

Inspector of Detention Services



## Palen Creek Correctional Centre inspection report

June 2025



QUEENSLAND  
OMBUDSMAN



**Nathaniel Chapman**

***Leaving Our Mark, (2023).***

Digital artwork (cover uses elements)

© Office of the Queensland Ombudsman.

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.

### **Public**

This document is released to the public space.  
It is approved for public distribution and readership.

© The State of Queensland (Office of the Queensland Ombudsman) 2025.

The Queensland Ombudsman supports and encourages the dissemination of its information. The copyright in this publication is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives (CC BY-NC-ND) 4.0 International licence.



To view this licence visit:

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Under this licence you are free, without having to seek permission from the Queensland Ombudsman, to use this publication in accordance with the licence terms. For permissions beyond the scope of this licence, contact this office.

Content from this report should be attributed to the Inspector of Detention Services, Office of the Queensland Ombudsman, *Palen Creek Correctional Centre inspection report*, June 2025

ISBN: 978-0-9756479-4-3

Inspector of Detention Services  
Office of the Queensland Ombudsman  
Level 18, 53 Albert Street, Brisbane QLD 4000  
GPO Box 3314, Brisbane QLD 4001

Phone: (07) 3005 7000

Email: [inspector@ombudsman.qld.gov.au](mailto:inspector@ombudsman.qld.gov.au)

Web: [www.ombudsman.qld.gov.au](http://www.ombudsman.qld.gov.au)

# Contents

<b>Snapshot</b>	<b>5</b>
<b>Recommendations</b>	<b>7</b>
<b>1. Introduction</b>	<b>11</b>
Palen Creek Correctional Centre	11
Work camp projects	13
Role of Inspector of Detention Services	14
Our inspection process	14
Acknowledgements	15
Submissions	15
<b>2. Early days in custody</b>	<b>16</b>
Centre induction	16
Newly admitted prisoners to the centre	18
<b>3. Duty of care</b>	<b>19</b>
Accommodation	19
Separate confinement	23
Prisoner legal resources	27
Prisoner consultation	28
Prisoner complaints and requests	30
<b>4. Managing behaviour</b>	<b>34</b>
Encouraging positive behaviours	34
Punishment and disciplinary processes	36
Review of decisions to return prisoners to a secure prison	38
<b>5. Daily life</b>	<b>42</b>
Condition of the facilities and equipment	42
Contact with the outside world	45
Prisoner mail	48

<b>6. Health and support</b>	<b>50</b>
Initial health assessments	51
Initial psychological assessments	52
Access to specialist health services	53
Access to mental health services	55
Access to health services at surrounding hospitals	57
Substance use treatment program	59
<b>7. Security</b>	<b>63</b>
Searches	64
Prisoner property	67
Prisoner phone calls	69
<b>8. Rehabilitation and reparation</b>	<b>71</b>
Education	72
Employment	76
<b>9. Equity and diversity</b>	<b>79</b>
<b>10. Governance</b>	<b>80</b>
Training	80
Recordkeeping	82
<b>Appendix A: Queensland Corrective Services submission</b>	<b>84</b>
<b>Appendix B: Queensland Health submission</b>	<b>97</b>
<b>Appendix C: Office of the Health Ombudsman submission</b>	<b>99</b>



# Snapshot

Palen Creek Correctional Centre (the centre) is located at Rathdowney, approximately 100km south-west of Brisbane, on the traditional land of the Mununjali, Yugambeh and Ugarapul Aboriginal people. The centre also manages work camps at Mitchell, Charleville, Dirranbandi and St George.

It is an open-campus-style rural correctional facility for men classified as being suitable for a low-security prison. It has been operating since 1934 and is overseen by the Borallon Training and Correctional Centre (BTCC).

The low-security environment, high degree of autonomy, access to meaningful activities, and desirable location provide strong incentives for prisoners to engage in positive behaviours.

A public document released by Queensland Corrective Services (QCS), *Low security and its role in community safety*, identifies that recidivism rates among people discharged from low-security centres are drastically reduced. This reported reduction may also be the result of access to vocational training, industry-based employment, and education to improve literacy and numeracy skill levels.

Our inspection found positive practices at the centre, supporting the idea of reduced security and control for prisoners that gave them the opportunity to develop strategies and skills to support reintegration. These include:

- staff ensuring prisoners can contact supports on arrival at the centre
- progression to work camps that provide more autonomy, greater work skills and significant support to local communities, which is highly valued
- greater engagement between prisoners and staff with observed interactions being respectful
- the availability of meaningful activity, work and connection to training for the men
- training of assistance dogs as a good example of how prisoners contribute to the community
- connection to family was supported through a program of prisoners being recorded reading to their children.

While the overall picture is positive, we have made recommendations about areas for improvement. These include:

- the recording and making of shared accommodation decisions
- compliance with the Corrective Services Regulation 2017 requirements, such as two hours out-of-cell time when detained in the holding cell, and notification required when making safety orders
- improving access to cultural support for Aboriginal people and Torres Strait Islander people
- allowing for review and improving records of decisions to return prisoners to a secure centre in response to breaches of discipline.

At a system level, we also identified that QCS should develop an easy-read version of complaint documents to improve the ability of detainees to understand and use them.

# Palen Creek Correctional Centre

The Palen Creek Correctional Centre (the centre) open environment is designed to maximise rehabilitation and community re-entry opportunities for male prisoners. The centre offers rehabilitation programs and services, including vocational training, industry-based employment, and education to improve literacy and numeracy skill levels.

The centre runs industries such as cattle production and creates a variety of farm produce including vegetables, fruit and eggs, which supplement the centre kitchens.

The centre works to address the specific needs of imprisoned low-security classified men, including substance abuse treatment and educational and vocational programs.

Prisoners at the centre have the opportunity to complete community service for non-profit organisations and to be placed at a work camp aligned to the centre. These are located at Mitchell, Charleville, Dirranbandi and St George.



## Location

The centre is located in Rathdowney in the Scenic Rim Region of south-east Queensland, approximately 100km south-west of Brisbane. On the traditional land of the Mununjali, Yugambeh and Ugarapul Aboriginal people.



## Onsite inspection dates

11 June – 15 June 2024

### On 11 June 2024, the centre had:



**193**  
prisoners



**200**  
accommodation  
rooms



**1**  
special purpose  
accommodation room



**201**  
beds



**141**  
community organisations  
were provided assistance  
by the work camps aligned  
to the centre (at the time of  
the inspection)



**18%**  
of prisoners at the centre  
identified as Australian  
First Nations men (as of  
June 2024)

# Recommendations

## Recommendation 1

---

Palen Creek Correctional Centre ensure:

- a) an easy-read version of the prisoner induction handbook is available
- b) a review into how inductions are conducted, to provide prisoners with an opportunity to understand the centre rules.

## Recommendation 2

---

Palen Creek Correctional Centre increase Cultural Liaison Officer services for its Australian First Nations prisoners.

## Recommendation 3

---

Palen Creek Correctional Centre improve its recording of the assessments and considerations required when determining shared-cell accommodation.

## Recommendation 4

---

Palen Creek Correctional Centre ensure compliance with the Corrective Services Regulation 2017 for prisoners in separate confinement for extended periods, to provide access to fresh air for at least two daylight hours per day, and facilities to maintain personal hygiene.

## Recommendation 5

---

Palen Creek Correctional Centre ensure staff meet legislative obligations to inform a Cultural Liaison Officer and nominated contact person when a safety order is made for Aboriginal people and Torres Strait Islander people.

## Recommendation 6

---

Palen Creek Correctional Centre implement a regular process to check the available materials in the legal resource room, including updating superseded versions of resources.

## Recommendation 7

---

Queensland Corrective Services update the Custodial Operations Practice Directive: Prisoner Entitlements – Legal Resources to include the *Domestic and Family Violence Protection Act 2012*, Domestic and Family Violence Protection Regulation 2023 and the Domestic and Family Violence Protection Rules 2014.

## Recommendation 8

---

Palen Creek Correctional Centre facilitate monthly Prisoner Advisory Committee meetings between management and prisoner representatives from each unit.

### Recommendation 9

---

Metro South Hospital and Health Service develop a frontline complaint and feedback mechanism that allows frontline operational staff at Palen Creek Correctional Centre to respond directly to prisoner complaints.

### Recommendation 10

---

Queensland Corrective Services and Palen Creek Correctional Centre develop easy-read versions of complaint documents available to prisoners.

### Recommendation 11

---

Palen Creek Correctional Centre record and track requests submitted via paper-based forms, as observed with the shop-front request book.

### Recommendation 12

---

Palen Creek Correctional Centre use available options in the Custodial Operations Practice Directive: Breach of Discipline as a response to breaches, which considers the environment in which the centre is set, and does not result in return to a secure prison where the risk can be managed in the low-security prison.

### Recommendation 13

---

Queensland Corrective Services ensure prisoners returned to a secure prison after being at this low-custody prison are issued with a placement decision and information on how they can seek review of the decision in accordance with Custodial Operations Practice Directive: Sentence Management – Classification and Placement.

### Recommendation 14

---

Palen Creek Correctional Centre complete a condition assessment of all buildings, and request maintenance, repairs and replacement of fittings and fixtures as required through building management services.

### Recommendation 15

---

Palen Creek Correctional Centre expand and increase the prosocial aspects of the current visit program and consider providing prisoners and visitors access to the grassed areas.

### Recommendation 16

---

Palen Creek Correctional Centre expand the number of visit sessions and availability of Virtual Personal Visits to meet anticipated increase in demand as prisoner numbers increase.



### Recommendation 17

---

Metro South Hospital and Health Service increase prisoner access to:

- a) oral health services, including preventative and restorative dental care, by allocating additional resources to the centre until the need is met
- b) allied health services, including optometry and physiotherapy, by allocating additional resources to the centre until the need is met.

### Recommendation 18

---

Queensland Corrective Services increase prisoner access to mental health programs at Palen Creek Correctional Centre.

### Recommendation 19

---

Metro South Hospital and Health Service and Queensland Corrective Services consult on a new process for supporting prisoners to access outpatient treatment at local hospitals, such as Beaudesert or Logan Hospitals.

### Recommendation 20

---

Metro South Hospital and Health Service and Palen Creek Correctional Centre implement an alternative location for the administration of opioid substitution treatment.

### Recommendation 21

---

Queensland Corrective Services expand the substance misuse interventions provided to prisoners at Palen Creek Correctional Centre to include:

- one-on-one counselling
- increased availability of substance intervention programs
- the Straight Talk program or other culturally specific substance intervention programs.

### Recommendation 22

---

Queensland Corrective Services introduce body scanners at Palen Creek Correctional Centre to reduce and eliminate the need for routine removal-of-clothing searches.

### Recommendation 23

---

Palen Creek Correctional Centre ensure that all monitored personal calls from prisoners are recorded within the relevant registers as required by the Custodial Operations Practice Directive: Prisoner Entitlements – Prisoner Communications.

### Recommendation 24

---

Queensland Corrective Services ensure training and education that addresses digital literacy skills is available for prisoners of all language and numeracy competencies at low-custody centres, not just those capable of completing tertiary study.

### **Recommendation 25**

---

Queensland Corrective Services develop a clear procedure for determining rates of pay for prisoner employment. Pay should be matched to a percentage of the national minimum wage and increased in line with inflation.

### **Recommendation 26**

---

Queensland Corrective Services develop a pilot work-release program at low-custody centres to enhance rehabilitation and employability outcomes for prisoners.

### **Recommendation 27**

---

Palen Creek Correctional Centre develop an action plan to improve recordkeeping for its operations.

# 1. Introduction

## Palen Creek Correctional Centre

His Majesty's (HM) State Farm, Palen Creek was proclaimed a prison on 15 November 1934. In the 1934 annual report of the Prisons Department, the Comptroller General stated that the State Farm officially opened on 6 December 1934. HM State Farm, Palen Creek was renamed Palen Creek Correctional Centre in 1988 under the *Corrective Services Act 1988*.

The inaugural prisoners erected their own buildings and sold produce from gardens they maintained. In 1937, Palen Creek had a daily average of 50 male prisoners.

Low-security prisons play an important role in the rehabilitation of carefully selected prisoners. These prisons give prisoners increased responsibility, as well as the opportunity to learn vocational and life skills that reduce their risk of reoffending when released back to the community.

The security at these prisons does not look like secure prisons in Queensland. There are no double fences or razor wire. Palen Creek relies on dynamic security, including randomised timing of head counts, perimeter checks, clear rules and daily prisoner routines.

At the time of the inspection, the centre could accommodate up to 201 low-security classified male prisoners. The centre has historically and consistently had low numbers of prisoners identifying as Aboriginal people and Torres Strait Islander people. We were advised this is likely due to the distance from home and family, lack of connection to the local area, and a lack of cultural supports and programs available at the centre.

As of 7 June 2024, we noted 34 prisoners who identified as Australian First Nations people, as compared with data from July 2023, when the centre reported an average monthly count of 15 prisoners who identified. The population increase of Aboriginal people and Torres Strait Islander people had more than doubled in one year.

The accommodation buildings of the facility feature a common living area with adjoining bedrooms. Each of the units has a communal kitchen, laundry and shared amenities for prisoners.

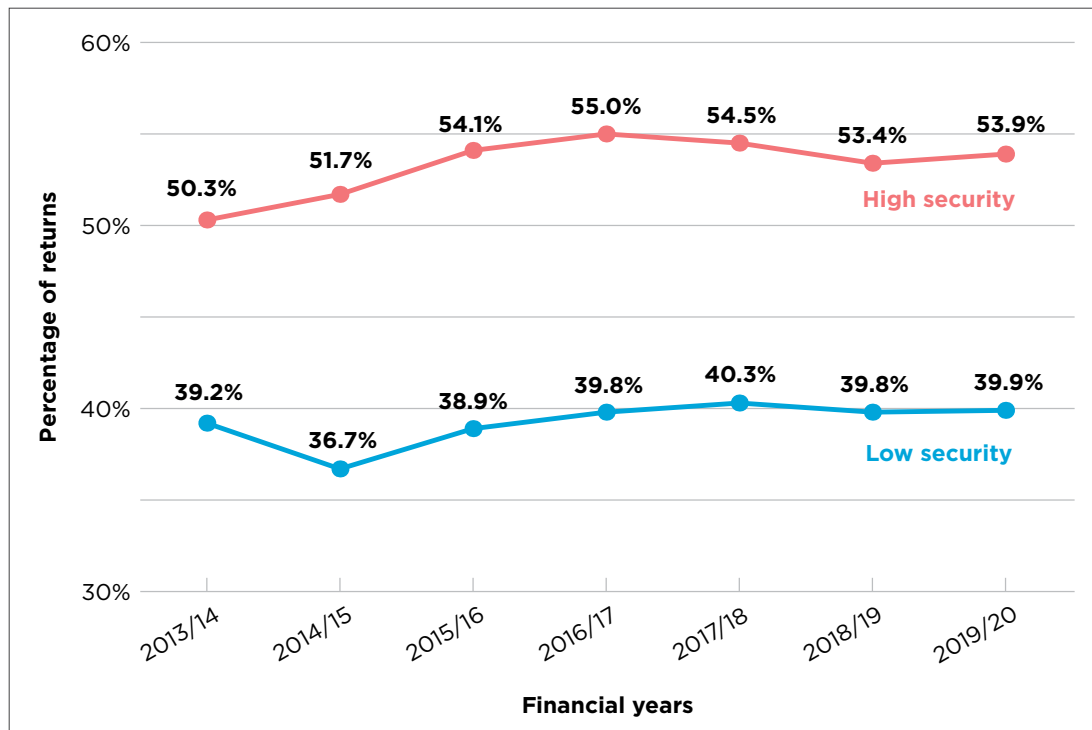
The centre offers a unique opportunity for each of the accommodation units to act as a community, adding to the rehabilitation of the prisoner population. For example, each unit has a prisoner who cooks for the unit, whereas in secure centres this function would be undertaken in a centralised industrial-style kitchen.

Many of the prisoners spoke positively about being accommodated at the centre, often highlighting the physical surroundings in a rural setting. Although much of the infrastructure was dated, most of the prisoners were relieved to be there (as opposed to another prison). Prisoners told the inspection team that they wanted to keep busy and take advantage of all available opportunities at the centre.

The open environment is designed to maximise the opportunity for rehabilitation and re-entry into the community. The centre offers rehabilitation programs and services, including vocational training, industry-based employment, and education to improve literacy and numeracy skill levels. We were advised that giving prisoners the opportunity to follow rules in a less-restrictive environment was a stepping stone to successful rehabilitation and reintegration into the community.

Research conducted by QCS shows that the recidivism rates among people discharged from low-security prisons are drastically reduced, indicating that the adopted approach works.

**Graph 1: Prisoner returns to Corrective Services within two years of discharge**



Source: QCS | *Low security and its role in community safety* (corrections.qld.gov.au), 2 June 2023.

QCS has indicated its commitment to reducing crime within the community, developing the Pathways to Reducing Crime strategies. Here, the objectives are best achieved through providing prisoners with opportunities to work, access to education and training, addressing substance abuse behaviour, participating in managed progression through the custodial system, and receiving assistance in safely returning to the community on release.

