practitioners regarding their engagement with women at the centre prior to the inspection. Legal Aid Queensland and the Women's Legal Service Queensland both indicated they typically had no difficulty accessing their clients. We also noted that women can access their legal representatives via phone in the industries workshop while on a break. We saw one woman take the opportunity to phone her legal representative to find out about a bail application outcome.

We observed the process of the issuing of legally privileged correspondence and were pleased with the rigour with which confidentiality was maintained.

Women have access to legal resources through the onsite prisoner library through textbooks and legislation downloaded on laptops. We viewed the legal resource room and identified several of the book resources available as outdated and subsequently superseded. One example of an old resource is the Carter Criminal Law volume, which was an early version of a book that is now published in its 25th edition. Also, legislation relating to domestic and family violence has not been made available to women.

When reviewing COPD: Prisoner Entitlements – Legal Resources, we found that it lists primary and secondary legal resources that must be made available to prisoners. The *Domestic and Family Violence Protection Act 2012* and Domestic and Family Violence Protection Rules 2014 were not included in the list of legislation required to be made available by the centre to the women. While the COPD gives allowance for the General Manager or nominee to consider a prisoner request for access to additional legislation, given the prevalence of intimate partner violence perpetrators and victims in custody, this piece of legislation should be added to the available resources at all prisons.

To ensure that the women accommodated at the centre have access to the most recent versions of legal resources, we identified that some of the online resources downloaded and saved to laptops were superseded versions. Some of the legislation on the laptops was being updated while we were in the centre. It is important that there is a routine process for checking and updating the online resources to ensure legislation used by the women during legal proceedings is accurate.

We observed women attending video-link court appearances, the facilities for which are located in the reception store. Despite the availability of clothing for women to change into for these appearances, they appeared in their prison uniform. The centre has a significant supply of clothing in the reception store, which is made available to women should they be discharged with nothing that fits them. However, the women were not offered the opportunity to wear these items for court appearances or to request their own clothes. The clothing had been donated by a number of non-government organisations and was in the process of being sorted by reception store staff.



Photo 4: Video-link room for court hearing



Photo 5: Clothing available for discharge

Recommendation 3

Southern Queensland Correctional Centre implements a process for ensuring all required primary and secondary resources identified in the Custodial Operations Practice Directive: Prisoner Entitlements – Legal Resources are available to the women, including the most current versions of the legislation.

Recommendation 4

Queensland Corrective Services updates the Custodial Operations Practice Directive: Prisoner Entitlements – Legal Resources to include the *Domestic and Family Violence Protection Act 2012* and the Domestic and Family Violence Protection Rules 2014.

The management of women in the safety unit needs to improve

Relevant standards

14

Prisoners at risk of self-harm or suicide are treated with dignity and respect.

Poor access to menstruation products

If a woman is identified and evaluated as being at a risk of self-harm or suicide, the centre may consider this risk great enough to place a woman on a safety order. This separates her from other women in the prison and may result in her being accommodated in a safety unit or a detention unit. The management of the woman is overseen by the risk assessment team comprising a senior psychologist, a psychologist and a correctional supervisor. If the woman identifies as an Aboriginal and/or Torres Strait Islander person, a cultural liaison officer will also be part of the management team.

The risk assessment team will develop the At-Risk Management Plan (ARMP), which identifies the woman's risks and protective factors and the conditions under which she will be accommodated. Consideration includes: the need for suicide-resistant clothing; if she is permitted to have access to underwear, shorts, writing materials; and whether she is allowed to associate with others.

The centre has what is referred to as a safety unit. This is a 16-bed unit located next to the medical centre. It has its own control room with correctional staff observing the women in their cells via closed circuit television. The women can also engage with staff via the intercom in their cells.

During our onsite visit week, the women held in the safety unit were wearing safer design clothing, which is a tear-resistant gown designed to be placed over the head and worn like a dress to provide coverage over a person's torso and upper legs. If a woman is not approved to wear underwear or shorts, there is no ability to secure a sanitary product when menstruating.

Staff in the safety unit told us that during menstruation, they had observed menstrual blood on the women, their bed sheets, and within their cells. The staff told us they do provide sanitary pads to the women and advise them to hold the pad between their legs. They acknowledged that during times when women may be sleeping, they cannot do this and even during the day it is difficult for them to move around and hold the pad in place.

Inspection officers were advised that disposable underwear used to be provided to the women in the safety unit; however, the women would remove the elastic band and use it to self-harm. Tampons are also not provided to the women due to concerns they will be used for self-harm. We were advised at the time of the onsite inspection that the centre has not explored any alternatives.

A review of the ARMPs for the women accommodated in the safety unit during the onsite inspection showed that of the ten women accommodated in the safety unit at different times, two had been denied access to underwear or shorts as part of the conditions of their management plan and to manage their risk.

One woman had been denied underwear and tampons at the Initial Response Plan phase, which is a stage in the process of managing women who have attempted suicide or have self-harmed. This was continued by the risk assessment team for one additional week, with the amendment that it was 'no shorts and no underwear', before she was moved to safer design clothing. The other woman had tampons and underwear withheld at the Initial

Response Plan phase, but this was discontinued by the risk assessment team at their next consideration of her risks.

We raised the matter with QCS through a s 17(2) notice under the Inspector of Detention Services Act. On 28 March 2024, QCS advised us in response to the notice that the decision to prevent women from accessing underwear or shorts, that would allow for a sanitary pad to remain in place, is based on the individual risk factors for that woman. Further, it advised that withholding a woman's access to underwear or shorts is only in exceptional circumstances.

In response to the notice, we were further advised that at-risk women are usually given a sanitary pad when menstruating, with either underwear or paper underwear, dependent on their individual risk. This information contradicts the information operational staff provided to us about their concerns relating to the dignity and hygiene of women in the safety unit.

Information provided by QCS, in response to the notice, indicates that it is engaging with a university to partner in the design of a safer-designed short option that will enable the support of a sanitary pad.

Also, QCS reported an intention to amend the COPD: At-Risk to include a statement about individualised assessments being conducted when considering prisoner access to period products and underwear. The amendment will make it clear that the decision-makers must consider the least restrictive options when removing access, and identify the risk and outcome of the assessment in the Initial Response Plan or ARMP.

Recommendation 5

Queensland Corrective Services amends the Custodial Operations Practice Directive: At-Risk to specify that, if a decision has been made to deny a woman access to underwear or shorts as part of the risk assessment process, the assessment includes strategies for managing the woman's menstruation in a way that is hygienic, humane and dignified.

Observations of women in the safety unit

We spent time observing practices within the prison's safety unit. As noted above, the safety unit accommodates women who are at risk of suicide or self-harm. These women may also be waiting for a bed in a mental health unit. Of concern, we noted that staff conducting external patrols of a night time, when the lights stay on in the safety unit, may be able to see inside the windows of the cells and observe the individual women. We also noted that some people working on the construction of the nearby Lockyer Valley Correctional Centre could see into the cells from their temporary buildings.

We were concerned, as some women removed their clothing frequently during the time we were in the unit, and we were advised that several women do this often. Concerned for the privacy and dignity of the women, we raised this with management at the prison. A temporary barrier was erected to address this matter, and we were later advised the prison had found a permanent solution to prevent the women from being observed from the outside.

Within the safety unit, each cell is monitored via CCTV, which is situated in the top corner of the cell. This gives the control room operator an unobstructed view of the entire cell, including the toilet and shower areas. Staff assigned to the safety unit must conduct observations on the women accommodated in the unit at a frequency identified in their ARMP.

Custodial staff advised us that, at times, no female custodial staff are rostered to the safety unit. During the onsite inspection period, we observed male custodial staff monitoring the safety unit cameras. Women were seen undressing/dressing and using the toilet and shower. Female inspection officers observed one woman naked, with her image left on the computer screen impacting on her dignity, privacy and modesty.

Information provided by QCS in its response to our notice, indicated that 37.3% of the custodial correctional officer workforce at the centre are female, a higher percentage than that of the women employed as custodial correctional officers throughout the state, which was reported to be 27.9%. It was also reported that through recruitment since 1 July 2022, QCS had employed 55 new officers to roles at the centre, of which 43.6% are women. While this is a positive step, it is not enough.

The Queensland Corrective Services Regulation 2017 states that male custodial staff are unable to undertake removal-of-clothing searches on women. If the search is required to be completed in an area with CCTV monitoring, and the person viewing the image produced by the monitoring device is not a corrective services officer of the same sex as the prisoner, the monitoring device or the device on which the image is produced must be turned off.

The staff in the safety unit we spoke with advised us if a woman removed her clothing, the control room officer would remove the image of the woman from the larger monitor and look away from it while requesting she put her clothing back on. Staff were observed doing this, but it is not a solution that provides assurances that these women's dignity is being managed appropriately and ensures that male officers are not placed in a position to view women naked.

We raised this issue with QCS through our notice and were advised that due to the number of female custodial correctional officers employed at the centre a male officer will sometimes be in the safety unit. The practice of removing the image of the unclothed woman from the larger monitoring screen was supported with the information that staff posted in the safety unit undertake additional trauma-informed training delivered by a senior psychologist at the centre. QCS further reinforced its expectations that staff in the safety unit perform their roles with 'respect, compassion and care for the psychological safety of the women in their care'.

We observed that, despite a female officer being rostered to the nearby medical unit, custodial staff were not redeployed to meet a gender ratio balance, which would allow for the management of the women's dignity and privacy.

QCS needs to develop rostering and monitoring principles that align with the legislation for removal-of-clothing searches. Only an officer of the same sex as the prisoner should be able to view images captured on CCTV. The current practice does not maintain the women's dignity.

Recommendation 6

Southern Queensland Correctional Centre ensures there is always one female officer rostered in each of the safety and detention units.

Recommendation 7

Queensland Corrective Services clearly indicates its expectation of how custodial correctional officers manage observations of prisoners of the opposite gender when undertaking duties in a safety unit, detention unit or similar, with reference to the Custodial Operations Practice Directives: At-Risk Management – Safety Unit; and Prisoner Accommodation Management – Detention Unit.

There is limited support for victims of abuse and trauma

Relevant standards

13

Prisoners identified as victims of abuse or trauma experienced prior to coming into prison or during their imprisonment, receive appropriate interventions and support and can seek redress if they wish to do so.

As explained in Chapter 1, women in correctional environments have a higher prevalence of trauma and require a gender and trauma-informed approach to their management in prisons.

Due to the reported high percentage of women in correctional environments with histories of sexual and domestic and family violence (DFV), we sought to identify that QCS has established a defined process that actively engages women as victims of abuse and does so in a trauma-informed way. We considered any DFV counselling should aim to limit the need for women to relive traumatic events.

We identified a counsellor at the centre who was trained in DFV risk assessments. However, due to the case management team providing support to these women, the counselling and psychological services team was being removed from the assessment process to reduce the women having to repeat their stories and retraumatising them.

We were informed the case management team only provides support targeted at practical outcomes, such as ensuring a woman is linked up with domestic violence services before leaving custody. Staff in the psychology team emphasised that correctional centres do not provide trauma-based therapy to the prison population.

We were advised that, while there is a general awareness and understanding of a woman's past trauma (for example, sexual or physical abuse), the support services and programs provide a broad level of support only, designed to provide women with strategies to manage associated symptoms of trauma. While there are no specific mental health programs available at the centre, we were told the women can engage with an external organisation, namely Sisters Inside, who do deliver DFV counselling aimed at victims of violence.

Sisters Inside is an independent community organisation that works with and for criminalised women and girls and provides an anti-violence counselling service for DFV and sexual assault victims. The Sisters Inside DFV program is facilitated in person by a counsellor who comes to the centre on a weekly basis. To attend the program offered, the women can self-nominate directly to a corrective services staff member or via the prisoner request form.

Additionally, the women would usually be able to engage with 1800 RESPECT via the prisoner's telephone system. However, this resource has been suspended since 17 October 2023 while the centre finalises contractual discussions. It is not known when the service will be functional again. 1800 RESPECT is often only a one-off phone call for a woman, so the service is limited in the support it can provide to a person within a custodial setting.

We noted the centre currently does not keep a record of the women referred to external service providers, and as such, we were unable to evaluate the use of these services. Further, Sisters Inside advised us that funding allocation for delivery of the DFV and sexual assault services had ceased as of December 2023, preventing it from delivering more services.

The Women's Safety and Justice Taskforce (the Taskforce) noted that most women and girls in detention centres are the victims of both domestic and family violence and sexual violence (*Hear her voice – Report two: Volume two*, p. 418). The Taskforce identified the common drivers of women's offending behaviour to be:

- victimisation and trauma history (including domestic and family violence and sexual violence)
- adverse childhood experiences
- poverty and homelessness
- mental health issues
- substance misuse
- poor health or disability.

A multi-agency approach to preventing women's offending behaviour was addressed by the Taskforce as Recommendation 93. This noted a Queensland whole-of-government approach would be required to prevent women and girls offending and also to improve the experiences of women and girls involved in the criminal justice system.

The QCS Interim Women's Strategy, launched in April 2023, identifies plans to develop and implement a DFV strategy for QCS and to deliver specialist mental health and trauma support for women in their custody. The aim is identified as increasing access to trauma support services and taking into account the connection to mental ill-health, past trauma and substance abuse issues. At the time of this report, the Domestic and Family Violence Strategy 2023–2028 was not available.

At the time of our inspection, we did not identify specialist mental health and trauma supports for the women at Southern Queensland Correctional Centre. We discuss staff being trained in a trauma-informed approach in Chapter 12.

Recommendation 8

Queensland Corrective Services prioritises the delivery of specialist mental health and trauma support for women at Southern Queensland Correctional Centre.

Human rights are not properly considered in solitary confinement

Relevant standards

- 16 Prison staff consider and strictly comply with the requirements of domestic legislation relevant to separation.
- 17 Prisoners are separated only in accordance with the limited grounds prescribed by law, as a last resort, and where there is a demonstrated need to do so. The separation must be carried out in the least restrictive way and for the shortest possible time.
- 18 Where a prisoner is separated from other prisoners, they are treated with respect and dignity, and have meaningful opportunities to leave the unit, associate with other prisoners and earn privileges.
- 35 Prisoners are not held in special accommodation and placed in mechanical restraints or anti-rip clothing except as a last resort and when properly authorised.
- 188 Disciplinary processes and punishment adequately and respectfully account for a prisoner's specific impairment.

Any decision-maker must properly consider a prisoner's human rights when deciding to place a prisoner on a safety order or to punish a prisoner by imposing a period of separate confinement.

In *Owen-D'Arcy v Chief Executive, Queensland Corrective Services* [2021] QSC 73, the court considered the obligations on public entities under s 58 of the *Human Rights Act 2019*. These are obligations to act and make decisions compatible with human rights and the obligation to give proper consideration to relevant human rights when making a decision.

Section 58(5) of the Human Rights Act sets out two elements necessary to demonstrate that proper consideration has been given to a person's human rights when making decisions. These are:

- the identification of the human rights that are affected
- consideration of whether the decision is compatible with human rights.

The decision to place a woman in solitary confinement (via a safety order or separate confinement order) does not include a risk assessment that considers the harmful effects of increased security measures and isolation that may amount to solitary confinement. Nor does it set out the actions that can be taken to mitigate those risks.

We were advised by centre management that consideration is given to a prisoner's human rights through a QCS tool designed to support and assist staff in making decisions compatible with human rights.

The RAPID test requires the decision-maker to:

- consider relevant rights
- confirm they have the authorisation to make the decision
- consider the proportionality and purpose of the use of segregation as a response
- make their consideration individualised and impartial
- document the decision.

Staff told us they were uncertain as to whether human rights considerations are recorded for breaches of discipline where a decision results in a separate confinement order for a woman. We noted that none of the breach hearings we reviewed that imposed separate confinement as a punishment to women detailed the human rights consideration or the application of the RAPID test.

Contained within the COPD: Prisoner Accommodation Management – Detention Unit are the considerations or actions a corrective services officer must take before limiting a person's human rights. However, the document does not set out how this consideration or justification for limiting a person's human rights is to be recorded.

The safety order document generated within IOMS to place women in accommodation that separates them from other women contains a general statement that:

The prisoner's human rights have been considered when determining placement on a safety order and accommodation placement.

The details of these considerations are not recorded anywhere. This means the centre does not identify which human rights are considered and what the effects are of limiting these rights. In addition, relevant and known disabilities, cultural considerations, and the likely impact of separate accommodation on the prisoner's health and wellbeing appear to have been ignored.

We consider the decision to place a woman in circumstances where she is confined to her accommodation, whether in a detention unit, safety unit or her own cell, needs to include an individualised risk assessment. It must accurately document the decision to limit a woman's human rights and consider the harmful effects of increased security measures and isolation as a result of solitary confinement.

Recommendation 9

Queensland Corrective Services implements a process for the decision-making and recording of the considerations when limiting human rights for individual prisoners placed on safety orders or separate confinement orders, and ensures this process is accurately reflected in the relevant Custodial Operations Practice Directives.

Requests are documented, with outcomes communicated and recorded

Relevant standards

23

There are mechanisms in place for consulting with prisoners about matters which affect them.

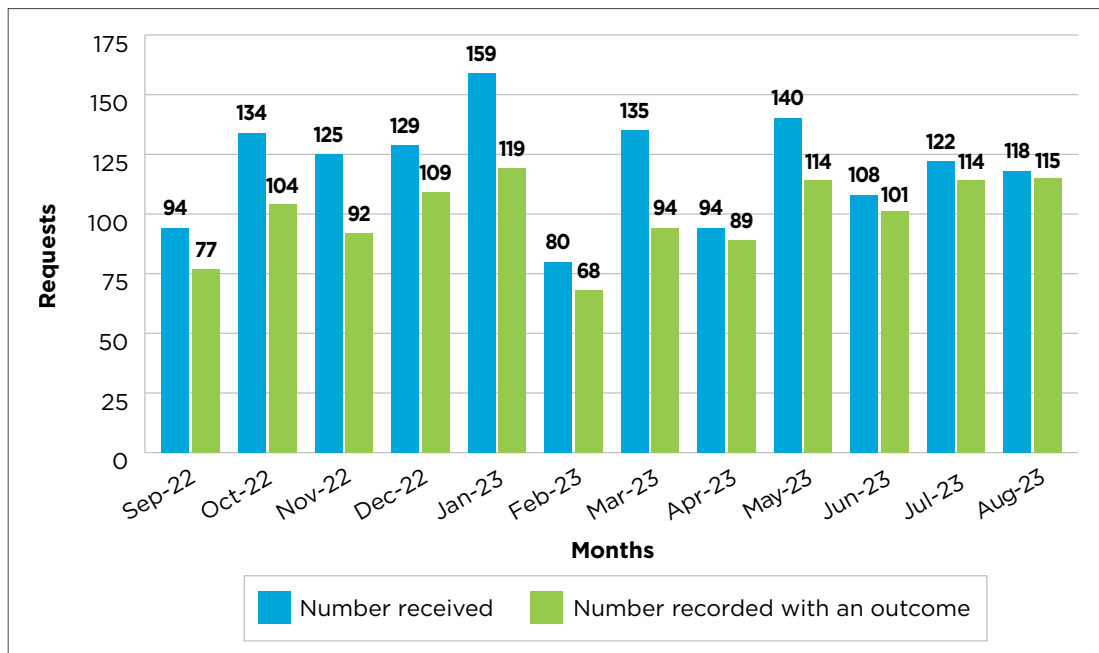
The centre has a process for recording requests received from women. The induction handbook consistently refers women in the first instance to their unit/cluster officer to address their request. The women do so via a prisoner request form, which they fill out and provide to their unit officer. We observed this process being completed by the women on a number of occasions, and unit officer interactions with the women in the process were generally positive. Some of the officers let the women know when they would be lodging the request with the relevant area.

The centre has a request register where the requests are recorded. A review of the register reflects a large number of requests are being received per month, and these generally include requests for:

- distraction packs
- program information
- applications to have children reside with the women
- a counsellor or the Prison Mental Health Service
- information about the National Disability Insurance Scheme
- playgroup applications.

Graph 1 shows the number of applications received per month and the number with an outcome recorded. We acknowledge that the ones with no outcome recorded may have still been actioned; however, the register was not updated.

Graph 1: Requests recorded by the centre from September 2022 to August 2023



(Source: Data supplied by Queensland Corrective Services)

While a significant number were addressed within a period of one to 14 days, there were some with extended timeframes. The longest we found was 74 days in May 2023. Concerningly, it related to a woman requesting mental health support, and she was discharged prior to receiving the support. Other extended wait times included 64 days from March 2023 relating to an application for a child to reside with their mother in the centre, and in June 2023, a woman waited 59 days for a distraction pack and 55 days for support relating to child safety matters.

Another way in which women can make requests is through Prisoner Advisory Committees (PAC). The centre has two types of PAC in place. One is a mini-PAC, which is facilitated by the accommodation manager and appears to be held at differing frequencies. We noted a gap of three months between mini-PACs, and then two mini-PACs were held in August 2023. The mini-PACs focus on the women's immediate needs and wants.

The centre also runs a PAC that appears to have been held monthly towards the end of 2022, excluding December, and then at differing frequencies in 2023. It is attended by the General Manager or the Deputy General Manager or both. The longest gap recorded between PAC meetings was between April and July. The meeting records for April and July reflect requests made by the women and opportunities for the women to seek clarification on processes or changes implemented at the centre. Most items appear to have been responded to and either closed or listed as ongoing.

By way of example, one of the issues covered by both types of PACs was the implementation of a statewide canteen list. The meeting minutes indicate the women at the centre did not understand the purpose of this. The statewide list resulted in the removal of tissues and noodles from the list of items that could be purchased. Meeting minutes from the PAC indicated the centre would supply the women with tissues. Many women approached us to let us know of their concerns regarding the limitations in the statewide list. They raised concerns that the list included only men's deodorants, shavers they saw as 'men's shavers', and limited body washes.

A review of mini-PAC meeting minutes reflected ongoing discussion with the women about the change to the statewide canteen list. Meeting minutes provided for August 2022 indicated the women were provided with an opportunity to submit requests for items for the canteen list. However, that list was to be submitted to QCS head office, which would appear to reflect some form of centralised oversight for this process. Meeting minutes provided for November 2022 do not reflect feedback provided to the women regarding this process or the outcome of their requests. On 23 June 2023, meeting minutes recorded that there would be no further discussion on the statewide canteen list.

Some of the items emerging for PAC meeting minutes included requests for winter pyjamas and beanies. A review of the information provided by the centre does not indicate if this was resolved, but did record that winter pyjama uniforms were no longer made for women and beanies were being sourced. The initial requests from women for these items were recorded in June 2023 and August 2023 mini PACS. However, some requests ran longer, with women asking to purchase microwave bowls from March to August 2023 with no resolution recorded.

We were approached by women who told us they would submit request forms to their unit officers and never receive a response. Consistently, most women at the prison told us they had sought on multiple occasions to replace their worn uniforms and had never received a response. It is of concern that there was no record of requests for replacement of uniforms in the records.

We were advised of another process, whereby women may fill in request forms that are then allocated to the relevant area, actioned and case-noted on IOMS. The request document is then shredded. If request forms are not recorded in the register, there is no ability to oversee this process to ensure the requests are being addressed.

Generally, the recordkeeping for the PAC meeting minutes was good. However, the minutes in some instances do not detail any feedback being provided to the women. Providing the women with feedback may impact on the number of times items are raised by women at future meetings. We found a lack of consistency in recording of prisoner requests based on how they were received, which impacts the centre's ability to oversee actioning of the requests.

Recommendation 10

Southern Queensland Correctional Centre ensures records from all Prisoner Advisory Committee meetings accurately document the outcomes of requests by prisoners and these outcomes are communicated to prisoners and documented.

Recommendation 11

Southern Queensland Correctional Centre ensures all requests from the women, no matter how they are received, are accurately documented, including the date the request was received, the subject, who it was tasked to and when it was completed.

Complaint processes at the centre are generally robust, but response timeframes require improvement

Relevant standards

24

Prisons and health service providers have effective, transparent and confidential complaint processes in place for prisoners and staff.

Complaints to the centre

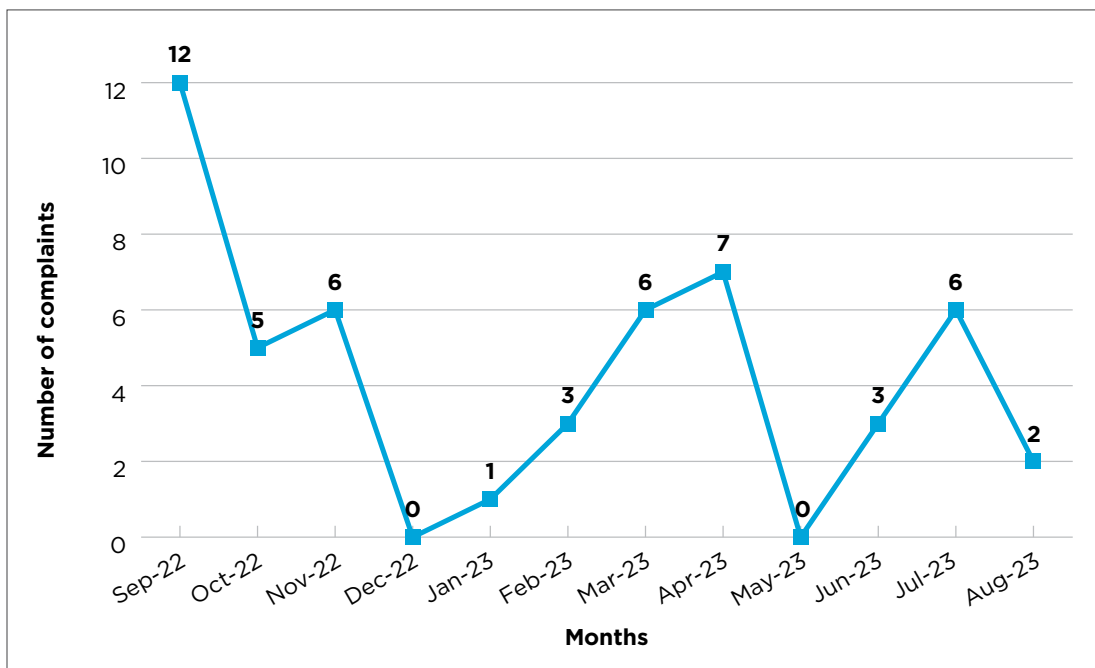
The centre's induction handbook provides guidance about how to submit complaints. In the first instance, women are advised to try to resolve the complaint through their unit officer. If this is not successful, they can write to the General Manager of the centre through a blue letter process. The use of blue envelopes for a letter identifies it as mail for the General Manager to read, before they allocate it for action or review to another member of the management team. The women may also seek complaint resolution through an external agency. There are several agencies available via free calls through the Prisoner Telephone System. The women may also request to speak to the Official Visitor (OV).

The OVs generally attend the centre once per month, and women can use a free call number to record their concern and be placed on a list to be seen by the OV. Women can also be referred to the OV by staff at the prison. We spoke to one of the OVs who attends the centre about their routine when attending. They advised that they visit the women listed and attend the safety and detention units to check on the wellbeing of those held there.

We conducted a review of the complaints submitted through the OV for the period September 2022 to August 2023. This identified that 51 complaints were received, of which only one was substantiated. 'Substantiated' means that, after investigation, the OV was satisfied that there was evidence to support the prisoner's complaint and/or the agency or centre was at fault in some way. Five matters were discontinued, three were withdrawn and the remaining 42 were recorded as 'situation clarified'. 'Situation clarified' means that, after investigation, the OV was satisfied that the actions of the centre were reasonable.

The number of complaints received per month is recorded in Graph 2. Aside from December 2022 and May 2023, the women at the centre appear to use the OVs to resolve complaints.

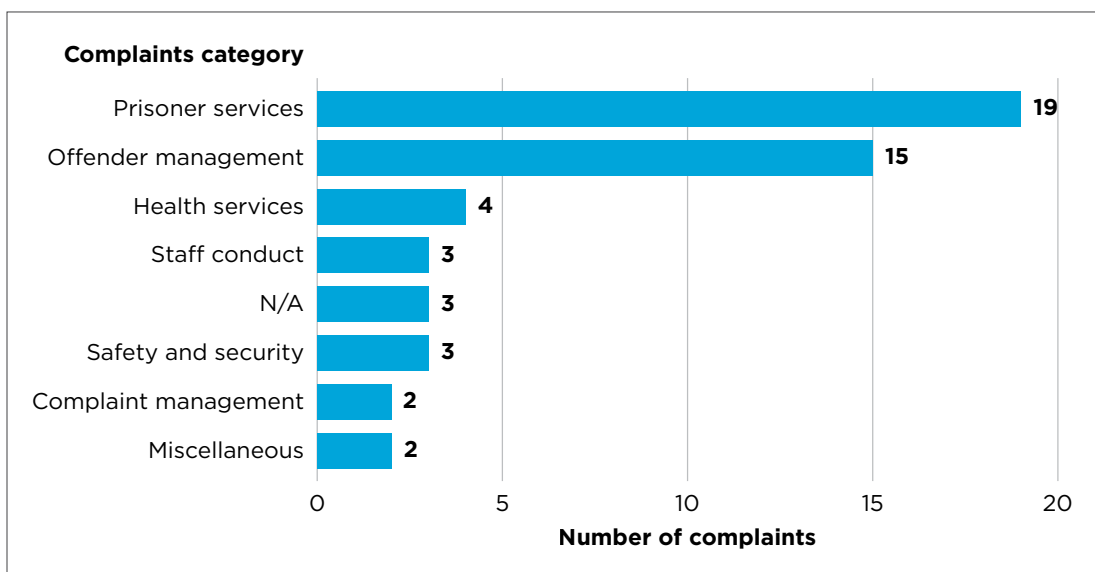
Graph 2: Complaints received through the Official Visitor Scheme from September 2022 to August 2023



(Source: Data supplied by Queensland Corrective Services)

Graph 3 shows the subject matter of complaints lodged with the OVs. 'Not applicable' (N/A) includes complaint matters that were withdrawn or were recorded as the prisoner refusing to speak with the OV. 'Miscellaneous' complaints involved prisoner concerns regarding requests to or information about how to change their name and concerns relating to insufficient communication from reintegration service providers.