In 2023, the QCS publication *Low security and its role in community safety* indicated that individuals are significantly less likely to return to custody or receive a community order in the two years following release from a low-custody prison. This is a clear indication of the success of low-security prisons in reducing reoffending rates.

A feature of low-security prisons is the inclusion of a community engagement model, where prisoners provide many hours of free labour working in communities as reparation. This could be through community service or by being placed in a work camp. Work camps managed by the centre are at Mitchell, Charleville, Dirranbandi and St George.

In 2021-22, the work camps (Mitchell, Charleville, Dirrabandi and St George) contributed to local communities by assisting 141 community organisations. During this period, prisoners on the Work Camp Program throughout Queensland completed 144,223 hours of community service, the equivalent of \$4 million in labour support for regional Queensland.

Every year, thousands of prisoners live successfully in low-security environments in Queensland, with few adverse incidents being observed.

## Work camp projects

While the work camps were not included in the inspection of Palen Creek Correctional Centre, a site visit to the Mitchell and Charleville work camps was completed on 21 and 22 May 2024. This enabled the inspection team to engage with prisoners actively involved in the program, and the local community members directly involved with the work camps. Prisoners can participate in the work camp program by applying through the low-custody centre aligned with the camp.

Work camps present a positive correctional experience that not only puts low-risk offenders to work, but also provides them with meaningful opportunities to make reparation to the community and develop skills to improve reintegration. It also provides considerable benefits to the people of regional and rural Queensland. Work camps ensure the completion of valued community projects that would not otherwise be completed due to labour shortages.

At the time of the inspection, projects for the Charleville work camp included ongoing mowing and maintenance of the Charleville Showgrounds and Racecourse Reserve. Additional projects included the refurbishment of the rails and jockey rooms at the Augathella Racing Club, the re-painting of the Augathella Catholic Church, and maintenance at the Morven Race Club.

Prisoners must demonstrate positive behaviour and attitudes to earn the right to stay at a work camp. The inspection team spoke with work camp supervisors who are deeply passionate about their programs and the opportunities they provide for prisoners. These include providing valuable work skills and connection to local communities while making reparation.

To ensure projects do not impact on employment opportunities for local residents, all projects must be approved by the Community Advisory Committee for that work camp. These committees include members from a variety of diverse groups and may include council representatives, police, local business owners and service clubs to name a few.

We found the work camps were adequately equipped to support the prisoners to undertake their work schedule. However, the degree of assistance offered by local councils varied depending on budget allocations.

The camps themselves were well established, and the facilities where prisoners lived were well maintained and clean. They ranged from modern rooms with an ensuite, to accommodation with a communal ablutions block. Each camp was self-sufficient in that it contained a commercial-style kitchen and laundry.

Our conversations with prisoners indicated they appreciated the opportunity to be involved in the program and give back to the community. They said the work camps offered a less chaotic environment than at high or low-security prisons. However, the prisoners indicated some areas could be improved, including access to Virtual Personal Visits (VPVs), which would increase their connection to family.

It was highlighted to the inspection officers that the use of these systems not only improves the prisoner connection to family and supports, but also reduces the impact of phone call costs on prisoners. The cost of phone calls was raised as a concern by several prisoners. All indicated that the cost was exorbitant and made it difficult to prepare their personal finances for release.

## Role of Inspector of Detention Services

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 purpose of the Act is to promote 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. Throughout this report, we refer to relevant standards from this document.

## Our inspection process

The process for inspecting the centre included:

- reviewing information from relevant reports
- reviewing relevant legislation and policies
- assessing data held on the QCS's information system (Integrated Offender Management System – IOMS)
- obtaining information from the government departments responsible for providing services at the centre: QCS, and the Metro South Hospital and Health Service (Metro South HHS)
- 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 organisations and 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 from 11–15 June 2024.  
The inspection included observing:
  - accommodation units and the holding cell
  - education rooms
  - health service facilities
  - casework and administration facilities
  - recreational facilities
  - visits facilities on the weekend, when most visits occur
- listening to the men detained at the centre, through engagement visits and a survey
- site visit to the Mitchell and Charleville work camps on 21 and 22 May 2024, and meetings with local government and community organisations.

## Acknowledgements

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

We also acknowledge the assistance of staff from the Metro South HHS, and its staff at the centre.

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

We acknowledge and thank the prisoners who took the time to speak to us and share information about their experiences at the centre and the work camps.

## Submissions

As is required by section 24 of the Act, we provided a consultation draft of this report to several entities on 7 February and 19 March 2025 to allow them to make submissions. The dates the submissions were received are noted in the table below:

Date submission received	Entity
21 March 2025	Queensland Corrective Services
8 April 2025	Office of the Health Ombudsman
16 April 2025	Clinical Excellence Queensland, Queensland Health

A consultation draft of the report was provided to the Metro South HHS on 7 February 2025. We were advised on 10 March 2025 that it had no feedback to provide on the report.

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

## 2. Early days in custody

This chapter reviews the process of arrival at the prison from the moment a prisoner steps off a transport vehicle, through to the first few days accommodated at the centre. It also discusses how the centre orients a prisoner to the prison environment.

As the centre is not a reception prison, the men arriving there have already been admitted into the correctional system at a different prison. As such, these prisoners will already have an IOMS identification number with a photo taken on arrival, and will have their contact information recorded, including their kinships, ethnicity, religion, and food requirements.

This process would include a review of the court documents authorising the prisoner to be held in custody, and any domestic and family violence orders should have been added to IOMS. A low-custody assessment and a decision allocating the prisoner to a low-custody prison (placement decision) would have been undertaken, resulting in the prisoner's transfer.

For our inspection, we considered facility inductions, which provide prisoners with information relevant to the centre, to be essential for the men accommodated there. During the onsite inspection, inspection officers attended the centre's reception store where prisoners are processed on arrival, and observed their induction.

We found staff in the reception store to be knowledgeable about their roles. While most of the standards applying to early days in custody were performed adequately and, as such, have not been focused on, we have identified both positive practices and some areas of concern.

### Centre induction

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

The reception process into correctional centres is governed by Custodial Operations Practice Directives (COPD), in particular the COPD: Reception Processes – Admission and Assessments. This identifies that prisoners will receive different types of inductions, but provides instruction relevant to system inductions (information about the correctional system) and facility inductions (information relevant to the specific prison).

In line with the requirements of the COPD, arriving prisoners are given a verbal induction and provided with an induction handbook. We found the handbook to be a detailed document that may not be easily understood by culturally and linguistically diverse prisoners, and those who cannot read. As a result, prisoners are more likely to rely on other prisoners to inform them of prison regimes and entitlements covered within the handbook, which is not available in an easy-read format.



The induction session we observed provided limited explanation of the centre rules and expectations. Furthermore, forms requiring completion and signing by the prisoners were skimmed over and there was no explanation of what the documents included and what they meant for the prisoners signing them. We noted that before the prisoners' arrival, the areas where they were required to sign had already been highlighted.

During the process, one prisoner asked if he could keep the form overnight, fill out what work he wanted to do, and bring it back the next day. He was advised that he was required to fill it out now. We found the level of detail provided to prisoners was limited, and focused on getting them to sign the form.

The remainder of the facility induction was undertaken by relevant staff who oversaw the areas into which the prisoner was being inducted. These included information about the centre and a facility orientation, available communication options, prisoner management, how to access differing services such as medical, sentence management and Cultural Liaison Officers (CLOs), and available employment options.

On arrival at the centre, the COPD indicates if a prisoner identifies as an Australian First Nations person, staff should ask if the prisoner had been engaging with a CLO at their previous prison. If so, the staff are to arrange for the engagement to continue by emailing the CLO based at BTCC. We did, however, observe an initial assessment with a counsellor where this process did not occur, despite the inspection team later identifying the prisoner as an Australian First Nations man from his IOMS profile.

There is currently no dedicated CLO attending the centre – it relies on the CLO from BTCC, who travels once a month to Palen Creek to provide cultural services for Australian First Nations prisoners. To date, the monthly visit has coincided with the monthly Brisbane Elder's visit, which occurs on the last Thursday of each month. We were advised that if the monthly Elder's visit was cancelled, the CLO visit would also be cancelled.

At the time of inspection, we were provided information from a 2022 QCS Operational Performance Review of the centre. This review indicated that the centre offered limited cultural support, which was to be addressed by exploring options to share a CLO between community corrections and the centre. While the document did not indicate the outcome of this action, we were advised that a recruitment process was underway to appoint another CLO based at BTCC.

The intention was for this CLO to increase the cultural support provided at Palen Creek. Funding was reportedly available for the position; however, we were advised that recruitment for CLOs had historically been difficult. The distance to travel and location of the centre were considered further recruitment challenges. If the recruitment was successful, this would provide cultural support equivalent to 2.5 full time equivalent positions for both BTCC and Palen Creek Correctional Centre prisoners.

In its submission to this report, QCS advised that a CLO dedicated solely to the centre had since been recruited, with the role scheduled to commence in late 2024 (see Appendix A).

A review of the IOMS records of all 34 prisoners at the centre who identified as Australian First Nations people as of 7 June 2024, indicated that only four had information listed in the kinship details on IOMS. Recording kinship information in IOMS identifies the prisoner's connection to family and community groups. This factor, combined with the limited CLO support provided to the centre, indicated these prisoners were being managed with little or no cultural input or consideration.

### Recommendation 1

Palen Creek Correctional Centre ensure:

- a) an easy-read version of the prisoner induction handbook is available
- b) a review into how inductions are conducted, to provide prisoners with an opportunity to understand the centre rules.

### Recommendation 2

Palen Creek Correctional Centre increase Cultural Liaison Officer services for its Australian First Nations prisoners.

## Newly admitted prisoners to the centre

### Relevant standards

3

Newly admitted prisoners can immediately inform their families and gain access to services to resolve any family, domestic and economic issues.

The centre is required to ensure prisoners can maintain personal connections upon arrival by using the Prisoner Telephone System (PTS). Prisoners are provided a form to fill out on arrival to allow for the transfer of money to the PTS. We were advised that the phone numbers previously approved at the reception prison had already been transferred to the prisoners' PTS before their arrival at the centre.

The prisoners can use the PTS to contact their support networks before the close of business on the day of their arrival. If this cannot be achieved, the centre has a process to ensure prisoners can advise their families of their transfer there. We were advised that the administration staff will go out of their way to ensure prisoners can call their families.

During the onsite inspection, several prisoners arrived late due to delays at the centre from which they had departed. This meant they arrived after administration staff had finished for the day. To ensure the prisoners could contact their families or supports, staff had organised for \$5 to be transferred to their PTS account to enable the prisoners access to a phone call. The prisoners we spoke with appreciated that centre staff had taken the initiative to do this.

## 3. Duty of care

This chapter reviews the process of duty of care applied within the centre. Duty of care includes consideration of 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.

Prior to the inspection, we consulted legal practitioners regarding their engagement with prisoners at the centre. Legal stakeholders indicated they typically had no difficulty accessing clients. We also noted the men could access their legal representatives via phone or through video link technology.

We observed the issuing of legal and privileged correspondence and were pleased with the rigour exercised to ensure confidentiality was maintained.

While most of the standards relating to duty of care were performed adequately and, as such, have not been focused on below, we have noted some concerns.

### Accommodation

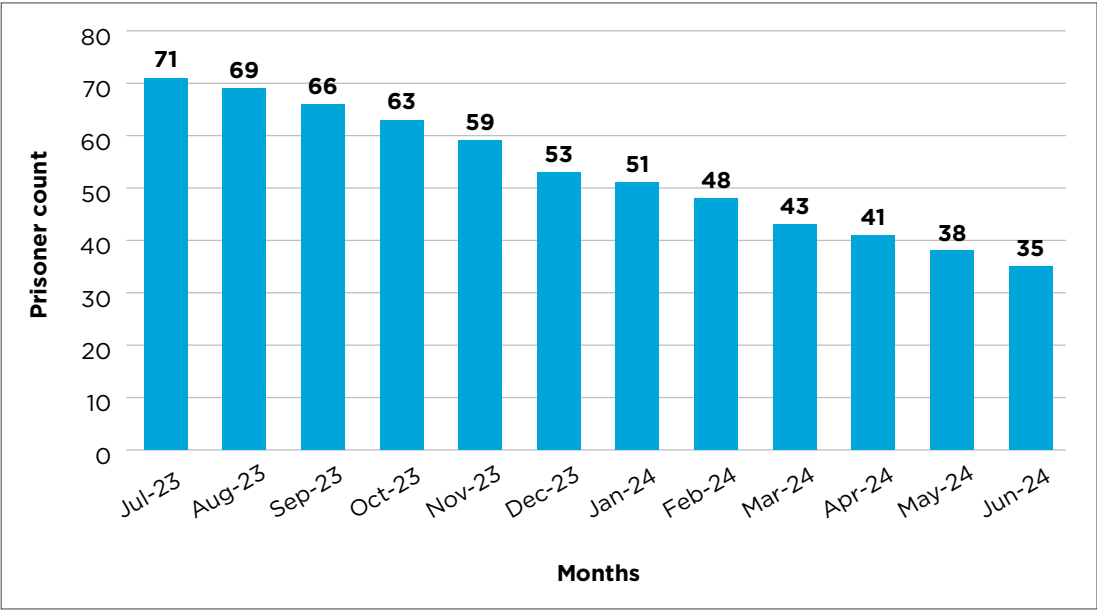
#### Relevant standards

- |    |  |
|----|--|
| 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. |
| 20 | Prisoners are accommodated in single cell accommodation unless they request to share a cell with another prisoner.   |
| 21 | Aboriginal and Torres Strait Islander prisoners are placed in an accommodation environment that considers their risks and individual needs.  |

With the increasing prison population across the state, the accommodation pressures experienced in secure prisons are also seen across low-security prisons. As such, at the time of inspection, Palen Creek's average prisoner population had increased by 12% during the period 1 March 2023 to 29 February 2024. We anticipate this will continue to increase, with the number of prisoners placed at the centre, predicted to soon reach 220.

While prisoner numbers are increasing, the prisoner population is very transient, meaning that at the same time prisoners are arriving at the centre, many others are leaving. From July 2023 to June 2024, the centre experienced a 51% reduction in prisoners accommodated for more than 12 months.

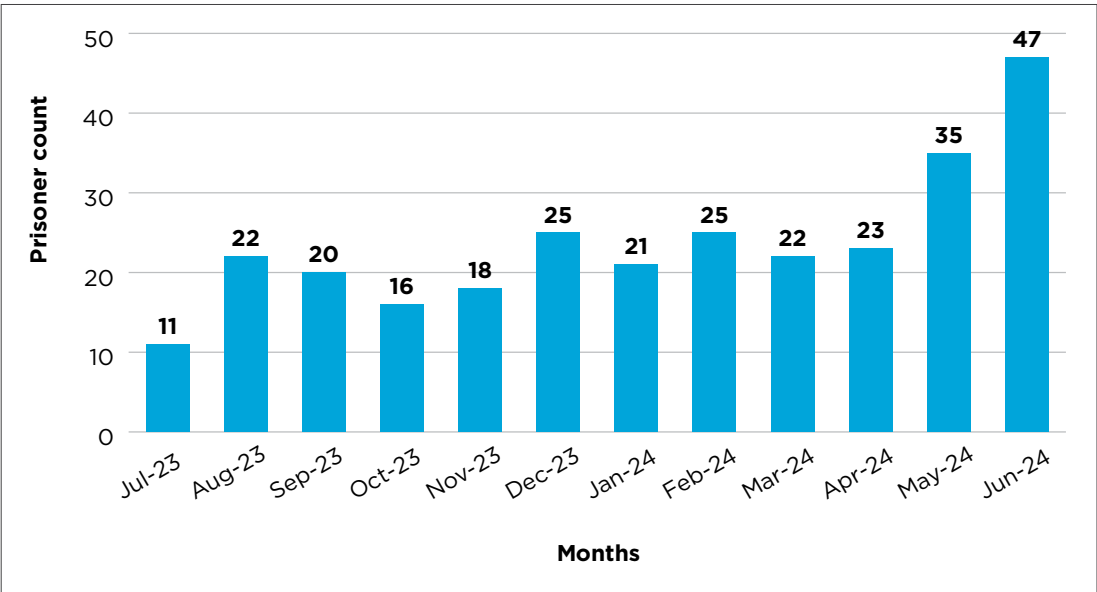
**Graph 2: Prisoner average population count per month at the centre for prisoners who have been accommodated there for more than 12 months**



Source: Compiled by the Inspector of Detention Services using information from QCS reporting services, Correctional centre trend report - annexed centre view.

The above graph indicates that the number of prisoners who had been at the centre for a period longer than 12 months was decreasing steadily from July 2023 to June 2024. This contrasts with the graph below which indicates that the number of prisoners placed at the centre for a period of one to two months had increased during the same period. This demonstrates the increasing number of prisoners who remain at the centre for a short period of time.

**Graph 3: Prisoner average population count per month at the centre for prisoners who have been accommodated there for one to two months**



Source: Compiled by the Inspector of Detention Services using information from QCS reporting services, Correctional centre trend report - annexed centre view.