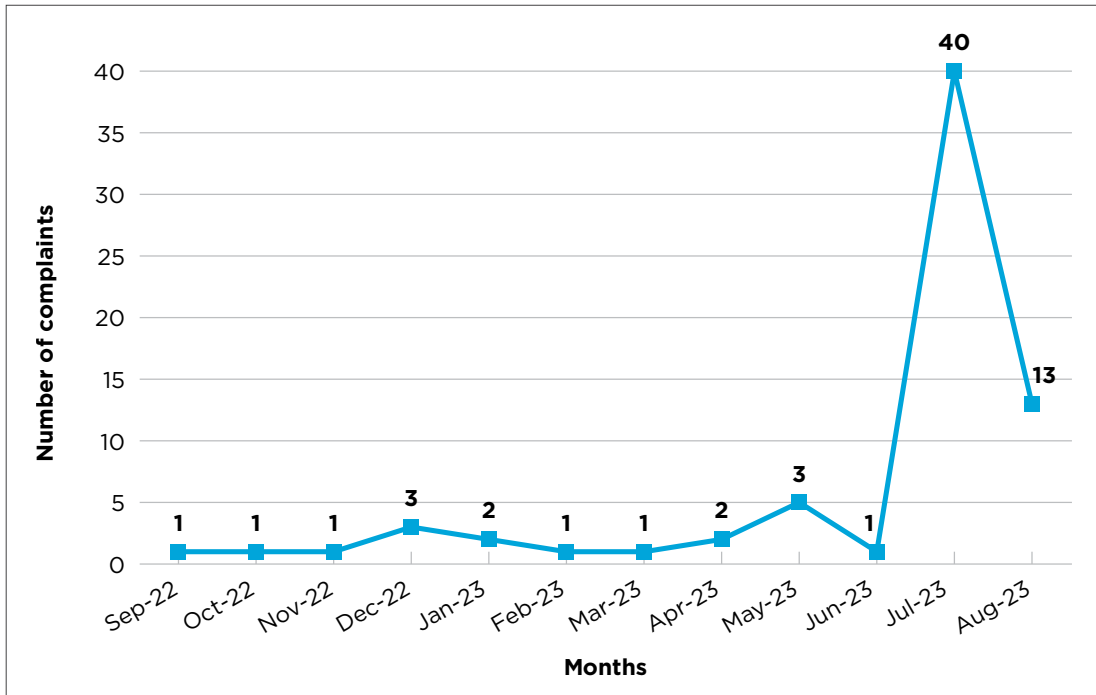
Graph 3: Subject matter of complaints received by the Official Visitor Scheme from September 2022 to August 2023



(Source: Data supplied by Queensland Corrective Services)

The number of complaints to the OV reduced after September 2022. As shown above, in some months, no complaints were received. This is the opposite of the pattern of complaints received by the centre, inclusive of one complaint submitted directly to QCS head office during the same period. The complaints lodged with the centre remained consistently low and then significantly increased in July 2023 before reducing in August 2023.

Graph 4: Number of complaints received by the centre from September 2022 to August 2023



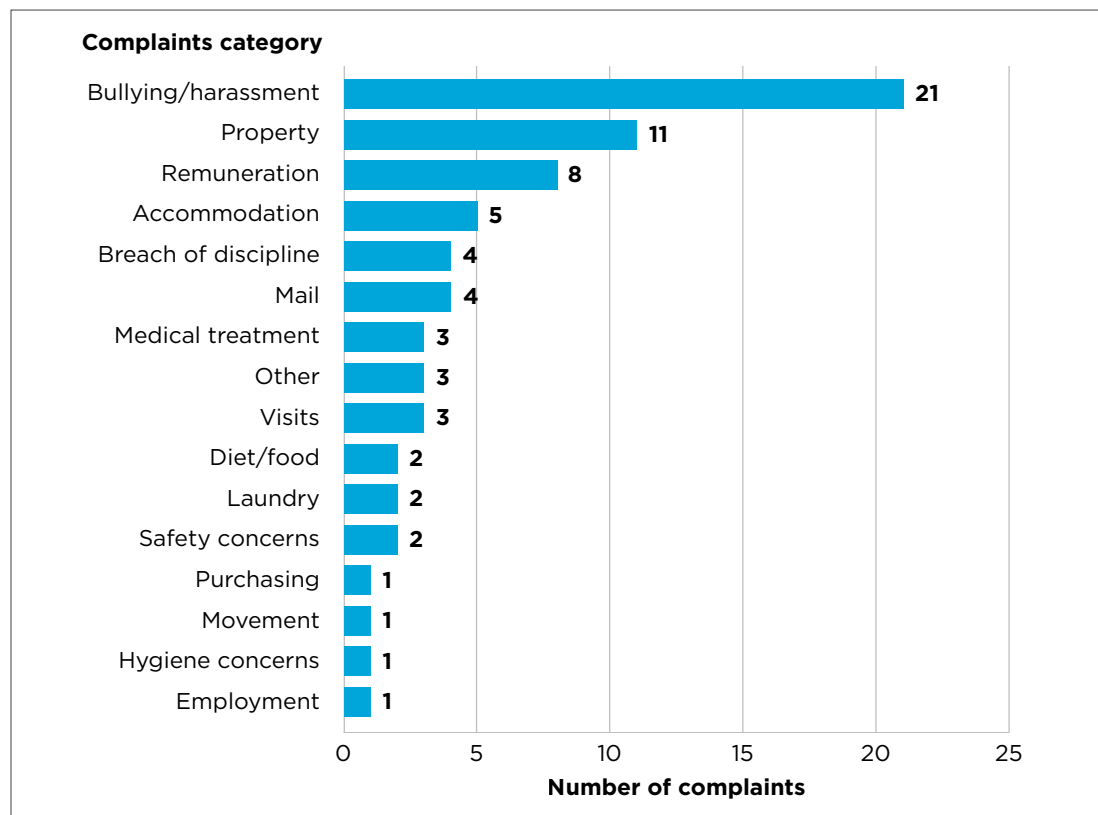
(Source: Data supplied by Queensland Corrective Services)

A review of the complaints data does not reflect any particular trend relating to the subject of the complaints that led to the significant increase in July 2023. The 40 complaints received in that month were from 30 different women. When asked about the significant increase in July 2023, we were told by centre management that the appointed General Manager had been on a secondment during that period, and the relieving General Manager may have been classifying blue letters differently.

We were also advised that blue letters are not always complaints, but can be requests for assistance, compliments, and enquiries. A review of the subjects noted some had included 'request' as the subject matter but were categorised as a complaint.

The subject matter of complaints, as shown in Graph 5, indicates that in the 12 months from September 2022 to August 2023, the majority of complaints related to bullying and harassment. The next most frequent was about attempts to locate property or have the centre reimburse the woman for lost property. Remuneration relating to employment was the third highest.

Graph 5: Subject matter of complaints received by the centre from September 2022 to August 2023



(Source: Data supplied by Queensland Corrective Services)

The QCS *Annual Client Complaints Report 2022-23* indicates that a standard complaint is to be completed within 30 days of being received. Complaints with a human rights element (attached to a complaint or on its own) are to be resolved within 45 business days. Of the 14 human rights-related complaints received by the centre from September 2022 to August 2023, 8 were resolved outside of this timeframe, with the longest open for 74 days. These outstanding complaints related to medical or dental treatment, food/diet, safety concerns, bullying and harassment, and remuneration.

In relation to the remaining 58 standard complaints, 47 were closed outside of the 30-day timeframe, 3 were still open, and 8 were completed within timeframes. The longest complaint took 128 days to resolve and related to a staff bullying/harassment complaint.

The outcome of complaints at the centre indicates 89% were not substantiated, 5% were substantiated, and the remaining were either open or had an incorrect outcome recorded in the information provided.

We acknowledge that some complaints take a significant period of time to review or investigate; however, centre practices for resolving and categorising complaints need to be improved to ensure identified timeframes are met.

Requests and complaints relating to health services

We requested complaint data from West Moreton Hospital and Health Service and, while data was received, most of this appears to reflect requests (rather than complaints) by the women at the centre. This made it difficult to draw any supporting conclusions from the information provided regarding prisoner complaints processes.

The date the requests were received was recorded but not the date they were actioned. It is therefore not known how long it would take for prisoners to have their requests met. There are no requests or complaints recorded for October and November 2022. The reason for this is not known. From April to August 2023, the records provided appear to reflect separate categorisation between a complaint and a request, and the date the request was received and when it was closed off.

Table 1: Summary of request and complaint data from West Moreton Hospital and Health Service

Month	Number of requests	Number of complaints
September 2022	6	0
October 2022	0	0
November 2022	0	0
December 2022	25	0
January 2023	22	0
February 2023	22	0
March 2023	17	0
April 2023	22	2
May 2023	40	15
June 2023	24	1
July 2023	32	1
August 2023	32	2*

*Recorded in the data as 'treatment' however comments indicate the response may have been to a complaint. (Source: Data provided by West Moreton Hospital and Health Service)

The records identified as complaints were mainly resolved within a 30-day period, but the complaint in June took 32 days. Records generally indicate complaints are about medication provision or care provided, but these are not consistently recorded. For some of the data, we are unable to determine the nature of the complaint.

The request information generally shows women seeking support via the opioid substitution treatment (OST) program and seeking mental health support. From May to August 2023, the records show completion dates, but these are the dates women were referred for the other treatment or OST, not the dates they started the program or received other treatment. Therefore, the time taken for women to receive this support through health services is unknown.

Information received from the Office of the Health Ombudsman indicates that the three main issues for complaints were related to lack of services (33%), inadequate treatment (25%) and medication (20%).

Women consistently told us of their concerns regarding health services at the centre. Frequent concerns they raised included:

- no follow-up conducted after initial health screening on arrival
- minimal availability of the Medical Officer, meaning there were limited appointments and long wait times
- lack of confidence in the Nurse Practitioner and a perception that the Nurse Practitioner was acting outside the scope of the role in the absence of an available medical officer.

For the examples provided to the Nurse Unit Manager, it was confirmed that the Nurse Practitioner was acting within the scope of the role. This shows an issue with communicating this information to the women.

Recommendation 12

Southern Queensland Correctional Centre implements a process to ensure blue letters are correctly categorised as a complaint, request, compliment or enquiry; and ensures timeframes for the resolution of complaints are improved.

Recommendation 13

West Moreton Hospital and Health Service implements a complaints management system for Southern Queensland Correctional Centre to allow for the appropriate categorisation of complaints, reporting of complaint data, and monitoring of service delivery improvements required.

3. Managing behaviour

This chapter focuses on understanding how the centre develops positive and respectful interactions between staff and prisoners. It also examines how the centre communicates behavioural expectations to staff and prisoners and to volunteers and visitors.

We noted the professional and respectful conduct and attitudes demonstrated by staff towards the women at the centre. Inspectors also noted the centre's initiative to ensure correctional staff refer to prisoners within female institutions as 'women' and not 'girls' or 'prisoners', highlighting the importance of language in changing attitudes and relationships.

The majority of the standards that relate to managing behaviour were met, so we have not focused on them. However, we have noted some concerns.

Disciplinary hearings are inconsistent and have limited oversight

Relevant standards

- 27 There are clearly defined rules and codes of conduct for staff, prisoners and visitors.
- 28 Prisoners are encouraged to develop pro-social behaviours and to take responsibility for their actions.
- 30 Disciplinary action and outcomes are created under law or regulation and are clearly communicated to all prisoners.
- 31 Secondary punishment (additional to imprisonment) and prisoner discipline is open, efficient, fair, proportionate and in line with legislation and natural justice.
- 188 Disciplinary processes and punishment adequately and respectfully account for a prisoner's specific impairment.

One way QCS manages prisoner behaviour in correctional settings is through the breach-of-discipline process.

A prisoner who has committed an act or failed to comply with a direction as set out in s 5 of the Corrective Services Regulation 2017 may be subject to a disciplinary process.

The breach of discipline process must be conducted in accordance with procedural and administrative requirements, including relevant human rights obligations, set out in ss 113-121 of the Corrective Services Act and the Custodial Operations Practice Directive: Breaches of Discipline.

We reviewed a sample of breaches and hearings conducted at the centre, and found both positives and negatives. Deciding officers (who are Correctional Supervisors) are responsible for conducting discipline hearings with prisoners. They are required to consider a number of things when deciding on an appropriate penalty for a breach they believe has occurred. These include:

- the seriousness of the breach
- the circumstances that may mitigate or explain the prisoner's conduct
- the prisoner's breach history
- a guilty plea
- officers' reports
- any individual circumstances such as cultural, special or cognitive considerations.

(Queensland Corrective Services Custodial Operations Practice Directive: Breaches of Discipline 9.8 Decision considerations by deciding officer.)

Our review found evidence that the penalty decided on as a result of a breach varied significantly for similar breaches. Variations in penalty decisions are justified in circumstances where the deciding officer has considered the factors outlined above. However, there were instances where insufficient reasons were provided to the women during the discipline hearing for giving a penalty that appeared to be harsher or inconsistent with other decisions.

If the deciding officer does not explain what weight they have given to certain factors when deciding the penalty, their decision could be perceived as unfair or biased. This may also impact on reviews of disciplinary hearings requested by the women.

Case study 1 – Breach for failing to provide a urine sample for testing

A woman was breached for failing to provide a urine sample, and was given a penalty of three days of separate confinement. The woman requested that the discipline penalty be reviewed, and upon review, the penalty was upheld.

The woman raised concerns that there were inconsistencies in discipline penalties, explaining that she knew other women who were also breached for failing to provide a sample, yet they only received 'loss of privileges' as a penalty.

The review hearing officer explained that decisions are made on a case-by-case basis, and that officers vary and will determine a penalty they consider appropriate in the circumstances. The review officer also explained she had looked at the woman's history and considered it appropriate to uphold the penalty, but did not provide explanation, or discuss the specific history referred to.

The woman made a request to complete the separation in her cell, but the request was denied.

The woman explained she has been on the Opioid Substitution Treatment program for five years in the centre, but there was no discussion about her progress on the program and how receiving this treatment may impact on her ability to provide a urine sample on demand. A failure to provide a sample does not actually mean the woman has drugs in her system; however, it is taken to be a positive drug test.

This case study demonstrates a discipline hearing that fails to record the reasons for a particular penalty decision. It is not enough to simply say that hearing officers make decisions on a case-by-case basis. This is not sufficiently transparent and generates a perception that arbitrary, inconsistent and unfair decisions are being made.

A review of records on IOMS identified that in all but two cases, the deciding officer had entered information that detailed the factors taken into consideration for determining a penalty. However, where entries were made, there was very little or no detail at all on how the factors, as broad categories, were applied to the individual circumstances of the woman subject to the hearing.

A breach of discipline hearing must be conducted within 14 days from when the prisoner is made aware, via a notice, that they are suspected of committing a breach. On a positive note, the sample of breaches we reviewed were all conducted within the required timeframe.

Our review identified breach hearings that were conducted with little regard for the women involved or any acknowledgement of their ability to understand the process and the implications of pleading guilty. We observed hearings where the deciding officer did not look at the woman during the hearing at all. We saw deciding officers whose communication was rushed to the point it affected the clarity and articulation of their speech. In these hearings, there was a failure to demonstrate a careful and considered approach to the matter. They provided very little or no opportunity for the woman to respond to any part of the process, despite her being entitled to do so.

These hearings could not be described as procedurally fair, or conducted without bias or in a manner that maintains the dignity and rights of prisoners, as required by the COPD. If a woman does not request a review of the decision, there are no policies or processes in place that require the centre to conduct an internal review of the discipline hearing. This lack of internal oversight prevents the identification of poor performances by deciding officers during discipline hearings and, potentially, inconsistent penalty determinations. Consequently, there is limited quality assurance and limited opportunity to identify and address training and performance needs.

Our review found some examples of hearings that were conducted to a high standard. The reasons for the penalties were discussed and the processes were thoroughly explained.

Recommendation 14

Southern Queensland Correctional Centre implements an audit process for those disciplinary hearings that are not subject to a request to review, to address areas such as considerations and consistency in decision-making, and the conduct of hearings - to promote good practice and identify areas for improvement.

Decisions about applying mechanical restraints are not individualised

Relevant standards

33 Instruments of restraint are only used in exceptional circumstances when no lesser form of control would be effective to address the risks posed by unrestricted movement. The use of restraints is proportionate in the circumstances.

35 Prisoners are not held in special accommodation and placed in mechanical restraints or anti-rip clothing except as a last resort and when properly authorised.

189 Use of force and restraint practices ensure the inherent dignity of prisoners with disability.

During the onsite inspection phase, we observed the application of restraints on a woman who was being accommodated in the detention unit and had a virtual legal visit to attend. At the time of the observation, the woman was accommodated in the detention unit on a safety order, due to the risk of self-harm. To facilitate the virtual legal video-link, the woman had mechanical restraints applied and was escorted by correctional staff to the centre's visitation area.

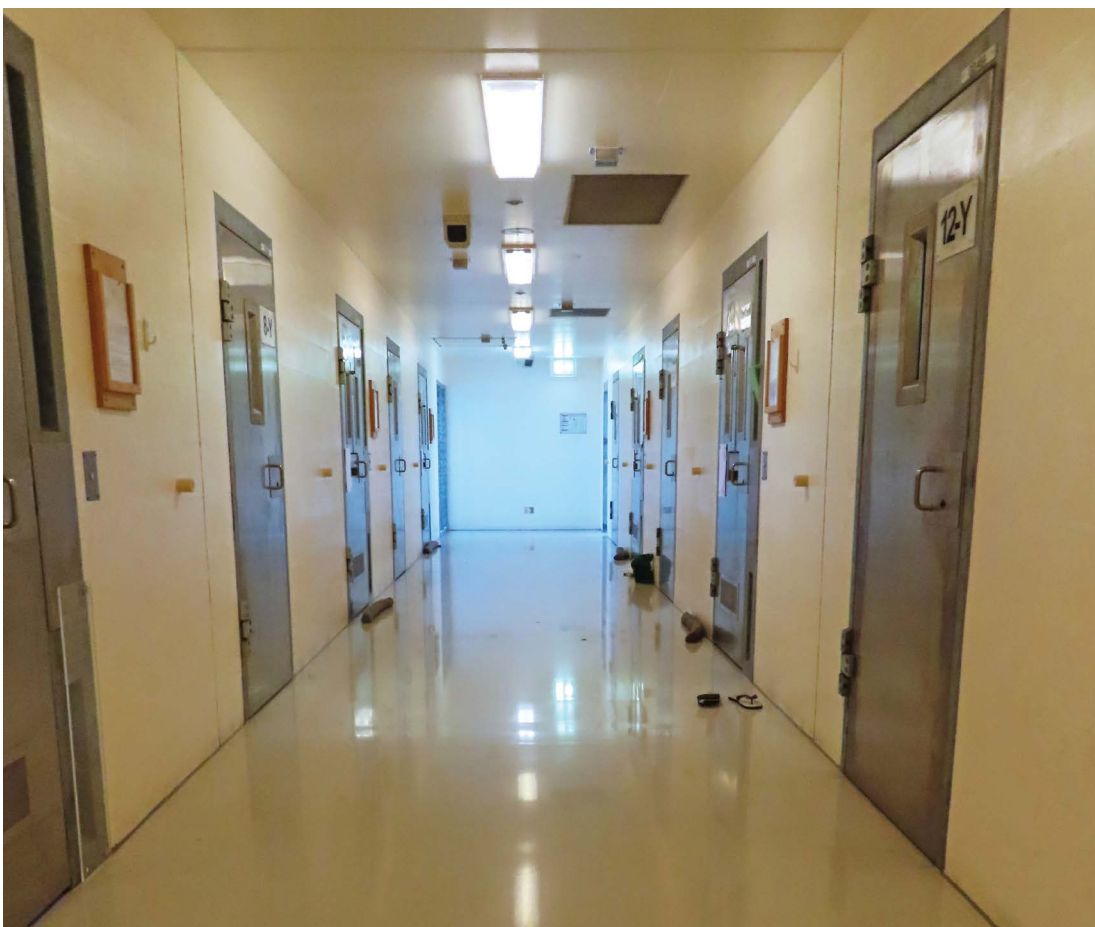


Photo 6: Detention unit

We enquired at the time about the need for mechanical restraints and were advised that the application of restraints was not to protect the officers or anyone else's safety but that it was standard detention unit practice that all women escorted out of their accommodation cells within the detention unit were restrained.

A review of the COPD: Prisoner Accommodation Management - Detention Unit (p. 5) identified that, to prevent a prisoner from harming themselves or others, restraints may need to be applied that result in the prisoner having significantly restricted movement.

Staff need to ensure that the application of restraints meets procedural and legislative requirements and is:

- a. reasonable in the circumstances
- b. necessary; and
- c. proportionate to the seriousness of the circumstance.

Correctional staff do not individually assess the risk of each woman in the detention unit. Women are restrained and double-escorted even if they are not posing a significant risk to themselves or others. The decision to apply restraints should be individualised and should only be used in circumstances where there is an actual risk of self-harm or harm to others, including the officers.

Recommendation 15

Southern Queensland Correctional Centre ensures that, prior to the application of restraints, an individualised assessment is undertaken to assess the risk of self-harm or harm to others, to reduce the over-application of restraints on women when escorted within the centre.

4. Daily life

In this chapter, we looked at the daily regime within the centre and the conditions in which the women live. We saw the food the women are provided and also reviewed the pay rates for positions of employment within the centre. We noted the centre has adopted virtual visitation technologies to enable the women to attend funerals and similar events virtually. This eases the added pressure and stress on the families, who are required to fund a leave of absence at times of grief.

The centre offers several recreational activities to women. These include passive recreation activities such as in-cell hobbies and library access. Women who like to draw can also buy journals and colouring pencils. During the cell inspections, we saw evidence of some talented artists among the women.

The centre also engages community organisations to provide recreation services within the centre. For example, Yoga on the Inside provides a trauma-informed yoga class with modified programs and instructional methods. For those seeking more physical recreation opportunities, there is access to the gymnasium and oval. The gymnasium equipment is housed in an area that is well-ventilated but leaves the equipment vulnerable to the elements. The centre's General Manager leads a recreational activity known as 'Park Run'. It is conducted on the weekend and the women can take part.



Photo 7: Oval

The centre does not operate an incentive program to reward positive behaviour and provide opportunities for progression that can be monitored. We were advised that access to everything in the centre is equal, with the only difference being the amount women can spend on the canteen. (Women in residential accommodation have more to spend than those in secure accommodation.) Centre management told us that the progression to residential accommodation is, of itself, an incentive to maintain appropriate behaviour.

Living conditions were observed to be of a high standard

Relevant standards

- 37 The prison provides a clean and suitable environment that is fit for purpose and compliant with public health practices.
- 38 Prisoners are encouraged to keep themselves, their cells and communal areas clean.
- 40 Accommodation units and prisons to not exceed design capacity.
- 44 Prisoners have a bed and clean bedding suitable for their needs.
- 128 Female prisoners are held in conditions that are clean and dignified.
Women are encouraged to maintain their own personal care and hygiene.

We found that, overall, the cleanliness of the units was not of concern. They presented as clean and well-maintained. It was clear that cleaning supplies and equipment were readily available for the women to use. We were advised that it is the responsibility of the women to use the cleaning products.

However, the centre employs 26 women as unit cleaners, and they are responsible for carrying out cleaning duties in the common areas. The individual accommodation cells are the responsibility of the woman living in each cell. In the common areas, we observed that areas that could be reached by the unit cleaners were clean, while there was a noticeable build-up of cobwebs in the areas that were out of the reach of the cleaners.

If a particular accommodation cell does not meet the hygiene standard set by the prison leadership group, it is dealt with on a case-by-case basis with the woman. While we were onsite, we accompanied senior leaders from the centre on their inspections of units. We observed interactions between management and the women, and discussion about how to clean marks in cells. We also saw encouragement of women to maintain their cells to a high standard, and an opportunity for women to ask the managers questions.

Cell sizes do not meet standard facility guidelines

The Standard Guideline for Prison Facilities in Australia and New Zealand 1990 (Standard Guideline) states the minimum size for a single-person cell is 8.75 m², and for a two-person shared cell, it is 12.75 m².

We were provided with information from the centre that indicates the secure unit cells measure 8.36 m². Within each secure unit, there are three cells designed to accommodate two women per cell. Two of these cells measure 10.64 m² and one is 12.16 m².

The accommodation cells within the residential units are also notably smaller, measuring at 5.72 m². However, these cells share a communal toilet located within the unit, not in the individual cells.



Photo 8: Secure accommodation room with a bunk bed



Photo 9: Residential accommodation room with a bunk bed

While the size of the accommodation cells falls below the standard guideline, the women raised no specific complaints or concerns about this.

As previously discussed, a bunk bed installation program was rolling out across the centre, with most cells to have a bunk bed installed to replace the single bed. At the completion of the installation of the bunk beds, the bedding capacity will increase by 148 beds from the centre's original designed bed capacity. Given that cell sizing is currently already under the standard guidelines, it raises concerns about additional pressures, not only due to infrastructure restrictions, but also due to the complexity of managing interpersonal issues that arise from sharing a cell.

A 2016 report by the Queensland Ombudsman on *Overcrowding at the Brisbane Women's Correctional Centre* highlighted the negative impacts of overcrowding and sharing of cells. Recommendation 3 in the Queensland Ombudsman's 2024 *Prison overcrowding and other matters report* indicated the need to increase built cell capacity for female prisoners. The response from QCS to the 2024 report committed to providing more low-custody capacity for women.

When a woman with a disability is accommodated at the centre, she is housed in one of the purpose-built units that are fitted with aids to assist with everyday personal care requirements. These include handrails around the toilet and shower, wider doors to allow wheelchair access and larger cells. Additionally, the centre has allocated an entire residential unit to accommodate persons with a disability, which we found to be well set out for supporting additional needs.

Clothing is in poor condition and is not regularly replaced

Relevant standards

42

Prisoners have adequate clothing, which is clean, presentable and suitable for their needs.

129

Female prisoners have adequate access to clean, gender appropriate clothing that is in good condition.

While onsite, we observed women wearing clothing that would generally be deemed unwearable. Some articles of clothing were torn, stained, had holes big enough to fit a hand through and were discoloured. Although there is a process at the centre to remove old and damaged clothing from circulation, these processes appeared reliant on correctional officers ensuring the centre's standards are being maintained. The women told us they feel that requests to replace clothing do not get actioned or take too long, and as such, they do not bother.

Feedback from the women indicates that, overall, they are dissatisfied with the quality of clothing supplied by the centre. A standard practice of the prison is that when a woman is discharged from the centre, it collects the uniforms, washes them, and then reissues the clothing to newly admitted women. The women told us that some of the clothing upon admission is already stained, torn and worn out.

The women spoke to us about previous versions of the prisoner uniform and stated that they prefer the type of fabric previously used to make the prisoner uniforms to what is used today. An example was provided of a polo shirt from 2016, which was still in good condition, compared with a newer polo shirt only a few months old that displayed clear wear and tear. According to the women in the laundry, the new fabric cannot withstand the heavy-duty machine cycles. However, the women were also advised of the reasoning for the change of fabric material, which is that the previous material was considered a fire hazard.



Photo 10: State of shorts that were being laundered to be reworn

We observed women working in the reception store disposing of uniforms considered no longer wearable. There was a significant amount of storage used for new uniforms, which were clearly available. It was not apparent why women who request a new uniform because of wear and tear were not being provided with those uniforms.

The centre needs to ensure that the clothing exchange process removes unwearable items from circulation to ensure a constant standard of issued items across the centre.

Recommendation 16

Southern Queensland Correctional Centre ceases reissuing worn-out, torn, and stained clothing and commences a program of replacing all such uniforms. This should include recording requests for uniform exchange, to allow for overseeing of such requests.

The centre needs to review the food and nutrition it supplies

Relevant standards

- 56** Prisoners have a varied, healthy and balanced diet which meets their individual needs.
- 57** Prisoners' food and meals are stored, prepared and served in line with hygiene regulations.
- 58** Special diets are provided for medical reasons, religious beliefs, lifestyle choices and other reasonable special needs.

The COPD: Health – Food and Nutrition requires all corrective services facilities to deliver the approved statewide prisoner menu. We were advised this menu was developed in consultation with a registered dietitian to ensure prisoners receive adequate, low-allergen, nutritionally balanced meals.

We spoke with the Dietitian and Director of Nutrition and Food Services for West Moreton Hospital and Health Service (WMHHS) about the review of the statewide prisoner menu completed in 2022. While the dietician was involved in that review, they did not endorse the menu.

One of the concerns they raised was that the menu was based on the QCS Food and Nutrition Guidelines developed in 2009, which they suggested should have been reviewed and updated since that time. They advised us that, because the guidelines are dated, the women may not be receiving a nutritionally balanced diet.

Currently, WMHHS has one full-time equivalent clinical dietician responsible for servicing six correctional centres in the West Moreton region. The role has little to no capacity for food services work, such as the provision of advice on food service models and nutrition. Instead, the dietician's allocated time at a centre is largely spent on work of a clinical nature, seeing patients face to face.

The women spoke to us about knowing what they would be eating for most meals, which demonstrated the centre's compliance with the statewide menu. However, we were consistently told if beef was not available it would always be replaced with chicken. The women generally felt they were eating too much chicken, which they believed was selected

because of its cheaper price point rather than in the interests of ensuring they were receiving a balanced diet.

QCS told us the centre adhered to the statewide menu. It did, however, acknowledge deviations may be required in instances when it is unable to source the required protein due to circumstances beyond its control. It committed to recording deviations from the statewide menu.

We found the centre kitchen to be generally clean, but we noticed some of the fruit stored at the back in the cold room appeared to be rotten. This coincided with earlier reports from women who told us of regularly receiving rotting fruit. Women working in the kitchen also advised that the newly painted floor is slippery, and if it is wet, they slip over easily – making it a hazard.

According to the COPD: Health – Food and Nutrition, all corrective services facilities must develop a food safety program to ensure compliance with Queensland Government requirements under the *Food Act 2006*. The Food Services Manager/Supervisor must review the program annually and provide it to the General Manager for endorsement by 30 June each year.

The centre's food safety program was dated July 2022. It is unclear whether a review of the plan was undertaken in mid-2023, as required.

The women at the centre, and the dietician, spoke to us about a need for healthier choices to be provided on the canteen list. Both argued that access to low-calorie snacks would be beneficial. We were also advised that a lack of healthy options on the canteen list is fuelling chronic disease in the prisoner population. As discussed previously, at the time of the inspection, the centre was in the process of transitioning to the statewide canteen list. The dietician reported to us that she had sent her recommendations for consideration.