Consequently, accommodation management is becoming critical in ensuring prisoner wellbeing, safety and security.

Due to its increasing population, when prisoners arrive at the centre they are initially placed in double-up accommodation, meaning they are required to share a room. We were advised that within 6-8 weeks of arriving at the centre, prisoners in double-up accommodation are offered a single-occupancy room following prisoner discharges and transfers.

We were advised by centre management that prisoners did not raise any concerns or issues when told they would initially be placed in double-up accommodation. This advice is consistent with prisoner feedback during our engagement with them, which suggested that, overall, double-up accommodation is working well.

Despite this, when prisoners are required to share accommodation cells, the decision is guided by the COPD: Prisoner Accommodation Management – Cell Allocation. The COPD provides guidance on what to consider before placing a prisoner into shared accommodation, to reduce the risks associated with environmental tension and prisoner assaults and to guide and support staff decision-making. Also stated in the COPD (v07, p6) is the requirement for case notes to be entered that must detail:

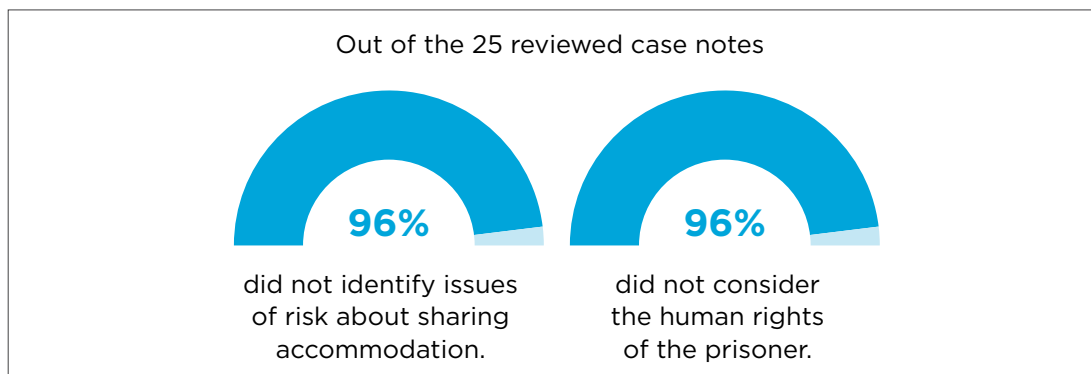
- a) how human rights were properly considered and balanced, including but not limited to cultural rights, specifically cultural rights of Aboriginal peoples and Torres Strait Islander peoples
- b) that prisoner's individual special needs have been considered
- c) that the prisoner has no concerns at the time of the placement
- d) where issues of risk have been identified, the Chief Superintendent shall ensure that appropriate notes and mitigation comments have been identified and recorded within the case note on each prisoner file and that they are sufficient to demonstrate consideration and mitigation of risk factors if the shared cell accommodation placement is to proceed; and
- e) that the prisoner was advised to liaise with unit staff if any concerns arise in the future.

However, the inspection team did not observe that the above factors were considered during the process of assigning prisoners to double-up accommodation. New arrivals were asked if they had any issues around being placed into shared accommodation, without being given any details about the prisoner they were assigned to share with.

We reviewed the case notes entered for prisoners relating to their arrival at the centre for the period 1 March 2024 to 15 June 2024. As defined by QCS in the COPD: Daily Operations – Case Management, case notes are records made by correctional staff to improve prisoner management practices. They document relevant communication, interaction or behaviour of a prisoner, as well as being a record of decisions made relevant to prisoners.

During this period, there were 168 arrivals from secure prisons, from which we reviewed the case notes of 25 prisoners. As we were advised that all prisoners arriving at the centre are required to share accommodation, we expected to see consistent case notes recording the risks considered and decision made for prisoners to share rooms. We found that 11 of those prisoners did not have a case note entered that related to shared accommodation. Of the 14 case notes that were generated, we found an absence of crucial information indicating prisoners' individual circumstances were considered before they were placed into a shared accommodation arrangement.

**Figure 1: The percentage of case notes that did not address areas identified in the COPD: Prisoner Accommodation Management – Cell Allocation**



Source: Compiled by the Inspector of Detention Services using information from QCS case note reporting.

From our review of the case notes entered on the prisoners' arrival, we also found that the centre had not documented the factors or issues considered by the decision-maker. This is required for shared-cell accommodation case notes, as stipulated in the COPD: Prisoner Accommodation Management – Cell Allocation.

We also found that 56% of case notes did not identify if the prisoner was advised who they would share a cell with. This would impact their ability to detail any concerns prior to being placed in their cell and would allow for the centre to manage any identified risks.

We found that the induction for prisoners generally lacked detailed explanations as required and failed to provide clear advice regarding rules and expectations. We noted a clear lack of information being requested from and provided to prisoners before they were placed into shared accommodation. There was no consideration of how being placed into shared accommodation would impact the prisoner's human rights and cultural rights.

There are insufficient IOMS records available to determine and make conclusions about:

- how many prisoners raised concerns with being placed in double-up accommodation, and how the centre responded to these concerns
- whether the centre complies with the consideration requirements, as set out in the COPD.

Furthermore, at the time of inspection, the CLO who provided limited cultural services to the centre's prisoners advised they are not consulted in the accommodation placement of prisoners who identify as Aboriginal people and Torres Strait Islander people. Given that we were advised there were no Australian First Nations staff at the centre, there is little or no cultural consultation or consideration in accommodation placements that addresses prisoners' cultural needs.

Prisoners also spoke to us about how the waiting lists for single-room accommodation are managed at the centre. A prisoner in shared-room accommodation raised concerns that when he was offered single-room accommodation in another unit, he refused it because, at that stage, he had settled into his accommodation unit and had established good relationships with the other prisoners.

In response, the prisoner was informed he would be placed at the bottom of the single-room accommodation list. The prisoner raised concerns that just one day before being offered the single-room accommodation in another unit, two single rooms in his current unit became available but were given to prisoners from other units.

Staff at the centre confirmed that if a prisoner refused single-room accommodation when offered, they were placed back at the bottom of the list. We were informed it was too difficult to manage prisoner preferences. Accordingly, the centre had adopted a strategy

resulting in the next available single-accommodation room being offered to the next person on the list, with any prisoner who declined the room then moved to the end of the list.

While we acknowledge the demand for single-room accommodation must be managed, we consider that it may support prisoner wellbeing to be considered for single-room accommodation within units in which they are already accommodated and where supports may already have developed. This would mean that if prisoners declined a room because it was not in their current unit, they may simply have to wait longer for single-room accommodation rather than being moved to the bottom of the list.

### Recommendation 3

Palen Creek Correctional Centre improve its recording of the assessments and considerations required when determining shared-cell accommodation.

## Separate 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.
- 19 There is reduced reliance on solitary confinement and separation as a management tool over time.
- 37 The prison provides a clean and suitable environment that is fit for purpose and compliant with public health practices.
- 39 Prisoners are held in a safe environment where security is proportionate to risk and not unduly restrictive.
- 44 Prisoners have a bed and clean bedding suitable for their needs.

### Holding cell use

The centre has a purpose-built secure cell known as a holding cell to address any security or safety risk caused by a prisoner's behaviour. In essence, it allows for a prisoner to be placed in separate confinement.

The Corrective Services Regulation 2017 s 4(1) states the Chief Executive must ensure a prisoner undergoing separate confinement:

- a) can access reticulated water, a toilet and shower facilities that, as far as practicable, are constructed in a way to prevent the prisoner from associating with other prisoners

- b) is given the same type of mattress, sheets, blankets and pillow as the prisoner would have were the prisoner not in separate confinement
- c) is given clothing appropriate for the prevailing conditions
- d) is given the opportunity to exercise in the fresh air for at least two daylight hours a day, unless a health practitioner advises that it would not be in the interests of the prisoner's health to exercise for a stated period or indefinitely.

The COPD: Safety Orders and Intensive Management Plans – Safety Orders states that if a prisoner refuses or declines out-of-cell time or requests that it cease early, this must be recorded in a case note in IOMS. A case note must also be made detailing the reasons a prisoner does not receive this period of out-of-cell time.

The holding cell at the centre is located next to the duty room desk. It is a small cell consisting of a bench, toilet and sink. A mattress is placed on the floor when the cell is occupied overnight. There is limited room to move, and the window does not open, restricting access to fresh air.

The holding cell is largely used to separate prisoners who are being moved to a secure prison following a behavioural or security-related incident. Information obtained during the inspection indicates prisoners are placed in the holding cell while awaiting transfer back to a secure prison by the Escort and Security Branch (ESB). A safety order is generated each time a prisoner is separated in the holding cell.

We were advised that prisoners are usually only in the holding cell for a night until they can be transferred back to a secure prison. However, it was acknowledged that prisoners may occasionally be in there longer than one night – for example, over a long weekend. In such circumstances, we were told prisoners do not get any time out of the holding cell, so the aim is to move them out as quickly as possible. We did receive conflicting information about prisoners staying in the holding cell over the weekend, as ESB is generally not available at weekends to transport prisoners back to secure prisons.



Photo 1: Holding cell from doorway



Photo 2: Holding cell sink and toilet



We were also advised that in circumstances where a prisoner is in the holding cell for longer than 24 hours and it is possible to provide time out of the cell, the prisoner is allowed in the duty room or to sit on a veranda under the supervision of a correctional officer.

Given prisoners could occasionally be in the holding cell for prolonged periods, we asked what shower facilities were available to ensure they maintain personal hygiene. At this time, we were advised the prisoner would be offered a shower, and if accepted, correctional officers would escort them to a shower located below one of the administration buildings.

We reviewed 31 prisoner files, and confirmed that prisoners are usually only accommodated in the holding cell overnight before ESB transports them to a secure prison. However, we identified three prisoners who were subjected to a prolonged period of separation equating to two nights.

#### Case study – Prisoner A

Prisoner A requested that he be sent back to a secure prison due to concerns for his safety arising from his cellmate. He asked to be placed in a holding cell until he could be transferred. He was seen by a registered nurse and given a mattress and bed pack for comfort. Prisoner A was also seen by a counsellor while in the holding cell. Prisoner A commented that the holding cell was the best place for him. While he appears to have been happy in the cell, there are no case notes to indicate he received any out-of-cell time, nor that he was offered a shower. Prisoner A was confined to the holding cell for over 40 hours before being transferred to another prison.

We have found other evidence to suggest prisoners are not receiving time out of the holding cell, nor are they being routinely offered a shower, which is a contravention of the Corrective Services Regulation. We acknowledge there are constraints around providing prisoners time out of the holding cell, given there is no easily accessible outdoor area, or shower, as would be the case in a secure prison.

However, if the holding cell is to be used, and occasionally used for extended periods of time, officers should make every effort to ensure prisoners are afforded two hours out-of-cell time and an opportunity to maintain personal hygiene. Officers should also ensure a case note is created on IOMS to reflect what has been offered to the prisoner, per COPD requirements.

#### Recommendation 4

Palen Creek Correctional Centre ensure compliance with the Corrective Services Regulation 2017 for prisoners in separate confinement for extended periods, to provide access to fresh air for at least two daylight hours per day, and facilities to maintain personal hygiene.

#### Safety order requirements

As detailed above, if a prisoner is involved in an incident or deemed to be an increased risk to the community, the centre will place them in the holding cell.

A safety order provides for the lawful mechanism to separately confine a prisoner, subject to the grounds detailed in the *Corrective Services Act 2006* (CSA) s 53.

Section 8 of the Corrective Services Regulation requires the Chief Executive to advise specific people about the making of a safety order for Aboriginal people and Torres Strait Islander people. The legislation does not give discretion to ignore this requirement. Those to be advised are:

- a CLO (the officer must also be asked to visit the prisoner)
- the Elder, respected person or Indigenous spiritual leader appointed to the centre (if one has been appointed)
- the person nominated by the prisoner as their contact person.

This requirement is intended to act as a safeguard for the prisoner. It is mandatory and does not allow staff to substitute the way the advice is provided, i.e. by allowing the prisoner to make a phone call.

To alleviate all doubt, the CLO must be informed and asked to visit the prisoner regardless of whether the other two above-named persons have already been contacted. Further, in Appendix SO3: Safety Orders – Aboriginal or Torres Strait Islander Prisoners, the notification must be recorded on the safety order register. It is noted that this requirement is contradictory to that contained in the COPD: Safety Orders and Intensive Management Plans – Safety Orders, which states that the details of the advice must be recorded in the safety order section on IOMS.

A prisoner may decline or refuse to nominate a contact person, and this must also be recorded on IOMS.

We conducted a review of the safety order register, maintained onsite and dating back to November 2022. We noted 133 prisoners were placed on safety orders between 7 November 2022 and 8 June 2024. Of these prisoners, 21 were recorded as identifying as Aboriginal people and Torres Strait Islander people.

We further reviewed these 21 records to ensure adherence with the notification requirements outlined in the Corrective Services Regulation, that are to be made by a correctional staff member. This review revealed that one prisoner was incorrectly recorded as an Australian First Nations person.

A review of the remaining 20 prisoner files in the sample revealed the following:

- Two of the 20 prisoners did not have a safety order generated in IOMS.
- The CLO was advised about the creation of a safety order for only 13 of the 20 prisoners. We noted responses recorded by correctional officers, which included 'No CLO at this centre. CLO will be contacted at the new placement centre'. In another instance, the officer wrote, 'CLO will see him Monday' (two days from the date of the safety order).
- No Elder was contacted in relation to any of the files reviewed. Seven of 20 prisoners did not have the Elders section of IOMS completed at all, while another seven had 'No elders in this centre' recorded in this section.
- The nominated contact person was left blank for eight out of 20 prisoners, with no indication that the prisoner had been asked if they wanted the contact person details recorded in IOMS. A further four out of 20 prisoners had 'Yes' ticked in the IOMS check box, but 'Next of kin to be contacted' had been written, indicating contact was yet to be made at the time the officer completed the check box.

There is evidence to suggest centre staff are failing to meet their legislative obligation to inform the CLO and nominated contact person when a safety order is made for an Australian First Nations prisoner. This is not a discretionary step, and failing to comply with this requirement is contrary to law. Staff also failed to either generate or attach the safety order to the IOMS record in 75% of the cases reviewed.

### Recommendation 5

Palen Creek Correctional Centre ensure staff meet legislative obligations to inform a Cultural Liaison Officer and nominated contact person when a safety order is made for Aboriginal people and Torres Strait Islander people.

## Prisoner legal resources

### Relevant standards

9  
10

Prisoners have confidential access to legal representatives and resources.

The prison assists prisoners to prepare for their court appearance.

As Palen Creek Correctional Centre is a low-custody prison, there are no remand-only prisoners. However, the centre accommodates sentenced prisoners with additional matters before the courts, including family and domestic violence proceedings.

As such, the men have access to legal resources through the onsite library. We inspected the legal resource room and identified several available resources as outdated and subsequently superseded. The physical book resources in the legal resource room are aged and may contain superseded legislation and case law.

One example of an old resource was the Carter Criminal Law volume, an early version of a book now published in its 25th edition. Also, legislation relating to domestic and family violence had not been made available.

The prisoners can access laptop computers in the library for legal purposes. We found these computers to be ageing, with the majority being 13 years old, and two having faults with the screens. We noted that the computers were fitted with a CD-ROM drive and USB ports so that legal material provided to the prisoners in these formats could be reviewed, as the computers are unable to connect to the internet. Any requests by a prisoner to review legislation are provided on a compact disc.

In the review of COPD: Prisoner Entitlements – Legal Resources, a list of primary and secondary legal resources that must be made available to prisoners is provided. The *Domestic and Family Violence Protection Act 2012* is not included in the list of available legislation, nor is it included in the list of primary resources. Although the COPD allows for the General Manager or nominee to consider a prisoner's request for access to additional legislation, given the prevalence of intimate partner violence perpetrators and victims in custody, this legislation should be added to the available resources at all prisons.

We were concerned that there was no available version of relevant domestic violence legislation for prisoners. We reviewed IOMS records on 2 July 2024, and identified that, there were 82 prisoners at the centre and work camps who had current domestic violence warning flags activated on their IOMS profiles. This means that prisoners may be either respondents or aggrieved parties listed on a protection order.

This was approximately 30% of the combined low-custody and work camp population who could be involved in domestic violence and family law proceedings and were not mandatorily provided with access to relevant legislation.

This indicates a need to include domestic violence legislation on the list of primary legal resources in the COPD, including the *Domestic and Family Violence Protection Act 2012*, Domestic and Family Violence Protection Regulation 2023 and the Domestic and Family Violence Protection Rules 2014.

In its submission after reviewing this report, QCS advised that the Domestic and Family Violence Protection Act and the Domestic and Family Violence Protection Rules 2014 had been added to the list of legislation that must be made available to prisoners (see Appendix A).

### Recommendation 6

Palen Creek Correctional Centre implement a regular process to check the available materials in the legal resource room, including updating superseded versions of resources.

### Recommendation 7

Queensland Corrective Services update the Custodial Operations Practice Directive: Prisoner Entitlements – Legal Resources to include the *Domestic and Family Violence Protection Act 2012*, Domestic and Family Violence Protection Regulation 2023 and the Domestic and Family Violence Protection Rules 2014.