A review of the centre's canteen list at the time of the inspection confirmed that there were many unhealthy options, such as chocolate, lollies, chips and biscuits. Those wishing to purchase a healthy snack had limited choices, including tuna, apricots, dates and nuts. Further, residential units appeared to have more options than secure units, including beef jerky, preserved fruit, protein bars, oats, almonds and crackers. It is unclear why these items are not also available to the women in secure units.

Although consultation about changes to the canteen list occurs through PAC meetings, it is unclear whether the women will have an opportunity to contribute to changes to the statewide canteen list. We have not made any recommendations in relation to the differences in the canteen list for residential and secure prisoners due to the implementation of the statewide canteen list.

Recommendation 17

Queensland Corrective Services updates its Food and Nutrition Guidelines 2009 as a priority prior to the next review of the statewide menu, which was due in 2024. The finalised menu should reflect endorsement by a dietician and be implemented at Southern Queensland Correctional Centre.

Recommendation 18

Southern Queensland Correctional Centre records deviations from the statewide menu to ensure the women are receiving a variety of protein options, especially when the identified protein option in the statewide menu is not available.

Applications for leave of absence are routinely rejected

Relevant standards

- 51 Prisoners can visit sick relatives and attend the funeral of a family member.
- 85 Decisions relating to leave of absence applications adhere to the requirements of domestic legislation.
- 114 Prisoners' work provides specific benefit to the community.

In Queensland, s 72 of the Corrective Services Act sets out under what circumstances a prisoner may apply for a leave of absence:

- Undertaking community service work. If a prisoner is classified as low risk, they may be allowed to leave the prison to perform community service work. This allows them to contribute positively to society while still serving their sentence.
- For compassionate reasons. This includes enabling a prisoner:
 - to visit a relative who is seriously ill
 - to attend a relative's funeral
 - who is the primary carer of a child to place that child with a primary care giver
 - who was a primary care giver before being imprisoned to maintain a relationship with the child
 - who are parents or kin of a child for whom they were not the primary care giver to establish or maintain a relationship with the child.
- For education or vocational activities. In some cases, prisoners may be granted leave of absence to attend approved study programs.
- For medical, dental or optical treatment. This is particularly important for prisoners held in low custody facilities who can be approved to attend treatment through community services.
- Leave for any other purpose for which the Chief Executive is satisfied to grant leave.

As outlined in the COPD: Escorts-Leave of Absence, the General Manager of the prison may grant compassionate leave to allow a prisoner to attend a relative's funeral. In approving a leave of absence application, the General Manager is required to consider several factors, including whether allowing the prisoner to leave the prison would cause distress to the victim/s of the crime committed by the perpetrator, whether there are any current domestic and family violence orders in place, risk to the community, and cost. Should a prisoner be unable to attend a funeral, alternatives such as the use of video conferencing technology to enable virtual attendance should be considered.

Importantly, the COPD highlights that in some instances, the deceased person may have had a closer relationship with the prisoner than is immediately apparent. This is particularly relevant to Aboriginal and/or Torres Strait Islander cultures, where kinship often extends to close relationship ties. For example, a grandparent or aunt/uncle may have assumed a parent role, and a cousin a sibling relationship.

Members of the PAC reported that these leave applications are not being approved, largely due to possible serious weather conditions and COVID-19-related issues. While the women are given the option to watch the funeral via video link, the connection is often poor, causing the centre to facilitate viewing of the funeral a few days later. Subsequently, many Aboriginal and/or Torres Strait Islander women are unable to engage in Sorry Business.

During the onsite phase of the inspection, we were informed that 15 First Nations women had been denied the right to attend a relative's funeral that was occurring at Cherbourg. We were advised the request was denied due to reports of possible severe weather resulting in flooding occurring in the area at the time of the funeral. The centre approved the women's participation in a live stream of the service.

Inspection officers noted that the recordkeeping process for leave of absence applications is poor. The centre could not locate the documentation for a number of applications, either in IOMS or on the centre's local network computer drive. As such, it was difficult to determine whether the decision-making process was fair and reasonable across the sample we reviewed.

We enquired about the process of communicating the decisions on a leave of absence application to the women. The centre advised the outcome is usually orally communicated by the cultural liaison officers. It also advised the women are not given anything in writing advising of the decision and any right of review.

Management at the centre told us they planned to implement a formal decision-letter process as soon as possible. We were unable to ascertain if the women who had their applications denied were adequately informed of their right to a review of the decision, due to the notification only occurring orally. The centre indicated that it plans to include the right to review information in its formal decision letter.

Family and community contact is critical in supporting women's mental health and general wellbeing while in prison. Maintaining a connection to family supports a woman's recovery/rehabilitation and preparation for release back into the community. In the event the centre is unable to approve a leave of absence, the reasons for the denial need to be communicated to the women officially in writing. The decision letter must inform the women of their right to have the decision reviewed.

Recommendation 19

Queensland Corrective Services updates the Custodial Operations Practice Directive: Escorts - Leave of Absence to include that:

- a) written notification as to the outcome of an application must be provided to the prisoner
- b) the written notification must include information about the prisoner's right to review and the process for requesting a review.

Remuneration rates for students and expectant mothers are too low

Relevant standards

63

The gratuity system is fair and transparent, and based on prisoner engagement and skill levels.

131

Female prisoners' access to incentives and earned privileges is not less than that available to male prisoners.

The COPD: Prisoner Entitlements – Incentives and Enhancements Program states that all prisoners entering a secure facility will be placed on the Incentives and Enhancements Program. The program has three privilege levels: enhanced, standard and basic.

During the inspection, we were advised that there is no Incentives and Enhancement Program at the centre. It was stated that each woman could access everything equally at the centre, with the only difference being the amount women could spend on the canteen while accommodated in the differing locations of the centre. As mentioned earlier, women in residential accommodation have more to spend than those in secure accommodation. The centre indicated that the progression to residential accommodation is an incentive to maintain appropriate behaviour.

We were provided with the employment positions and rate of pay for each position the women can apply for. From this, we found the following:

- Cleaners and students (commencing study) are the lowest paid positions within the centre. They are paid \$2.90 per session and are limited to 10 sessions per week (\$29 per week).
- The highest-paid student position is the student who is approved to do external studies and is paid at a rate of \$4.40 per session, limited to 10 sessions per week (\$44 per week).
- The librarian and puppy handler assistant positions are also paid at a rate of \$4.40 but this is a daily rate, so the women earn less than a student (\$30.80 per seven-day week).
- The highest paid position is Menu Coordinator, in the kitchen. This woman is paid \$8.70 per session and is limited to 10 sessions per week (total of \$87.00 per week). This employment position within the kitchen is key to the central operations of the centre and is considered a trusted position.

Information received from the centre showed us that pregnant women who are unable to participate in work receive the hygiene allowance (\$9.85 per week) and the unemployment allowance (\$1.50 per day). This equates to \$20.35 per week. Women who are unable to work, but are waitlisted for a position due to insufficient positions being available, receive the same remuneration.

A pregnant woman is considered medically unfit and therefore excluded from working. As a result, she receives the unemployment allowance, which is a lower rate of pay. She is being disadvantaged due to a medical condition. This results in the woman becoming reliant on family members to deposit money into her trust account to enable her to purchase from the canteen list once the hygiene and unemployment allowances have been exhausted.

After a woman gives birth, she can apply to Centrelink for child support payments. It generally takes a few weeks before the payments are received, and they are usually backdated to the birth of the child. The centre acknowledges the processing time and makes allowance for the mother by allowing her to borrow money or create an overdraft within the prisoner trust account to purchase child-related essentials.

To ensure a pregnant woman is not unfairly disadvantaged by not being able to participate in paid employment due to her pregnancy and being considered medically unfit, QCS needs to review the current pay structure. We also considered that students make half the amount of the menu coordinator, and while the menu coordinator is a trusted position, women could be encouraged to undertake education and training if equitable levels of remuneration were offered to promote them.

Recommendation 20

That Queensland Corrective Services reviews the prisoner remuneration rates to ensure:

- a) special provision is made for women unable to participate in work due to pregnancy
- b) consideration is given to promoting study by providing equitable levels of remuneration for women engaged in full-time education and training.

5. Health and support

We reviewed the services provided to the women at the centre by the West Moreton Hospital and Health Service (WMHHS). We looked at physical and mental health services, and also at the substance abuse treatment and health supports offered by the health service and the centre.

In addition to the standards that relate to all prisoners, we also assessed the centre against the standards that relate to the healthcare needs of female prisoners and considered how the centre has adapted its practices to be gender-specific.

There are lengthy waitlists to see doctors, dentists, and the Prison Mental Health Service

Relevant standards

- 65 Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.
- 69 Allied health and specialist services are provided on referral.
- 70 Prisoners are supported and encouraged to optimise their health and wellbeing.
- 72 Health services promote continuity of care on release or transfer.
- 73 Prisoner health information is available to treating health practitioners and is accessed with the consent of the prisoner.
- 75 Prisoners have access to mental health services equivalent to those in the community so that their mental health needs are adequately and appropriately met, in line with individual preferences.
- 132 Health care services meet the complex needs of female prisoners in a safe and dignified environment.

Queensland Health is responsible for providing health services for people in all correctional centres in Queensland. These services include primary health care, mental health, oral health, in-patient and specialist out-patient services. At the centre, responsibility for health service delivery lies with WMHHS.

We were advised that the number of women within the centre waiting to be seen by the differing medical practitioners was 'quite a lot', which results in extensive wait periods. Some of the wait times ran for months.

One of the significant waitlists the women raised with us was to see the dentist at the centre. Information received from WMHHS indicated the dental service was failing to meet the needs of the women. At the end of October 2023, it was confirmed that there were 202 women waiting for dental treatment. This included women waiting for emergency dental, general dental, and dentures. Between January and August 2023, anywhere between 62 and 97 emergency cases were awaiting dental treatment. There were only 39 emergency dental appointments available for August 2023, and that was the most made available in any month between January and August 2023.

We were advised that most women seen by the dentist are treated for emergency matters. There was an increase in dental services in June 2023, with the aim of assisting to reduce dental delays; however, in practice, the extra dental services were used to get through more emergency matters due to the significant number on the waitlist. The women have little to no access to preventative dental care while accommodated at the centre.

Women also told us they waited long periods to be seen by the Prisoner Mental Health Service (PMHS) and these long wait times were confirmed by staff. In October 2023, WMHHS advised that 10 women were waiting for intake assessment by the PMHS. However, documentation provided to us indicates the number of women is double that, and sits at 20.

According to information provided by WMHHS, at the end of October 2023 there were 95 women on the waitlist to see a doctor or nurse practitioner, who share a waitlist. Thirty women on the waitlist require chronic disease management. The doctor attends the centre for six hours every Thursday, and confirmed that they do not have the time or resources to deliver adequate health services to the women at the centre. Because of the limited resources and the number of women requiring medical care, there is no ability to deliver preventative health care. Women listed as urgent ('category 1') patients, and semi-urgent, ('category 2') patients are the only ones able to be seen within the six-hour period in which the doctor is available at the centre.

As discussed in Chapter 2, the Nurse Practitioner fills the gap in service delivery but is restricted as to what matters they can see. We were told that the Nurse Practitioner will engage the doctor for matters outside the scope of the role, but many of the women at the centre do not appear to have confidence in the role of the Nurse Practitioner, and believe they are being provided inadequate care.

A review of the PAC meeting minutes identified that the women had requested a regular skin cancer screening clinic, similar to the breast cancer screen clinic that comes out to the centre or the cervical screening that is conducted at regular intervals for the women. Meeting minutes reflect that the women were told Queensland Health does not provide this. The medical officer confirmed that they could perform skin checks on the women if they had enough time.

This means a woman might have a lesion on her skin, but will not be permitted to see the doctor until it develops into something that could have been prevented had earlier treatment been accessible. (This is based on the categorisation system regarding urgency of medical care.)

This is particularly concerning when considering the rates of skin cancer in Australia, and the fact that Queenslanders face the highest risk of developing melanoma in the world. Further, the women are not permitted to have long-sleeved shirts unless they are working outdoors. Long-sleeved shirts were approved for Islamic women as it accords with their faith. Queensland Health lists protection from the sun and early detection as the best ways to reduce the risk of skin cancer. Both of these are out of reach for the women at the centre.

We reviewed the information provided regarding cervical screening tests. It identified that women are receiving the screening for both routine and symptomatic reasons. Reasons for referring a woman included not having had a cervical screening for some time or having had a positive result previously, but not having been monitored or retested for a significant period. These women were listed as requiring urgent testing and it was apparent that the frequency of screening was addressed with women on arrival during the health assessment. We were also advised that older women are offered bowel screening during the initial health assessment.

It was reported that there was significant take-up of breast cancer screening by the women. However, the women did raise concerns with us that mammograms were not offered to the younger women once all of the older women had been tested. We checked with medical staff, who advised that mammograms are not an effective means of identifying tissue change in breasts for women under 40, so they are not offered to younger women. This should be communicated to the women.

Recommendation 21

The West Moreton Hospital and Health Service increases access for women to medical, dental and mental health services until waitlists are reduced and preventive health care can be put into practice, equivalent to community expectations.

There is inadequate access to medication within the centre

Relevant standards

- 65** Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.
- 70** Prisoners are supported and encouraged to optimise their health and wellbeing.
- 71** Medication is safely distributed to prisoners.

During the week of the onsite inspection, there were approximately 290 women accommodated at the centre. According to data from WMHHS, in August 2023, the average number of women on regular morning medication was 153, with afternoon medication numbers at 166. An average of 98 women per day were administered 'as requested' medication (referred to as PRN, from the Latin *pro re nata*), which may typically be over-the-counter pain relief medication such as paracetamol and ibuprofen. Around half of the women at the centre receive regular medication every day, and about one-third rely on access to PRN medication.

Women reported to us that they were being taken off their medication when arriving at the centre and experiencing delays in having it re-prescribed. We were advised that the centre can only confirm a woman has a prescription for the medication if that information has been uploaded by her doctor in a My Health Record. If this is not the case, the woman is required to wait on a long waitlist to see the doctor to have her medication re-prescribed. We were also advised that some medications prescribed within the community are categorised as high risk within a correctional environment and, as such, are not prescribed in the centre. Medication that needs specialist prescription is also avoided.

Further exacerbating the women's access to medication is the lack of medical staff in the centre during the overnight period. The Memorandum of Understanding for Prisoner Health Services between Queensland Health and QCS states that the minimum staffed hours of the Primary Health Service at the centre is 7 days per week, 24 hours per day. WMHHS advised us that there are two nurses rostered to each night shift. However, staff at the centre have confirmed there are currently no medical staff in the centre overnight. This is due to an inability to staff the night shift, despite a rolling recruitment process.

The Nurse Unit Manager at the centre advised us she had been at the centre for 2.5 years, and there had never been a time when they had full nursing capacity due to recruitment issues. In addition to the high demand for nurses, turnover within the prison health service had made it difficult for the centre to have their full establishment of nursing staff. The centre experienced a reduction in staff to the point they had to make the decision to remove the night shift. Removing the morning or afternoon shifts was considered too high risk, and this meant there were only nursing staff in the centre until 9:30 pm.

If a woman requires medical treatment overnight, the only option for custodial staff to manage a health ailment is to call an ambulance. The lack of staffing for the overnight period also limits the women's ability to access PRN medication should they require it. While the nursing staff can provide missed medications at 8:00 pm, there appears to be a reluctance to provide PRN medications at this time, as the consensus among nursing staff is that doing so will impact the end of shift times for the nursing staff, due to a large influx of medication requests from the women.

Currently, Brisbane Women's Correctional Centre is undertaking a prisoner self-managed medication trial. Women identified as suitable for the trial are provided with a Permission to Possess slip, which is generated by Queensland Health staff. This allows the women to hold their medication in their cells and self-medicate, replicating community standards within the correctional environment. Given the limited nursing staffing arrangements at the centre, the implementation of this at the centre could be helpful. It would assist in reducing the reliance on nursing staff to provide paracetamol or ibuprofen and free them up for other medical matters.

Recommendation 22

West Moreton Hospital and Health Service develops a strategy for recruiting and retaining nursing staff to ensure the provision of an overnight nurse for Southern Queensland Correctional Centre.

Recommendation 23

Queensland Corrective Services considers making medication such as paracetamol and ibuprofen available for prisoner purchase on the canteen list, allowing prisoners to demonstrate their capacity to self-manage medication needs as they would be expected to do in the community.

Continuity of care is impacted by the use of paper-based records

Relevant standards

- 65 Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.
- 73 Prisoner health information is available to treating health practitioners and is accessed with the consent of the prisoner.
- 74 Health staff are qualified and have input into the prison regime.

All medical centres in Queensland prisons operate using paper-based medical records, which significantly impacts continuity of care for patients. The paper-based system has been widely criticised by nursing staff and is acknowledged as problematic. Work on the development of an electronic record is underway. The Southern Queensland Correctional Centre Steering Committee meeting minutes for April 2023 indicate the rollout of an electronic record system will start with the centre. However, at the time of the inspection there had been no progress on this rollout.

Paper medical files travel with women when they are transferred between centres. Nursing staff review these paper-based medical records to determine health care needs and ensure health care and referrals initiated at the previous prison are continued.

Medical staff can only access information electronically from hospitals that have moved over to an electronic record management system – for example, the Royal Brisbane, the Princess Alexandra and Ipswich Hospitals. Staff can see the treatment received by a woman at these hospitals. However, if a woman attended a non-digital hospital (Toowoomba Hospital was provided as an example), staff will only be able to see dates of attendance and no further information.

There is a disconnect between health care received in the community and that received in the centre. It limits the ability of medical staff to complete adequate and accurate medical history and create holistic, thorough care upon a woman's release from a prison. An electronic prisoner medical record was under development at the time of the Offender Health Services Review in 2018. The review found that the current practice of paper medical records hinders the sharing of information when prisoners are transferring and/or re-entering the correctional system, affecting continuity of care and likely resulting in processes starting from the beginning.

It was further suggested in the review that a portable electronic medical record (such as a tablet device) would assist with efficiency and error reduction during medication rounds for nurses. This has not been implemented at the centre, and will likely need to be based on the development of the electronic prisoner medical records. It appears progress in developing the electronic prisoner medical record has been slow.

PwC's *Offender Health Services Review Final Report* considered these issues in 2018, noting that correctional centre health staff may not have time to prepare a discharge summary, so documentation is sent to a prisoner's nominated address. This documentation is then easily lost.

We checked with the Nurse Unit Manager at the centre, who confirmed discharge summaries are provided to the women prior to their discharge. Due to all medical records being paper-based, and some women not having a My Health Record, there is no record of any treatment received while serving time in prison if the discharge summary is lost. A general practitioner in the community will be unable to access this information without the summary.

The *Offender Health Services Review Final Report* recommended increased discharge planning, including sending discharge summaries to patients' My Health Record to enable continuity of care in the community. We believe this is a good idea and, in the absence of an electronic offender medical record system, would support continuity of care in the community.

Further, there is a risk of paper-based medical files and charts being lost in transit, giving rise to information privacy risks. Inspection officers were advised that, on occasion, the medical files for some women would not accompany the prisoner on the transfer to the centre, which then required the medical chart to be sent at a later date. These delays then impacted the nursing staff in undertaking their review upon reception of the prisoner into the centre.

We received advice in December 2023 that WMHHS would be implementing the electronic medical record in 2024, on a date to be determined.

There is limited access to allied and specialist health care

Relevant standards

- 65 Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.
- 69 Allied health and specialist services are provided in referral.
- 70 Prisoners are supported and encouraged to optimise their health and wellbeing.

Allied health

Access to allied health services at the centre is limited. The dietitian and optometrist are the only allied health professionals regularly attending the centre. The Clinical Director and Senior Medical Officer for the centre informed us of the importance of access to physiotherapy for women in prisons and suggested the medical centre should make this service available. We were told the Senior Medical Officer can refer women for outpatient specialist physiotherapy appointments, but they rarely meet the criteria to access this service, and if they do, they are placed at the very bottom of the list and not seen as a high priority for treatment.

Research suggests there is a lack of prisoner access to allied health services, with many prison medical centres lacking podiatry and physiotherapy appointments in particular. The Australian Institute of Welfare's 2022 report *The health of people in Australia's prisons* identified that the prison population is ageing and the elderly generally present with more musculoskeletal conditions in comparison to the public at large. This leads to an ongoing need for regular physiotherapy in prisons.

We were told of a new physiotherapy service that was trialled at Woodford Correctional Centre to address some of the challenges prisoners face accessing healthcare. Prisoners had access to an in-house physiotherapist once a week for 16 weeks. Participants rated the service as good to very good and prisoners indicated they wanted the service to continue.

Depending on the reason for treatment, the benefits of physical therapy include managing pain with reduced need for opioids, avoiding surgery, improving mobility and movement, and recovering faster from injury or trauma.

Specialist healthcare

The nearest hospital to the centre is Toowoomba Hospital. If a woman requires treatment for a condition that the centre is unable to undertake, nursing staff arrange for the women to be transported to the hospital.

Staff at the medical centre reported experiencing pushback from surrounding hospitals regarding women's referrals for specialist appointments. Women are reportedly being 'bounced around' the different hospitals due to being outside of the catchment area or having a high-security classification. Multiple staff members, including the Nurse Unit Manager and the Director of Prison Health Services, raised this issue with us.

An example was provided of one woman who had a catheter inserted at Toowoomba Hospital before being returned to the centre. When it was time for the catheter to be removed, Toowoomba Hospital refused to take the woman back, citing her high-security classification as the reason, despite no incident occurring at the time of her initial hospital visit. We were told the centre spent hours attempting to find a hospital who would take the woman to remove it. In the end, a hospital registrar talked the Nurse Unit Manager through the process of removing the catheter herself at the prison medical centre.

We were told it was a frequent occurrence for a hospital and health service to state it does not have the facilities to accommodate a prisoner. This means the prisoner has to be referred to the Princess Alexandra Hospital, which can then refuse the prisoner because they are out of the catchment area. The Director, Prisoner Health Services, confirmed that patients are being refused treatment even if the matter is urgent.

Recommendation 24

The West Moreton Hospital and Health Service increases women's access to allied health care, including physiotherapy and podiatry.

Recommendation 25

To ensure that women have access to health services, the West Moreton Hospital and Health Service resolves jurisdictional issues and refusals to provide health services based on the classification of prisoners.

There are significant delays for acutely mentally unwell women requiring treatment at external hospitals/facilities

Relevant standards

- 75** Prisoners have access to mental health services equivalent to those in the community so that their mental health needs are adequately and appropriately met, in line with individual preferences.
- 135** Female prisoners' gender-specific mental health needs are identified, treated and supported by services equivalent to those in the community.
- 159** Access to physical and mental health care, including both treatment and assessment, adequately and appropriately meets the needs of transgender prisoners and gender diverse prisoners, and is equivalent to that which they can receive in the community.

Mental health services at the centre are provided by both QCS and WMHHS. The PMHS provides mental health care to the women at the centre. The team consists of a clinical coordinator, consultant psychiatrist, psychiatry registrar, transition clinicians, dual-diagnosis clinicians, a psychologist and an Indigenous mental health worker. The team also has a mental health clinical nurse coordinator who conducts telehealth appointments fortnightly. Referrals to the PMHS are assigned a triage category of one to four, with one being the most serious and urgent and four the least urgent. As previously outlined, there are significant wait times associated with being seen by the PMHS at the centre.

QCS also employs a team of psychologists and counsellors who are based at the centre. At the time of the inspection, there were multiple vacancies in their team, including for a senior psychologist and counsellor. The psychologists and counsellors provide broad level support only, with the psychologists focusing limited resources on assessments of women who are at risk of self-harm or suicide. This, in combination with a lack of specific mental health programs available to the women, indicates there is a lack of mental health support available.

Should a woman become acutely mentally unwell at the centre, the PMHS will initiate a process to have her transferred to a mental health facility for appropriate treatment. This involves completing a 'recommendation for assessment' under the *Mental Health Act 2016*. However, due to a lack of available beds in mental health facilities, women at the centre are left waiting significant periods of time to receive the treatment they require. Staff at the centre have no choice but to manage these women in the safety unit under safety orders. Because of the women's deteriorating mental health, the staff have to separate them from other women for the protection of themselves and others.

At the time of the inspection, three women in the safety unit were waiting for a bed in a mental health facility under a recommendation for assessment. The longest wait time among these women was two months. However, correctional staff advised that they previously had a woman waiting approximately six months for a bed. They also advised us that it is extremely distressing for staff in the safety unit to watch these women deteriorate, with no strategies put forward by the PMHS.

When comparing this to the treatment that could be offered in a community setting, acute psychiatric care would usually be commenced in one day for somebody who was not a prisoner, demonstrating the level of care in correctional environments is not equivalent to that in community settings. Staff from the PMHS stated that if someone were exhibiting

the same symptoms in the community they would be taken to the hospital, possibly via ambulance, would be assessed within several hours (up to a maximum of 12 hours), and would then likely be admitted to a mental health facility.

It appears that delays could be occurring at more than one point in the referral process. For example, staff reported a delay on the part of PMHS in completing a recommendation for assessment for one woman, which undoubtedly contributed to the overall delay she experienced in being admitted to the hospital for treatment. Given this was one case, it is difficult to make conclusions about this.

However, staff from the PMHS have told us that mental health facilities and/or hospitals do not have beds available to accept women under a recommendation for assessment. This is not a new issue. Many jurisdictions, including Queensland, have experienced a shortage of mental health beds available for prisoners. We were told this was further exacerbated by the idea that women in prisons can receive health supports and services while they wait for a bed in a mental health facility that someone in the community will not have access to.

The system was described to us a 'two-tier' system, one for prisoners and one for every other member of the community.

In 2006, the Queensland Human Rights Commission report *Women in Prison* (p. 12) found mental health issues were often ignored. Several recommendations came out of the report, including the introduction of:

- rehabilitation and treatment programs for all women prisoners with a mental health issue. This should account for the complex needs of some prisoners, including varying levels of cognitive capacity and the ability to provide informed consent to participation.
- increased access to intensive care facilities for acutely mentally unwell prisoners, by improving psychiatric services generally, including the opening of additional beds in secure psychiatric medical facilities. The detention of such prisoners in the crisis support units of women's prisons is inappropriate.
- additional support for counselling and therapeutic approaches to assist female prisoners with mental illness.

It is very concerning that acutely mentally unwell women are waiting up to 6 months for treatment. The centre's safety unit is not a psychologically safe environment for acutely mentally unwell women requiring treatment under the Mental Health Act.

We did not receive any submissions in relation to this recommendation. Delays in admission to acute mental health facilities for prisoners is a significant and important issue. We will liaise further with relevant agencies and include the issue for detailed examination in a future inspection.

Recommendation 26

Queensland Health addresses delays in prisoner access to acute mental health facilities because of the perception that they are receiving the required mental health care and support in a prison.

6. Security

According to the United Nations Office on Drugs and Crime's *Handbook on Dynamic Security and Prison Intelligence* (2015), different types of security measures – physical, procedural and dynamic – need to be present to ensure that correctional centres are safe and secure.

- Physical security concerns the infrastructure of the correctional centre and security devices, such as the walls and fencing, closed-circuit television (CCTV) cameras, locks, gates, body scanners and alarm systems.
- Procedural security concerns the processes and rules for how and when staff should perform security-related tasks, such as CCTV monitoring, searches and prisoner counts and movements.
- Dynamic security concerns staff-prisoner relationships and interactions such that staff understand the dynamics between prisoners and are aware of what is going on within the correctional centre.

Our inspection focused on procedural and dynamic security. Procedural security processes have the potential to impact the humane conditions of detainment, and dynamic security focuses on the interactions between staff and prisoners, where there are risks of cruel, inhumane or degrading treatment of prisoners.

As part of considering centre security, we looked at barrier control, the centre monitoring systems and prescribed searching of persons. We noted that entry processes, the searching of visitors and treatment of visitors during our visit were all respectful. The staff ensured any observations conducted were not intrusive and local procedures were followed consistently for the secure movements of the women in and out of the visit sessions.

Dynamic and procedural security processes improved during the inspection

Relevant standards

84 Effective systems control access to the prison.

Dynamic security involves staff developing professional relationships and regularly engaging with the women. This includes:

- staff building trust and rapport with the women at the centre
- applying rules consistently
- responding to poor behaviour in a way that is consistent, firm and fair
- encouraging good behaviour
- being responsive to the women's needs and requests.

This allows staff to obtain insight into the social climate of the correctional centre and any associated risks. It also provides a basis for the women to approach staff with information that enables staff to anticipate and respond early and effectively to issues or situations that threaten the safety and security of the correctional centre.

During the onsite inspection phase, we observed a reasonable level of engagement between the women and custodial staff that appeared supportive of meeting the needs of the women detained at the centre. The women told us they generally approach the custodial correctional officers they find supportive. In some instances staff who were around when the women were talking about their concerns with us supported the concerns expressed by the women.

A review of responses to the women from the General Manager as part of the blue letter complaints process revealed a compassionate and personalised approach to the women. In some instances, the General Manager was aware of trauma experienced by the woman who had written the letter. The responses we saw not only resolved the concern but also referred the woman to resources for support.

We did, however, notice some inconsistency in the gatehouse entry processes. One of the members of the inspection team did not have their identification checked or recorded on entry to the centre on any of the five days they were at the centre, despite a reminder being sent to staff about checking identification. Another member of the inspection team advised they were able to exit the centre without placing their bag through the scanner and without being challenged by the staff. One of the team accidentally brought in an unapproved mobile phone without detection. Upon noticing the phone later in the morning, they declared it to a manager.

By the last day of the inspection, we noted more tightly controlled gatehouse processes, which had the effect of slowing entry to the centre. It did, however, give the staff greater control over the movements of people and x-ray searching of bags being brought into the centre.

The centre has reduced removal-of-clothing searches but can do more

Relevant standards

- 88** All searches are lawful, reasonable and proportionate to the risk posed. They are carried out in the least obtrusive way, only conducted when absolutely necessary, and in a manner that is respectful of the inherent dignity of the person being searched.
- 90** Cell searches are only conducted when necessary and with respect to the prisoner's dignity and privacy.
- 91** The strip searching of prisoners is only conducted when absolutely necessary, and in accordance with legislative requirements and with respect for their individual rights, dignity and comfort.
- 137** Search practices maintain the inherent dignity of female prisoners, resident children and child visitors.
- 193** The needs of prisoners with disability are understood and they are treated with dignity and respect during all searches.