## Prisoner consultation

### Relevant standards

23

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

Having prisoners taking part in decision-making processes in prisons can foster essential outcomes, including fairness and legitimacy, and provide some dignity by allowing them to contribute to matters impacting them. Prisoner engagement in the consultation process provides a chance to play a proactive decision-making role. A 2024 report by the HM Inspectorate of Prisons, *Improving behaviours in prisons: A thematic review* aimed to understand ways that prison leaders can develop a culture that supports prisoners to behave well.

It found that involving prisoners in the decisions that affect their day-to-day lives helps to build trust and promotes increased responsibility, both of which are important in a positive, motivational culture. Specifically relevant to the Australian context, a culturally responsive approach to working with Aboriginal people and Torres Strait Islander people requires services that are delivered by and in collaboration with Australian First Nations people and their communities.

QCS aims to achieve the inclusion of prisoners through Prisoner Advisory Committee (PAC) meetings, whose functions are governed by the Appendix: PE12 Prisoner Advisory Committee. This directive states that the purpose of a PAC meeting is ‘to engage prisoners and provide a process for them to have input into the corrective services facility’s functioning and to promote positive communication between facility management and prisoners’.

Holding regular PAC meetings is consistent with The European Prison Rules (2006)(p.23), which states:

Subject to the needs of good order, safety and security, prisoners shall be allowed to discuss matters relating to the general conditions of imprisonment and shall be encouraged to communicate with the prison authorities about these matters.

Meeting minutes provided to us show that PAC meetings were held on 1 August 2023, 26 September 2023, 21 December 2023 and 20 February 2024. Prior to this period, there is no evidence of a PAC meeting occurring for a five-month period, with the earliest minutes provided dated 28 February 2023. The five-month break is not consistent with QCS practices.

During the onsite visit, prisoners raised concerns that PAC meetings had not been held regularly for some time, which was confirmed by management. We were advised that this was due to changes in management before the arrival of the current Deputy General Manager. Appendix PE12 Prisoner Advisory Committees further states that meetings should occur regularly, and recommends monthly as an appropriate frequency.

We found the frequency of PACs had increased, and although it was noted they were not monthly, this was an improvement. We encourage the centre to continue to facilitate prisoner engagement in consultative meetings. The facilitation of regular and effective consultative processes between prisoners and centre management would enhance QCS's efforts to ensure prisoner management policies support safer correctional environments.

In its submission after reviewing this report, QCS advised that since May 2024, the centre had been facilitating and documenting monthly PAC meetings (see Appendix A).

During our visit, centre management also advised that yarning circles are being used as an opportunity to engage with Aboriginal people and Torres Strait Islander people. During the onsite inspection, we saw two posters informing Australian First Nations prisoners that yarning circle gatherings would begin on a specific date. The gatherings would reportedly continue weekly on Tuesdays at 1pm.

This is a recent centre initiative following management approval, and will allow prisoners' concerns to be heard and addressed. The initiative does not appear to involve the CLO based at BTCC, who was not aware of its implementation. This further demonstrates the lack of presence and involvement CLOs have with the centre while they are based in a separate secure prison.

### Recommendation 8

Palen Creek Correctional Centre facilitate monthly Prisoner Advisory Committee meetings between management and prisoner representatives from each unit.

## Prisoner complaints and requests

### Relevant standards

24

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

25

Prisoners can make requests and lodge complaints without being victimised and can appeal decisions easily.

Complaints management refers to complaints made by prisoners. A fair complaints process can stimulate prisoner voice, agency and rights protection, potentially averting disruption, and improving systems. Such a process includes a multi-level approach that conforms to good practice, and includes prisoner awareness of the process.

We considered the prisoner complaints processes for QCS and Queensland Health and sought to identify processes for local resolution, and opportunities to elevate for review if required. We also considered that a modern complaints management system (CMS) in a correctional facility should pay specific attention to the unique vulnerability of prisoners.

### QCS complaints

The QCS Client Complaint Management Policy has four opportunities for prisoners to seek complaint resolution and includes:

- addressing concerns locally with staff
- writing a letter to prison management
- seeking review by the Official Visitor
- requesting external review, for example, through the Office of the Queensland Ombudsman or other agencies.

Prisoners can also lodge complaints on release, or have them lodged on their behalf, through the online QCS complaints form, which is then directed to QCS head office.

We found that prisoners are provided information about the centre's complaints process via the induction handbook, which recommends attempting to solve problems at a local level first. We were told that prisoners can make a formal complaint by putting it in writing. This is colloquially known as a 'blue letter', as confidential and privileged mail is normally placed in a blue envelope in Queensland prisons. At the time of inspection, we observed a mailbox at the centre specifically for prisoner complaints, which are sent directly to the General Manager (based at BTCC) without any interference by officers at the centre.

As discussed in this chapter, the induction manual outlines how prisoners can make complaints. However, for prisoners with low-level literacy, this may not be easily understood. We identified that there were no complaints forms available to prisoners with low-level literacy. This could be improved by induction materials in different formats, such as using visual aids. Written information provided to prisoners to describe the complaints process should use an appropriately sized font, short, simple sentences and descriptive images.

When compared to other Queensland detention environments, we noted that the Department of Youth Justice and Victim Support had, in conjunction with speech pathologists, created 'easy English' versions of its complaint documents. We found these more suitable for helping vulnerable people to understand their right to complain about centre operations. Additionally, we found the 'Talk to us' form used by Queensland Health in state prisons to be a good example of an accessible complaints form that uses imagery to support prisoners in articulating their complaints.

We reviewed blue letters received by the centre from the period of 27 January to 15 August 2023. We found the letters concerned requests to locate missing property, to reconsider transfers from the centre, and a complaint regarding a urine test. We assessed that in all instances, the written responses provided to prisoners were prompt, easy to understand, comprehensive and respectful.

In one instance, a prisoner was unhappy with the response to a complaint and was encouraged by the decision-maker to escalate their complaint to the QCS Commissioner or raise the matter with the Official Visitor.

Official Visitors are appointed by QCS who visit each correctional centre to assist prisoners with managing and resolving their complaints with the department. Official Visitors are empowered to request documents and information from QCS officers to support their review of prisoner complaints.

At the completion of their review, the Official Visitor files a report making a recommendation to QCS based on their findings. It is noted that prison management are not obligated to adopt these recommendations. Prisoners can request to speak to an Official Visitor by asking a QCS officer, making a free phone call through the phone system, or by writing via the 'blue letter' system.

### Health complaints

Prisoners are informed on admission of the complaints process regarding health services. At the time of inspection, we were advised that no complaints had been received during the period 1 March 2023 to 29 February 2024. We were told that to make a complaint about health services, prisoners could complete a 'Have your say' card, which would then be followed up by a client liaison officer (the officer) from the Metro South HHS.

The officer investigates the matter and requests feedback from the nursing or medical lead and the prisoner. A response is then provided to the prisoner. Should they feel their concerns have not been addressed, the officer informs prisoners they can take their complaint to the Office of the Health Ombudsman.

While the 'Have your say' card process is aimed at addressing complaints, it is not a clear format for a local level resolution. This is because nursing staff at the centre do not have the opportunity to address concerns or issues directly with prisoners. Having the opportunity to resolve concerns or complaints early and at a local level may result in a more timely outcome.

### External review

Another way prisoners can seek assistance and lodge complaints is by contacting external oversight mechanisms via a free telephone call. Our observations confirmed that the centre had provided adequate signage informing prisoners of the process. We tested the phone system and confirmed prisoners could reach external agencies included on the common auto-dial list, which is a free call. Some of these agencies included the Office of the Queensland Ombudsman, the Office of the Health Ombudsman, as well as the Crime and Corruption Commission.





Photo 3: Prisoner phone system

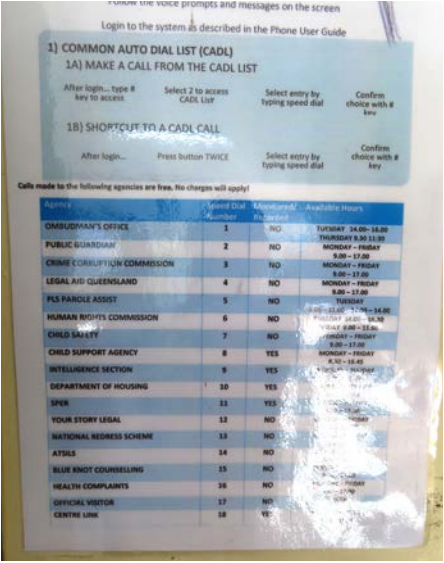


Photo 4: Auto dial phone list for prisoners to contact external review agencies

Prisoners can also seek assistance from these external oversight agencies if they are not satisfied with internal reviews of decisions made. These can be referred to the Queensland Ombudsman or the Health Ombudsman via a free phone call or by a 'blue letter' marked as privileged correspondence, which cannot be opened by QCS staff.

Prisoner requests

The centre has a process for recording requests received from prisoners, with the induction handbook referring them in the first instance to their case officer. The men can attend the duty room or complete a prisoner request form which they then place in the internal mailbox collected by centre staff.

Prisoner requests through the duty room are recorded within the 'shop-front request book'. Entries in this book are handwritten by a QCS officer and record the initial date of the request, its nature, the date it was addressed, the name of the officer responding, and the outcome of the request.

We were provided with a copy of the request book that was last updated on 11 March 2024, and in the absence of more recent records, we reviewed requests received from 11 February to 11 March 2024. The request book was well used over this period, with 127 requests made by prisoners, 84 of which had been responded to at the time we copied the records. We received no complaints from staff or prisoners about the request book and assessed it to be suitable for prisoner requests, noting that most requests were responded to in a reasonable timeframe.

In contrast to the recording and trackability of the shop-front request book, when a prisoner submits a request form through the internal mail, once it is collected, a staff member distributes it to the relevant area. We were advised that these paper-based requests are not recorded in any register which would enable tracking of their progress, as seen in the shop-front request book. As such, the centre should explore options to ensure tracking of requests submitted via paper-based forms.



#### **Recommendation 9**

Metro South Hospital and Health Service develop a frontline complaint and feedback mechanism that allows frontline operational staff at Palen Creek Correctional Centre to respond directly to prisoner complaints.

#### **Recommendation 10**

Queensland Corrective Services and Palen Creek Correctional Centre develop easy-read versions of complaint documents available to prisoners.

#### **Recommendation 11**

Palen Creek Correctional Centre record and track requests submitted via paper-based forms, as observed with the shop-front request book.

## 4. Managing behaviour

This chapter reviews how the centre develops positive and respectful interactions between the custodial workforce and the prisoners, and communicates the expected behaviour of all staff, volunteers, visitors and prisoners while at the centre.

Professional and respectful relationships between correctional staff and prisoners support the operation of a successful and positive correctional environment. Positive relationships reduce workplace stressors for correctional staff and support prisoner wellbeing.

Additionally, positive relationships with prisoners are key to prison security. When staff know the prisoners well and work constructively with them, security threats and incidents can be reduced and managed more effectively. Conflict is limited if staff engage in a confident, assertive and consistent manner, and volatile situations can be successfully dealt with as they arise.

Centre management told the inspection team that providing prisoners with the opportunity to prove their ability to follow the rules and abide by the conditions of living in a low-security setting was a valuable stepping stone to successful rehabilitation and reintegration into the community.

Inspection officers noted the professional and respectful conduct and attitude demonstrated by most staff towards the prisoners. We found that the operating model adopted by the centre and available activities encourage prosocial behaviour. The low-security environment, high degree of autonomy, access to meaningful activity, and location all provide a strong incentive for prisoners to engage in prosocial behaviour.

We noted that the centre acts swiftly to address incidents and behaviour that threaten the safety and security of prisoners and staff.

### Encouraging positive behaviours

#### Relevant standards

26

The relationship between staff and prisoners is positive and respectful.

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.

Encouraging positive behaviours within a correctional centre is a complex and challenging balance between boundaries, security and support. Prisoners may exhibit any number of vulnerabilities and challenges, such as entrenched pro-criminal attitudes, complex trauma, poor social skills, and mental health issues, all of which mean that encouraging positive behaviours is a daily challenge for correctional staff.

Physical and procedural security arrangements are essential features of any prison, but they are not sufficient in themselves to ensure safety and security. Security also depends on an alert group of officers who develop positive staff-prisoner relationships. This concept is often described as dynamic security. It asserts that engaging with prisoners and getting

to know them can enable officers to anticipate and better prepare themselves to respond effectively to any incident that may threaten the security of the prison and the safety of officers and prisoners. Dynamic security requires professional, positive relationships between officers and prisoners, and actions to rehabilitate prisoners require more significant interaction between officers and prisoners.

We considered the relationships between officers and prisoners at the centre in the following ways:

- Direct observation during inspections.
- Interviews with staff and prisoners.
- Survey of prisoners.

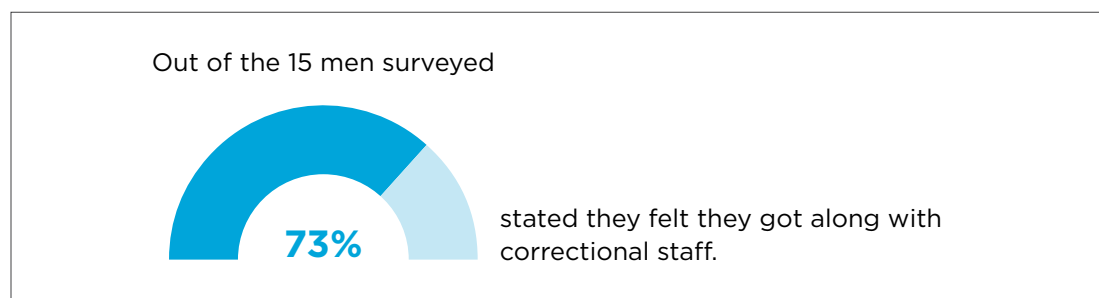
Palen Creek Correctional Centre is a facility that aims to provide a high degree of autonomy, and as a result the interaction between prisoners and staff can be limited for extended periods throughout the day. When we did see prisoners and officers interacting, we mainly observed the correctional and professional staff engaging with prisoners in a manner that was respectful and exhibited prosocial behaviours. Prisoners provided feedback to us indicating most staff were respectful and treated them fairly. However, we also received feedback about specific staff being disrespectful and antagonistic.

During our inspection, we directly observed one instance of poor communication by a staff member towards prisoners. However, we also observed appropriate communication by the Deputy General Manager to address the issue. We highlight the handling of this incident as a strong example of a QCS officer role-modelling prosocial behaviour and maintaining a positive professional relationship with prisoners.

Centre staff provided feedback that positive staff-prisoner relationships with a high degree of trust support risk mitigation and dynamic security. Feedback from external service providers referenced the positive relationship they observed that staff had with prisoners and support providers.

Prisoners provided feedback about their relationship with QCS officers through a survey conducted by our office, with 15 prisoners responding. This represented 7.7% of the prisoner population at the start of the inspection. These responses supported our impression that most QCS officers are respectful in their interactions with prisoners.

**Figure 2: Prisoners reporting to get along with staff**



Source: Compiled by the Inspector of Detention Services using information from voluntary prisoner survey responses obtained from 10 April – 15 June 2024

Overall, the assessment we made from our observations and the data obtained with prisoner survey feedback suggests a majority of QCS officers have respectful and professional working relationships with prisoners. Notwithstanding, we also observed that these positive relationships can be impeded where some QCS officers approach their working relationships with prisoners in a more 'punitive' or 'authoritarian' style.

## Punishment and disciplinary processes

### 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.

As a low-security prison in an open environment, a significant amount of trust is placed in prisoners to comply with the rules. Upon admission, prisoners are given the prisoner induction handbook. As we noted in chapter 1, while we found the handbook to be a detailed document, the level of detail may not be easily understood by culturally and linguistically diverse prisoners and those who cannot read, who then become reliant on other prisoners to explain their own interpretation of the rules.

For those who can comprehend the handbook, it provides prisoners with a clear warning about conduct that will likely see them returned to a secure prison. This conduct includes bullying and harassment, illicit drug use, and other types of conduct, such as violence, that are not consistent with behavioural and attitudinal standards set by the general community.

We found that if a prisoner deviates from the centre's rules, action is taken swiftly and firmly to uphold behavioural standards. A variety of options are available to address any security and safety risks caused by the prisoner's behaviour.

Action taken by the centre is based on the breach of discipline process, as set out in the Corrective Services Regulation and the COPD: Breaches of Discipline. While the centre could impose penalties such as removing privileges, for example access to hobbies, TV, activities and the exercise area, this would require adequate staffing to monitor and enforce. The centre therefore does not respond to breaches by removing access to privileges.

Furthermore, infrastructure restrictions appear to be a limiting factor in the use of the holding cell for separate confinement orders that result from breach action. This is because the holding cell is not designed to adequately accommodate prisoners for more than a few hours or overnight. In chapter 2 we discussed the inadequate showering facilities and no exercise yard for prisoners to have access to fresh air and daylight for at least two hours per day.

A prisoner who has breached the centre's rules can be returned, also known as regressed, to a secure prison. This is considered a 'review of placement decision' in accordance with the COPD: Security Classification and Placement Assessment. While not technically termed a 'discipline decision', the prisoner's return to a secure prison is action taken by the centre as a response to the breach. This decision can be made by the Deputy General Manager.

Where such a placement decision is made because of a significant event, such as an escape, attempted escape or other behavioural problem, the centre can move the prisoner without conducting a prisoner interview.

Examples of conduct resulting in prisoners being regressed back to a secure prison are:

- being located in an area deemed out of bounds to a prisoner
- inappropriate and threatening conduct towards staff
- a positive urine test
- possession of drugs and syringes
- possession of a mobile phone
- assault and threats to assault
- bullying and standovers
- petrol sniffing
- possession of vapes and tobacco
- planning a drug drop-off with a member of the public (a discussion monitored over the PTS).

Due to increasing prisoner numbers across all centres, we were advised the centre had altered its approach to some incidents. This meant that prisoners were no longer automatically returned to a secure centre for conduct such as smoking tobacco, vaping, or tobacco possession. These incidents were considered on a case-by-case basis and, in the first instance, the penalty may include changing a prisoner's employment, with a reduction in position and remuneration where possible.

While this appears a reasonable approach to relatively minor conduct matters, based on the evidence available, the centre does not appear to have robust processes or recordkeeping practices to ensure transparency and accountability for taking such measures.

To ensure consistency, transparency and fairness in the decision-making process, the centre should establish clear guidelines for:

- imposing such penalties
- providing prisoners avenues for review/appeal
- requirements for recordkeeping.

While the COPD that governs the breach of discipline process includes these guidelines, the environment at low-custody prisons inherently inhibits their application. This includes the option to remove privileges, which cannot be monitored in an open campus environment using available staff. Or applying a separate confinement order, due to inappropriate infrastructure.

Where the centre does not assess a need for the prisoner to be returned to a secure prison, the breach should be managed in a humane and dignified way that acknowledges consequences but does not mean an extended return and reconsideration process at a secure prison. There were some privileges listed that could be removed, such as limiting prisoner purchasing options or restricting access to programs. Should these be implemented, there would need to be appropriate documentation, and provision for prisoners to have the right to review.

During our interaction with prisoners, many acknowledged the swift action of centre management in regressing prisoners back to a secure prison, which made them fully aware that rule breaches would result in punishment.

Prisoners reported concerns that an increase in incidents had meant the centre was taking a blanket approach to changing routines, thereby punishing all prisoners for the conduct of the minority who did the wrong thing.

Prisoners reported they had been subjected to later morning unlock times and earlier evening lockdowns in response to some incidents. These changes reportedly impacted prisoners' ability to access the gym before work, causing overcrowding some afternoons.

Other prisoners were disappointed they could not access morning walks and outdoor free time before work.

At the time of inspection, we were advised of an intention to return to standard unlock and lock away times, when increased daylight hours were observed around the centre. However, prisoners doubted this would occur, as many reported that once something was taken away, it often did not return.

The centre's response to incidents and breaches of discipline received a varied reaction from prisoners, with mostly positive feedback where individual prisoners were observed to be returned to a secure prison. There was, however, a negative perception of blanket punishment because of some prisoners doing the wrong thing. It is positive to note that senior management was responsive when we raised concerns regarding punitive actions, and clarified the messaging provided to prisoners.

### Recommendation 12

Palen Creek Correctional Centre use available options in the Custodial Operations Practice Directive: Breach of Discipline as a response to breaches, that considers the environment in which the centre is set, and does not result in return to a secure prison where the risk can be managed in the low-security prison.

## Review of decisions to return prisoners to a secure prison

### Relevant standards

22

Prisoners who are transferred between prisons are well prepared and supported.

23

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

101

The security classification of a prisoner is based on their individual risks and needs.

As discussed above, if a prisoner is involved in an incident or a breach of discipline decision that results in their return to a secure prison, it requires that the prisoner be provided with the opportunity to request a review of the 'placement decision' in accordance with the COPD: Security Classification and Placement Assessment. While the action of returning a prisoner is not technically termed a 'discipline decision', the prisoner's regression back to a secure facility is the penalty for breaching the centre's rules. At the centre, it is a decision that is made by the Deputy General Manager.

A case note or incident report must be entered into IOMS. This should contain a record of the identity of the decision-maker, the reasons for the decision, and the information provided to the prisoner as to what action was being taken and the reasons for their return to a secure prison. Sentence Management Services (SMS) must also be advised of the decision to transfer the prisoner.

In accordance with procedural fairness principles, a printed copy of an Information Notice Placement Decision must be provided to a prisoner within two business days of the placement decision, or before a prisoner is transferred to another corrective services facility,

whichever is earliest. Where the delivery of a placement decision places a risk to the safety or the good order of a corrective services facility, delivery of the placement decision may be postponed to mitigate the risks, and the reasons for the postponement are to be recorded.

The Corrective Services Act, s 71, enables a prisoner to request a reconsideration of the decision to transfer them from one place of detention to another. The prisoner is required to complete and submit a Transfer Reconsideration Request form within seven days of receiving the placement decision.

The COPD: Sentence Management – Classification and Placement requires that within 28 days of a prisoner’s transfer to a secure prison due to inappropriate behaviour, SMS must conduct a review of the prisoner’s security classification and/or placement. Prisoners transferred to a secure prison who have not requested a review of their transfer must wait a minimum period of three months before becoming eligible for reconsideration for low-custody prison placement. Prisoners transferred to a secure prison due to an escape incident must wait at least 12 months.

Another method for prisoners to request a review of the decision to transfer them to a secure prison is through the ‘blue letter’ complaints process. Prisoners must initiate such a process themselves.

Once a prisoner is determined to be regressed to a secure prison, they are placed in a holding cell until transportation is arranged through the ESB. The reliance on using ESB is due to the increased risk the prisoner poses and the increased security classification. We were advised that ESB can take anywhere from a few hours up to two days to transport the prisoner to a secure prison.

We reviewed the movement history of prisoners being returned to secure prisons for the period 1 March 2023 to 29 February 2024. We found that of the 201 prisoners transferred to other locations, 183 were moved on weekdays.

We could not find any evidence that the centre provides prisoners with a placement notice before transferring them to a secure prison. The issuing of the placement notice is significant, as a prisoner who wishes to have the transfer decision reviewed can only do so within seven days of receiving the placement notice. A delay in providing the prisoner with the placement notice prevents them from appealing the decision as soon as it is made.

We reviewed IOMS records, including case note entries by both centre staff and SMS staff regarding the transfer of prisoners from Palen Creek Correctional Centre to a secure prison and the associated reasons. There was, however, a lack of records observed to confirm if and when a prisoner had been issued with a placement notice.

Our review of IOMS records indicated that while a prisoner may have an opportunity to express their concerns about their transfer back to a secure prison during a counsellor admission interview, they are not given the opportunity to have the transfer decision reviewed until SMS undertakes a review of the classification and placement. A review should occur within 28 days of a prisoner’s transfer to a secure prison; however, in most cases we investigated, it did not occur within this timeframe.

Our review of prisoners being regressed identified several case studies related to a significant incident in 2023 and highlighted several procedural fairness concerns. A prisoner who arrived at the centre was seriously assaulted. The prisoner was transferred back to a secure prison after receiving medical treatment for his injuries. While the prisoner did not identify the perpetrators of the assault, within a few days of the incident, the centre received ‘credible intelligence’ identifying them. Five prisoners were removed from the centre and transferred to a secure prison as a result.

Three of these prisoners eventually appealed the transfer decision, but the opportunity to do so appears to have been delayed. The following case studies discuss prisoners regressed because of the incident.

### Case study – Prisoner B

Prisoner B expressed concerns about the transfer decision in a counsellor admission interview, which occurred within a few days of the prisoner's arrival at the secure prison. No further action appears to have been taken regarding his concerns.

SMS undertook a review of the prisoner's classification and placement five weeks after being transferred out of Palen Creek Correctional Centre. During the review, Prisoner B complained he had nothing to do with the incident and was studying at the time. Prisoner B expressed frustration that he was not given the opportunity to respond to the allegations.

Prisoner B submitted a blue letter complaint to the Palen Creek Correctional Centre management team, requesting a return to the centre. This initial request and subsequent requests were denied.

Prisoner B continued to appeal the decision, which led to the centre's Deputy General Manager noting in an email to SMS that there was no evidence on file to refuse the prisoner's return to low custody. It was acknowledged that if any evidence implicating Prisoner B in the incident did exist, it could not be located.

Prisoner B has been approved to return to the centre, more than one year after the incident.

### Case study – Prisoner C

Prisoner C expressed concerns about the transfer decision in a counsellor admission interview. This occurred within a few days of the prisoner's arrival at the secure prison. No further action appears to have been taken in relation to his concerns.

SMS undertook a review of the classification and placement with Prisoner C in early 2023, five weeks after his transfer from Palen Creek Correctional Centre. During the review, Prisoner C complained he was never spoken to about the incident and never given an opportunity to respond.

Prisoner C was mailed a Transfer Reconsideration Request form to complete.

SMS advised Prisoner C he would not be eligible for consideration for low-custody placement until the incident-free period relating to the incident had passed.

The two case studies highlight the potential for outcomes not conducive to procedural fairness.

We found that once a decision is made to return a prisoner to a secure prison, the centre plays a limited role in ensuring the prisoner has access to information about their appeal and review rights. The centre does not issue the prisoner with a placement decision, and the responsibility to provide procedural fairness appears to fall to the receiving prison through SMS.

We reviewed a sample of prisoners who had been returned to a secure prison from Palen Creek Correctional Centre. We identified that case notes were not entered in all instances to confirm a prisoner had been issued their placement decision. We also noted significant variations in time between the return to a secure prison and being issued with the placement decision or an opportunity to discuss it. The shortest wait time from return to the secure centre to the placement decision being made was 11 days, and the longest we found was 200 days.



The 200-day wait resulted in a classification decision only and not a placement decision recorded, given the prisoner had been in a secure prison for that period. Aside from the 200 days, we found 147 and 114-day waits for placement decisions. This delayed the opportunity for prisoners to seek review of their placement in a secure prison. When these long wait times are excluded, our sample had an average wait time of 33 days for a placement decision to be made.

While we acknowledge the safety and security of other prisoners and the centre itself is a consideration for returning a prisoner to a secure prison, the extended delays in issuing of placement decisions and the right to review significantly impacts procedural fairness to prisoners.

### **Recommendation 13**

Queensland Corrective Services ensure prisoners returned to a secure prison after being at this low-custody prison are issued with a placement decision and information on how they can seek review of the decision in accordance with Custodial Operations Practice Directive: Sentence Management – Classification and Placement.

## 5. Daily life

In this chapter, we review the centre accommodation and facilities, aiming to ensure it provides a hygienic environment that is designed appropriately and is not overcrowded. We also considered how the centre ensures the safety of prisoners. We found that the prison was not overcrowded at the time of the onsite inspection, with a bedding capacity for 201 prisoners and accommodating 196 prisoners. While the centre has begun installing bunk beds to increase capacity, at the time of the inspection only a few prisoners had to share a room.

In addition, we inspected how the prisoners maintain a connection with external support networks, from in-person visits to virtual visits. We noted the centre has adopted virtual visit technology to enable prisoners to attend loved ones' funerals and similar events virtually. Doing so also eases the added pressure and stress of the families required to fund the Leave of Absence (LOA) at times of grief.

The nature of the centre and the communal design of the accommodation units promotes a community environment. The unit cooks can use the ingredients for meals provided by the statewide menu, but can use those ingredients to make other meals. We were told each unit can determine what they cook with the ingredients provided as long as the ingredients are used.

For example, prisoners in a secure prison receive a hamburger patty with mash and vegetables. At the centre, the prisoners are given bread rolls so they can have a barbecue and cook their own hamburgers. The prisoners also get a Sunday night roast. Prisoners reported that this creates a 'family feel' to the units and provides them with cooking skills for their release in the community. This is a positive initiative, particularly as the four-week menu appears to have little variation from week to week.

The centre has implemented a flexible approach to handling incoming prisoner property that may not have received prior approval for entry into the facility. We were advised that in cases where property is received by mail, the centre notifies the intended recipient about the arrival of the package and instructs them to obtain approval from the centre before the items can be accepted. The prisoner is advised that the items will be stored until approved. The centre provides a form for the prisoner to complete to notify of the incoming items.

### Condition of the facilities and equipment

#### 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 do not exceed design capacity.
- 44** Prisoners have a bed and clean bedding suitable for their needs.

Palen Creek has open-campus-style accommodation where prisoners can move freely around the centre between curfew timeframes. This environment allows prisoners to demonstrate that they can be managed in a less secure and restrictive environment.

The centre consists of accommodation areas the prisoners refer to as the 'lower camp' and the 'upper camp'. Within the lower camp, there are five accommodation units containing 24 rooms each, some with bunk beds installed. Each unit contains a kitchen and shared communal ablutions area. These units are not air-conditioned and have louvre-style windows that prisoners can open and close.

The upper camp consists of 50 air-conditioned, single-accommodation rooms, which share communal ablutions. Within the area are a communal kitchen and multi-purpose rooms. We found that none of the accommodation rooms at the centre is suitable for prisoners being managed under the at-risk framework due to the ligature points present.

Overall, the cleanliness of the units was not of concern, as they presented clean and well-maintained. The centre employs a unit cleaner in each of the accommodation blocks who is responsible for cleaning the common areas. The men are required to maintain the cleanliness of their individual accommodation rooms. We observed an abundance of cleaning materials and chemicals in each of the areas for prisoners to clean their own rooms.

The prisoner induction handbook states that weekly room inspections are conducted to ensure health and safety. During the inspection week, we did not see any evidence that inspections were conducted or had been conducted. Prisoners told us the staff do not conduct weekly room inspections and that the only time they enter an accommodation room is to conduct searches.

When we met with the PAC representatives, they highlighted concerns about insufficient hot water supply that had reportedly been raised with management. However, we reviewed the PAC minutes provided to us and could not identify any instances where prisoners had raised such concerns. At our engagement visits with the prisoners before the onsite inspection, they frequently commented that units ran out of hot water before everyone was able to shower. They were concerned as they had been advised there would be an increasing number of prisoners at the centre, which would exacerbate the issue. At the time of inspection, we were advised by senior management that funds had been allocated for new hot water systems across the centre, in anticipation of increased prisoner numbers.

We found a few maintenance/condition issues with the buildings that housed recreational activities. For example, the library is in a demountable building, and we found the vinyl floor to be wearing out, with noticeable tearing at the joints creating trip hazards. One prisoner highlighted what appeared to be a soft spot in the floor, which he said was due to water damage from overflowing roof drainage. We were advised that the issue had been reported to management, and the water ingress issue had been fixed, but not the flooring issue. We noted that the stairs leading to the tennis court were in poor condition. Additionally, we noted issues with some of the recreation equipment, such as broken weight plates.



Photo 5: Stairs leading to tennis courts

From information supplied by QCS, an inspection conducted by QCS officers indicated that both external sports areas, the tennis court and oval, were in similar condition in March 2021. The report subsequently identified a recommendation:

That the Deputy General Manager complete a condition assessment of all buildings and request maintenance, repairs and replacement of fittings and fixtures as required through building management services.

As there appears to have been little progress in addressing these maintenance and repair issues since 2021, the centre should implement the necessary improvements as soon as possible.

#### **Recommendation 14**

Palen Creek Correctional Centre complete a condition assessment of all buildings, and request maintenance, repairs and replacement of fittings and fixtures as required through building management services.

## Contact with the outside world

### Relevant standards

- 45 The prison provides adequate resources for Virtual Prison Visits (VPVs), as well as phone, email and mail contact.
- 47 Prisoners are encouraged to maintain and develop relationships with family and friends through visits.
- 48 Prisoners have safe, secure and direct contact with their visitors.
- 49 The prison has an accessible and child-friendly visitor centre with adequate amenities.
- 50 Visits facilities are comfortable, pro-social and safe.
- 51 Prisoners can visit sick relatives and attend the funeral of a family member.

### Visits

As mentioned earlier, the centre is set on a large and beautiful rural property. It offers ample space and opportunity to provide engaging family and community interactions through a variety of activities such as outdoor games, sausage sizzles, barista cart services and more. However, we found that the centre fails to use its expansive and beautiful natural environment to facilitate and maximise prosocial visits.

We reviewed the PAC meeting minutes, which indicated prisoners had requested greater family and community contact experiences by having sausage sizzles and family fun days during visit sessions. Prisoners reported these had occurred previously, and visitors were permitted to bring food. But centre management has rejected these requests, arguing that no centre has the capacity to host such family days. Prisoners had suggested that the barista cart be used during visit sessions to showcase their skills and encourage community support, as the cart supports charity group Small Steps 4 Hanna by raising funds through the sale of coffee.

During our inspection of a Saturday morning visit session, we found the visit area cold and dark. The materials used in the seating construction offered little to no comfort, and the shade blinds remained closed, limiting natural light. We observed the children's play area and its associated limited resources. The play area consists of a small, sheltered, enclosed area, which was also cold and received limited natural lighting. In the centre of the area, there is a table for children to draw on, a bookshelf with a few books, and some floor games, puzzles and toys.