QCS has a legislative responsibility to ensure prisons are safe and secure environments. As such, searches are a risk-reduction strategy that assists in the elimination and control of items that have the potential to cause harm to people and/or property. Additionally, searches contribute to the security management of a prison.

However, subjecting people detained in prisons to removal-of-clothing searches, also referred to as strip searches, is often demeaning and humiliating. For women with experiences of physical and sexual abuse, these practices can be highly traumatising.

A trauma-informed practice within prisons should recognise and be responsive to the needs of people who were victims of sexual abuse or other forms of trauma before entering custody, as well as those who may have been abused in a detention setting. Some common procedures in correctional environments – including searches, restraint and isolation – may replicate the dynamics of prior traumas and be inherently re-traumatising.

Evidence from Australia and around the world shows that routine strip searching does not have a deterrent effect, and that reducing these searches does not increase the amount of contraband in prisons. For example, the Western Australian, Office of the Inspector of Custodial Services report *Strip Searching in Western Australian Prisons (2019)* found the reduction in strip searching at two women’s prisons in Western Australia did not lead to an influx of contraband being brought into these facilities. Furthermore, the Queensland Human Rights Commission (QHRC) report *Stripped of our Dignity (2023)* (p. 41) noted:

The Review collected longer-term data from various sources, from which we [QHRC] calculated the contraband detection rate from strip-searching to be 0.01% or even lower.

At the time of the inspection, the centre was using differing search methods, including a body scanner and pat-down searches, in lieu of strip searches. The QCS *Strategic Plan 2024–2028* identifies that the QCS strategy to achieve a safer workplace and correctional environment includes investing in resources such as fit-for purpose technology to address safety and security risks.

The added advantage of phasing out strip searching in favour of body scanners is that it contributes to the humane management of prisoners and acknowledges the needs for a trauma-informed approach to the management of women in correctional environments.



Photo 11: Body scanner in use

The Corrective Services Act enables corrective services officers to conduct removal-of-clothing searches upon female prisoners at the centre. Section 36(1) states that a search may occur when an officer reasonably suspects the prisoner possesses something that poses or is likely to pose a risk to the security or good order of the prison or the safety of a person in the facility.

The COPD: Search – Prisoner Search, states when a removal-of-clothing search must occur. This is:

- upon admission to a correctional facility
- when entering a health centre
- when entering a safety unit (if subject to an at-risk safety order)
- before transfer or removal from a centre (or for a low custody prisoner, transfer from a low custody farm to an adjoining secure centre for a medical appointment or program participation)
- after a contact visit with a personal visitor
- before providing a test sample of urine.

There are a number of requirements for corrective services officers when carrying out removal-of-clothing searches outlined in the COPD: Search – Prisoner Search (p. 9). These include that the officers must:

- be the same sex as the prisoner
- ensure, as far as reasonably practicable, that the way in which the prisoner is searched causes minimal embarrassment to the prisoner
- take reasonable care to protect the prisoner’s dignity
- carry out the search as quickly as reasonably practicable
- allow the prisoner to dress as soon as the search is finished.

The Women’s Safety and Justice Taskforce – *Hear her voice, Report two, Volume two*, (p. 624) recommended:

Queensland Corrective Services immediately move to introduce the widespread use of non-invasive screening technology to end the practice of strip searches in all women’s correctional facilities. During the implementation of non-invasive screening technology, Queensland Corrective Services will implement policies, procedures and practices for strip searches of women that are trauma-informed and compatible to the greatest extent possible with women’s human rights, in accordance with the advice received from the Queensland Human Rights Commission.

We noted that at the start of a personal visit, the centre has the women go through a body scanner in the visitation area to remove the reliance on routine removal-of-clothing searches. The women are still subject to a pat search at the end of the visit. However, we were advised the body scanner in operation at the centre is not able to detect biological material such as drugs; instead, it detects heat generated by metal items as they rest on the skin.

Within the visitation area, we observed one elderly woman who was unable to walk long distances and was using a wheelchair within the visits area. She also relied on a walking stick when not in the wheelchair. At the start of the visit session, the woman was subjected to a search. During the search, correctional staff checked on multiple occasions if she was experiencing difficulties standing, and the walking stick was placed just outside the body scanner. Correctional staff provided support and clear instructions while the search was being conducted. At the completion of the search, her wheelchair was brought directly to the body scanner, and she sat straight onto it. We were told the woman would be subject to a wand search if she were unable to stand in the body scanning machine.

While the body scanner in use at the centre has reduced the number of strip searches related to visits, the location of the scanner restricts its use. Women are still subject to removal-of-clothing searches when they arrive at the centre, as there is no scanner in the reception area. They are also still subject to removal-of-clothing searches when being placed in the safety or detention units. This is due to the reported risk posed by escorting women to the visits area (where the scanner is) and then to the relevant units.

We did note issues around recordkeeping relating to the removal-of-clothing searches. Some registers contained an incorrect legislative basis for the search. For example, searches occurring under s 37 of the Corrective Services Act, which is about a reasonable suspicion the prisoner is concealing a prohibited item, were recorded as occurring under s 35, which is a search in accordance with the Chief Executive's direction. This may relate to a policy practice such as removal-of-clothing searches conducted when prisoners are first admitted to a prison.

We also noted the failure to record manager approval when authority to search was required under s 37. We raised these concerns with centre management at the time of the onsite inspection and they addressed this via an email to staff on the correct practice.

Since our inspection, QCS has installed new body scanning technology at Brisbane Women's Correctional Centre. The new technology can detect weapons, drugs and mobiles and is part of a three-month trial of technology that acknowledges the impact and trauma of strip searching (QCS media release, 19 August 2024).

Due to the inherent re-traumatisation caused by strip searches, and several reports reflecting on the minimal impact that ceasing strip searching has on identifying prohibited items, strip searching practices should be replaced through the application of non-invasive screening technologies.

Recommendation 27

Queensland Corrective Services introduces body-scanning technology as a priority for women's prisons to remove the need for routine strip searching.

7. Rehabilitation and reparation

In this chapter on rehabilitation and reparation we look at how women's needs and risks, as they relate to their offending behaviour, are addressed while they are in the centre. As part of the inspection we considered what education, training, programs and employment opportunities were made available to women. We also considered how women are given the opportunity to make reparations for their offending and give back to the community. We looked at how women are prepared for their reintegration back into the community and how having a placement as close to their home communities plays a large part in this.

There are only two secure placement centres for women – Townsville Women's and Southern Queensland Correctional Centres. There are many communities outside of those two centres, which means that a lot of the time, women are not held as close to their families and communities as possible.

The centre has partnered with Assistance Dogs Australia (ADA) to provide the women with an opportunity to train dogs. The program is one of the community service programs at the centre and is designed to build the confidence and obedience of the dogs. The women involved in the program are developing the skills to train dogs to support community members living with physical disabilities, post-traumatic stress disorder and autism. The program runs on a three-week cycle, which includes the dogs being placed with the women employed as dog handlers for three weeks and then returning to a community placement for three weeks before the cycle commences again with new dogs.

Having the chance to be able to participate in this program is seen as an incentive, and the women involved are employed as dog handlers. The women selected for this role are considered to have demonstrated respectful behaviour and conduct within the correctional environment. We observed the dogs to be very well cared for by the women, who enjoy the responsibility and the opportunity to give back to the community.

There are significant waiting lists for education and program participation

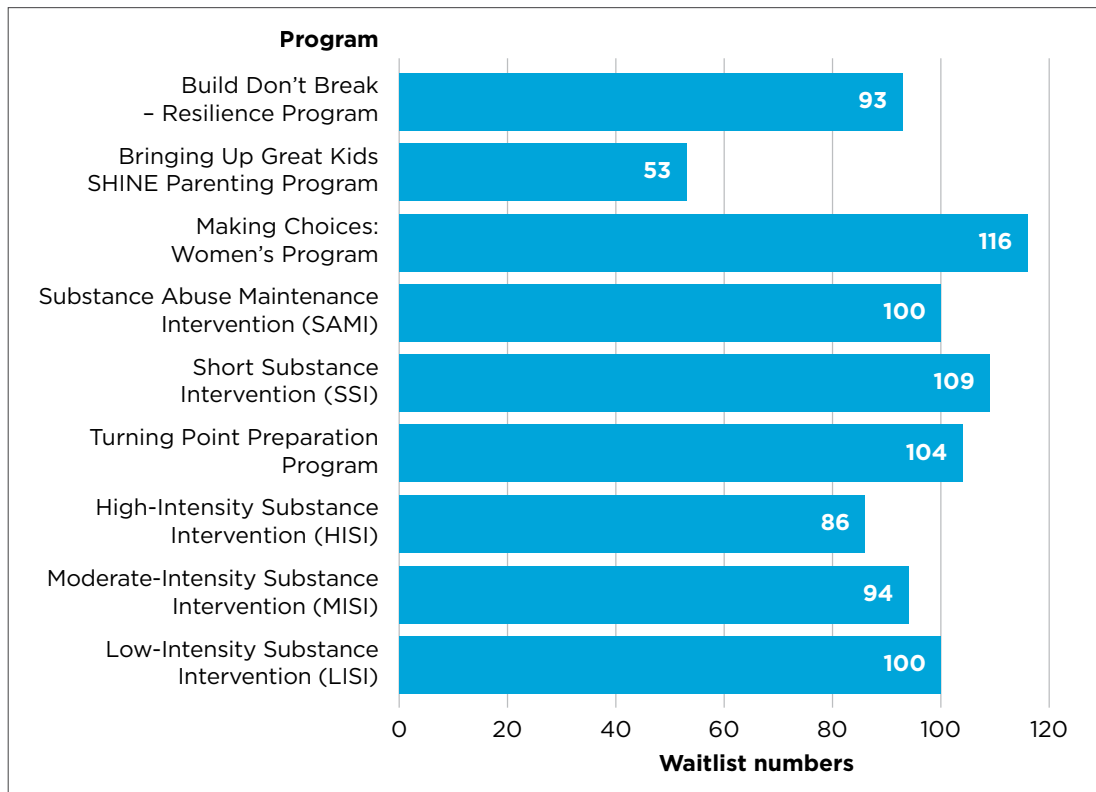
Relevant standards

- 106** All prisoners are assessed to identify their risks and program needs.
- 107** Prisoners' risks and needs are addressed through relevant programs.
- 110** All prisoners are assessed to identify their educational needs, wants and abilities.
- 111** Educational opportunities are relevant to the needs and interests of prisoners.
- 112** All prisoners can engage in work that is purposeful and increases their employability on release.
- 163** Transgender prisoners and gender diverse prisoners have equal access to rehabilitative and reparative opportunities.
- 181** Older prisoners have access to appropriate and meaningful education, employment and program opportunities that meet their needs.
- 195** Prisoners with disability have equitable access to tailored rehabilitative and reparative services and activities to meet their needs.

Programs

Women arriving at the centre receive a suite of assessments leading to the creation of engagement plans that run through the whole of their sentence. Once women are provided with information about programs, they are required to self-refer or apply for them. The centre offers a variety of educational courses and programs. However, the number of courses delivered, and the limited allocation of positions, leaves long waitlists for women wanting to join them. Inspection officers noted an average of 90 names on each course waiting list.

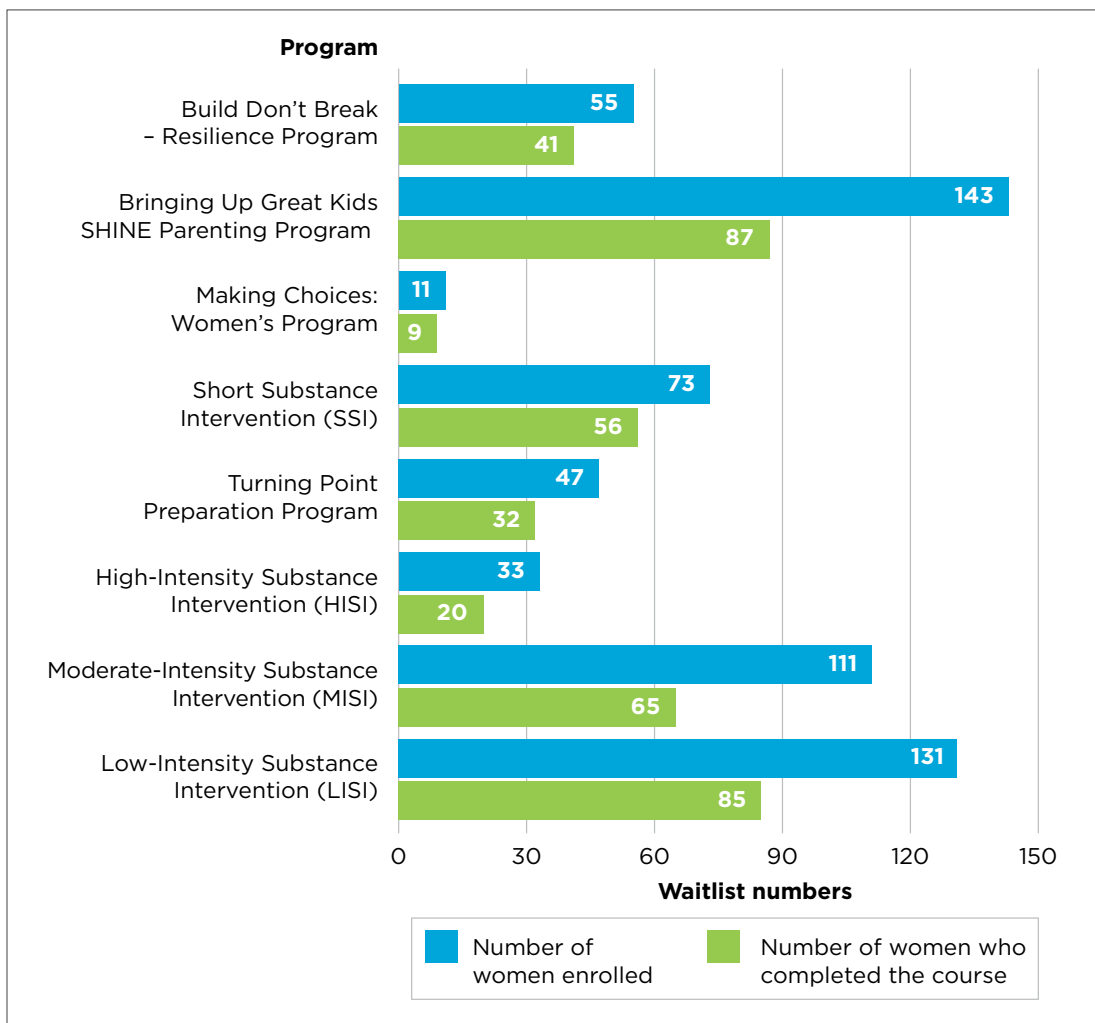
Graph 6: Program waitlists as of 13 September 2023



(Source: Data supplied by Queensland Corrective Services)

We also looked at the completion rates for each of the courses that were conducted between 25 August 2022 and 29 August 2023. We found that, on average, the centre has a 68% completion rate for the women who start a program while at the centre. While we acknowledge that the completion rates are affected by various reasons, we found that in most cases, the women who did not complete the program were either released or transferred before they could do so.

Graph 7: Number of women in programs and number of women who complete programs (2022-23)

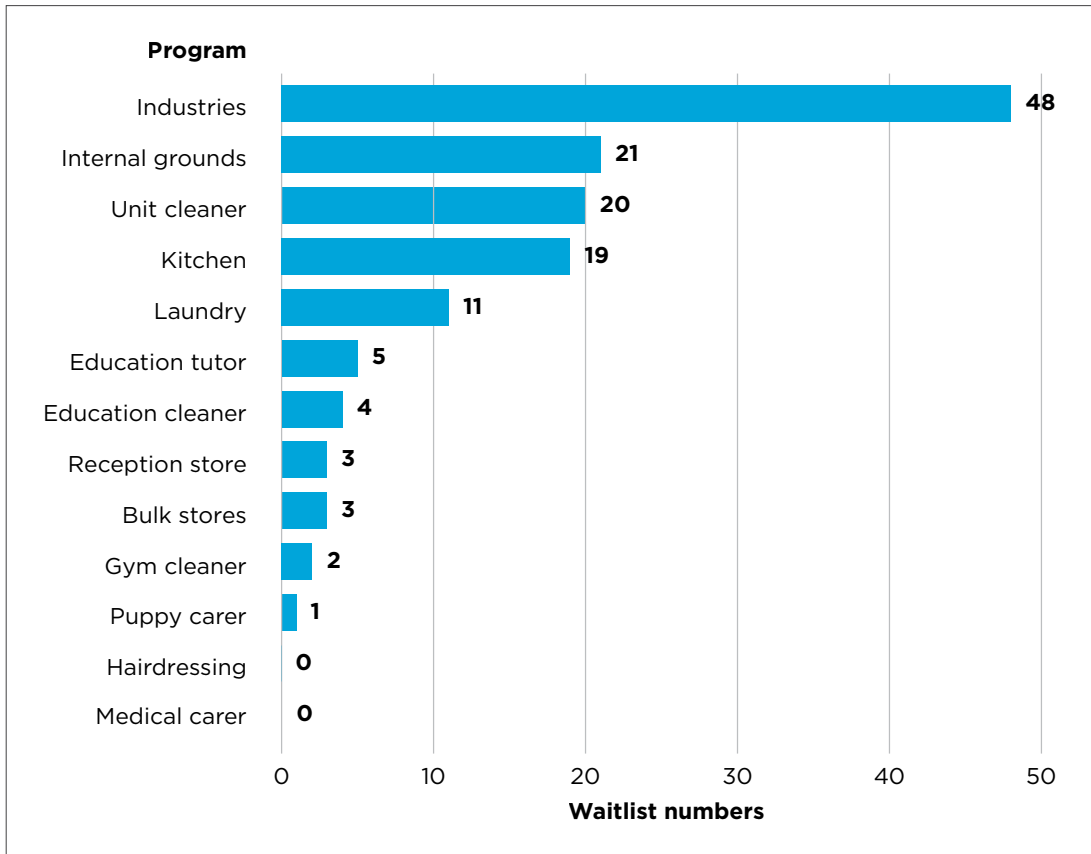


(Source: Data supplied by Queensland Corrective Services)

Employment

Inspection officers noted similar waiting periods for employment opportunities within the centre. The information provided to us identified 137 women on the waiting list for employment. As of 29 November 2023, 289 women were accommodated at the centre. Of those, 137 were engaged in employment. There were 240 paid positions in the centre. Of these the centre had 103 vacancies at the time the information was provided by QCS.

Graph 8: Employment waitlists as of 22 November 2023



(Source: Data supplied by Queensland Corrective Services)

As noted in Graph 8, industries have the largest waitlist of the employment offerings at the centre. We spoke to women employed in the industries section, which makes wooden pallets. They told us that the industries section has a high turnover of prisoners but the perception of what industries offered to them was still positive. This included development of skills that relate to production, workshop roles and construction – which may assist them to source employment on release. The women were trained to use each piece of equipment in the workshop, and the feedback indicated that the trade instructors took their time to ensure the women working there knew what to do and how to do it safely.



Photo 12: Industries workshop

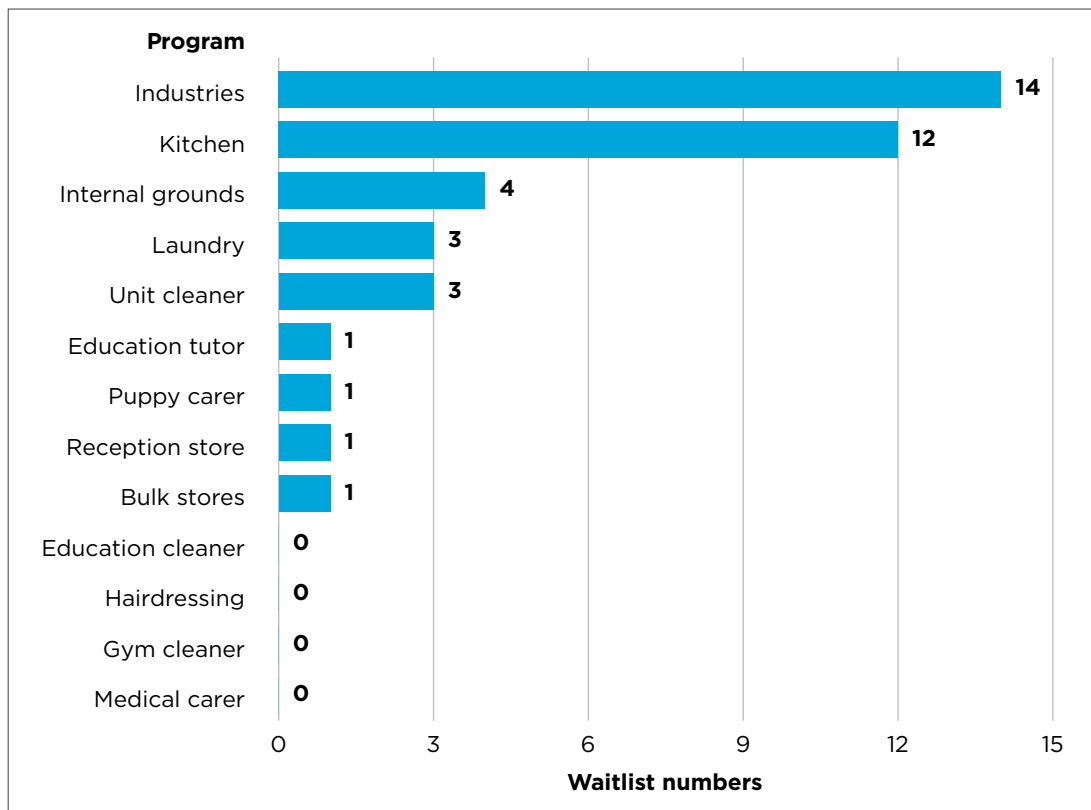
As outlined in the centre's local instruction *Prisoner employment and Scheduling* (10 October 2023) a woman being placed on a waitlist is the first step in gaining employment. After the women are assessed for work, they are then placed on a waitlist until appropriate employment becomes available. The local instruction places some conditions that the women have to meet before being placed on the waitlist, namely that they:

- complete the centre induction
- undertake the literacy and numeracy assessment
- complete a workplace health and safety induction.

At the time of the inspection, we were given information that stated the centre had 137 prisoners who had applied for work and were deemed suitable for specific work areas. They had been placed on a waitlist for those areas of employment. We found 78 of the prisoners who had been approved for work areas and placed on the waitlist could have been employed, based on the identified vacancies. It may be that they could not be placed because of conditions required on some types of employment. For example, in some cases, the women have to be located in a residential unit.

In November 2024, we were advised that the number of employment positions available at the centre had risen to 275 with 102 vacancies, and 40 women were waitlisted for the following positions.

Graph 9: Employment waitlists as of 14 November 2024



(Source: Data supplied by Queensland Corrective Services)

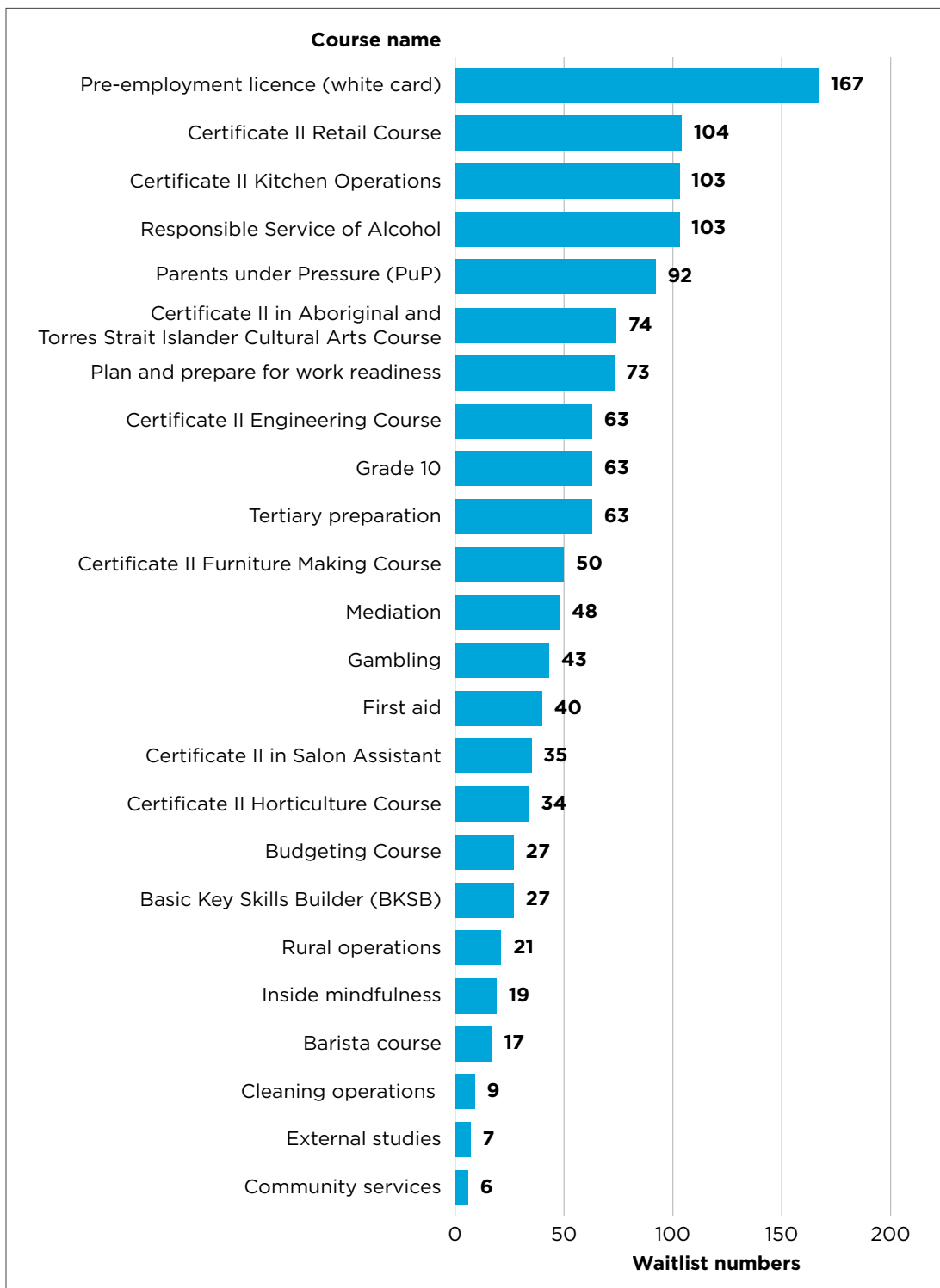
It is encouraging to note the lower number of women on the waitlist and the increased number of positions available. Combined with the updated education completion data, discussed below, the centre has made efforts to provide these women with real reintegration opportunities.

Education

The *Report on Government Services 2023*, part C - Justice, produced by the Steering Committee for the Review of Government Service Provision, identified that between 2021 and 2022, 42.7% of released prisoners return to prison with a new sentence within 2 years. QCS has committed to providing opportunities for prisoners to undertake education and training to support them in changing their offending behaviour.

While a number of educational programs were offered at the centre during our inspection, there were significant waiting periods. As shown in Graph 10, the largest waitlists were for the Pre-employment licence, Responsible Service of Alcohol and Certificate II Retail courses. These were potentially considered by the women to be the courses most likely to result in some form of employment on release.

Graph 10: Number of women on a waitlist to begin an educational course from 2022 to 2023



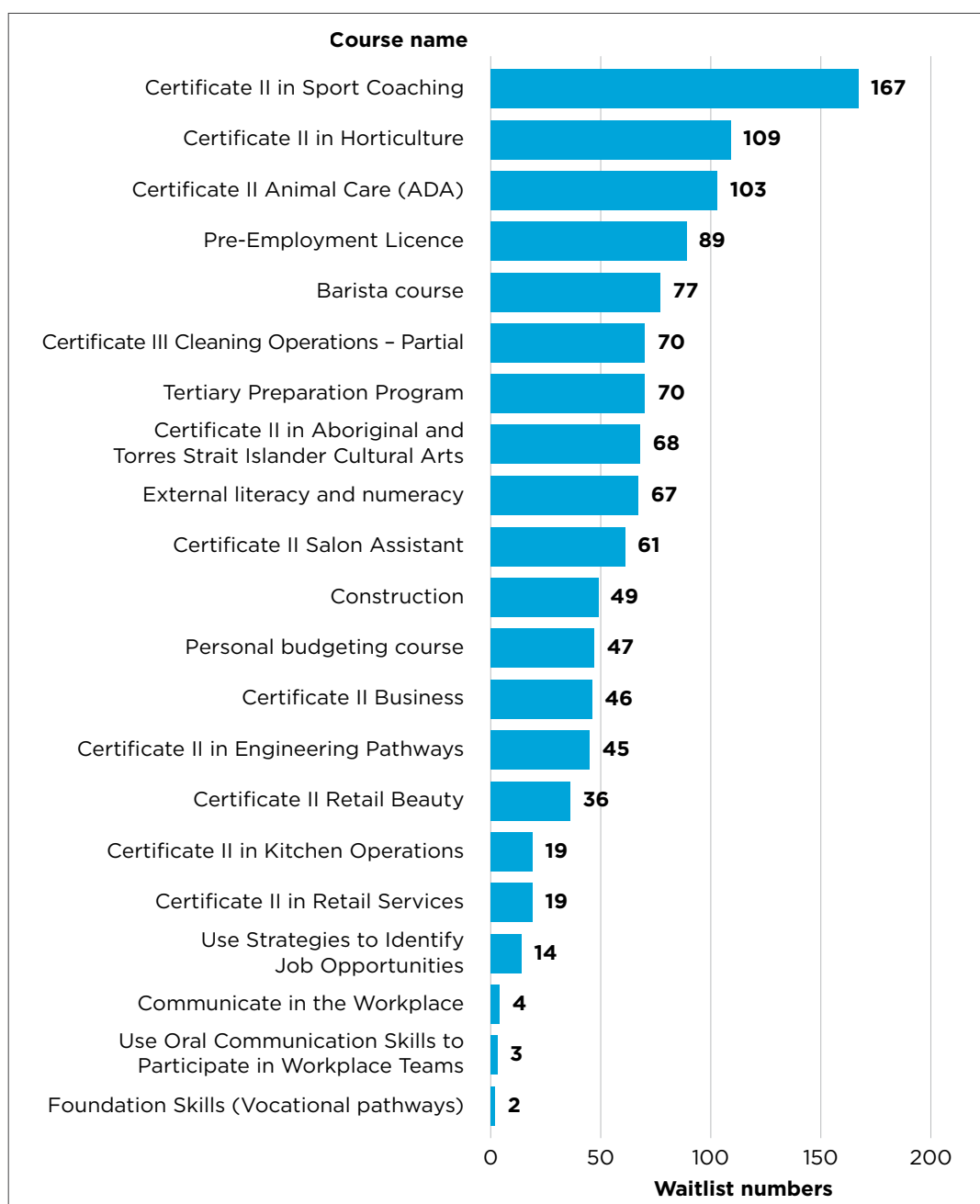
(Source: Data supplied by Queensland Corrective Services)

We were supplied with updated waitlists for educational courses as of 24 October 2024. As can be seen in Graph 11, they indicate significant increases in the number of women waitlisted for the following courses:

- Barista
- Certificate II in Horticulture
- Certificate II in Salon Assistant.

The data also shows that the numbers of women waitlisted for Certificate II in Kitchen Operations, Certificate II in Retail Services and a pre-employment licence had reduced. We acknowledge that some of the courses available in 2022–2023 may no longer currently be available and additional courses have been added. The reasons for the increases and reductions against some of the courses are not known.

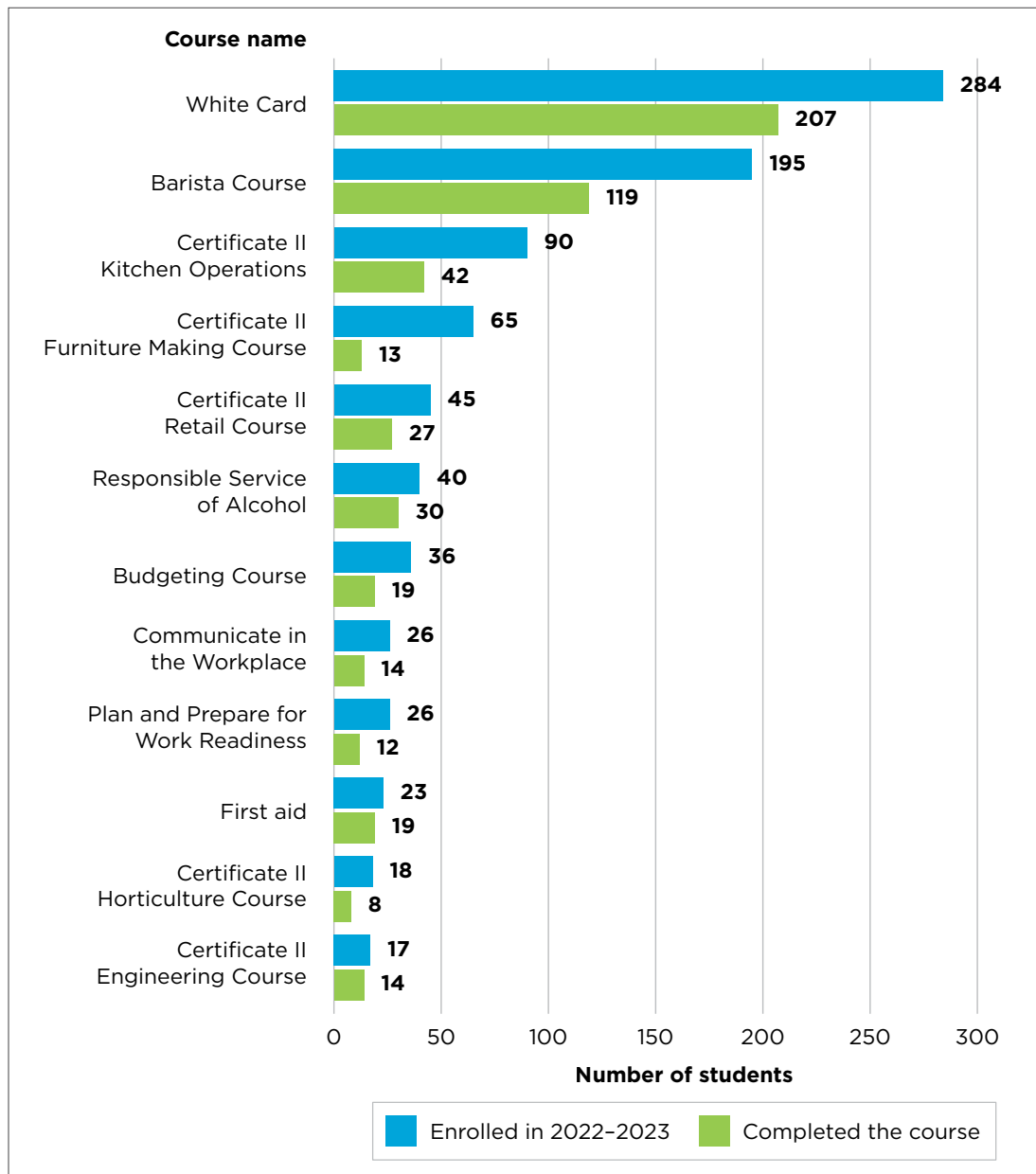
Graph 11: Number of women on a waitlist to start an educational course as of 24 October 2024



(Source: Data supplied by Queensland Corrective Services)

We also looked at the completion rates for each of the educational courses conducted between 2022 to 2023. We found that, on average, the centre has a 58% completion rate for women who commenced a course. The courses with the highest completion rates were White Card, Responsible Service of Alcohol, First Aid and Certificate II in Engineering.

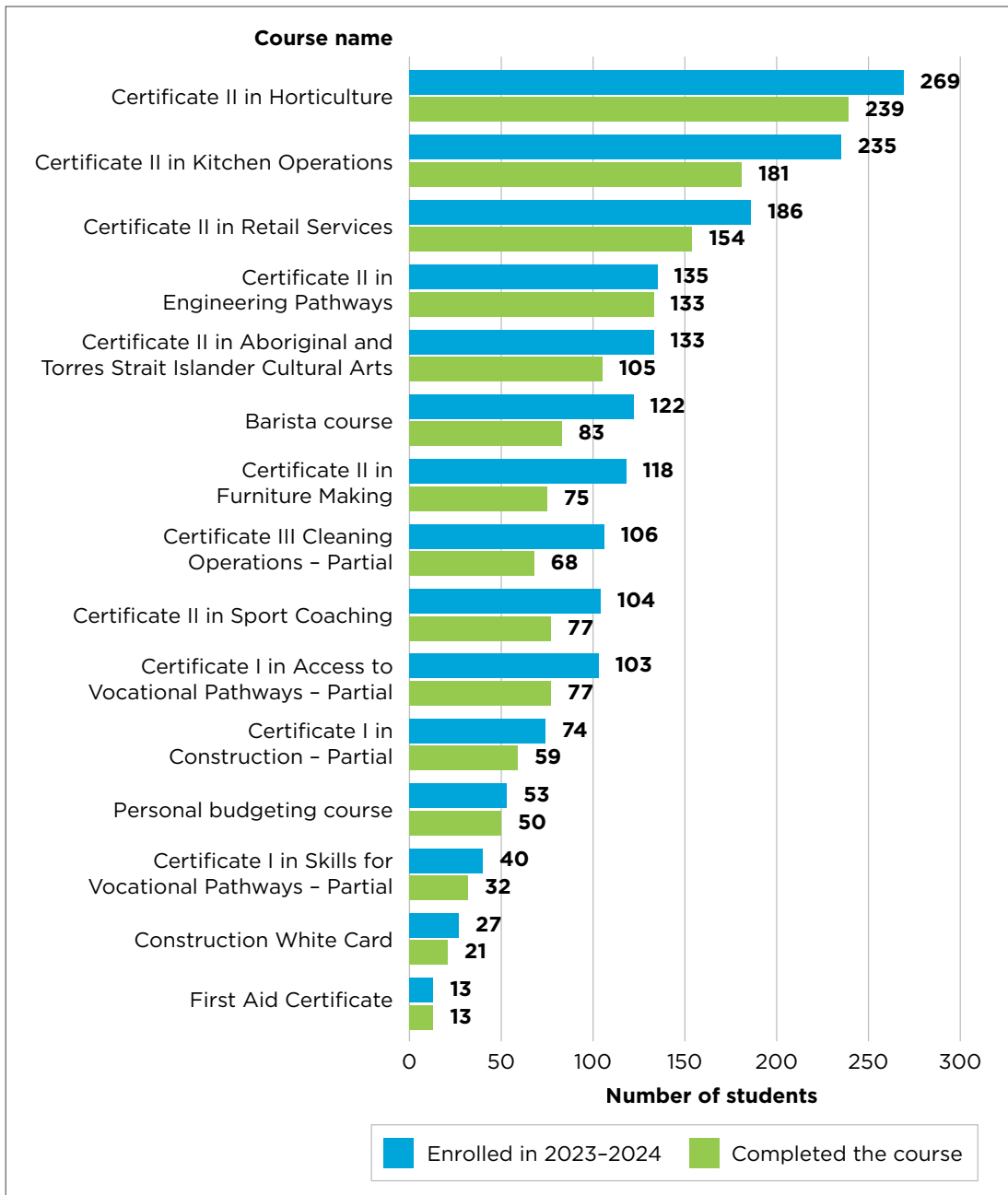
Graph 12: Enrolled students in an educational course and course completion rates for 2022-2023



(Source: Data supplied by Queensland Corrective Services)

We compared this data to enrolment and completion information for 2023-2024, and it reflected an average completion rate of 83%. Some courses had high completion rates. For example, the First Aid Certificate and the Certificate II in Engineering had 100% and 99% completion rates, respectively.

Graph 13: Enrolled students in an educational course and course completion rates for 2023–2024



(Source: Data supplied by Queensland Corrective Services)

The course facilitators spoke to us about their commitment to the women’s education. They encourage participants to focus on completing individual modules so that, when a woman is released to the community, they can count towards attaining a qualification, should she want to continue the course.

In-cell technology for education

While we note a woman’s transfer or release into the community may impact on her ability to complete a course, self-paced learning through the introduction of in-cell technologies at the centre would allow more women to access theory-based education courses. This could increase the completion rates of the participants.

Prisoners at the Alexander Maconochie Centre in the Australian Capital Territory are permitted to access the internet via specific websites that contribute to their education or enhance their reintegration prospects. The Trends and Issues in Crime and Criminal Justice paper *Prisoner use of information and communications technology* (Kerr & Willis, 2018) identified overseas jurisdictions such as in Denmark, where low-custody facilities allow in-cell technology for educational purposes.

Prisoners permitted to engage with online resources, for example, while completing educational courses, can improve their digital literacy to ensure they are not falling behind, and reduce another hurdle to overcome on release. Not only would in-cell technology increase access to self-paced educational courses, it would also promote digital literacy, which can assist reintegration outcomes.

The introduction of in-cell technology for the purposes of education may also contribute to QCS's *Strategic Plan 2024-2028*. QCS's strategy to contribute to reducing crime is though 'promot[ing] evidence-informed rehabilitation activities that contribute to reducing recidivism, including education, vocational and industry skills, and community service'.

At the time of the inspection, there were no specific programs targeting older or younger women. All women who are admitted to the centre are assessed as individuals and allocated to programs or training that suits their specific needs. There are no specific activities, education programs or employment opportunities to target culturally and linguistically diverse women. Language barriers appear to be addressed by using other women who may speak the language of the prisoner to assist in comprehension. This may only be suitable when the woman is not required to disclose information that is personal or offence-related. Culturally and linguistically diverse women have the same assessment processes as all women when being considered for programs and employment.

The centre provides Murri Art, which is the only program targeting First Nations women at the centre. We were advised the centre is currently working on building activities around First Nations women. It was acknowledged that targeted activities must be brought to the forefront at the centre, given the growing number of First Nations prisoners.

Education, programs, and employment within custodial settings play a crucial role in personal development and societal wellbeing. As highlighted in QCS's strategic priorities, the intention is to reduce reoffending and improve prisoner rehabilitation through activities that empower individuals and reduce reoffending. Increasing the capacity of each program to take more women aligns with QCS's strategic priorities, by providing more women with the opportunity to address their offending risks, needs and connection to culture.

Recommendation 28

To allow for increased enrolments and reduce the waiting lists, Southern Queensland Correctional Centre increases the availability of educational courses or the capacity of the current programs.

Recommendation 29

Queensland Corrective Services investigates the implementation of in-cell technology to support the completion of self-paced education programs and reduce the lengthy waitlists for education.

8. Equity and diversity

This chapter reviews the treatment and services that are provided to the diverse prison population, inclusive of younger prisoners, culturally and linguistically diverse prisoners, and prisoners who are foreign nationals. We also looked for any services the centre provided that may support prisoner's sexual orientation, but the centre did not offer anything that specifically accommodates this.

We also considered how prisoners with a disability are supported at the centre and found that the centre does provide accommodation that supports an aging population. As mentioned earlier, some units in the residential area are adjusted for those in wheelchairs or those who may need greater living support.

We observed engagement with vulnerable women in the medical unit to be respectful, polite and reflecting genuine care for their wellbeing.

Cultural items are not available through the prisoner canteen

Relevant standards

59

Prisoners' freedom of religion is respected. They can practise their religion or beliefs fully and in safety.

119

Prisoners from culturally and linguistically diverse (CALD) backgrounds have fair and equitable access to services, activities, employment, and education including those relating specifically to their CALD status.

Prisoners have the right to enjoy their culture, practise their religion and beliefs, and use their language while incarcerated. This right extends to connection to culture and spiritual practices, identity, kinship ties and language for Aboriginal and/or Torres Strait Islander prisoners.

The centre provides women with the opportunity to purchase items through canteen sales (also known as buy-up), which are conducted weekly. The women can purchase a wide range of items across different buy-up lists, which include:

- a list for women accommodated at secure accommodation
- a different list for those in residential accommodation
- a newsagent list
- a list of transgender male-appropriate items
- a child-appropriate items list
- the Sales To Prisoners (STP) list, which includes items the centre can order in specifically for individual prisoners.



Photos 13 and 14: Canteen items available for purchase by the women

During our onsite inspection, some women raised concerns about the differences in items available on the secure and residential accommodation canteen lists. A review of the two lists identified up to 25 or more differences in food and toiletry items available to those in residential accommodation.

For example, a greater variety of chocolates, body washes, and snacks such as salami and nuts were available to women in residential but not to women in secure. Nothing of absolute necessity was missing from the secure canteen list.

We were advised by staff that both accommodation areas had the same list and the only difference was that women in residential, as an incentive, were able to spend more money per week on the buy-ups. However, we found this was not the case.

On the last day of the onsite inspection, the women were all provided with the statewide canteen list. As noted previously, this had been discussed during Prisoner Advisory Committee meetings. Our early conversations with the women indicated the number of offerings had been reduced and the number of items specific to women (such as shavers and body washes) had been changed to male or generic versions.

The women told us that the centre needs to make a wider range of culturally appropriate items, such as chopsticks, audio CDs of Muslim prayers, prayer beads, and foods such as tahini, dates and olive oil available on the canteen list. In other jurisdictions, such as New South Wales, prisoners have access to food and items for 'events of cultural or religious significance'. The items are available for purchase each week unless the privilege has been withdrawn.

The centre needs to broaden the range of cultural items available on the buy-up list. This will decrease the restrictions placed on the women's cultural rights, and will allow for connection to cultural and spiritual practices, identity, and kinship.

Recommendation 30

To ensure a continuing connection to their cultures, Southern Queensland Correctional Centre makes a broader range of cultural items available on the canteen list to all women.

9. Prisoners and children

Southern Queensland Correctional Centre allows women to keep their children living with them at the centre until they start school. We considered how the centre manages this. We also considered how the women are supported during pregnancy and the types of postnatal care provided. We looked at how the centre assesses whether the mother and child can reside together, and the management of the health and wellbeing of the child once they are accommodated in the prison.

We found that the centre supports women who wish to breastfeed their child post-birth. This support is provided irrespective of whether the child remains with the mother in the centre or is in the care of Department of Families, Seniors, Disability Services and Child Safety (Child Safety) or another person in the community. The women are provided with education about breastfeeding and the storage of breast milk. Additionally, the centre provides women with breast milk storage bags free of charge. The centre communicates with the child's carer in the community to organise the collection of frozen breast milk.

The centre has engaged an external provider, Shine for Kids, to facilitate a playgroup for children and mothers once a week. This has included activities for special occasions. For example, on Mother's Day, the mothers and children prepared cakes together. The cakes were sent to the kitchen for baking and were returned in time to be eaten before the end of the session. For children's birthdays, the centre has helped mothers to arrange gifts and cakes. During a session we observed, a mother was seen giving a gift to her child and a birthday cake was brought out for the group.

We appreciated that these children, despite being raised in a correctional environment, were offered the opportunity to engage in occasions that would be celebrated in the community, and that the women were supported and encouraged in doing these activities for their children.

There is a strong commitment to accommodating children with their mothers

Relevant standards

147 Policies for the resident children program are comprehensive, and the processes are fair, equitable and inclusive.

Applications for the Parental Support Unit

In Queensland, pregnant women and mothers can apply to have their children accommodated with them in prison. Keeping a young child with their mother in prison has been shown to have positive impacts on both mothers and children, such as improved mother-child relationships, mental health, quality of life and rehabilitation, and reduced reoffending.

The British Journal of Midwifery article *Staying Together: Mothers and Babies in Prison* (Mulligan, 2019) identified a study of 139 women who co-resided with their infants in a correctional environment. It was found that three years after release, 86.3% of those women remained in the community. The role of 'motherhood', and not just 'being a mother' is said to generate motivation for changing women's lives for the better.

The same article notes that, with regard to the child's perspective and welfare, there needs to be enough opportunities to allow for their physical, social and emotional development. The environment in which a child is brought up can shape their cognitive, social and behavioural development.

Therefore, it is essential that mother and baby units are suitable and well-equipped for children. Research has shown that mothers and babies can thrive when accommodated in mother-and-baby units with adequate resources and services for both mother and child.

This research is significant, given the increasing rates of female prisoners and a growing number of mothers seeking to have their children accommodated with them in prison. While the benefits for the women are evident, correctional centres must ensure the welfare of the children by providing sufficient access to resources, support, services and a wide range of experiences, such as they would be exposed to in the community. This supports the child's early development.

The process for determining whether a child is suitable for accommodation at the centre involves extensive gathering of information and can take between six and eight weeks or longer to finalise. Section 30 of the Corrective Services Act sets out the assessment factors considered by a panel, who then make a recommendation to the General Manager for a decision. The factors considered include:

- the child's age, sex, cultural background, and mental and physical health
- the emotional ties between the child and parents
- the child's established living pattern, including home, school, community and religious life
- the child's wishes, if they can express a view.

Additional considerations include the mother's capacity to meet the child's needs and whether there is accommodation available in the Parental Support Unit (PSU). We noted that the PSU had a total of eight single rooms available, and we were advised that bunk beds would not be installed in the unit.

At the time of the inspection, the counsellor had 14 applications in progress for women to be accommodated with their child. This is reportedly the highest number of active applications the centre has managed to date, causing increasing pressure on staff resources. It was suggested that potential reasons for this increase in applications could be due to increasing female imprisonment rates, greater awareness of women's rights and entitlements in prison, and the importance now placed on maintaining family and community contact.

We reviewed a sample of applications, including those that were declined. Some of these failed to include reasons for the decision. However, the applications that did contain reasons appeared reasonable in the circumstances, considering the child's best interests and adequately balancing the risks and benefits (to child and mother) of accommodating the child in prison.

Overall, it is evident that the centre is committed to enabling women to have their children accommodated with them. The increase in applications and subsequent staffing pressures will be a challenge for the centre to navigate, to ensure applications are finalised promptly and efficiently so women and children can reside together where appropriate.

The provision of essential items to support women with babies in prison

At the time of the inspection, the COPD: Female prisoners and children (v04, 22 May 2023) stated that women with children in the prison are responsible for the costs associated with the care of the child, including the provision of nappies, baby goods and baby formula. The provision of general food and drink is covered by the centre. This approach was

somewhat consistent with the Corrective Services Act s 29(4) which defined the cost associated with care of the children as ‘the cost of nappies and baby goods for the child, but does not include the cost of food and drink for the child’.

A review of the canteen list for women in the PSU indicated that women were responsible for purchasing formula, nappies, baby foods suitable for 4–10 month olds, and then for post-12 month snack foods and a specific laundry detergent. Some women are disadvantaged by not wanting to or being able to breast feed, thus having to carry the cost of purchasing formula, which is considered food. Under the Corrective Services Act, food is required is to be covered by the centre.

However, the Women’s Safety and Justice Taskforce, *Hear her voice Report 2, Volume 2* (p. 608), recommendation 134 outlined the need for the Queensland Government to better meet the needs of children in prison with their mothers:

Queensland Corrective Services provides essential baby items required for the daily care and wellbeing of children in custody with their mothers free of charge including nappies, wipes, clothing, footwear, cot linen, baby food, medicine, dummies, formula, breast milk pump and bottles.

A review of the COPD: Female Prisoners and Children (v09, 17 July 2024) appears to implement this recommendation, noting that QCS will support female prisoners and children in prisons by providing essential items for babies and children at no cost to the prisoner. It indicates that the essential items become the property of the woman and are to be provided to her at release. These items include the baby cot, mattress, sheets and blankets, children’s clothing, breast pump, nappies and formula.

We welcome the amendment of the COPD. It now acknowledges the financial impact on women in prisons in providing care for children. It also demonstrates support for women to maintain connection to their children. We will monitor this at future inspections of women’s prisons to determine how QCS and the prisons have implemented this approach.

The Parental Support Unit is not a child-friendly environment

Relevant standards

148 Resident children are always safe.

To ensure a resident child’s welfare in a prison environment, there needs to be sufficient opportunities to allow for their physical, social and emotional development. The environment in which a child is raised can shape their cognitive, social, and behavioural development. It is therefore essential that units accommodating mothers and children are suitable and well-equipped.

According to the COPD: Female Prisoners and Children, the General Manager of the centre must ensure a unit is established to support prisoners who are primary caregivers in maintaining or establishing bonds and relationships with their children. The unit must be specially designed for the purpose of accommodating children. At the centre this is the PSU.

Physical environment

The PSU is a two-unit building within the residential compound, but it is fully fenced and separated from the rest of the compound. We engaged with a pregnant woman in the PSU, who described the unit to be visually 'child unfriendly'. We agreed, noting a number of concerns related to the physical environment, including:

- no outdoor play area or shaded grassy area for the children to play in
- an absence of colours and texture, with a heavy presence of steel and concrete
- no murals or other forms of artwork displayed around the unit.

Staff at the centre explained that Brisbane Women's Correctional Centre (BWCC) has a fixed outdoor playground. Many women are received by BWCC before arriving at Southern Queensland Correctional Centre and expect that the same facilities will be available. They are disappointed when they realise this is not the case. Staff stated they would like to see an outdoor playground installed in the PSU.



Photo 15: Common living room in PSU



Photo 16: PSU cell

We observed a room with play equipment for the children, which the women stated they appreciated. The children in the PSU at the time of the onsite inspection would enjoy it more if they were a little older.



Photo 17: Playroom in the PSU

Other suggestions from mothers for improvement to the physical aspect of the PSU include the installation of a sandpit, a bike track around the perimeter, and stovetops and washing machines, which would support mothers in developing their skills to prepare them for release.

Child-related programs, services and activities

Research suggests young children co-residing with their mothers in prison can thrive as long as there are resources, services and programs available to prevent institutionalisation. The centre hosts a weekly playgroup, facilitated by Shine for Kids. Children between the ages of birth to seven years are eligible to attend. This includes resident children, and those who reside in the community. Sessions run in line with the school calendar, with 10 sessions per term.

The facilitator described the relationship with the centre as positive and advised that sessions are rarely cancelled. Playgroup is unstructured, as sessions are about promoting connection between mothers and their children.

We observed a playgroup session and saw a Christmas tree being decorated by some of the children. Lunch consisted of dinosaur-shaped sandwiches and star-shaped fruit. As mentioned earlier, a birthday cake was also brought out for a child's birthday. Overall, we were impressed with the normality created by the session for the women and children.

Despite the success of the weekly Shine for Kids playgroup initiative, concerns were raised by staff about the lack of structured programs or activities available to resident children at the centre. It was reported that children simply follow their mothers around and do what they do, with no structured childcare regime. Staff said they would like to see activities run by external community groups, with activities related to art, music and dance.

While the centre is providing some activity for the women and children, this may not be enough to support the physical, emotional, social and cognitive development of the children accommodated at the centre.

Recommendation 31

Queensland Corrective Services and Southern Queensland Correctional Centre improve the Parental Support Unit for women and their children by:

- a) making the unit child-friendly through the installation of a shaded outdoor play area and adding colour through murals or artwork to the unit
- b) installing cooking and washing facilities to support the women in developing cooking and managing-hygiene skills to support them on release
- c) introducing a variety of child-related programs, services and activities to support the development of resident children.

Limited parenting programs are available to women at the centre

Relevant standards

146 Female prisoners can access programs and support to develop and maintain their relationship with their child, where it is in the child's best interests. This includes prisoners who are mothers, as well as those recognised as primary carers of children.

Staff confirmed that there are only two parenting programs currently available at the centre. They include a one-day course facilitated by the child health nurse and a program called Bringing Up Great Kids.

Bringing Up Great Kids is an evidence-based parenting program facilitated by Shine for Kids. It runs over five weeks, one day per week, and gives mothers the tools to connect and build positive relationships with their children. Modules cover child brain development, emotional development, communication techniques and understanding children's behaviour. The program is open to any pregnant women and mothers, irrespective of whether their children reside in the centre or in the community.

Both women and staff at the centre are calling for more parenting programs, particularly to address areas identified by the Child Safety that the child's parents may need to work on. For many women subject to investigations, parenting suitability is a common concern, due to previous cases of child neglect and/or removal of children.

While Child Safety reportedly does not have a list of preferred or required parenting programs, consultation could be undertaken by QCS with Child Safety to identify suitable programs that could be facilitated in the centre while the women are there. This may support the women in engaging with their children as soon as possible after release rather than waiting to find relevant programs in the community and delaying re-connection with their children.

Although staff say the request for more programs has been escalated to management at the centre, the matter had not progressed any further at the time of the inspection. It is important to provide pregnant women and mothers with parenting tools to build positive relationships with their children.

On 19 November 2024, QCS provided us with an update on its response to Recommendation 172 of the Women's Safety and Justice Taskforce, *Hear her voice - Report two: Volume two*.

We were advised that QCS introduced the Transforming Corrections to Transform Lives Program in partnership with Griffith University at the centre in January 2024. The program aims to provide support to a small number of women, their children and families. We look forward to seeing the impact this program has on the lives of the women detained at the centre and on their connection to their children.

Recommendation 32

Queensland Corrective Services and Southern Queensland Correctional Centre investigate and implement additional parenting programs to provide women with the opportunity to enhance their parenting skills and improve their opportunities for engaging with children post-release.

Limited postnatal mental health support is available to women

Relevant standards

145 Pregnant and postnatal prisoners are adequately supported and treated with dignity and respect.

A midwife attends the centre fortnightly to provide pregnant women and mothers with prenatal and postnatal support. Despite the limited hours spent at the centre, the midwife confirmed they are able to see all women who wish to see them during the fortnightly visits. It was explained that the only time a pregnant woman may experience a delay in seeing the midwife is if she arrives the day after the midwife's visit, as she will need to wait almost two weeks until the midwife is back at the centre.

The child health nurse also attends the centre monthly to provide support, ensuring the visit coincides with playgroup, so both resident children and children attending from the community have access to a consultation. The child health nurse is responsible for educating women on how to sterilise their breast pumps, bottles and the children's dummies. Additional support is available for mothers identified as high risk or high need.

The evidence suggests the centre makes a considerable effort to support pregnant women and mothers by working closely with the midwife and child health nurse. However, during the inspection we were told that there is currently no official screening tool for postnatal depression following a woman's return to the centre after giving birth. The centre relies on reports from the child health nurse, midwife, custodial staff and the women themselves to identify mental health concerns in this respect.

It is acknowledged that mothers in the community are not routinely screened for mental health support following childbirth. However, incarcerated women have increased vulnerability. The centre may benefit from introducing a process to screen mothers returning to the centre immediately post-childbirth to identify any postnatal support needs, including mental health care - with a scheduled follow-up and check in at intervals.

QCS told us the child health nurse uses the Edinburgh Postnatal Depression Scale to assess the mental health needs of the mothers, which may lead to a counsellor or psychologist providing regular welfare and counselling services. This is further enhanced by the oversight of the PSU by a correctional counsellor. QCS also told us the centre holds fortnightly PSU meetings involving a multidisciplinary team, which allows for monitoring of the wellbeing of the mothers and children and development of a coordinated approach if required.

Recommendation 33

Southern Queensland Correctional Centre introduces a process to screen mothers returning to the centre immediately post-childbirth, to identify postnatal support needs, including mental health care needs, with follow-up reviews conducted at regular intervals until no longer required.

Communication between Child Safety and the centre could be better

Relevant standards

150 Female prisoners are supported when their children are removed from the prison.

The effects of separating mothers from their children, even for short periods, can be devastating for the individuals involved and highly detrimental to the child's attachment to their mother.

As part of the application process for having a child accommodated at the centre, staff seek consent from the mother to request information from Child Safety. It will then advise the centre if the woman is the subject of an open investigation or intervention regarding an unborn baby or, if the child is already born, whether there is an existing order in place.

Child Safety cannot apply for an intervention order until a child is born. However, a temporary assessment order can be granted, which enables the child to be removed from their mother following the child's birth. We were told that the relationship between the centre and Child Safety could improve, particularly regarding a lack of and/or poor communication in relation to decisions to remove a child. Examples were provided by two women who had their children removed with very little to no notice from Child Safety, leaving the women distraught.

In instances where children are removed by Child Safety, the centre will provide ongoing mental health support on at least a weekly basis and will discuss alternatives for contact with their child, such as attendance at playgroup, face-to-face visits, or virtual visits if deemed appropriate. Further, the centre will support the mother in engaging with and satisfying any outstanding Child Safety requirements for custody to be reinstated.