Photo 6: Children's play area within the visitation area

The grassed areas were inaccessible to prisoners and their families, including children. This significantly limited the space available for meaningful interactions between family groups. When we enquired with staff, we received various explanations. These included limiting the potential for transfer of contraband between visitors and prisoners, being due to COVID-19 restrictions and, more generally, following a direction given by a previous Deputy General Manager that had never been reversed.



Photo 7: Grassed area for visits

During this time, we engaged with several visitors, who all provided similar feedback. The visiting area was cold and dark, and families were drawn to the grassed area because of its direct sunlight and warmth, but this was not permitted. We found the attempt to limit contraband supply/transfer significantly restricts the visitor experience.

### Recommendation 15

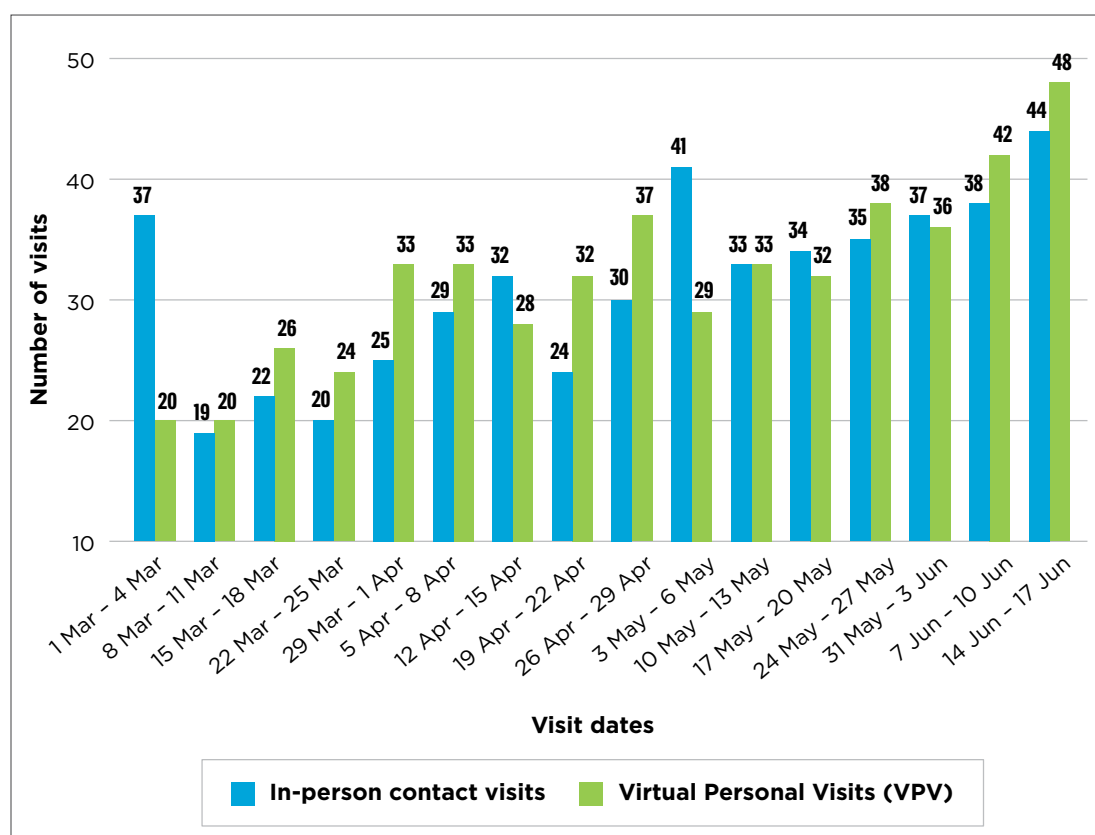
Palen Creek Correctional Centre expand and increase the prosocial aspects of the current visit program and consider providing prisoners and visitors access to the grassed areas.

### Visit sessions

Under the Corrective Services Act, prisoners are entitled to a non-contact visit each week. Due to infrastructure limitations and the low-security environment, the centre is unable to provide facilities for non-contact visits, so this requirement must be met through contact visits. Contact visits occur only on weekends and are limited to one two-hour session each day, with each session able to accommodate 30 prisoners.

This means the centre is able to provide places for 60 prisoners to receive their entitlement through contact visits. Given the location of the centre and the distance and time taken by visitors to travel there, we consider it appropriate that two-hour visit sessions are maintained to reduce the impact on visitors. During the inspection week, there were 29 prisoners with contact visits booked for the Saturday 15 June 2024, and 25 for the Sunday 16 June 2024.

**Graph 4: Number of contact visits and VPV conducted for the period 1 March 2024 to 17 June 2024**



Source: Compiled by the Inspector of Detention Services using information from QCS IOMS visit bookings

In addition to contact visits, the centre provides prisoners the opportunity to maintain personal relationships using the VPV systems; this modern technology has enhanced prisoners' ability to maintain a connection with their family. VPV sessions are available from

Friday through to Monday, starting on Friday mornings at 8am and running for 30 minutes, with a five-minute break between sessions.

The VPV for Saturday was fully booked from 8am to 6.30pm. As the centre only allows for the limited use of VPV from Friday through to Monday, the ability of prisoners to maintain personal connections is limited.

At the time of inspection, the centre offered 18 VPV sessions per day for the four days of operation, allowing a total of 72 prisoners the opportunity to engage with their families through this technology. When combined with the contact visitation sessions, this resulted in a maximum of 132 prisoners who were able to receive their entitlement of one visit per week. This meant a significant number of prisoners were unable to access their legislative entitlement. We note this will likely be further impacted as prisoner numbers at the centre continue to increase.

The average number of prisoners for this period is 195 prisoners each month, indicating that the increased trend for contact visits and the demand on VPV is not meeting the needs of the growing prisoner population.

While we were visiting the work camp sites, we observed the VPV suites at the Charleville and Mitchell work camps. We were advised that VPV units had been provided to the St George and Dirranbandi work camps, but connection issues meant they had not yet been commissioned. This technology plays a vital role in promoting positive family connections. Compounded by the remoteness of the work camps and the limited interactions prisoners receive from their support networks, the implementation of these VPV units is vital and needs to be prioritised by QCS.

As the demand for visits continues to increase within the prison population, the centre will need to consider expanding the number of visitation sessions. Similarly, the availability of VPVs, available from Friday through Monday at the time of inspection, will also need to expand.

In its submission after reviewing this report, QCS advised us an additional afternoon VPV session had been implemented (see Appendix A).

### Recommendation 16

Palen Creek Correctional Centre expand the number of visit sessions and availability of Virtual Personal Visits to meet anticipated increase in demand as prisoner numbers increase.

## Prisoner mail

### Relevant standards

46

Appropriate measures prevent the inappropriate use of phone and mail systems without unduly interfering with privacy.

Our onsite observations of how the centre processes prisoner mail, including legal mail, indicates the process is smooth and efficient. The way the centre receives legal mail and the process for a prisoner to collect it, which includes a search before a custodial officer, are adequately recorded in a register.

Confidentiality concerns, however, were highlighted in the distribution of internal mail.



During our time at the centre, we identified privacy concerns with the way the centre delivers mail during afternoon muster. In our prisoner engagement, we were told that a prisoner's financial information (trust account statements) is often left on communal tables within accommodation units. The prisoners reported that the statements were not contained within an envelope or provided in a manner that would prevent other prisoners from viewing the balance of their accounts.

We observed the afternoon muster and noted that all incoming mail was hand delivered by the custodial officers to the first prisoner in line. Once all prisoners were called and had entered the accommodation unit, the mail was handed out by the prisoner who received the initial bundle. On one occasion, we observed a prisoner's trust account payment slips were left on the kitchen bench as he had not yet come to collect it.

Notably, a prisoner who has his financial information known by other prisoners could potentially be a target of standovers, threats, violence and harassment. Accordingly, the centre must alter its processes to ensure the confidentiality of prisoner information is upheld.

We raised our concerns with the senior management team and were advised they intended to change the issuing process to ensure the privacy of prisoner account statements.

## 6. Health and support

This chapter reviews the health and support the men receive while at the centre. It considers their physical and mental health, substance use treatments, and subsequent support offered.

Queensland Health is responsible for providing health services for people in all prisons in the state. These services include primary health care, mental health, oral health, in-patient and specialist out-patient services. The Office for Prisoner Health and Wellbeing (OPHW) was established in response to the Offender Health Services Review undertaken by PricewaterhouseCoopers in 2018. It provides statewide leadership and is a coordination point for Queensland Health, which provides primary health care services for people in Queensland prisons.

The eight Hospital and Health Services within Queensland remain responsible for the day-to-day delivery of health services in prisons. Metro South HHS is responsible for health service delivery at the Palen Creek Correctional Centre.

According to the OPHW, prison health clinics operate much like general practice clinics in the community, providing assessment, diagnostics, treatment services and referrals to specialist health services such as specialist outpatient or in-patient treatment services.

Medication management is also a large part of health service provision in prisons. This includes prescribing, supplying and administering medications. Queensland Health also provides mental health and oral health services in prisons.

We were advised a doctor attends the centre three days per fortnight to hold medical clinics, which appear to address medical issues promptly within the centre when compared with a secure prison. Metro South HHS advised that prisoners usually receive an appointment with the doctor within two to three weeks of making a request.

At the time of inspection, we also found that the centre is attended by the Aboriginal and Torres Strait Islander Health Liaison Officer from the Beaudesert Hospital. The intention of this service is to provide an avenue for Australian First Nations prisoners to speak with Aboriginal people and Torres Strait Islander people who advocate for and support the men, ensure ongoing cultural support, and assist in creating a culturally appropriate approach to men's health care.

We were pleased to learn, at the time of the inspection, that Metro South HHS had implemented an easy-read version of the prisoner's health request form at the centre. We also discussed in chapter 2 the use of the "Have your say" card to allow prisoners to make a complaint.

### Relevant standards

- 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.
- 67 Prisoners receive a health examination by qualified health staff within 72 hours of reception.
- 68 Health service delivery is culturally appropriate.

## Initial health assessments

On arrival at the centre, prisoners are assessed for health care needs and medication management. Within 24 hours, nursing staff are required to undertake a risk assessment, including reviewing documentation and interviewing prisoners.

We were advised the nursing team aims to see each prisoner on the day of admission, but this will depend on their arrival time. If a prisoner arrives in the late afternoon, they will be seen the following day, as nursing staff finish shift(s) at 5pm daily. We confirmed the centre completes a full assessment and will prioritise prisoners who need to see a medical officer at the next clinic. All prisoners receive information about how to access health care and how to see a nurse at the centre.

During the engagement phase of the inspection, several prisoners praised the health service and confirmed they had received a health assessment on arrival.

During our onsite inspection, we observed a health assessment for a prisoner who had arrived the previous day. The nurse conducting the assessment completed compulsory forms with the prisoner and was extremely kind, compassionate and thorough in their assessment. For example, despite explaining that the centre had no access to optometry services, the nurse still encouraged the prisoner to submit a medical request form to see if he could receive another set of glasses.

The nurse also noted the prisoner's immunisations were not up to date and got his consent for a urine and blood test to determine his Hepatitis B status before immunising him against the infection. The prisoner was also booked into the next available doctor's clinic due to chronic knee pain, with the nurse advising that in the interim they would try to obtain a knee brace for him from Beaudesert Hospital. The prisoner had his blood pressure checked and was encouraged to present to the health centre weekly for ongoing checks.

Metro South HHS noted that, unfortunately, information transferred with prisoners may be minimal, and often the prisoner health care chart does not transfer with the prisoner. This was confirmed by health staff onsite, who said a significant issue with the paper-based files was that prisoners might arrive at the centre with the wrong chart or no chart at all. If a prisoner is on medication, this can be problematic.

To ensure continuity of care in such situations, nurses will contact the referring prison health centre and request a faxed copy of the prisoner's chart so they can begin medication or treatment required immediately. The referring prison health centre will then mail the physical chart and medical file to Palen Creek Correctional Centre.

The health staff acknowledged that missing/wrong charts are the result of human error, but this could be avoided if there was not such a heavy reliance on a paper-based system. We were advised that Queensland Health was developing a prisoner electronic medical records system, intended for implementation in mid-2025.

Metro South HHS assigns an Aboriginal and Torres Strait Islander Health Liaison Officer to provide cultural support for Australian First Nations prisoners receiving health care at the centre. The support is not limited to health-related matters. It involves facilitating or assisting with cultural activities, connecting the men with cultural and health community contacts following release, as well as providing advice to custodial staff and health care staff on appropriate cultural approaches.

Overall, it appears prisoners are receiving an appropriate initial health assessment to identify any immediate health problems, needs, or risks, with follow-up assessments arranged to address any issues. While paper-based files pose a significant risk to the continuity of prisoner care, the development of the electronic medical records system is a positive move. Further, the risk is somewhat mitigated by health staff's ability to receive a faxed copy of the prisoner's chart from the previous centre for use until the original copy arrives.

## Initial psychological assessments

### Relevant standards

- 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.
- 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.

As previously discussed, the centre is not a reception prison. This means that arriving prisoners have previously been inducted into the prison system at a secure prison around Queensland, and mandatory assessments, such as the Immediate Risk Needs Assessment (IRNA), are not applicable. Although centre counsellors are not required to complete an IRNA as part of their initial psychological assessment of newly received prisoners, our inspection highlighted the importance of the IRNA to this process, particularly as we observed the counsellor reviewing each prisoner's IRNA to help inform their assessment.

At the time of inspection, the centre had counsellors available each weekday in the absence of a psychologist. The counsellors have their own private offices to conduct sessions with prisoners.

The counsellors describe their role as working collaboratively to provide mental health and wellbeing support to prisoners. They noted that the risk of having to manage prisoners with acute mental health risks was low due to the type of prisoner typically approved for accommodation at a low-security prison, where the infrastructure limits the ability to safely manage prisoners with heightened mental health concerns.

With the prisoner's consent, we observed the psychological assessment of seven newly received prisoners. The counsellor conducting the assessments had the prisoners' IOMS files open on their computer and confirmed the IRNA is reviewed and considered a 'source of truth'. The counsellor was also seen reviewing the self-harm information available on IOMS to help guide them during the assessment.

During the assessments, the counsellor discussed the following:

- The role of the counsellor at the centre.
- Confidentiality of information versus risk to the prisoner, others, and the centre.
- How to request counselling services.
- Which prison the prisoner arrived from.
- Any concerns the prisoner might have about being at the centre.
- Whether the prisoner has any mental health diagnoses or was on any mental health medication.
- Whether the prisoner has a history of substance use.
- How long the prisoner would be at the centre.
- Whether the prisoner required support from re-entry services.
- Whether the prisoner needed to complete any programs.

Based on our observation of the assessments, they could be improved by explaining matters more slowly, and encouraging prisoners to expand on their responses if they simply answer 'yes' or 'no' to closed questions. In fairness, however, prisoners did seem eager to finish the session quickly and reluctant to want to elaborate on any issue.

Overall, it appears prisoners are receiving an appropriate initial psychological assessment. Some of the process appeared rushed, and because of the counsellor's closed questions, in-depth answers were not obtained. However, we found the assessment identified immediate needs or risks, allowing for follow-up assessments to address any issues.

## Access to specialist health services

### Relevant standards

69

Allied health and specialist services are provided on referral.

During the onsite inspection, we found prisoners have no, or limited, access to allied health care at the centre, including optometry and physiotherapy services. Metro South HHS, in addition to staff and prisoners at the centre, has confirmed this. While optometry services are supposed to be in place, Metro South HHS advised it was experiencing ongoing challenges in organising access to them and was continuing to investigate solutions.

Metro South HHS reported at least 25 prisoners on the waitlist for optometry services, ranging from glasses repair, new glasses, inability to see clearly, or known diabetics. At the time of inspection, we were advised a business case was reportedly being developed collaboratively between the Nursing and Midwifery Director, Director of Allied Health and QCS. We were also advised that the Nursing and Midwifery Director had contacted the West Moreton Hospital and Health Service (West Moreton HHS) to determine opportunities to leverage optometry services already provided in prisons in the West Moreton HHS region.

We also found prisoners lacked access to other allied health services such as podiatry and physiotherapy. Depending on the need for treatment, the benefits of physical therapy include pain management with reduced need for opioids, avoiding surgery, improved mobility and movement, and faster recovery from injury or trauma. The Australian Institute of Health and Welfare, in its 2022 paper *The Health of People in Australian Prisons* identified that musculoskeletal conditions were some of the most diagnosed and self-reported conditions for prisoners. Also, the prison population is ageing, and older people generally present with more of these conditions compared with younger people.