We were told staff try 'extremely hard' to maintain a relationship with Child Safety. While centre staff attempt to advocate for the mother by trying to address Child Safety concerns, it was reported to us that it was not always clear what is required to satisfy this, as there are no guidelines. It is also important to note that, while a woman may not be deemed a suitable parent in the community, the structured, controlled and monitored setting of a correctional centre provides women with an opportunity to experience motherhood and learn the necessary skills and coping mechanisms. This may not be available in the community. Staff at the centre see this as the best opportunity the woman may have to reintegrate and rehabilitate.

We were satisfied the centre does what it can to support a mother following the removal of her child from her care. In circumstances where the women reported to us that children were removed with little to no warning by Child Safety, we were able to ascertain through information provided by Child Safety that indicated appropriate communication surrounding their decision to remove a child had, in fact, occurred prior to the removal of the child.

In one instance, the decision to remove a child occurred upon the birth of the child with little notice, due to the mother ceasing communication with Child Safety. We were able to identify that the woman's imprisonment did not trigger a notification to Child Safety from Queensland Health once her pregnancy was identified. If a notification had been completed, engagement and planning in relation to the welfare of her child would have taken place while she was in the centre. Once safety planning was undertaken after the child was born and the centre staff had devised a plan, the child was returned to the mother's care within the centre.

10. Transgender and gender diverse prisoners

The inspection standards recognise a prisoner's right to be treated humanely and managed in an individualised way that seeks to preserve their dignity, safety, and privacy. This should enable them to maintain their gender identity. Prisoners have the same right to recognition of their gender identities as any other person.

The centre has complied with case conferencing requirements

Relevant standards

- 153** Where a person identifies as transgender or gender diverse on admission to custody, they must be treated as the gender they identify with.
- 160** Comprehensive and individualised support plans meet the needs of transgender prisoners and gender diverse prisoners.

At the time of the onsite inspection, no prisoners at the centre identified as transgender. The centre did accommodate a transgender prisoner prior to the inspection period.

The COPD: Transgender Prisoners requires case conferences with a multidisciplinary team within seven days of the individual arriving at the centre, and then monthly case conferences for the next three months. The frequency of these case conferences then extends to at least once per quarter.

We reviewed the transgender compliance checklist for the specific prisoner accommodated at the centre, and it indicated that the case conferencing timeframes were not adhered to as required. Specifically, two case conferences were conducted three weeks apart, however, when monthly case conferences should have been held, these did not occur, and the prisoner was discharged.

On review of the case notes, the first case conference was conducted within the week of the prisoner advising they identified as male. This indicated that the centre acted quickly and in line with the COPD requirement of seven days. The case notes indicate that the prisoner was treated respectfully by centre staff.

We were encouraged to see the centre staff primarily complying with the COPD, and evidence of respectful engagement and interaction with a prisoner who identified as transgender.

11. Older prisoners

There is no consensus as to what makes an 'older prisoner', with varied definitions ranging from 45 years to anything over 65 years. Despite the disparity, many jurisdictions use the definition of 50 years and over, as we have.

Older prisoners are a growing cohort of Australia's prison population and are more likely to experience poorer health, chronic physical conditions such as cardiovascular disease, and to use more types of medications than younger prisoners. The inspection standards highlight the distinct needs of older prisoners and emphasise the importance of ensuring they are treated humanely, with dignity and respect, and in a way that preserves their safety.

We generally found the centre managed aging prisoners well, with some units designed to provide greater room for movement, and with shower supports. A prisoner carer process was also available. This allows women to be paid to assist other women who may need additional support with completing the daily routines in the prison.

The centre manages the needs of terminally ill prisoners

Relevant standards

179 Older prisoners receive proactive, compassionate and respectful health care for their age-related needs.

Palliative care can be provided in any location, including a prison. According to the Office of Prisoner Health and Wellbeing's, *Statement on the provision of end of life care for people in prison and in the community corrections system* (p. 1), palliative care includes

- the prevention and relief of suffering
- communication about the patient's goals of care
- the early identification, assessment and treatment of physical, psychological, emotional, social and spiritual symptoms.

Queensland Health, through its prison health services, works with patients and their support people regarding needs and wishes. Depending on the circumstances, the patient may need to be referred to specialist palliative care services or other hospital services. As the end of life approaches, it may no longer be possible to provide a patient with the care and support they need in the prison environment, and they will need to be cared for in a hospital specialist unit.

At the time of the onsite inspection, a woman had been permanently accommodated in the medical centre for several months. The woman's medical care was being managed through a combination of hospital visits, support from the onsite medical staff, and the prison employing an assistant in nursing to provide the woman with daily support.

We spoke with the woman, who confirmed that she was happy being accommodated in the medical unit, and the staff treated her well. She advised that if she requested to visit friends in the residential units, the staff were happy to facilitate her request. She also reported maintaining contact with family and friends via a phone, which was provided to her whenever she requested it.

It is encouraging that the nursing staff at the centre make reasonable adjustments when caring for patients who require palliative care and are nearing the end of life.

12. Governance

The safe, secure and humane management of prisoners is achieved through good governance. This involves having:

- comprehensive strategic planning
- accountable and transparent systems
- sufficient, competent staffing to meet the objectives of imprisonment and the diverse needs of the prisoner population being managed.

The QCS *Strategic Plan 2024-2028* outlines four objectives for the department including:

- safer workplaces and correctional environments
- humane management of prisoners and offenders
- reduce crime
- partnering and community collaboration.

While all apply to the centre, there are specific impacts when considering safer workplaces and correctional environments and the humane management of prisoners.

As previously discussed, at the time of the inspection, the centre was not operating at capacity. This has since changed. There is no new secure placement centre planned for the women, but the focus will be on placement in low-custody centres, as reflected in the QCS response to the Queensland Ombudsman's 2024 *Prison overcrowding and other matters report*.

Until this time, more women will be sharing cells through the bunk bed program as well as sharing facilities designed for fewer women. The risks to staff and the women through overcrowding cannot be overstated.

Staff at the centre expressed concern to us at the opening of the Lockyer Valley Correctional Centre and the potential impact on staffing at the centre. Should experienced staff move to the new centre, when there is already a shortage of professional staff and trade instructors, there may be reduced service delivery and reduced opportunities for training and employment.

Some of the strategies employed by QCS to reduce crime include prisoner-centred assessment, program delivery and psychological support. In Chapter 7 we discussed program completion rates and the impact of transfer or release on this. We also note below the impact of recruiting to critical positions (such as psychologists) in a regional location, which may impact on the delivery of this strategy for the centre.

Training for staff deployed to high-risk areas requires a trauma-informed approach

Relevant standards

- 201** All staff have the necessary knowledge, skills and authority to work in a prison, and are trained to the highest standards of professional competence, integrity and honesty.
- 202** Prison staffing meets the needs of the prison to manage prisoners safely and meet the aims of imprisonment.

Staff within the safety unit and detention unit are not provided with additional training to assist with managing women with acute mental health issues. While QCS advised us staff in the safety unit receive additional training to support their rostering in that unit, staff told us they did not receive training that was adequate to equip them to manage the women who come from traumatic backgrounds and require significant support.

The centre currently includes in its training schedule the program 'Working with Women with Trauma'. This course is listed as being delivered in two parts, with the second targeted at staff deployed to undertake duties within high-risk areas such as the safety and detention units. The annual centre training schedule identifies this training as priority training.

We were, however, advised that custodial staff are trained with a focus on managing the safety and security of the prison and are not provided with adequate training to manage the needs of the women in a way that is trauma-informed and gender-specific. We were advised by psychological services staff that custodial staff undertake no specific training courses to prepare for deployment to the safety and detention units to enrich the staff's trauma-informed practices.

Our discussions with those responsible for training indicated a lack of knowledge about the Working with Women with Trauma training, and we were unable to obtain details on the course objective, content, and who is required to complete the course. Subsequently, the inspection team was referred to the Manager Centre Services. The Manager was unable to comment on the content of the training but did advise that the training relies on senior psychologists to facilitate its delivery. Due to recruitment difficulties, the training has been delayed.

Trauma-informed training for staff does not appear to have been delivered to staff as intended. Nor does there appear to be any other form of trauma-informed training available to ensure staff are equipped to handle disclosures sensitively and professionally.

As we discussed in Chapter 2, abuse and trauma are common experiences for many women who are incarcerated. In its *Interim Women's Strategy 2023–2025*, QCS acknowledged the needs of women in correctional environments. The strategy identified the QCS plans for developing a framework for practice within women's correctional services. It includes reference to developing policies, practices and procedures to support staff, including:

- ongoing intensive and entry-level training that is trauma informed, gender responsive and culturally capable
- practical guidance for managing women in prisons who have experienced childhood, sexual, physical and domestic and family violence
- professional supervision and support.

Recommendation 34

Queensland Corrective Services develops and prioritises the implementation of the framework for managing women in correctional environments, including training for staff working with women experiencing acute mental health issues in high-risk settings, such as the safety and detention units.

The current staffing mix is not gender or culturally responsive and does not provide enough staff for critical positions

Relevant standards

202 Prison staffing meets the needs of the prison to manage prisoners safely and meet the aims of imprisonment.

The staffing needs of the prison are adequate to manage prisoners safely. However, the staffing mix is not gender responsive for a female prison and is not proportionate to the number of Aboriginal and/or Torres Strait Islander women detained at the centre.

Gender responsiveness

At the time of the inspection, data provided by QCS showed, the gender breakdown of staff assigned to the centre was 54% male and 46% female.

Currently, QCS does not have a policy position on recruiting more females than males for female prisons. In 2004, it was granted a policy exemption by the then Queensland Anti-Discrimination Tribunal to recruit to a gender ratio of 70% female and 30% male at Brisbane Women's Correctional Centre. It is not known when this policy exemption expired.

More recently, on 15 June 2018, Townsville Correctional Centre received an exemption from the operation of ss 14, 15, 101, and 127 of the *Anti-Discrimination Act 1991* in relation to the gender attribute in s 7(a). The exemption applies to the advertising, recruitment, and employment practices for female correctional officers, correctional supervisors, and trade instructors at Townsville Women's Correctional Centre. It was granted by the Queensland Anti-Discrimination Tribunal for a period of five years, which appears to have expired in June 2023, without an application for it to be renewed.

We were told that having fewer female trained custodial staff than males impacted operational work, such as searches and the administration of urine testing. Inspection staff observed instances where only male staff were assigned to the safety and detention units during the inspection week.

As mentioned earlier in the report (Chapter 2), part of the duties assigned to officers within these high-risk accommodation areas is to observe women who are considered at risk to themselves or others. Women in these areas are subjected to 24-hour CCTV monitoring, including when accessing the bathroom and shower.

In 2006, the Anti-Discrimination Commission Queensland (ADCQ) released a report titled *Women in Prison* (p. 105), which found the following:

... women who were placed in observation cells, particularly those in Crisis Support Unit (CSU) cells, those in Detention Unit (DU) cells, and in the health centre, are all under observation by camera surveillance 24 hours a day. The women were concerned that male officers were assigned this responsibility, with no regard for a women's privacy. This concern was most acute when women were held in the padded cell at the CSU, as they were detained without clothing and were totally naked when held in this cell (almost all women in this situation would be being observed at the minimum every 15 minutes).

The ADCQ recommended that male officers not be assigned the responsibility of conducting regular observations of women in observation units or conducting inspections of women at night. In 2006, Brisbane Women's Correctional Centre was operating at a level of 68% female and 32% male custodial correctional officers and was actively engaged in recruitment activities to achieve the 70% target.

With the lapse in the policy exemption and QCS not having a position on recruiting more females than males for female prisons, the current female-to-male staffing ratio at the centre is not conducive to ensuring adequate privacy rights are being afforded to female prisoners at the centre.

First Nations staffing representation

Aboriginal and/or Torres Strait Islander staff make up 2.19% of the staff of the prison, while the figure for the prisoner population was 44% Aboriginal and/or Torres Strait Islander peoples at the time of the inspection. The Cultural Liaison Officers experience difficulties in managing cultural activities, counselling, and stakeholder engagement within the current allocation of staffing resources. It was highlighted by staff that other correctional centres have adopted a cultural development and advisory position to assist with delivering and overseeing cultural activities and engagement.

Recommendation 35

Queensland Corrective Services increases the recruitment of female correctional staff to achieve a 70% female to 30% male staff ratio at Southern Queensland Correctional Centre.

Recommendation 36

Queensland Corrective Services and Southern Queensland Correctional Centre improve the representation of Aboriginal and/or Torres Strait Island peoples employed at the centre by:

- a) developing a recruitment strategy to attract and retain First Nations people as correctional and/or support staff
- b) establishing a cultural development and advisory position to support the work of the cultural team.

More recruitment is needed to critical positions

The centre is experiencing difficulties in recruiting staff to fill critical positions. While there is funding for these positions, the rural location poses a significant challenge.

Additionally, associated agencies such as the West Moreton Hospital and Health Service are struggling to recruit staff for critical positions (such as nursing staff) that enable the health centre to operate 24 hours a day. This creates a reliance on external agencies. It also diverts community resources in the event of a prisoner's health ailment during the overnight period, which would ordinarily be dealt with by onsite nursing staff.

QCS also struggles to recruit psychologists, but it is not the only agency having difficulties with this. Changes to accreditation processes have impacted the time it takes to become registered. This is a key driving factor in the nationwide shortage of professionals in this field.

Trade instructors (instructors) and laundry industry workers are required to do their work Monday to Friday. As such, the positions of instructor and laundry worker are non-shift and non-entitlement positions. This means that, according to the certified agreement under which QCS employs correctional officers and instructors, they are not entitled to the 31.5% shift allowance. However, the requirement of an instructor to undertake custodial training and complete Certificate III in Correctional Practice enables them to easily transfer to a custodial position that attracts the shift allowance. This means there can be significant turnover in instructors.

The impending opening of the Lockyer Valley Correctional Centre in the same location may compound a number of these recruitment issues.

Recommendation 37

Queensland Corrective Services reviews the current recruitment strategy to attract and retain psychologists and trade instructors.

Appendix A: Queensland Corrective Services submission



Ref: QCS-05161-2024
Your Ref: 241984



Queensland
Government

Office of the
Commissioner

**Queensland
Corrective Services**

Mr Anthony Reilly
Queensland Ombudsman and
Inspector of Detention Services
inspector@ombudsman.qld.gov.au

Dear Mr Reilly

Thank you for your letter of 4 December 2024 about the inspection of the Southern Queensland Correctional Centre which was conducted in August 2023 under section 8(1)(b) of the *Inspector of Detention Services Act 2022*, and I also acknowledge the inclusion of the draft report.

Please find enclosed the Queensland Corrective Services submissions in relation to the proposed recommendations within the report.

If you require further information regarding this matter, please contact Superintendent Jonathan Gardiner, Acting Deputy General Manager, Office of the Deputy Commissioner, Custodial Operations on telephone [REDACTED] or via email at [REDACTED]

Yours sincerely

Paul Stewart APM
Commissioner

Enc

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Southern Queensland Correctional Centre (SQCC) Draft Inspection Report –
QCS Response to Proposed Recommendations
Queensland Corrective Services



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Recommendations	Response
<p>Recommendation 1 Southern Queensland Correctional Centre:</p> <ul style="list-style-type: none"> a) review how induction information is provided to prisoners to ensure it is accessible through a wider range of formats b) ensure staff can access interpreters for the induction process. 	<p>A prisoners' entry and transition into a corrective services facility is a critical period. Queensland Corrective Services (QCS) is committed to ensuring that information made available to prisoners is accessible, including to prisoners who are culturally or linguistically diverse, and prisoners who are unable to read or have impairments.</p> <p>Currently at the Southern Queensland Correctional Centre (SQCC), incoming prisoners are provided with an induction handbook upon arrival. The induction process begins in the prisoners' accommodation area, where they are introduced to the daily routines of their unit. Additionally, new prisoners participate in a weekly induction hub, where QCS representatives from various work areas meet new prisoners and describe the services they offer.</p> <p>This weekly induction hub allows prisoners to engage directly with QCS representatives, providing them with valuable opportunities for advice and support as they navigate the centre and the broader service system. QCS staff have the ability to access the Interpreter Service to facilitate the induction process for prisoners from diverse cultural and linguistic backgrounds, ensuring that all individuals receive the necessary information and support during their transition into the correctional environment.</p> <p>To enhance the induction process for women in custody, the Women's System Reform initiative is in the final stages of developing a comprehensive Women's Handbook, as recommended by Women's Safety Justice Taskforce (WSJT) Recommendation #167. This handbook aims to provide accessible, up-to-date, and easy-to-understand information tailored to the individual needs of women in custody and in the community. It will cover a wide range of topics, including women's rights, daily routines while incarcerated, how to access necessary support, preparation for release, and the complaints process. The Women's Handbook will replace the induction handbook currently provided to prisoners at SQCC.</p>



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	<p>The language used in the handbook is intentionally crafted to be strengths-based and trauma-informed, and easy to read to ensure clarity. The handbook includes cultural information and considerations specific to First Nations women, developed in consultation with QCS' Murrinhagun Cultural Centre. A First Nations organisation has been engaged to create artwork, illustrations, and graphics, ensuring that information is clearly displayed alongside supportive visuals. Additionally, recognising the needs of women with lower reading comprehension or those for whom English is a second language, the initiative includes the development of informative videos that will be displayed on closed-circuit TVs within the centres, with specific content tailored for the reception area and general centre information.</p> <p>The Women's Handbook will be professionally printed and distributed to every woman in QCS correctional centres, and when women transfer between facilities, they will receive the appropriate handbook for their new location.</p> <p>The Women's Handbook and will ensure relevant information is accessible to prisoners through a wide range of formats. QCS will continue to explore opportunities to improve the accessibility of information provided to prisoners in corrective services facilities.</p> <p>QCS takes its privacy responsibilities seriously and is committed to improving the privacy of prisoners, maintaining confidentiality and ensuring the safety of all individuals in corrective services facilities.</p> <p>QCS operates within the constraints of the infrastructure and resources available in corrective services facilities, including SQCC.</p> <p>QCS will collaborate with West Moreton Hospital and Health Service to explore options to improve prisoner privacy during initial health assessments, acknowledging the limitations presented by infrastructure constraints and the procedures necessary to ensure a safe and effective reception assessment function. The nature of these constraints may limit feasible options.</p>
<p>Recommendation 2 West Moreton Hospital and Health Service and Queensland Corrective Services identify a more suitable location for health assessments to improve prisoner privacy.</p>	



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<p>Recommendation 3 Southern Queensland Correctional Centre update the primary and secondary legal resources identified in the Custodial Operations Practice Directives: Prisoner Entitlements - Legal Resources and implement a regular process of checking that the women have access to the most current version of legislation available.</p>	<p>QCS is committed to providing women with access to legal resources. The QCS Custodial Operations Practice Directives (COPD): <i>Prisoner Entitlements - Legal Resources</i> requires that primary and secondary legal information be made available to approved prisoners. The COPD prescribes a list of legislation (and secondary information, such as textbooks) which must be made available to prisoners as a minimum. A formal review process occurs on a quarterly basis to ensure women have access to the current version of legislation and compliance with the COPD: <i>Prisoner Entitlements - Legal Resources</i>. In addition, changes to available legal resources may occur outside of the scheduled review process in response to significant legislative or COPD amendments (such as to implement recommendation 4 below).</p> <p>Women have access to legal resources through the onsite prisoner library at SQCC and the centre also conducts quarterly reviews of legal resources to ensure compliance with the COPD for Legal Resources.</p>
<p>Recommendation 4 Queensland Corrective Services (QCS) update the COPD: Prisoner Entitlements – Legal Resources to include the Domestic</p>	<p>QCS is committed to providing prisoners with access to legal resources. QCS also recognises the importance of providing information relevant to domestic and family violence, given the prevalence of domestic and family violence perpetrators and victims in custody, in both male and female correctional centres in Queensland.</p> <p>QCS will amend section 9.1 of the COPD: <i>Prisoner Entitlements - Legal Resources</i> to include the <i>Family Violence Protection Act 2012</i> and the <i>Domestic and Family Violence Protection Rules 2014</i>. QCS will also review the SQCC legal resource library and other Legal Resource Centres across corrective services</p>



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<p>and Family Violence Protection Act 2012 and the Domestic and Family Violence Protection Rules 2014.</p>	<p>facilities to include the <i>Family Violence Protection Act 2012</i> and the <i>Domestic and Family Violence Protection Rules 2014</i>.</p>
<p>Recommendation 5 Queensland Corrective Services amend the COPD: At-Risk to include where a decision has been made to deny a woman access to underwear or shorts as part of the risk assessment process, the assessment include strategies for managing the woman's menstruation in a way that is hygienic, humane and dignified.</p>	<p>QCS recognises the importance of ensuring prisoners are managed in a way that is hygienic, humane and dignified, and takes its obligations under the <i>Human Rights Act 2019</i> seriously. QCS is also committed to ensuring it upholds its duty of care to all prisoners, particularly during periods of time where a prisoner may present a substantial risk to themselves or others. QCS is required to fulfil its duty of care by limiting access to items that could be used for self-harm.</p> <p>QCS acknowledges that this process may impact a woman's rights to privacy and dignity, however, it is emphasised that such measures are taken only in the most exceptional circumstances, following a thorough risk assessment and consideration, and only when no alternative options exist to safeguard the individual's life. Typically, decisions to deny access are only made when a woman is assessed to be at extreme risk of suicide or self-harm and has demonstrated a propensity to use these items for harmful purposes which may pose a risk to their safety.</p> <p>Section 7.5 of <i>COPD: At Risk Management</i> indicates that "individualised assessments must be conducted when considering a prisoner's access to sanitary items (sanitary pads, tampons) and underwear, and must consider the least restrictive options available. If removing access to one or all of these items is critical to safety, a human rights impact assessment must be completed and the identified risk and assessment must be recorded in the relevant Initial Response Plan (IRP) or At-Risk Management Plan (ARMP)." (Version 09).</p>



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At the time of the inspection, QCS was already providing a range of options for menstruating women assessed at high risk of suicide or self-harm, with sanitary items distributed on an as-needs basis. Typically, at-risk women who are menstruating receive sanitary pads, while the type of underwear provided—either regular or paper—is dependent on the individual's risk profile. Although tampons pose a higher risk due to potential misuse, their provision may still be considered based on an individual assessment.

In instances where issuing sanitary products or underwear are assessed as posing an unacceptable risk due to extreme at-risk behaviours, the affected woman will be subject to constant staff observation. During the period of time where the risk assessment determines that issuing sanitary products or underwear is unsafe, staff will encourage the relevant individual to utilise available toilet paper, soap, and water to maintain hygiene. Continuous risk assessments are conducted to determine when the provision of sanitary products and/or underwear can be safely reinstated.

QCS is committed to exploring policy and practice changes where these can be implemented in a way that safeguards the prisoner's life. QCS has initiated significant changes regarding the distribution of sanitary products to women identified as at risk, fulfilling the duty of care by limiting access to items that could be used for self-harm.

- QCS is collaborating with a university to design a safer underwear option that can accommodate sanitary pads, thereby enhancing the available resources to mitigate assessed risks of self-harm. In March 2024, then Deputy Commissioner Gary McCahon met with representatives from the Human Rights Commission (HRC) to discuss enhancements to QCS practices concerning the issuance of sanitary items to women at risk of self-harm, an area identified as a priority by the HRC. On March 12, 2024, Ms. Fulton from the HRC expressed support for these positive developments.
- In April 2024, COPD amendments supported by the Human Rights Commission (HRC) were implemented, requiring individualised assessments be conducted when restricting a female prisoner's access to sanitary items.



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	<ul style="list-style-type: none"> The WSJT Project Team in line with Recommendation #139 are currently reviewing and updating COPDs to ensure they are trauma-informed, gender-specific, and culturally safe, with plans to develop gender-specific COPDs to address the complex needs of women in correctional facilities.
<p>Recommendation 6 Southern Queensland Correctional Centre should ensure there is always one female officer rostered in each of the safety and detention units.</p>	<p>QCS is committed to ensuring the safety and dignity of women in custody, including those identified as at-risk.</p> <p>QCS recognises the importance of recruiting and retaining a workforce that reflects the diversity of the prisoner population. The challenges of achieving and sustaining a diverse workforce is not isolated to QCS and is experienced by other public sector agencies delivering services to diverse client groups.</p> <p>Notwithstanding these challenges, QCS has successfully implemented attraction, recruitment and retention strategies to attract key critical capabilities. Between December 2020 and December 2024, the total number of female custodial correctional officers increased from 875 to 1406. Female custodial correctional officers comprise 41 per cent of all custodial correctional officers at SQCC. QCS recognises that continuing this journey towards greater workforce diversity will increase the capability of the workforce</p>



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	<p>to more effectively and appropriately manage women in prison. Specific initiatives to recruit and ensure female staff are always rostered in particular positions, such as the safety and detention units, may require exemptions under the <i>Anti-Discrimination Act 1992</i>.</p> <p>QCS also recognises that the right to life under the <i>Human Rights Act 2019</i> includes a positive duty on the State to take appropriate steps to protect the right to life. QCS has an overarching duty of care to ensure that prisoners who are at risk of self-harm or harm to others are appropriately monitored both physically and via CCTV. Inadequate observation can lead to tragic outcomes, including preventable deaths in custody. Rostering decisions are made within this context.</p> <p>Within the constraints presented by the proportion of female CCOs employed at SQCC, efforts are made to roster and operate in a way that allows for the management of women's dignity and privacy. These practices include:</p> <ul style="list-style-type: none"> • Efforts are made to ensure at least one female CCO is rostered to work in the Safety Unit. • Removal of clothing searches are prioritised when female CCOs are on duty. • At least one female CCO is allocated to an external escort when a woman requires assessment and/or treatment in a hospital, noting that a woman's assessment and/or treatment may require her to be partially or full unclothed at times. • Additional information regarding expectations of staff and the protection of women's dignity and privacy is outlined below in Recommendation 7.
<p>Recommendation 7 Queensland Corrective Services clearly indicate their</p>	<p>QCS recognises there is a critical need to balance the protection of women's dignity and privacy with the imperative of ensuring their safety through proper observation. Although efforts are made to have female CCOs on roster and present when during times such as showering and toilet use, there are instances</p>



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<p>expectation of how custodial correctional officers manage observations of prisoners of the opposite gender when undertaking duties in a safety unit, detention unit or similar with reference to the relevant Custodial Operations Practice Directives.</p>	<p>when male CCOs may inadvertently observe women undressed due to the limitations of the current rostering practices and operational constraints.</p> <p>QCS has clear expectations for how custodial correctional officers manage observations of prisoners of the opposite gender when undertaking duties in a safety unit or detention unit. In situations where a woman undresses or uses the toilet while a male CCO is monitoring via CCTV, the protocol requires the officer to remove the image from the monitor and avert their gaze from the monitor while requesting the woman to dress. QCS is committed to enforcing and ensuring staff comply with this practice and is currently exploring ways to formalise it through Local Instructions or COPDs.</p> <p>CCOs assigned to the Safety Unit undergo specialised trauma-informed training, which is delivered by a Senior Psychologist and focuses on the unique behaviours and needs of the women in their care. This training equips staff with the skills to handle the unique challenges presented by the diverse backgrounds and experiences of the women they supervise. This training emphasises the importance of compassion, respect, and integrity, reinforcing QCS's commitment to maintaining a professional environment. All staff are expected and required to perform their duties with respect and compassion, and they are monitored for professionalism and integrity.</p> <p>CCOs assigned to the Safety Unit also undergo specialised trauma-informed training, which is delivered by a Senior Psychologist and focuses on the unique behaviours and needs of the women in their care. This training equips staff with the skills to handle the unique challenges presented by the diverse backgrounds and experiences of the women they supervise. This training emphasises the importance of compassion, respect, and integrity, reinforcing QCS's commitment to maintaining a professional environment. All staff are expected and required to perform their duties with respect and compassion, and they are monitored for professionalism and integrity.</p> <p>To enhance the capacity of staff to work in a gender-specific and culturally safe manner the QCS Women's Trauma Informed Practice Framework is being developed to provide comprehensive support for staff</p>
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<p>Recommendation 8 Queensland Corrective Services prioritise the delivery of specialist mental health and trauma support for women at Southern Queensland Correctional Centre.</p>	<p>working with women in custody. This framework will help ensure that the unique needs of women are met with sensitivity and respect, ultimately improving their care and outcomes within the correctional system.</p> <p>QCS acknowledges that many women in the criminal justice system have experienced abuse and trauma, and services for women in custody, including mental health services, need to be delivered through a comprehensive, trauma-informed approach.</p> <p>QCS, in collaboration with Queensland Health (QHealth), is committed to ensuring the timely delivery of health services for prisoners and acknowledges the distinct vulnerabilities and needs of prisoners. QHealth provides specialist mental health services for prisoners (Prison Mental Health Services), and QCS employs psychologists and correctional counsellors to provide psychological services that promote mental health, wellbeing and safety of individuals in custody and to support their progression in custody.</p> <p>Upon admission to custody, each prisoner undergoes an assessment by a QCS mental health professional to identify immediate risks and needs. Individualised interventions and referral pathways are established based on these assessments. Vulnerable prisoners or those at higher risk of suicide receive specialised case management support through the Prisoner of Concern (PoC) and Elevated Baseline Risk (EBLR) processes. QCS clinical staff are provided with ongoing training to enhance their trauma-informed practices.</p> <p>QHealth undertakes assessments of prisoners upon reception to confirm immediate physical and mental health needs. Prisoners are able to access QHealth primary and specialist mental health treatment at any time during their incarceration through self-referral. QCS may also refer people for QHealth mental health treatment. The partnership between QHealth and QCS emphasises the importance of addressing the mental health and trauma needs of prisoners, particularly women, through a multidisciplinary approach that includes case management and collaboration with PMHS (QHealth).</p>
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SQCC has established a dedicated accommodation unit (S1) specifically for vulnerable prisoners with complex mental health needs. A multidisciplinary team evaluates the suitability of prisoners for placement in this unit, allowing for more consistent and flexible support. This co-location of prisoners facilitates regular access to services while maintaining opportunities for participation in external activities. Consistent staffing in the unit fosters trust and rapport, enabling officers to better understand individual behaviors and needs.

An informal review of the unit's management has indicated positive outcomes, while also highlighting areas for ongoing improvement. In alignment with the WSJT Recommendation #139, QCS is implementing ongoing competency-based training for staff, focusing on trauma-informed, gender-responsive, and culturally capable practices. This training aims to equip staff with the skills necessary to manage women who have experienced various forms of violence, including child abuse and domestic violence.

The trauma-informed framework established by QCS is built on core principles such as safety, respect, collaboration, cultural identity, accountability, and empowerment. This framework guides the development of programs and services tailored to the unique needs of women in custody, acknowledging the complexities of their experiences and the factors contributing to their involvement in the criminal justice system.

In response to WSJT Recommendation 147, QCS is reviewing existing rehabilitation programs for women, with the goal of enhancing the availability and quality of gender-specific services. This includes improving continuity of care between correctional facilities and the community. Additional funding from WSJT will support the expansion of rehabilitation programs and the recruitment of internal program delivery staff.



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<p>Recommendation 9 Queensland Corrective Services implement a process for the decision-making and recording of the considerations when limiting human rights for individual prisoners placed on safety orders or separate confinement orders and that this process is accurately reflected in the relevant Custodial Operations Practice Directives.</p>	<p>QCS takes its obligations under the <i>Human Rights Act 2019</i> seriously and acknowledges that there are several factors which must be considered in assessing whether a limitation on a human right by an act or decision is reasonable and justifiable. QCS also recognises that the placement of prisoners on safety orders or other decisions which may result in prisoners being accommodated separately from other prisoners may limit several of their rights under the <i>Human Rights Act 2019</i>. QCS also considers a decision to place a prisoner on a safety or other order may also promote the rights of the prisoner, or other prisoners/individuals in a corrective services facility.</p> <p>Accordingly, QCS commits to considering and exploring methods to ensure the consistent documentation of human rights considerations when making decisions around safety orders and separate confinement orders.</p>
<p>Recommendation 10 Southern Queensland Correctional Centre ensure records from all Prisoner Advisory</p>	<p>QCS recognises its recordkeeping obligations and the importance of transparent communication with prisoners. SQCC conducts regular Prisoner Advisory Committee (PAC) meetings and has also recently established a First Nations Committee to address the growing number of Aboriginal and Torres Strait Islander prisoners at the facility. Both types of PAC meetings are documented via detailed minutes. The minutes capture prisoner requests along with the corresponding outcomes and are distributed during the meetings to ensure that all prisoners are informed and aware of the discussions and decisions made.</p>



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<p>Committee meetings accurately document the outcomes from requests by prisoners and these outcomes are communicated and this is documented.</p>	<p>Recommendation 11 Southern Queensland Correctional Centre ensure all prisoner requests, no matter how they are received, are accurately documented including the date the request was received, the subject, who it was tasked to and when it was completed.</p>
	<p>QCS recognises its recordkeeping obligations and accepts it is necessary to ensure prisoner requests are appropriately documented and managed. This reinforces the values of respect and trust within the correctional environment, ultimately aiming to enhance the overall experience and outcomes for women in custody at SQCC.</p> <p>QCS recognises that SQCC currently lacks a unified system for managing prisoner request forms and is exploring digital solutions to address this gap. SQCC has been selected as a trial site for the implementation of the Prisoner Request System (PRS), which is scheduled to commence in 2025 following the successful completion of user acceptance testing. This initiative represents a significant investment in information and communication technology, aimed at enhancing service delivery and improving the management of prisoner requests. At the conclusion of the trial, a decision will be made on whether to rollout the trial or explore alternative options to capture prisoner request forms.</p>



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Recommendation 12
 Southern Queensland Correctional Centre implement a process to ensure blue letters are correctly categorised as a complaint, request, compliment or enquiry, and timeframes for the resolution of complaints are improved.

SQCC maintains a comprehensive Blue Letter Register that systematically captures all incoming blue letter correspondence. The Blue Letter Register at SQCC plays a crucial role in ensuring that prisoner complaints are systematically documented, tracked, managed, acknowledged, and resolved in a timely manner, thereby promoting transparency and accountability within the correctional facility.

The key components recorded in the Blue Letter Register include:

- Blue Letter Number: A unique identifier assigned to each piece of correspondence.
- Complaint Management System Number or Request: A reference number linked to the QCS Complaints Management System, known as Resolve, which facilitates the tracking of complaints.
- Date Received: The date on which the correspondence is received by the centre.
- Date of Letter: The date indicated on the letter sent by the prisoner.
- Name: The name of the prisoner submitting the correspondence.
- Issue: A brief description of the matter being raised in the correspondence.
- Target Date for Response: A specified deadline for responding to the correspondence, set at 14 days from the date of the letter.
- Responsible Officer: The staff member designated to address the issue raised in the correspondence.
- Date of Acknowledgment Letter/Email Sent: The date on which an acknowledgment of receipt is sent to the prisoner, which is required to be done within 5 days of receiving the correspondence.
- Outcome: The final resolution or response to the issue raised in the correspondence.

QCS recognises that improvements could be made to more clearly specify the category of the matter and amend the Blue Letter process to include an additional 'category' to capture whether it is a complaint, request, compliment or enquiry. This enhancement would improve the efficiency and effectiveness of the complaint management process.

It is important to note that while complaints are recorded in the Blue Letter Register, they are managed through the QCS Complaints Management System, Resolve. This dual system ensures that all complaints



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	<p>are tracked and addressed appropriately, maintaining a clear and organised approach to prisoner correspondence and complaint resolution.</p>
<p>Recommendation 13 West Moreton Hospital and Health Service implement a complaints management system for Southern Queensland Correctional Centre to allow for the appropriate categorisation of complaints, reporting of complaint data, and monitoring of service delivery improvements</p>	<p>Recommendation for West Moreton Hospital and Health Service. QCS will engage with West Moreton Hospital and Health Service as required.</p>



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<p>required.</p> <p>Recommendation 14 Southern Queensland Correctional Centre implement an audit process for disciplinary hearings not requested to be reviewed, to address areas such as considerations and consistency in decision-making, and the conduct of hearings to promote good practice and identify areas for improvement.</p>	<p>QCS is committed to ensuring decisions are made in a consistent, transparent and fair way.</p> <p>QCS will explore the feasibility of establishing an audit process of non-reviewed matters to ensure consistent practice.</p>
<p>Recommendation 15 Southern Queensland Correctional Centre ensure that, prior to the application of restraints, an individualised assessment is</p>	<p>SQCC is dedicated to ensuring the safety and well-being of prisoners during internal escorts while simultaneously advancing the training and procedural frameworks necessary to support the unique needs of women in custody. QCS acknowledges that the application and use of restraints may also impose limitations on prisoners' rights under the <i>Human Rights Act 2019</i> and decision making must be compatible with human rights.</p> <p>At SQCC, prisoners who are escorted internally have been identified as a potential risk, prompting the implementation of a thorough assessment process prior to any movement. This assessment evaluates the necessity of appropriate restraints based on the prisoner's known risk factors and presenting</p>



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<p>undertaken to assess the risk of self-harm or harm to others to reduce the over-application of restraints on women when escorted internally.</p>	<p>behaviours. For women being escorted, the use of restraints is specifically addressed and documented in a Deliberate Action Plan, which is designed to ensure the safety of both the prison and others during the escort process.</p>
<p>Recommendation 16 Southern Queensland Correctional Centre cease reissuing worn-out, torn, and stained clothing and commence a program of replacing all such uniforms. This should include implementing the recording of requests for uniform exchange to allow for oversight of such requests.</p>	<p>QCS acknowledges that prisoners should be issued with clothing that is an acceptable condition, and this promotes their right to humane treatment when deprived of dignity under the <i>Human Rights Act 2019</i>.</p> <p>A comprehensive review of the current clothing stock at SQCC is being conducted with the assistance of prisoner employment to ensure that all items are in acceptable condition. This review will identify clothing that may require replacement.</p> <p>SQCC has an established process for capturing clothing exchange requests and managing the clothing inventory. SQCC relies on other correctional facilities to manufacture clothing for women through their respective industry areas. This approach creates industry opportunities, supports the operational needs of SQCC and fosters inter-centre cooperation. QCS will review the process to identify opportunities for continuous improvement.</p>



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<p>Recommendation 17 Queensland Corrective Services update its Food and Nutrition Guidelines 2009 as a priority prior to the next review of the statewide menu due, in 2024. The finalised menu should reflect endorsement by a dietician.</p>	<p>QCS implements a statewide approach to food and nutritional service delivery to ensure prisoners are receiving adequate, low allergen, nutritionally balanced meals, from a menu developed in consultation with a registered dietician. QCS also caters for standard and alternative prisoner menus for cultural, religious or medical reasons.</p> <p>QCS has recently established a centralised role to strengthen strategic oversight of custodial industries, including food service delivery. Recruitment into this role is expected to be finalised by March 2025. This recommendation will be considered in the next centralised review of the Statewide Prisoner Menu.</p>
<p>Recommendation 18 Southern Queensland Correctional Centre record deviations from the statewide menu to ensure the women are receiving a variety of protein options, especially when the protein option in the statewide menu is not available, to reduce the overreliance on</p>	<p>SQCC has maintained strict adherence to the Statewide Prisoner Menu, with no identified deviations to date. Further to QCS' response to recommendation 17, adherence to the statewide menu ensures prisoners are receiving adequate, low allergen, nutritionally balanced meals. The recommendation will be considered in the next centralised review of the Statewide Prisoner Menu.</p> <p>QCS recognises that circumstances may arise that could require adjustments to the statewide menu, particularly in instances where the procurement of specific protein sources becomes challenging. This may be in circumstances such as a natural disaster or issue with a supplier/shortage of produce. In such cases, any deviations from the established menu will be carefully documented to ensure transparency and accountability in dietary management. QCS considers that this approach not only maintains the integrity of the menu but allows for flexibility in responding to unforeseen supply issues while continuing to prioritise the health and well-being of those in custody.</p>



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<p>chicken as a substitute and ensure their nutritional needs are being met.</p>	
<p>Recommendation 19 Queensland Corrective Services update the COPD: Leave of Absence to include: a) Written notification as to the outcome of an application must be provided to the prisoner. b) The written notification must include information about the prisoner's right to review and the process for requesting a review.</p>	<p>QCS recognises its recordkeeping obligations and the importance of transparent communication with prisoners.</p> <p>QCS confirms that the <i>COPD Escorts: Leave of Absence</i> and associated administrative form will be amended to include processes for the written notification of prisoner applications and inform the prisoner of their right to review.</p>
<p>Recommendation 20 That Queensland Corrective Services review the prisoner</p>	<p>QCS acknowledges the valuable role education plays in rehabilitation and reducing recidivism for prisoners and aims to foster an environment that prioritises education as a fundamental component of rehabilitation and reintegration. QCS is committed to enhancing educational opportunities for women in custody by increasing both staffing levels and outsourced service delivery and aims to improve access to education and reduce barriers to participation.</p>



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<p>remuneration rates to ensure:</p> <ul style="list-style-type: none"> a) special provision for women unable to participate in work due to pregnancy b) consideration is given to promoting study by providing equitable levels of remuneration for women engaged in full-time education and training. 	<p>To further support this goal and in response to WSJT Recommendation 152, QCS is considering the introduction of further prisoner employment roles, such as peer support workers and increased full-time student positions, which will be compensated at levels designed to incentivise participation. This strategy aligns with QCS' recent review of the Incentive Payment Scheme, specifically focusing on peer tutor and student wages. The review highlighted that raising wages for peer tutors and students, along with increasing the number of available roles, would effectively encourage more prisoners to engage in educational programs.</p> <p>Additionally, in response to WSJT Recommendation 154, QCS will conduct a comprehensive review of the current employment, wages and working conditions for all women in custody, including those on remand and those serving sentences in Queensland. This review aims to ensure that the allowances, employment, wages and working conditions for all women in custody, including those on remand and those serving sentences in Queensland. This review aims to ensure that the allowances, employment opportunities, and remuneration provided to these women are consistent with human rights standards and relevant industrial requirements.</p>
<p>Recommendation 21 The West Moreton Hospital and Health Service increase access for women to medical, dental and mental health services until waitlists are reduced and</p>	<p>Through these initiatives, QCS seeks to create a more supportive and equitable environment for women in custody, promoting their educational and employment prospects while upholding their rights and dignity.</p> <p>Recommendation for West Moreton Hospital and Health Service. QCS will engage with West Moreton Hospital and Health Service as required.</p>



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<p>preventive health care can be put into practice, equivalent to community expectations.</p>	
<p>Recommendation 22 West Moreton Hospital and Health Service develop a strategy for recruitment and retention of nursing staff to ensure the provision of an overnight nurse for Southern Queensland Correctional Centre.</p>	<p>Recommendation for West Moreton Hospital and Health Service. QCS will engage with West Moreton Hospital and Health Service as required.</p>
<p>Recommendation 23 Queensland Corrective Services examine making medication such as paracetamol and ibuprofen available for prisoner purchase on the canteen list, allowing prisoners to</p>	<p>QCS acknowledges prisoners have complex health needs which may require access to immediate pain relief and recognises the value of autonomy in prisoners self-managing medication as they would be expected to do in the community. The purchase of paracetamol and ibuprofen is now available to prisoners through the canteen list at SQCC and is supported by a Local Instruction.</p>



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<p>demonstrate their capacity to self-manage medication needs as they would be expected to do in the community.</p>	
<p>Recommendation 24 The West Moreton Hospital and Health Service increase women's access to allied healthcare, including physiotherapy and podiatry.</p>	<p>Recommendation for West Moreton Hospital and Health Service. QCS will engage with West Moreton Hospital and Health Service as required.</p>
<p>Recommendation 25 To ensure that women have access to health services, the West Moreton Hospital and Health Service resolve jurisdictional issues and refusals to provide health services based</p>	<p>Recommendation for West Moreton Hospital and Health Service. QCS will engage with West Moreton Hospital and Health Service as required.</p>



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<p>on the classification of prisoners.</p> <p>Recommendation 26 Queensland Health address delays in prisoner access to acute mental health facilities because of the perception that they are receiving the required mental health care and support in a prison.</p>	<p>Recommendation for West Moreton Hospital and Health Service. QCS will engage with West Moreton Hospital and Health Service as required.</p>
<p>Recommendation 27 Queensland Corrective Service introduce body-scanning technology as a priority for women's prisons to remove the need for routine strip (removal of clothing) searching.</p>	<p>In alignment with WSJT Recommendation 136, QCS is conducting a trial of non-invasive screening technology in Brisbane Women's Correctional Centre. This technology minimises the need to conduct routine removal of clothing searches. The outcomes of this trial will serve as the foundation for rollout of this technology to the remaining two women's correctional centers at SQCC and Townsville Women's Correctional Centre.</p> <p>While the outcomes of the trial are pending, QCS is implementing trauma-informed policies, procedures and practices to ensure removal of clothing searches are compatible with human rights, in accordance with guidance from the Queensland Human Rights Commission and as outlined in WSJT Recommendation 137.</p>



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<p>Recommendation 28 To allow for increased enrolments and reduce the waiting lists, Southern Queensland Correctional Centre increase the availability of educational courses or the capacity of the current programs.</p>	<p>QCS acknowledges the valuable role education plays in rehabilitation and reducing recidivism for prisoners and aims to foster an environment that prioritises education as a fundamental component of rehabilitation and reintegration.</p> <p>In response to WSJT Recommendation 152, QCS is committed to enhancing educational opportunities for women in custody by increasing staffing levels (as outlined in Recommendation 20) and expanding outsourced service delivery. This initiative aims to create a comprehensive educational pathway tailored specifically for women, which will significantly improve access to, and participation in, education and training programs.</p> <p>By establishing this new educational framework, QCS seeks to facilitate not only the acquisition of essential skills and knowledge while incarcerated but also to create viable pathways to post-release employment. This strategic approach recognises the importance of education in reducing recidivism and promoting successful reintegration into society, ultimately empowering women to build better futures for themselves.</p>
<p>Recommendation 29 Queensland Corrective Services investigate the implementation of in-cell technology to</p>	<p>The proposed expansion of educational services is scheduled for the 2026-27 financial year, reflecting QCS' long-term commitment to improving the education landscape for women in correctional facilities. Commencing in the 2024-25, QCS has also received three years of increased Vocational Education and Training (VET) funding from the Department of Trade, Employment and Training. This funding increase will provide an additional 240 hours of VET, as well as Language, Literacy and Numeracy (LLN) courses.</p> <p>In-cell technology aims to provide greater prisoner access to a broad range of services, including prisoner which may include communications, legal resources, prisoner purchasing and television. In-cell technology may also provide opportunities to enhance health and educational services available to prisoners, particularly in response to WSJT Recommendation 152. QCS will be implementing in-cell technology for prisoners at Lockyer Valley Correctional Centre, which is due to be commissioned in 2025.</p>



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<p>support the completion of self-paced education programs and reduce the lengthy waitlists.</p>	<p>Any subsequent rollout of in-cell technology to other correctional centres would require additional government funding and need to be technically and commercially viable given the infrastructure and information communication technology limitations of the centre.</p>
<p>Recommendation 30 To ensure the continuing connection to their cultures, Southern Queensland Correctional Centre make a broader range of cultural items available on the buy-up list to all women.</p>	<p>QCS recognises the importance of culturally safe correctional practices. QCS also acknowledges that all persons with a particular cultural background must not be denied the right, in community with other persons of that background to enjoy their culture, and that Aboriginal and Torres Strait Islander peoples hold distinct rights under the <i>Human Rights Act 2019</i>.</p> <p>SQCC has established a First Nations Committee, allowing prisoner participants to inform the selection of cultural items available for purchase throughout the facility, while also ensuring that the broader Prisoner Advisory Committee can make recommendations to capture and promote cultural recommendations to capture and promote cultural diversity more comprehensively within the centre.</p>
<p>Recommendation 31 Queensland Corrective Services and Southern Queensland Correctional centre improve the Parental Support Unit for women and their children by:</p>	<p>QCS is committed to the continuous improvement of the Parental Support Unit for women and children at SQCC. QCS also recognises the importance of equipping mothers with essential life skills and appropriate supports and activities for their children. SQCC has a dedicated PSU that provides comprehensive pre- and post-natal support to women in custody. This unit is designed to address the unique needs of mothers during and after pregnancy, ensuring that they receive the necessary care and resources to support both their health and that of their children. Resident children are also supported in attending the local early learning centre, which offers a range of programs including nurse and toddlers, pre-kindergarten, and kindergarten. SQCC is dedicated to catering to the diverse age groups of children residing in the PSU, ensuring that appropriate activities are available to support their developmental needs.</p>



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<p>a) making the unit child-friendly through the installation of a shaded outdoor play area and adding colour through murals or artwork to the unit</p> <p>b) installing cooking and washing facilities to support the women in developing cooking and managing-hygiene skills to support them on release</p> <p>c) introducing a variety of child-related programs, services and activities to support the development of resident children.</p>	<p>SQCC are currently considering the suggestions made as to how the PSU environment can be improved.</p> <p>In line with WSJT Recommendation 134, QCS has updated the COPD: Female Prisoners and Children as of 1 July 2024, to include the provision of essential items free of charge for pregnant women and women with children in custody. The essential item provided by QCS encompass a maternity bag for use during hospital stays, a nappy bag for newborns, and a comprehensive range of essential items such as nappies, wipes, clothing, footwear, cots, linen, baby food, medicine, dummies, formula, breast milk pumps and bottles. These provisions are designed to support the daily care and well-being of both mothers and their children. Additionally, a new Appendix FEM2 has been developed as part of the COPD update, outlining the specific essential items that QCS will provide to female prisoners who are pregnant, have given birth, or have a child accommodated with them in custody.</p> <p>In response to WSJT recommendation 133, QCS is set to redesign the parenting program for incarcerated mothers, with the aim of enabling them to maintain a connection with their children and to care for them safely following their release from custody. This redesign will consider expanding the availability and eligibility of the Shine for Kids parenting program, which is currently offered, while addressing existing constraints such as the lack of transport for children, the absence of post-release or virtual service delivery, and the need for greater recognition by Child Safety to facilitate reunification.</p> <p>The program will also focus on the specific needs to First Nations women, ensuring that it aligns with the findings of the WSJT report, the objective of the Women's System Reform Program, the QCS Domestic and Family Violence Strategy, and the QCS Interim Women's Strategy. The enhanced parenting program will provide a culturally safe, trauma-informed, and gender-centric approach to support incarcerated mothers and their children.</p> <p>QCS recognises the value of providing women with the opportunity to improve their parenting skills and opportunities for engagement with their children following their release from custody. QCS also</p>
<p>Recommendation 32 Queensland Corrective Services and Southern</p>	



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Queensland Correctional Centre investigate and implement additional parenting programs to provide women with the opportunity to enhance their parenting skills and improve their opportunities for engaging with children post-release.

acknowledges that pursuant to the *Human Rights Act 2019*, families are the fundamental group unit of society and are entitled to be protected by society and the State.

SQCC is dedicated to providing mothers with access to the Shine for Kids programs, which are designed to support children and young people in thriving despite the challenges of parental incarceration. These programs offer valuable resources and activities that foster healthy development and strengthen the bond between mothers and their children. Additionally, residents of the PSU benefit from the services of a QHealth child health nurse, who conducts weekly home visits for mothers and their children, starting from newborns and continuing as the child grows. The frequency of these visits gradually decreases as the child's health stabilises, ensuring that both the mother and child receive the necessary health support. The child health nurse performs regular health checks, maintains the child's personal health record (commonly referred to as the "red book"), and facilitates any required referrals to other health services. Furthermore, the nurse conducts informative sessions on a wide range of topics tailored to the needs of PSU residents, equipping them with the knowledge and skills required to care for their children effectively.

In response to WSJT Recommendation 133, QCS is committed to redesigning the parenting program for incarcerated mothers to facilitate the maintenance of connections with their children and to ensure safe caregiving following their release from custody as outlined in Recommendation 31. Additionally, as part of the program redesign, a Memorandum of Understanding (MOU) will be established between QCS and the Department of Families, Seniors, Disability Services and Child Safety. This MOU will ensure that the parenting program and its subsequent delivery are fully aligned with Child Safety requirements for the reunification of mothers and their children. By fostering collaboration between these agencies, QCS aims to create a comprehensive support system that not only addresses the immediate needs of incarcerated mothers but also facilitates a smoother transition for families seeking to reunite after a period of separation. This holistic approach underscores QCS's commitment to improving outcomes for women in custody and their children, ultimately contributing to healthier family dynamics and stronger community ties.



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Recommendation 33
 Southern Queensland Correctional Centre introduce a process to screen mothers returning to the centre immediately post-childbirth, to identify postnatal support needs, including mental health care needs, with follow-up reviews conducted at regular intervals until no longer required.

The PSU established at SQCC provides comprehensive pre- and post-natal support to women in custody. This unit is designed to address the unique needs of mothers during and after pregnancy, ensuring that they receive the necessary care and resources to support both their health and that of their children.

Following childbirth, mothers are supported by the services of a QHealth child health nurse, who plays a crucial role in monitoring maternal and child health. The child health nurse employs the Edinburgh Postnatal Depression Scale to assess any mental health needs of the mother, providing an important screening tool to identify those who may require additional support. Depending on the results of this assessment, a counsellor or psychologist may be engaged to offer regular welfare and counselling services, ensuring that mothers have access to the mental health resources they need. Additionally, mothers have the option to make self-referrals for welfare and counselling support through the centre's qualified counsellors or psychologists, promoting a proactive approach to mental health care.

The PSU is overseen by a correctional counsellor, whose primary responsibility is to provide a high level of welfare assistance, counselling, and approved programs to women in custody more broadly. This oversight ensures that mothers receive consistent support tailored to their individual circumstances. A counsellor visits the PSU at least once a week to check on the well-being of both mothers and their children, facilitating open communication and addressing any concerns that may arise. This regular engagement is vital for fostering a supportive environment where mothers feel empowered to seek help and guidance as needed.

From a holistic perspective, SQCC currently conducts a fortnightly PSU meeting that includes a multidisciplinary team of staff from various levels within the facility. This meeting serves as a platform for the ongoing monitoring of the well-being of mothers and children residing in custody, allowing for collaborative discussions and coordinated care strategies. Furthermore, this forum acts as the Accommodation of Children Panel, where decisions regarding the care and accommodation of children are made, ensuring that the best interests of the children are prioritised.



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<p>Recommendation 34 Queensland Corrective Services develop and prioritise the implementation of the framework for managing women in correctional environments including training for staff working with women experiencing acute mental health issues in high-risk settings such as the safety and detention units.</p>	<p>By integrating various professional perspectives and expertise, SQCC aims to create a comprehensive support system that addresses the complex needs of mothers and their children, ultimately fostering healthier family dynamics and enhancing the overall rehabilitation process for women in custody.</p> <p>QCS is currently in the design phase of developing a Trauma Informed Practice Framework tailored specifically for working with women in both correctional and community settings. This initiative is particularly relevant to SQCC, where staff assigned to the safety unit and detention areas receive specialised training titled "Understanding and Working with Trauma." This training covers essential topics, including the definition of trauma, its development, symptoms, its impact on the brain and behaviour, and effective management strategies. Initially, the training was delivered by a Senior Psychologist from another facility; however, SQCC has since trained its own Senior Psychologist to conduct these sessions, allowing for a more localised and consistent approach. The training will also be expanded to include officers in the vulnerable unit and correctional supervisors, enhancing the overall capability of staff in handling trauma-related issues.</p> <p>In addition to this training, the Women's Trauma Informed Practice Framework, as outlined in Recommendation 7, will further influence the implementation of these practices.</p>
<p>Recommendation 35 Queensland Corrective Services increase the recruitment of female correctional staff to</p>	<p>QCS values and fosters diversity within the workforce and is constantly exploring innovative ways to break down traditional gender stereotypes in the custodial environment and attract more women to CCO roles. Between December 2020 and December 2024, the total number of female custodial correctional officers increased from 875 to 1406. Female custodial correctional officers comprise 41 per cent of all custodial correctional officers at SQCC. QCS recognises that continuing this journey towards greater workforce diversity will increase the capability of the workforce to more effectively and appropriately manage women</p>





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<p>achieve a 70% female to 30% male staff ratio at Southern Queensland Correctional Centre.</p>	<p>in prison. Specific initiatives to recruit and ensure female staff are always rostered in particular positions, such as the safety and detention units, may require exemptions under the <i>Anti-Discrimination Act 1992</i>.</p>
<p>Recommendation 36 Queensland Corrective Services and Southern Queensland Correctional Centre improve the representation of Aboriginal and Torres Strait Island people employed at the centre by: a) developing a recruitment strategy to attract and retain First Nations people as correctional and or support staff b) establishing a Cultural Development</p>	<p>QCS recognises that having a diverse workforce is essential to providing services and programs that are culturally safe and responsive. QCS is committed to improving service delivery to First Nations people and creating a culturally safe environment. QCS's Reframing the Relationship Plan 2024-2033 outlines how QCS will transform its approach to the humane containment, supervision and rehabilitation of offenders to ensure they are culturally appropriate. Among other things, the QCS Reconciliation Action Plan (July 2024-July 2026) seeks to increase the percentage of Aboriginal and Torres Strait Islander staff employed by QCS, including by exploring the need to introduce preparatory programs for First Nations applicants, reviewing roles, simplifying criminal history and waiver processes, diversifying recruitment material and reviewing procedures to remove barriers to Aboriginal and Torres Strait Islander participation in our workplace.</p> <p>The QCS Murrighagan Cultural Centre (MCC) provides advice and support to QCS staff around required cultural protocols when engaging with Aboriginal and Torres Strait Islander peoples and organisations. MCC also provides mentoring and cultural support to Aboriginal and Torres Strait Islander staff, including the cultural teams, and support to Aboriginal and Torres Strait Islander staff around cultural events.</p> <p>Allocating additional cultural resources at SQCC would require additional resources and the current funding model imposes significant limitations. QCS recognises it is imperative to explore avenues for increased collaboration and support from MCC.</p>

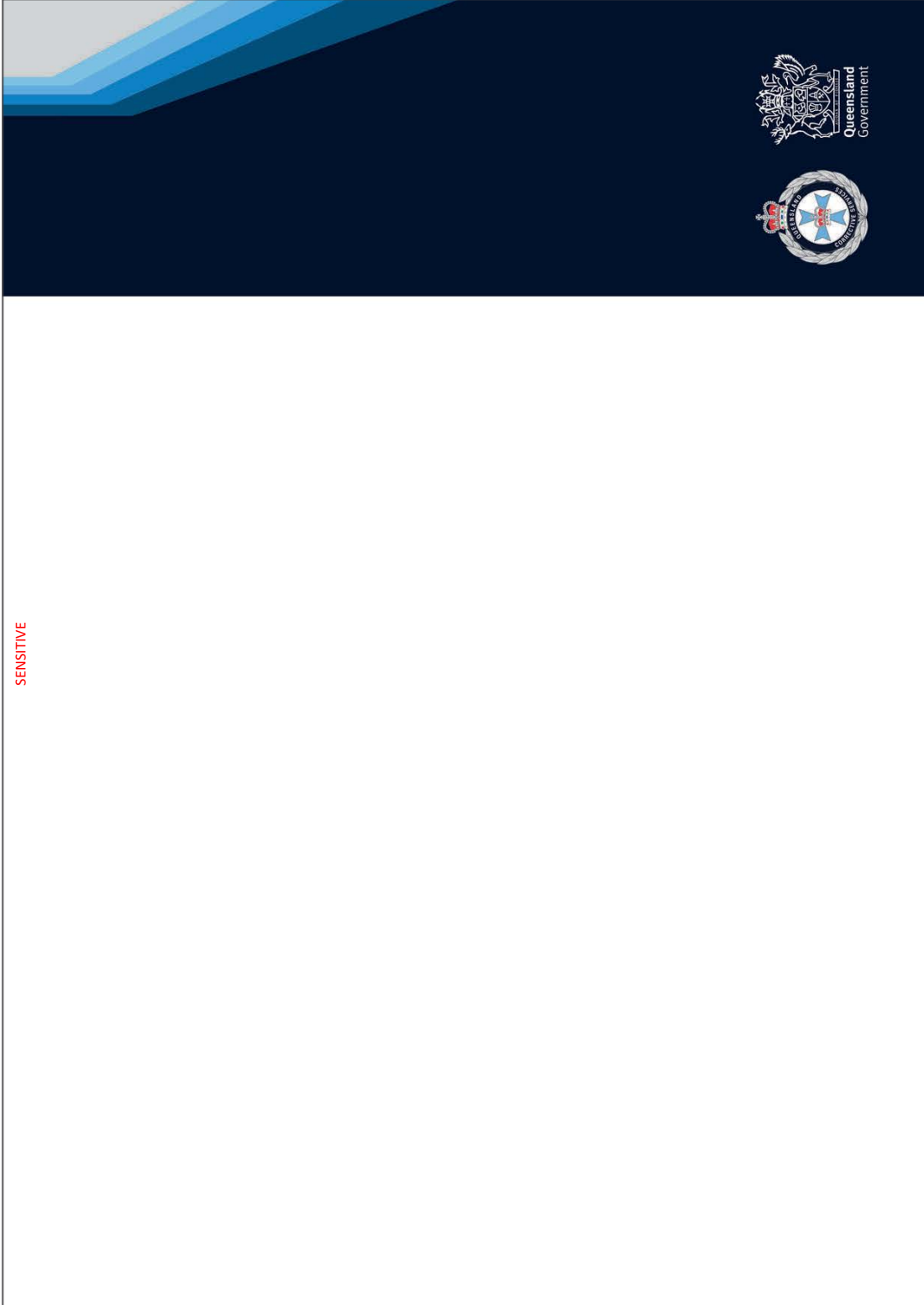


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<p>and Advisory Position to support the work of the cultural team.</p>	<p>Recommendation 37 Queensland Corrective Services review the current recruitment strategy to attract and retain psychologists and trade instructors.</p> <p>QCS is cognisant of the challenges in recruiting psychologists across the sector. QCS has been working to address these challenges over a number of years and is committed to continuing efforts to address these complex system and sector wide issues. In June 2023, QCS launched its first major Government Advertising and Communication Committee campaign. The campaign targets custodial operations, psychology and allied health, industries and trades, case and sentence management, rehabilitation and reintegration program officers, as well as administration. QCS is also launching an Allied Health Recruitment Campaign to attract psychologists, social workers, and occupational therapists to frontline mental health roles within correctional facilities, thereby strengthening the overall mental health support framework.</p> <p>The Psychological Services Redesign Project is set to implement a new mental health services workforce model that expands the role of psychologists to include other qualified allied health professionals, such as social workers and occupational therapists. This new model aims to enhance recruitment opportunities and will be rolled out in 2025, with SQCC expected to begin implementation around mid-2025.</p> <p>The QCS Psychological Services Strategic Workforce Planning Project is finalising recommendations aimed at enhancing the attraction and retention of mental health professionals. QCS has also recently received approval from the Public Sector Commission to offer attraction and retention initiatives for psychologists.</p>
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Page 31 of 32 | SQCC IDS Draft Inspection Report – QCS Response to Proposed Recommendations



Appendix B: West Moreton Hospital and Health Service submission

From: [REDACTED]@health.qld.gov.au
Sent: Tuesday, 21 January 2025 1:34 PM
To: Mailbox Inspector <Inspector@ombudsman.qld.gov.au>
Cc: [REDACTED]@health.qld.gov.au
Subject: RESPONSE - MD0924377 Inspector of Detention Services - SQCC draft report 2024 letter from A Reilly to H Bloch (WMHHS) 04/12/2024 - [SENSITIVE]
Sensitivity: Confidential

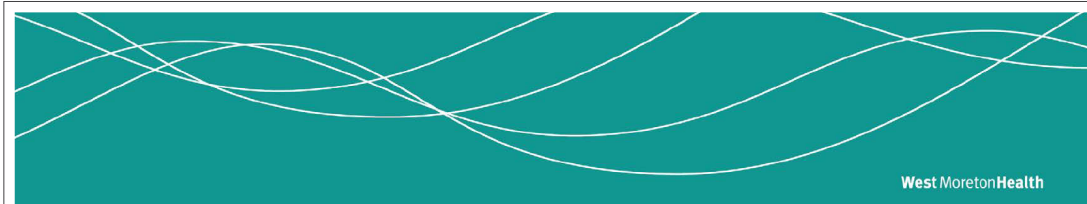
Good afternoon.