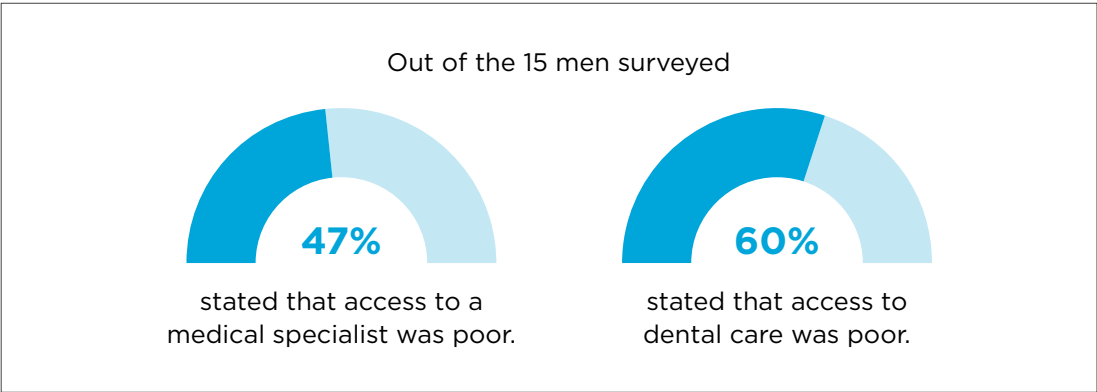
A physiotherapy service had previously been trialled at Woodford Correctional Centre to address challenges prisoners face accessing health care. For 16 weeks, prisoners had weekly access to an in-house physiotherapist. Survey participants rated the service as good to very good, and indicated they wanted it to continue.

Following their 2021 inspection of the Palen Creek Correctional Centre, QCS inspection officers recommended the Deputy General Manager engage with Metro South HHS and request access to local Queensland Health service providers for optometry and physiotherapy services. However, at the time of writing this report, these recommendations did not appear to have been implemented.

During our inspection, we spoke with the Health Services Chief Executive for Metro South HHS and the Executive Director of Logan and Beaudesert Hospital. We were advised that Metro South HHS had begun increasing prisoner access to allied health services through Beaudesert Hospital, although attendance to these appointments relies heavily on the prison providing custodial officers to escort prisoners.

To gain an understanding of the lived experiences of the prisoners accommodated at the centre in relation to the health services offered, we conducted a survey. Results indicated over half of prisoner survey respondents (53%) rated the general health service at the centre as ‘good’. This is further supported by anecdotal evidence gathered during our discussions with prisoners onsite. However, once the question became more focused on specific services, such as medical specialists and dental care, we found the level of satisfaction declined.

**Figure 3: Prisoners reporting their satisfaction with health services at the centre**



Source: Compiled by the Inspector of Detention Services using information from voluntary prisoner survey responses obtained from 10 April – 15 June 2024.

The dental needs of prisoners are serviced by Metro South Oral Health Service. In the information provided to our office, Metro South HHS advised that just two monthly dental appointments are allocated to prisoners at the centre. Our engagement with the prisoners indicated there is a need to increase the number of available appointments, as the current allocation is not meeting demand. Prisoners indicated they are being forced to wait extended periods before being able to receive much-needed dental treatment. Additionally, staff in the health centre were advocating for increased access for the prisoners, as they also believed the available services were not meeting their needs.

During the onsite inspection week, nurses confirmed they had received two emergency dental appointment requests per fortnight in the previous month. On the last day of the onsite inspection, staff provided our office with an email from the Metro South Oral Health Service, dated 19 June 2024, advising it had availability for only one date in July for two appointments due to dentists being on leave. Below is the number of dental sessions available over the two-month period:

**Table 1: Summary of the number of dental appointments available to men at the centre**

Fortnight commencing	Number of sessions available for dental appointments
8 July 2024	0
22 July 2024	2
5 August 2024	0
19 August 2024	0
2 September 2024	0

Source: Compiled by the Inspector of Detention Services using information provided by onsite nursing staff from Metro South Oral Health Service correspondence.

This meant prisoners would not have dental access for all of August and into September. We consider this inadequate and not reflecting healthcare standards equivalent to those in the community.

The waitlist information provided by Metro South HHS was challenging to interpret and appeared incomplete. For example, one prisoner was recorded as requesting dental treatment on 12 February 2024 and receiving treatment on 6 February 2024 (before the request had been made). Future dates are also commonly listed in the 'date prisoner received treatment' column, giving an inaccurate picture of when the prisoner was seen.

Based on the waitlist information provided, 32 prisoners were awaiting dental treatment as of 1 May 2024. However, the Metro South HHS itself questioned the accuracy of the dataset provided due to an inability to locate some patients in the dental records system. Reasons for this included a lack of demographic information in the system, meaning it was impossible to distinguish multiple patients with the same name, and limitations around coding of QCS data within the clinical information system.

Metro South HHS reported the average wait time for dental treatment as being 150 days, with the longest wait time sitting at over 480 days. Unsurprisingly, in the latter case, the prisoner was released before receiving treatment. During the specified period, 15 prisoners received antibiotic treatment for teeth-related oral/mucosal infections as an interim measure. Health staff confirmed patients were not seen for routine dental care, and only urgent cases were treated. Staff noted that routine dental services should be available to prevent infections from becoming urgent.

Overall, prisoners rate the general health service at the centre highly. Based on interactions with both prisoners and staff, there are generally no unreasonable wait times for seeing a nurse or doctor. This is a positive step in ensuring community-equivalent health care for prisoners. However, we believe there is evidence to suggest community-equivalent health care is lacking in certain areas, particularly in the delivery of dental and allied health services. These same access-related issues were found in 2020 by the Queensland Ombudsman during a visit to the centre and in 2021 by QCS internal inspection officers.

### Recommendation 17

Metro South Hospital and Health Service increase prisoner access to:

- a) oral health services, including preventative and restorative dental care, by allocating additional resources to the centre until the need is met
- b) allied health services, including optometry and physiotherapy, by allocating additional resources to the centre until the need is met.

## Access to mental health services

### 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.

Mental health services are provided to the centre by Queensland Health via the West Moreton HHS, and QCS.

West Moreton HHS provides specialist services through its Prison Mental Health Service (PMHS). Due to distance and the nature of the prisoner population, this service is delivered predominantly via videoconference. The QCS screening process for low-custody prisons typically means prisoners with acute mental health issues are not placed at the centre. The number of prisoners being seen by the PMHS was low.

The PMHS provides a monthly clinic by a senior clinician for intake assessment, monitoring of mental state, and brief interventions for prisoners already being seen by its service. A psychiatrist conducts a clinic every three months; however, this can occur sooner if a prisoner has a clinical need for an earlier review.

Prisoners at the centre also have access to a QCS-employed counsellor (officially referred to as a clinical practitioner) five days per week. At the time of inspection, there were no psychologists employed at the centre (despite having a funded position), nor did the centre have a dedicated mental health nurse.

The PMHS has limited involvement with prisoners at the centre. As of June 2024, the PMHS was engaging with three prisoners and there were no prisoners on the waiting list for intake assessment. The PMHS does not usually receive referrals from the centre, as any acutely unwell prisoners would likely be transferred to a secure prison. Instead, PMHS clinicians see prisoners who have already been referred and assessed at other prisons and are continuing their treatment at the centre.

When assessing a prisoner's suitability for low security prison, centre management will send the PMHS a list of all prisoners being considered. The PMHS will then review the list and provide advice on whether each prisoner would be suitable for accommodation at Palen Creek Correctional Centre, or whether their condition is too acute to be managed in a low-security environment. Each prisoner is assessed on a case-by-case basis.

The PMHS supports its clients being accommodated at the centre, given the natural environment and surroundings are conducive to improved mental health. However, it reported one occasion in the past three years where a prisoner was not deemed suitable for transfer due to the type of medication he was on (clozapine), which requires a high level of monitoring. Centre nursing staff felt unable to manage or monitor the needs of this prisoner, noting the medical centre is only staffed from 7am to 5pm each day. Any medical care outside these hours requires transport to hospital via ambulance, which can take some time given the centre's location.

To gain an understanding of the experiences of the prisoners in relation to mental health services, we conducted a survey that indicated over 50% of respondents rated the mental health care at the centre as 'poor'.

Additionally, we also provided the opportunity for prisoners to provide a written response. We noted the prisoners mostly discussed access to mental health services provided by QCS – for example, the counsellors or psychologists. One of our prisoner survey respondents stated the following:

There is very little mental health support. The counsellor [employed by QCS] is rarely onsite, and the one bit of contact I had with them was very unpleasant and something I will be dealing with when I am released, as I do not know who else to talk to about the issues.

During our engagement with prisoners, they spoke about the counsellor attending the centre a few times a week, but indicated their hesitation to speak to the counsellor about their mental health concerns. Prisoners said they feared that reporting concerns regarding their mental health would result in them being returned to a secure centre, and therefore their discussion would not be confidential.



This lack of confidence in counsellors relates to the limits of confidentiality. When a counsellor or psychologist has concerns about the safety of a prisoner, they are obliged to report it to corrective services staff so that strategies can be implemented to keep the prisoner safe. As a result, some prisoners indicated they lacked confidence that what they discussed with the counsellor would remain confidential.

We found there appeared to be limited access to mental health programs at the centre. When asked what programs were available to prisoners, centre staff told us that 'more would be advantageous' and 'things get lost in low-custody, and the focus gets placed on larger centres'.

It was reported that an external stakeholder delivers a mindfulness program to prisoners. However, at the time of the inspection, the attendee quota for the 2023–24 financial year had been reached, meaning no further sessions would be offered.

We noted that counselling staff had previously run a resilience program with the prisoners, which was intended to run again in the 2024–25 financial year. The program consists of 10 modules and runs for five weeks with 12 participants. It covers managing emotions, temperature checks, mindfulness and meditation, and cognitive behavioural therapy. The program does not relate to the prisoner's offending behaviour and is more about promoting their general wellbeing and self-regulation.

In addition to the above program and to improve engagement with prisoners, the counsellors also initiated a walking group, with morning and afternoon sessions. Prisoners could walk and talk about their mental health issues and connect with others. Unfortunately, this program had ceased at the time of the inspection because the weather had cooled, but staff hoped to restart it when it was warmer.

Overall, the centre administers a practical framework for prisoners to seek and receive mental health care. However, there are limited means of proactively managing prisoner mental health through initiatives such as programs.

It is noted that screening before approval for transfer to the centre means prisoners are generally of stable mental health, and therefore take-up of services is low. However, this low take-up may also be impacted by the confidentiality concerns noted above.

### Recommendation 18

Queensland Corrective Services increase prisoner access to mental health programs at Palen Creek Correctional Centre.

## Access to health services at surrounding hospitals

### 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.

Staffing limitations at the centre mean prisoners requiring specialist medical treatment or inpatient care must go to the Princess Alexandra Hospital (PAH), with transit required through Brisbane Correctional Centre (BCC). Prisoners are escorted to BCC and accommodated there for the duration of their treatment; upon completion of the treatment, prisoners are escorted back to Palen Creek Correctional Centre.

This process results in many prisoners refusing treatment because they do not wish to be accommodated at BCC for an extended period. This includes one prisoner with cancer and another with suspected cancer. Escorts only occur on Tuesdays and Thursdays, meaning prisoners can 'get stuck' at BCC. Although centre management maintained that prisoners are returned to the centre via the next available escort, nursing staff have known prisoners to remain at BCC for extended periods.

When asked why prisoners could not receive treatment at Beaudesert Hospital instead of the PAH, we were advised they would never be admitted to Beaudesert Hospital, as there was no policy in place for overnight stays. In addition, the centre would be required to supply officers to accompany the prisoner during his hospital stay, which could be overnight or longer, and the centre does not have enough staff to enable this. We were told that prisoners could go to Beaudesert Hospital to be reviewed, but ultimately, if a prisoner required in-patient or specialist treatment, they would need to go to the PAH. This was confirmed in our interview with the Executive Director of Logan and Beaudesert Hospital.

If correctional officer escorts from the centre were not an issue, we were told Beaudesert Hospital could offer 'short-term medical care'. However, a medical officer reported wanting to send a prisoner to Beaudesert Hospital for a colonoscopy, which is a day procedure, and could not understand why they were told the prisoner would have to go to the PAH.

When we spoke to the Health Services Chief Executive for Metro South HHS, we were told that the local hospitals offered limited services due to a lack of specialist medical practitioners, who were available at the PAH.

We were told about a prisoner who had to wait six weeks for an appointment at the PAH fracture clinic, so was rescheduled to the Logan Hospital because of the delay. We were also advised that care relating to cardiac issues, such as a heart attack, neurological issues, burns and urology, could not be provided at Beaudesert and Logan Hospitals, but anything else could be treated there.

Staff reported that access to local imaging is an issue at the centre. If a prisoner breaks an arm, they are required to go to the PAH. Medical staff had recently used a private provider for imaging services at Beaudesert Hospital, but there had been a 'flurry of discussions' about who was going to pay for it. Staff believe that if a transparent funding model could be established, it would be possible to use local services to treat men at the centre.

With most of the hospital services being delivered at the PAH, meaning transiting through or staying for extended periods at a secure prison, the men are inclined to refuse or delay treatment. Solutions are needed to reduce associated anxiety for prisoners and to support their access to medical treatment.

### **Recommendation 19**

Metro South Hospital and Health Service and Queensland Corrective Services consult on a new process for supporting prisoners to access outpatient treatment at local hospitals, such as Beaudesert or Logan Hospitals.

## Substance use treatment program

### Relevant standards

79  
80

The prison has strategies to safely reduce the demand for drugs and alcohol.

Prisoners with histories of substance misuse receive specialised and individualised treatment, and culturally appropriate support, equivalent to that available in the community.

The Australian Institute of Health and Welfare identified in its *2023 Health of people in prison* report that the misuse of alcohol and other drugs can lead to poor health outcomes and antisocial behaviours, and is a primary motivating factor in many crimes. People entering the prison system are at an increased risk of harmful use of alcohol and other drugs, and the associated impact on health, and increase in antisocial behaviour. In 2019, the Queensland Productivity Commission found that drug offences had contributed notably to the growth in imprisonment in Queensland. Between 2012 and 2018, drug offences contributed to 32% of the increase in Queensland's sentenced prison population. Prisoners with drug offences make up 22% of Queensland's female population and 15% of the male population.

Highlighting the impact of substance misuse on prisoners, the Australian Institute of Health and Welfare found:

- about 44% of prison entrants were at high risk of alcohol-related harm during the previous 12 months
- almost 64% of prison entrants reported they smoked tobacco daily
- almost 73% of prison entrants reported using illicit drugs in the previous 12 months
- the most commonly reported drug used by prison entrants for non-medical purposes – or that was not supplied to them medically – was cannabis, with more than half (53%) reporting having used it at least once in the previous 12 months
- methamphetamines/amphetamines were also commonly used, with 46% of prison entrants reporting using them at least once in the previous 12 months
- Australian First Nations prisoners show a higher rate of alcohol, tobacco, and illicit drug use compared to non-Australian First Nations prisoners.

A similar increase is also demonstrated in a report by the Queensland Treasury in 2023, *Adult illicit drug offending and criminal justice outcomes*. The report compared illicit drug offences in 2012–2013 and then again in 2020–2021 and found illicit drug offending contributed to a 44.5% increase in Queensland's sentenced prison population admissions.

The strong demand for drugs by offenders in the community is carried over into the prison environment, and its presence poses a significant risk to prison safety and security. There are fewer opportunities in prison to obtain and use illicit drugs than in the general community, as prisons use multiple strategies to reduce their supply.

This strong demand, combined with the strategies to reduce supply, can lead to prisoners taking increased risks. This can include sharing injecting equipment, with a subsequent increase in the risk of contracting bloodborne viruses. Despite the difficulty in obtaining illicit drugs, the following statistics from the Australian Institute of Health and Welfare, in its *2023 Health of people in prison* report show that a significant cohort of prisoners continue to engage in substance use in custody:

- Almost 37% of people discharged from prison reported using illicit drugs in prison.
- About 14% of people discharged from prison reported injecting substances in prison.

We conclude that prisons in Queensland must have strategies to safely reduce the demand for drugs and alcohol. These must include access to specialised and individualised treatment and culturally appropriate support for prisoners with a known substance misuse history. The support must be of a standard equivalent to that available in the community.

Our inspection standards for Queensland prisons consider access to pharmacotherapy programs, under strict eligibility criteria, that offer sufficient places to meet the demand, and that prisoners under such programs are regularly and clinically monitored. Pharmacotherapy is the use of medication in the treatment of health conditions. The COPD: Health Needs, states that opioid substitution treatment (OST) is the legal administration of an opioid medication under medical supervision, and that it assists in minimising and managing cravings and withdrawals associated with opioid dependency.

Metro South HHS is funded to provide OST to prisoners at the centre, and the program is administered by a Clinical Nurse Consultant (CNC) in consultation with a doctor. At 21 May 2024, there were 18 prisoners receiving OST, with another 12 prisoners waiting for their application to be processed. Queensland Health stakeholders told us that when a prisoner receiving OST is transferred from another prison, the program will continue without any treatment delays. If a transferring prisoner's application for OST made at another prison has not yet been approved, they must submit a new application at the centre.

We observed centre facilities where the OST program was being administered. Due to inadequate clinic spaces, the prisoners received the OST injections in the staff kitchen, with the process being interrupted twice by officers walking through. We were informed this is a common occurrence. Considering that substance use risks were also being discussed, the OST practitioners were doing their best to maintain prisoner privacy; however, this practice is not appropriate and is not a standard that any service provider in the community would accept.