Please see **attached** response to your correspondence dated 4 December 2024 for your attention.

Regards,

[REDACTED]
Correspondence and Records Officer
Office of the Chief Executive
West Moreton Health

P [REDACTED]
E [REDACTED]@health.qld.gov.au
W www.westmoreton.health.qld.gov.au
A Level 4 Hayden Centre, 37 South Street, Ipswich 4305



West Moreton response to SQCC Draft Report

Recommendation Feedback

Recommendation 2: West Moreton Hospital and Health Service and Queensland Corrective Services identify a more suitable location for health assessments to improve prisoner privacy.

Prison and Youth Detention Health Services, West Moreton Health (WMH) regularly engage with Queensland Corrective Services to identify space to deliver primary health care within Southern Queensland Correctional Centre. WMH will seek to engage with Queensland Corrective Services regarding the feedback provided within this report regarding the current space to provide health assessments.

Recommendation 13: West Moreton Hospital and Health Service implement a complaints management system for Southern Queensland Correctional Centre to allow for the appropriate categorisation of complaints, reporting of complaint data, and monitoring of service delivery improvements required.

Nil feedback from Prison Youth Detention Health Service and Consumer Liaison Office

Recommendation 21: The West Moreton Hospital and Health Service increase access for women to medical, dental and mental health services until waitlists are reduced and preventive health care can be put into practice, equivalent to community expectations.

From a primary health perspective, WMH acknowledge access to Medical Officers at Southern Queensland Correctional Centre can be challenging but have implemented a number of initiatives to address this. This has included:

- A centralised rostering/allocation process for Medical Officers and Nurse Practitioners across all correctional and youth detention centres in the West Moreton Health region to support a service wide and integrated approach. This process includes a review of waitlist data when developing the roster to ensure resources are being best allocated to address service acuity and demand.
- WMH have also implemented a 'Duty Prescriber Clinician' approach which involves a Medical Officer being rostered to be available to correctional centres remotely where a Medical Officer/Nurse Practitioner is not available onsite (Monday to Friday). This ensures that teams within health centres have access to a Medical Officer to address any emergent clinical issues and improve access and quality of care available to patients.
- WMH are also investing in the career pathway development for future Medical Officers and Nurse Practitioners within the service by establishing and supporting Principal House Officer/Registrar and Nurse Practitioner candidate roles.
- WMH are aware of the high demand for dental care at Southern Queensland Correctional Centre. WMH have increased the delivery of dental services to two days per week, and patients are triaged for care based on clinical urgency. WMH has transitioned dental waiting lists at SQCC to the electronic statewide Information System for Oral Health (ISOH) to improve transparency and visibility of waiting lists at SQCC. WMOH continue to escalate the requirement for recurrent funding for prison oral health services.

Since the inspection occurred at Southern Queensland Correctional Centre, WMH have also engaged an additional Primary Mental Health Clinical Nurse Consultant to provide targeted support and care.

WMH remain committed to reducing waitlists for primary health services for its patients within correctional centres.

WMH Prison MHS have implemented a number of initiatives which will improve access to specialist mental health services, including:

- Progressive increase in staffing from 2023 to 2026, supported by the Better Care Together Plan. Part of this expansion includes 11 care managers, two allied health clinicians, a registered nurse and two Indigenous Mental Health Workers. These positions all contribute to the intake assessment process, therefore it is anticipated that PMHS will have increased capacity to undertake these assessments in a timely manner.
- Introduction of a revised Triage Prioritisation Guide in February 2025. This will improve screening and triage of referrals to ensure that referrals are directed to the service appropriate to the consumer's level of need, and improved prioritisation based on clinical factors (as opposed to offence categories or legislative factors). It is anticipated that this will result in a decrease in the waiting list for intake assessment and improve timely access to specialist mental health care.
- From March to August 2024, Prison MHS implemented a business case for change to cater for significant growth in the workforce and increased demand for specialist mental health services. This included the following two major changes:
 - An organisational restructure: this has provided an opportunity to improve clinical and operational governance to navigate and negotiate service delivery challenges and opportunities, whilst supporting clinicians to deliver priority care to ensure positive consumer outcomes.
 - Implementation of a case management model to improve access to multi-disciplinary care for the duration of a consumer's time in custody (as opposed to the previous Transition Coordination model that predominantly provided this support in the last three months of a consumer's incarceration). The case management model is aligned with the community equivalent standard of care.

<p>Recommendation 22: West Moreton Hospital and Health Service develop a strategy for recruitment and retention of nursing staff to ensure the provision of an overnight nurse for Southern Queensland Correctional Centre.</p>	<p>WMH undertake comprehensive attraction and recruitment initiatives to support the recruitment of suitably qualified and skilled staff, including Nurses. This has included significant marketing and information evenings for the Spring Creek area and surrounds (and more broadly including interstate) to promote correctional health job opportunities to meet the needs of the current Southern Queensland Correctional Centre and the new Lockyer Valley Correctional Centre (which is currently under construction).</p> <p>A key (and effective) strategy in attracting and retaining staff in the Spring Creek location was the Queensland Health Workforce Attraction and Incentive Scheme. It was recently announced that this scheme would not be continued which will present challenges in attraction and recruitment efforts for health staff at South Queensland Correctional Centre.</p> <p>The night shift at Southern Queensland Correctional Centre was temporarily stood down in 2022 in response to staffing challenges but since 2023, the positions utilised for night shift have been rostered during the hours when nursing staff have access to prisoners, increasing access for these women to primary health care services. WMH continue to review this arrangement to ensure the best utilisation of resources available to provide primary health care services.</p>
<p>Recommendation 24: The West Moreton Hospital and Health Service increase women's access to allied health care, including physiotherapy and podiatry.</p>	<p>WMH acknowledge the importance of allied health care for women. WMH have recently had an Advanced Physiotherapist position established and recruitment to this role is underway. WMH continue to explore opportunities for access to podiatry services for women in correctional centres within the West Moreton region.</p>
<p>Recommendation 25: To ensure that women have access to health services, the West Moreton Hospital and Health Service resolve jurisdictional issues and refusals to provide health services based on the classification of prisoners.</p>	<p>This is acknowledged as an ongoing issue and WMH remain willing to work with key stakeholders in the broader West Moreton Hospital and Health Service, other Hospital and Health Services and the Office for Prisoner Health and Wellbeing to ensure that the health services provided to women who reside in correctional centres is equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.</p>
<p>Recommendation 26: Queensland Health address delays in prisoner access to acute mental health facilities because of the perception that they are receiving the required mental health care and support in a prison.</p>	<p>Nil feedback from Prison Youth Detention Health Service or Mental Health and Specialised Services.</p>

Appendix C: Office of the Health Ombudsman submission



19 February 2025

Mr Anthony Reilly
Queensland Ombudsman and Inspector of Detention Services
GPO Box 3314
BRISBANE QLD 4001

By email: Inspector@ombudsman.qld.gov.au

Dear Mr Reilly

Southern Queensland Correctional Centre Inspection Report

Thank you for the email sent from Ms Helen Gabriel, Director, Detention Services Inspection Unit, dated 7 February 2025 and the attached report *Complaints and Health section – SQCC Inspection report* following your inspection at the Southern Queensland Correctional Centre (SQCC). Thank you also for the opportunity to provide a response to some of the areas of concern in relation to health and health services.

I note relevant Inspector of Detention Services (IDS) standards are 24, 65, 69, 70, 72, 73, 75, 132, 135 and 159.

I would also like to advise that two of my staff members have recently conducted a visit to the SQCC as part of a stakeholder engagement program so I can provide some insights/observations in relation to this as well.

I can provide responses as follows:

Standards – 24 Prisons and health service providers have effective, transparent and confidential complaint processes in place for prisoners and staff.

General comments:

In relation to the data, we just wanted to check that you did a cross check of our complaints data with the Hospital and Health Service (HHS) data to ensure consistency?

Also, in relation to the data, for the same period, the Office of the Health Ombudsman (OHO):

- referred 19 complaints to the HHS to manage and report back to the OHO under s93.
- managed 40 complaints from prisoner consumers where the OHO did not accept the complaint but advised the consumer to seek a resolution from the health service using the internal complaints process. Of these, it does not appear that any consumers returned to the OHO having remained dissatisfied with the outcome of their complaint with the service.

In relation to the Nurse Practitioner, it is noted there was a lack of confidence which may be a slightly different issue that a scope of practice one. Whilst the scope of practice issue was unfounded, other issues relating to performance / conduct / health (including communication issues) are able to be reported to the OHO. Was there any information located in the centre that

Level 12, 400 George Street, Brisbane
PO Box 13281 George Street, Brisbane Qld 4003

www.oho.qld.gov.au

advises consumers they can make an enquiry / complaint to the OHO about the health service and also health service practitioners?

Recommendation 12 – the OHO supports this recommendation.

Recommendation 13 – the OHO agrees with this recommendation. Noted that 'medical treatment' is an issue rather than 'health services' more broadly. West Moreton Hospital and Health Service (WMHHS) can seek complaint data from complaints and enquiries from SQCC prisoner consumers to identify any difference in numbers and themes in complaints to assist in the development of their complaints management system and the use of this data to inform service improvements. Is this able to be included in this recommendation?

Standards 65 – 132

Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

Allied health and specialist services are provided on referral.

Prisoners are supported and encouraged to optimise their health and wellbeing.

Health services promote continuity of care on release.

Prisoner health information is available to treating health practitioners and is accessed with the consent of the prisoner.

Prisoners have access to mental health services equivalent to those in the community so that their mental health needs are adequately and appropriately met, in line with individual preferences.

Health care services meet the complex needs of female prisoners in a safe and dignified environment.

General comments:

Comment as per above in relation to the Nurse Practitioner (NP) – noted the prisoners have suggested that the NP provides inadequate care.

Recommendation 21 – the OHO agrees with this recommendation and further, these findings are consistent with the predominant themes from complaints – with more than half of complaints to us being about the lack of access / inadequate treatment / waiting lists. The health services should also be provided with reference to the Australian Charter of Health Care Rights which include "Access – health care services and treatment that meets my needs" and "Safety – receive safe and high quality health care that meets national standards". A review of our complaints data for this same period indicates that 43 complaints included some issue in relation to 'access'.

Recent information received from both the Nurse Unit Manager (NUM) and Prisoner Advisory Committees have advised there are still significant wait times in all areas with a lack of preventative care. As part of our recent visit, feedback provided by consumers to the OHO included experiences of consumers having teeth extracted when the consumer believed only a filling was required. The NUM advised it is the responsibility of the dental practitioner to answer any concerns. The NUM advised the x-ray machine had technical issues, and a part had to be sourced causing servicing issues. My staff viewed the machine, which still had not been fixed. The NUM also advised the dentist normally visits the centre twice a week and that the health centre only deals with acute dental issues.

Standards 65-71

Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

Prisoners are supported and encouraged to optimise their health and wellbeing. Medication is safely distributed to prisoners

General comments

The OHO is highly concerned about the feedback received from the prisoner consumers under these standards, particularly around lack of health services after 9.30pm and medication administration practices.

Recommendation 22 – the OHO agrees with this recommendation and strongly supports the need for it. The current arrangements present a high risk of custodial staff not recognising a health emergency, particularly a mental health emergency (which often occurs during the early hours of morning) and this isn't consistent with the Charter of Health Care Rights in respect to access – we note your inspection findings on health care needs of the prisoner consumers and wait lists for treatment which could contribute to the risk of emergencies occurring overnight.

Recommendation 23 – the OHO supports this recommendation.

Standards 65-74

Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

Prisoner health information is available to treating health practitioners and is accessed with the consent of the prisoner.

Health staff are qualified and have input into the prison regime.

General comments:

The OHO agrees there is a disconnect between health services received in the community and those received in the centre as a result of inaccurate or inadequate electronic medical record history. The OHO will routinely receive enquiries and complaints about access to medical records and in a lot of cases, failure to have an electronic record can disrupt continuity of care and potentially cause serious risks to health and safety, particularly in relation to mental health concerns and prescribed medication. The OHO also agrees with your statement that the electronic medical record progression is slow. The OHO cannot stress enough the importance of electronic medical records to support continuity of care for prisoner consumers.

Standards 65-70

Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

Allied health and specialist services are provided in referral.

Prisoners are supported and encouraged to optimise their health and wellbeing.

Recommendation 24 – the OHO supports this recommendation. Prisoner consumers should be provided physiotherapy and other allied health services to support their holistic overall health and wellbeing. During the recent visit, both the NUM and Prisoner Advisory Committees advised there

are still significant wait times or no access to specific allied health services. My staff were unable to ascertain if any interim measures had been taken.

Recommendation 25 – the OHO supports this recommendation but would also suggest that the issue of Toowoomba Hospital (and other public hospitals) refusing to admit prisoner consumers be directly raised with Queensland Health as a broader, systemic issue. Refusal to treat prisoner consumers not only contains serious risks to health and safety, this would also be a breach of human rights, particularly, as the Director, Prisoner Health Services has advised that consumers are being refused treatment even if the matter is urgent.

Standards 75, 135 and 159

Prisoners have access to mental health services equivalent to those in the community so that their mental health needs are adequately and appropriately met, in line with individual preferences.

Female prisoners' gender-specific mental health needs are identified, treated and supported by services equivalent to those in the community.

Access to physical and mental health care, including both treatment and assessment, adequately and appropriately meets the needs of transgender prisoners and gender diverse prisoners, and is equivalent to that which they can receive in the community.

General comments

The OHO notes the serious concerns with not meeting this IDS standard including that prisoner consumers with mental health concerns, some very serious, are waiting for up to 6 months for treatment and further that these consumers are in a unit that is not conducive to a psychologically safe environment for acutely unwell consumers requiring treatment under the *Mental Health Act 2016*. The OHO does receive enquiries and complaints in relation to lack of access to mental health treatment and when recommending Queensland Health address these delays, it would be appropriate to include the Office of the Chief Psychiatrist and input from the Queensland Mental Health Commission.

Recommendation 26 – the OHO strongly supports this recommendation and believe reference should also be made to the Charter of Health Care Rights – Access and Safety.

Feedback from consumers during the recent visit included significant wait times and no information was provided to them about additional efforts to increase access to mental health facilities.

I have separately provided an outline of observations from a recent OHO visit to SQCC in January 2025 (**see attachment**), most of which you have already identified within your inspection report. This is provided as additional information to inform future inspection visits and not for publication.

Thank you for the opportunity in allowing the OHO to formally response to the concerns you identified during your inspection. If you have any questions, or require any further information, please do not hesitate to contact [REDACTED].

Yours sincerely



Dr Lynne Coulson Barr OAM
Health Ombudsman

Appendix D: Queensland Corrective Services submission

- Women's Safety and Justice Taskforce report responses



Ref: QCS-04325-2024

19 NOV 2024

Ms Helen Gabriel
Director
Detention Services Inspection Unit
[REDACTED]



Queensland
Government

Office of the
Commissioner

Queensland
Corrective Services

Dear Ms Gabriel *Helen,*

Thank you for your email of 9 October 2024 about a request for further information to inform the finalisation of your inspection report on Southern Queensland Correctional Centre (SQCC). The further information requested related to recommendations from the Women's Safety and Justice Taskforce which were funded and being progressed by Queensland Corrective Services (QCS).

QCS is committed to improving services and supports for women in the correctional system, and respecting, protecting and promoting their human rights.

As part of the Government's response to the Women's Safety and Justice Taskforce Hear her voice – Report Two – Women and girls' experiences across the criminal justice system (Report Two) in 2022–23, QCS was provided a total of \$57.685 million over five years and up to 56.5 FTE to deliver several key initiatives, with \$14 million and 38.5 FTE ongoing from 2026–27. This funding includes centrally held funds. The funding committed by the Queensland Government in response to Report Two will assist QCS to implement some of the recommendations to improve services and supports for women in the correctional system.

QCS continues to progress work on the recommendations made by the Women's Safety and Justice Taskforce. In 2023, QCS established the Women's System Reform Program Management Office and the QCS Women's (and Domestic and Family Violence) Strategy Steering Committee to plan and execute the implementation of 34 recommendations made by the Women's Safety and Justice Taskforce that QCS has the responsibility to deliver.

As of 25 October 2023, six recommendations have been closed, three recommendations are ready to deliver, 24 recommendations are in progress, and one recommendation is not yet commenced.

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Telephone +61 7 3565 7675
ABN 61 993 700 400

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Please find further details on the progress of Women's Safety and Justice Taskforce recommendations in the enclosed document.

If you require further information regarding this matter, please contact Ms Josephine Tait, Acting Director, Women's System Reform Program Management Office on telephone [REDACTED] or via email at [REDACTED]

I trust that this information is helpful to you.

Yours sincerely



Paul Stewart APM
Commissioner

Enc.

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Women's System Reform Program

Women's Safety and Justice Taskforce Recommendations

Background

Queensland has continued to experience high growth in female prisoner numbers increasing the demand for more effective, gender responsive and trauma informed service delivery¹.

The QCS *Women's Strategy 2023–2025 (Interim Strategy)* aims to implement cultural change to place women at the centre of QCS' efforts to break the intergenerational cycles of trauma and social disadvantage associated with imprisonment. The Interim Strategy captures work underway across QCS to respond to the Women's Safety and Justice Taskforce report recommendations and provides a roadmap to position QCS as a forward-thinking, top-tier public safety agency in its response to women in its custody and care².

To reduce crime and make a difference to domestic violence victim-survivors, QCS needs to consider the underlying causes of offending and take an evidence-informed approach which provides women with the opportunity to remain with their children and family, in their community.

The two-year Interim Strategy provides a framework for driving system-based reforms for the management of women in QCS' custody and care. The focus of this reform agenda will be equitable access to individualised care and support, empowering First Nations women and listening to the voices of women to understand better practice approaches to turning lives around³.

In 2023, QCS established a dedicated Women's System Reform Program Management Office (Women's PMO) and a Women's Strategy Steering Committee to plan and execute the implementation of 34 recommendations made by the Women's Safety and Justice Taskforce that QCS has lead or co-lead responsibility to deliver. The proceeding information outlines 19 recommendations with outcomes that will directly improve the services and supports available to women in the correctional system.

Recommendations arising from Women's Safety and Justice Taskforce reports include several QCS-led actions. In 2023–24, QCS:

- introduced trauma informed, gender responsive DFV practice training into the community corrections training program with custodial officer training to follow in 2025

¹ QCS Annual Report 2023-24 p23

² QCS Annual Report 2023-24 p31

³ QCS Interim Women's Strategy 2023-2025

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- continued to work collaboratively with government and non-government organisations to improve women's access to rehabilitation programs and services
- allocated Women's Safety and Justice Taskforce funding to deliver Her Time trauma-informed group and individual counselling at Brisbane Women's and Numinbah correctional centres
- continued to facilitate the Women's Advocacy Service to support partners and families of prisoners undertaking the Disrupting Family Violence Program⁴.

In 2023–24, as recommended by the Women's Safety and Justice Taskforce, QCS reviewed a range of operational policies and practices across the women's correctional system including:

- management of mothers and children in custody
- rehabilitation programs including education and support services available to women in the correctional system
- issues impacting the time women and girls spend in police watchhouses
- removal of clothing search practices
- a range of cross agency service enhancements to improve access to work development orders, identifying documents, property storage and information about services available³.

QCS commissioned a new state-wide women's reintegration service following significant redesign undertaken in consultation with women with lived experience and incorporating a range of service enhancements. In partnership with Griffith University, QCS introduced Phase 2 of the Transforming Corrections to Transform Lives (TCTL) Program in southern Queensland and Townsville to better support women in custody who are mothers and their children³.

Recommendations 117 and 151

QCS is developing technical and contractual specifications for implementation of in-cell technology to inform commercial viability. This will provide opportunities for prisoner in-cell technology in correctional centres with self-service capabilities and alternatives for service delivery will be explored⁵.

Recommendation 130

QCS is working towards improved sentencing processes and outcomes for women. A project plan and evaluation framework have been developed for expanding court advisory services, and service delivery design for a pilot program is underway. The

⁴ QCS Annual Report 2023-24 p23

⁵ QCS Business Plan 2023-24 p10

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government is providing increased funding of \$7.7 million over three years from 2023-24, \$7.4 million (held centrally), and a further \$883,000 is being met internally by the department. This includes to assist with the design and evaluation of a trial of dedicated court advisory services⁶.

Recommendations 132, 133 and 134

QCS is working towards improved health, wellbeing, prenatal and postnatal care and birth experiences for women in prison.

In 2023, the Queensland Government advocated for the Australian Government to make changes which enable eligible women and girls in custody to access Medicare and the National Disability Insurance Scheme. The Queensland Government will continue to advocate for the Australian Government to make changes through the work of Ministerial Councils⁷.

QCS is working on expanded options to provide culturally appropriate family and parenting support to women and girls in custody who are mothers. QCS continues to consider options for the provision of essential items and services required for the care and wellbeing of children and mothers in custody⁷.

The government is providing additional funding of \$4.3 million over five years from 2022-23 and \$1.1 million per annum ongoing to support health, wellbeing, prenatal and postnatal care and birth experiences in prison and detention. This includes the design and implementation of culturally appropriate family and parenting support to women and girls in custody who are mothers; and to better meet the needs of women and girls in custody who are pregnant, and the needs of children living in custody with their mothers⁸.

Recommendations 136, 137 and 139

As part of the whole-of-government investment in Women's Safety and Justice Reform, \$3.355 million over four years from 2022-23, including \$1.025 million ongoing and \$11 million capital, has been provided to implement body scanning technology across all three secure female centres across the state. An initial proof of concept commenced in 2024 at Brisbane Women's Correctional Centre. To determine the effectiveness of the technology and the impact of body scanners in an operational environment, the proof-of-concept trial will undergo a rigorous evaluation to ensure that QCS continues to maintain its commitment to safety and trauma-informed practice and human rights⁹.

⁶ Budget Measures 2023-24 p137

⁷ Women's Safety and Justice Reform Annual Report 2023-24 p96

⁸ Budget Measures 2023-24 p130

⁹ QCS Annual Report 2023-24 p15

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In addition to this, the *Corrective Services (Emerging Technologies and Security) and Other Legislation Amendment Act 2023* gained assent on 2 June 2023. This Act amended the *Corrective Services Act 2006* to provide a clear authority to use body scanners within correctional facilities. A review of policy, practices and procedures regarding the removal of clothing searches in Queensland’s women’s correctional centres has been conducted by QCS in partnership with the Queensland Human Rights Commission¹⁰.

QCS is also identifying options for developing a practice framework which ensures staff have the necessary skills and competencies required to effectively and appropriately manage female prisoners¹¹.

Recommendation 147, 148, 152, 153, and 154

QCS is undertaking a review of existing rehabilitation programs and services for women in custody, a review of incentives for prisoners to participate in rehabilitation activities, and a review of the employment, wages and working conditions for incarcerated women¹².

The government is providing increased funding of \$31.2 million over five years from 2022-23, held centrally, and \$9.2 million per annum ongoing to support rehabilitating women in prison and girls in detention. This includes for the improvement of the provision of rehabilitation programs; and improved access to quality education programs, including online programs¹³.

Recommendations 156 and 158

QCS is working in partnership with the Queensland Revenue Office (QRO) to improve access to Work and Development Orders for individuals in the correctional system.

QCS reviewed and has published new Custodial Officer Practice Directives which are designed to increase access by women in custody to Work and Development Orders to reduce fine-related debt with the State Penalties Enforcement Registry (SPER)¹⁴.

QCS is working collaboratively with QRO and SPER on data sharing options to respond to recommendation 158. This could enable enforcement action on SPER debt to be suspended in a timely manner and support notification to the individual of an opportunity to apply for a Work and Development Order¹⁵.

¹⁰ Women’s Safety and Justice Reform Annual Report 2023-24 p97

¹¹ QCS Business Plan p14

¹² QCS Business Plan p18

¹³ Budget Measures 2023-24 p137

¹⁴ Women’s Safety and Justice Reform Annual Report 2023-24 p107

¹⁵ Women’s Safety and Justice Reform Annual Report 2023-24 p108

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Recommendation 162, 167 and 168

QCS is working to improve processes and outcomes for women reintegrating into the community.

Processes relating to collection and storage of personal belongings of prisoners are being reviewed. Resources, including digital platforms, are being reviewed and enhanced to ensure women, care providers and other stakeholders have access to information regarding services and supports¹⁶.

For women in custody, QCS has reviewed Memorandums of Understanding between relevant agencies and ensured funding for enhanced women's reintegration services include dedicated brokerage to support women to apply for identification documents. A data matching trial has commenced, and work continues to identify opportunities to enhance services to support women to apply for identification documents prior to release¹⁷.

The government is providing increased funding of \$7.4 million over four years from 2023-24 (including \$6.1 million held centrally) and \$1.9 million per annum ongoing to support reintegrating women and girls into the community. A further \$379,000 over four years from 2023-24 and \$99,000 per annum ongoing is being met internally by the department¹⁸. This is to:

- implement a scheme to enable safe storage of personal belongings of women and girls in custody
- develop options to better identify girls and women who are at risk of being refused bail and women eligible to apply for parole, to assist them to access accommodation, services and to support their transition from custody
- implement a process to enable women and girls in custody to apply for identification documents so they can have them prior to their release.

Recommendation 169

QCS has delivered an enhanced statewide Women's Reintegration Service for women in custody. This model provides for trauma-informed and gender specific reintegration support for all women exiting custody. The new model was fully implemented at the end of June 2024¹⁹.

¹⁶ QCS Business Plan 2023-24 p19

¹⁷ Women's Safety and Justice Reform Annual Report 2023-24 p109 and 111

¹⁸ Budget Measures 2023-24 p130

¹⁹ Women's Safety and Justice Reform Annual Report 2023-24 p112

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Recommendation 172

QCS continues to partner with Griffith University and women in custody to co-create the Transforming Corrections to Transform Lives (TCTL) initiative.

Research has shown that imprisoning mothers contributes to a cycle of intergenerational disadvantage and that recognising and addressing the needs of mothers requires the transformation of approaches in corrections to reduce recidivism and disrupt this cycle²⁰.

This program provides comprehensive and integrated support to a small number of incarcerated mothers, their children and families. The first intake of this program occurred at the Southern Queensland Correctional Centre in January 2024, and the program expanded to the Townsville Women's Correctional Centre in mid-2024²¹. In 2023–24, the TCTL initiative has already begun improving how QCS responds to women and children through intensive coaching and system change²².

²⁰ QCS Annual Report 2023-24 p31

²¹ Women's Safety and Justice Reform Annual Report 2023-24 p113

²² QCS Annual Report 2023-24 p31



QUEENSLAND
OMBUDSMAN

Inspector of
Detention Services