The COPD: Health Needs, states that the CNC will be responsible for the vetting and assessment processes, including urine testing, of all prisoners applying for the OST program. Queensland Health's Queensland Opioid Dependence Treatment Guidelines (2023) state that a urine drug screen can enhance the validity of patients' self-reported use of substances. If a prisoner at the centre is seeking treatment through the program, they are required to provide a urine test to confirm they are actively using (illegal) opioids before they can gain access to the OST program.

Prisoners are aware that a positive urine test for non-medicated opioid use is a significant breach of the centre rules, and grounds for a transfer back to a secure prison. Health practitioners informed us that prisoners were concerned they would be targeted for QCS urine testing if centre officers become aware they are providing health staff with a urine sample for an OST application.

This dynamic was identified by a treating doctor during a 2021 coronial inquest into the death in custody of a prisoner under the influence of opioids at Arthur Gorrie Correctional Centre. The doctor described the 'parole paradigm' and the 'health paradigm' which use urine test results for breach and health purposes respectively.

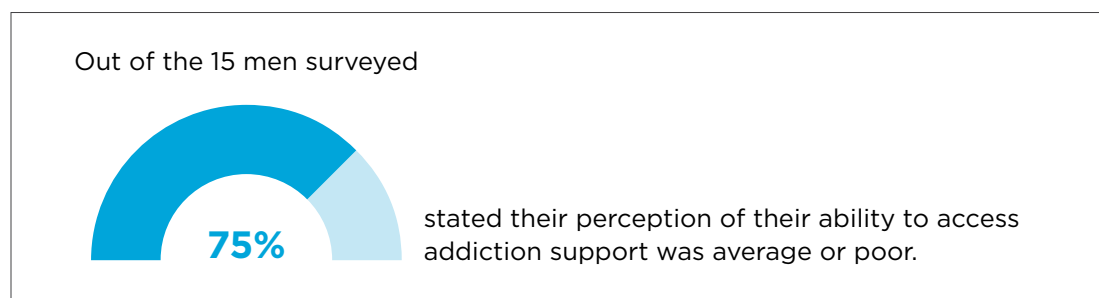
The Queensland Opioid Dependence Treatment guidelines specifically state that a urine test should only be ordered for clinical reasons, which should not be confused with the different purposes for which they can be used in the correctional system. By comparison, the QCS COPDs for Substance Testing and Health Needs do not give specific guidance on managing tension around the disparate ways that health staff and QCS respond to positive urine tests. We are concerned that prisoners have this perception, but we did not find evidence that prisoners were being punitively targeted for QCS urine tests immediately after a urine test for OST assessment.

In addition to the above-detailed treatment therapy, the centre offers prisoners access to therapeutic drug and alcohol programs. These programs are delivered by an engaged service provider, Queensland Injectors Health Network (QulHN) Ltd, an independent not-for-profit providing a range of specialist social and medical services relating to alcohol, other drug use and mental health. QulHN delivers two group programs to prisoners at the centre:

- Short Substance Intervention (SSI) – a 12-hour group program.
- Low Intensity Substance Intervention (LISI) – a 16-hour group program.

We were told that QulHN staff feel safe at the centre and that centre staff interact in a gentle manner with prisoners and make allowances to support engagement with programs. QulHN stakeholders said some prisoners would benefit from individual engagement, which was not available under the current funding arrangement. A review of waitlist data from the period of inspection showed that several prisoners had been waitlisted for High Intensity Substance Intervention (HISI) and Moderate Intensity Substance Intervention (MISI). Notably, these services were not delivered by QulHN or delivered at the centre at all.

**Figure 4: Prisoners reporting their ability to access addiction support programs at the centre**



Source: Compiled by the Inspector of Detention Services using information from voluntary prisoner survey responses obtained from 10 April to 15 June 2024.

One in four of the prisoners who provided a response stated that the level of addiction support available at the centre was good, with another one in four stating the support was poor, and the remaining half stating it was average.

Inspection officers did not assess the quality of programs delivered by QulHN. However, information on the QCS intranet states that all substance misuse programs delivered for QCS have been assessed through an Accreditation Program and Services Panel. We also note that QulHN is well established in the community as a provider of drug and alcohol services, and we assess that prisoners are receiving services to a similar standard to that available in the community.

To enhance the effectiveness of services provided by QulHN, we consider that flexibility to provide prisoners a broader range of more intensive group programs such as MISI and HISI, as well as individual counselling, would better meet the increasing need for substance interventions. This recommendation is also consistent with the 2016 Queensland Parole System Review, which recommended that QCS should increase the number of high-intensity substance use programs available to prisoners.

We were advised by QulHN that the centre had lengthy waiting lists for the LISI and SSI programs. This statement was also supported by information provided to our office by the centre regarding waiting lists as of 22 March 2024:

**Table 2: Number of prisoners waitlisted for substance intervention programs for the period as of 22 March 2024**

Program	Number of prisoners on waitlist
High Intensity Substance Intervention (HISI)	5
Low Intensity Substance Intervention (LISI)	38
Moderate Intensity Substance Intervention (MISI)	11
Short Substance Intervention (SSI)	16

Source: Compiled by the Inspector of Detention Services using information from Queensland Corrective Services.

Information from the centre shows a waitlist for both the SSI and LISI. The waitlist for LISI is particularly high, and prisoners informed us that the wait time can be as long as six months.

While the centre places prisoners on the waitlist for HISI and MISI, as abovementioned, neither program was available at the centre. In March 2021, an internal QCS inspection report recommended a review of funding and program hours to match the increased demand for programs such as LISI. A follow-up report dated 6 October 2021 assessed that this recommendation was partially implemented and noted that 37 prisoners were waitlisted for the LISI program, comparable to the waiting list of 38 at the time of inspection.

As was the case in 2021, there continued to be a high number of prisoners waitlisted for substance interventions, with the LISI program showing the highest number. Anecdotal and statistical evidence about increased drug activity, and the high number of prisoners on the waiting list for the LISI program, collectively confirmed an ongoing need for increased availability of substance interventions. Additionally, the centre was also seeing relatively high completion rates for LISI and SSI programs, being 70.5% and 78% respectively.

We also identified that a program called Straight Talk is provided in some prisons. The program is aimed at Aboriginal people and Torres Strait Islander people who want to 'manage a drug and alcohol problem' and provides the opportunity to build a healing plan with professionally trained Australian First Nations counsellors.

If the number of prisoners who identify as Australian First Nations people continues to increase, the delivery of this program at the centre should be supported, and additional support should come from increased attendance by the CLO.

### Recommendation 20

Metro South Hospital and Health Service and Palen Creek Correctional Centre implement an alternative location for the administration of opioid substitution treatment.

### Recommendation 21

Queensland Corrective Services expand the substance misuse interventions currently provided to prisoners at Palen Creek Correctional Centre to include:

- one-on-one counselling
- increased availability of substance intervention programs
- the Straight Talk program or other culturally specific substance intervention programs.

## 7. Security

This chapter reviews how the centre undertakes its security functions, from barrier control to monitoring systems and prescribed searching of persons.

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 that stipulate 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.

The importance of dynamic security for a centre without the physical and procedural security of secure prisons cannot be overstated. Dynamic security relies on staff developing professional relationships and regularly engaging with prisoners. The UN handbook states for effective dynamic security, staff must build trust and rapport with prisoners. They must apply rules and respond to poor behaviour in a way that is consistent, firm and fair, encouraging good behaviour and being responsive to prisoner needs and requests.

These connections allow staff to have insight into the social climate of a correctional centre and any associated risks. It provides a basis for prisoners to approach staff with information so staff can anticipate and respond to issues or situations that threaten the safety and security of the centre. During the onsite inspection, we observed a reasonable level of engagement between prisoners and custodial staff that appeared to support the needs of the men detained there.

As an example of how professional relationships at the centre have enhanced dynamic security, at the time of inspection, the centre had observed an increase in the number of prohibited articles found. This appears to be mainly driven by the interactions and rapport established between correctional staff and prisoners. The centre relies on information prisoners provide to understand the social climate within the prison, indicating prisoners are confident staff will act on information that threatens prisoners' safety and security.

Due to the vastness of the centre, and the fact prisoners' work may be located a drive away from the main centre, during induction prisoners are trained in the use of the duress system. When activated, this system alerts correctional staff that an emergency is occurring, and assistance is required. Staff then respond to the area to assist.

## Searches

### 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, in accordance with legislative requirements and with respect for their individual rights, dignity and comfort.

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

However, subjecting prisoners to removal-of-clothing (ROC) searches, otherwise known as strip searches, is often demeaning and humiliating. For men with experiences of physical and sexual abuse, this can be highly traumatising.

Evidence from Australia and around the world shows that routine ROC searches do not have a deterrent effect and that reducing such searches does not increase contraband in prisons. For example, in the United Kingdom, the use of alternative search measures has had no negative impacts on safety or security in prisons. In Australia, the reduction in strip searching at two women's prisons in Western Australia did not lead to an influx of contraband.

The Corrective Services Act enables corrective services officers to conduct ROC searches on prisoners at the centre. It also stipulates 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, stipulates when a ROC search must occur:

- 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 several requirements for corrective services officers when carrying out ROC searches. 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 COPD states that a search requiring the removal of clothing in accordance with sections 35, 36 or 37 of the Corrective Services Act must be recorded in a register. It is important the officers conducting the search record the accurate legislative basis for the searches.

At the time of inspection, the centre was using different search methodologies, including general searches, scanning searches, personal searches, and removal-of-clothing searches. The centre lacks modern technology that reduces the need for ROC searches, such as body scanners, which would align with the QCS strategic Plan 2024-2028, which identifies that QCS's purpose is 'to provide safe, modern and responsive correctional services'. While ROC searches do not appear to be a routine practice when prisoners arrive from another prison, there is still a reliance on ROC searches when conducting security functions such as urine testing, or suspicion of involvement with an incident, or when prisoners return to the centre from a work camp.

We were provided copies of the ROC search register where all such searches are recorded. For the period from 14 November 2023 to 5 March 2024, there were 161 search records.

These records have indicated poor recordkeeping practices when subjecting prisoners to ROC searches. We found that of the 161 records, only 101 cited the correct legislative basis for the search.

One record cited section 38 of the Corrective Services Act as the authority to conduct a ROC search. Section 38 in fact outlines the requirements for conducting a ROC search, such as how many staff are required and whether the sex of the officers carrying out the search needs to be the same as that of the prisoner. Only 58% of the records recorded the names and were signed by each officer conducting the search. In the comments and results section of the records, only four of the records indicated location of a prohibited item, resulting in a 2.48% success rate.

Overall, we found that 61.49% of the ROC searches at the centre were due to routine procedural requirements such as transfer from work camps or returning from a leave of absence, and target functions of the centre such as urine testing.

We conducted a survey of prisoners, and 71% who responded indicated that staff conducted the ROC searches respectfully. Our conversations with prisoners during our engagement visits and onsite inspection echoed the survey responses.

In addition to ROC searching, the centre conducts routine facility searches where custodial officers search the grounds, buildings and accommodation areas. The centre also has a mobile phone detection device which we were told is used regularly.

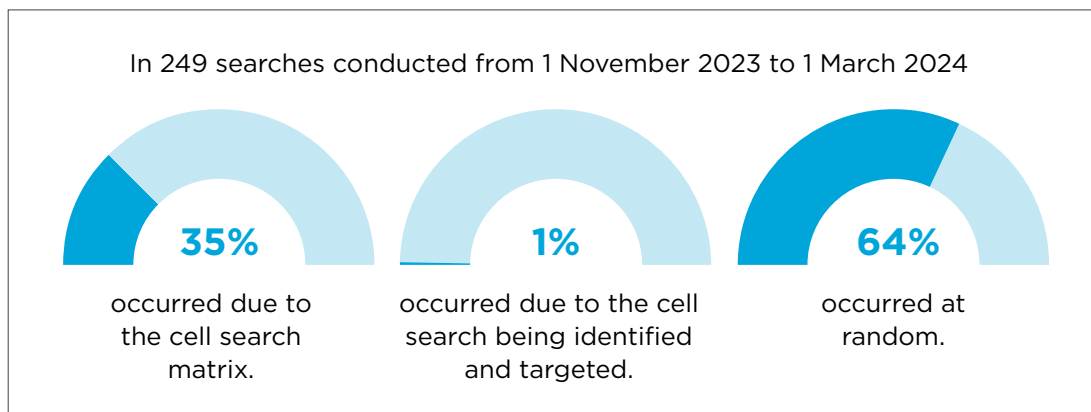
We were provided copies of the cell search register, detailing when prisoner accommodation areas are subjected to a search. The records covered searches conducted from 1 November 2023 to 1 March 2024 and documented 249 searches.

Once again, these records indicate poor recordkeeping practices, with 63% of the search records not indicating the time the search was conducted.

Exactly 50% of prisoners surveyed indicated correctional staff were respectful during room searches. Our conversations with prisoners during our engagement visits and onsite inspection confirmed that correctional staff were mostly respectful during room searches.

We explored the reasons for searching prisoners' accommodation rooms and identified a proactive approach to ensuring the safety of the prisoners and security of the facility through the reduction of items of contraband. Cells are required to be searched in accordance with the cell search matrix, which means that a selected percentage of cells are required to be searched each week.

**Figure 5: Cell search occurrences**



Source : Compiled by the Inspector of Detention Services using information from search records provided by the centre.

The centre conducts scanning searches of visitors attending for visit sessions. The process involves a correctional staff member wiping a sample tab on the visitor's clothing and then placing the sample tab into an ION scan machine, which can detect trace particles normally found in illicit substances.



Photo 8: ION scan machine, used to scan visitors upon entry to the centre

During our observations of the centre visit sessions, we noted that the entry process and search for visitors were conducted respectfully and politely.

As detailed earlier, the centre can only offer contact visits as it does not have an area where non-contact visits are possible. This can cause issues because when a visitor is found to have been in contact with an illegal substance, their visit is cancelled. In contrast, in a secure prison, the visitor would be offered the option to participate in a non-contact visit, allowing for continued personal connection.

We observed the process of searching prisoners before visits. On arrival at the duty room, prisoners presented to the correctional officer, who marked their names off the approved visit list. The prisoners were then required to present any items they had for inspection. If the prisoner had brought an item not approved for a visit, the officer would ask them to place it in the duty room for collection after the visit. These interactions were polite and consistent.

After the visit, as prisoners were leaving the visits area they filed past an officer and opened any bags for inspection. The inspection did not appear thorough enough to ensure contraband did not enter the centre.

Feedback from prisoners indicates staff are conducting searches respectfully, however we noted several issues with the recordkeeping of the registers related to searches. Recordkeeping must be improved to meet the legislative and COPD requirements. Further the number of ROC searches conducted for routine purposes had a low rate of identifying prohibited articles. ROC searches should be phased out with the introduction of body scanning technology.

### Recommendation 22

Queensland Corrective Services introduce body scanners at Palen Creek Correctional Centre to reduce and eliminate the need for routine removal-of-clothing searches.

## Prisoner property

### Relevant standards

61

Prisoners' property held in storage is secure, and prisoners can access it on reasonable request.

The storage of prisoner property is a significant risk management issue. QCS holds property on behalf of prisoners, and the integrity of the property management system helps to reduce the risk of loss, which would lead to complaints and the need for compensation. Accountable property handling procedures ensure the security of property being held and the management of property in a prisoner's possession.

Prisoner property at the centre is housed on compactus shelving inside a locked cage in the reception store. The area also stores seized property, so there are competing priorities for storage.



Photo 9: Property storage area



Photo 10: Property storage compactus

Within this area, we also observed a large amount of prison property awaiting disposal. The property ranged from old and damaged items to items seized from prisoners who did not have approval for it, or because it was not recorded on the individual prisoners' property records.

When a correctional officer seizes an item from a prisoner, there is a requirement under the Corrective Services Act s 139, that the officer must give a receipt for the item. Providing a receipt ensures a traceable and accountable process so that in the event of a prisoner complaint regarding missing property, the centre can find items in question.

We observed the property handling process involving several prisoners being either discharged from the centre or transferred to another prison. The prisoners were given the opportunity to go through their property with correctional staff. We observed that as a

prisoner's property was placed in the transport bag, the reception store officer and prisoner discussed the care of specific items.

While checking the property of one prisoner, correctional officers found an item not included on his property card, which resulted in it being seized. We noted that he was not provided with the required seizure notification. We asked the staff who seized the item when they intended to issue a seizure notice, and felt our inquiry prompted them to meet the legislative requirement. This left us suspecting the process may not always be followed as required.

A seizure notice provides tangible proof that an item has been taken from a prisoner and states the reason for the seizure. This is important for later investigation if a complaint is made.

We also observed a prisoner who had items recorded on his property records but did not have them in his possession. After being questioned by correctional staff, the prisoner explained why a piece of property was not there, and this was acknowledged by staff. However, there was no entry on IOMS about the circumstances relating to the missing property, as required in the COPD: Property – Management of Prisoner Property.

Generally, the property handling centre complied with the relevant legislation and policies, and the reception officers were respectful of the prisoners' property. However, we did find non-compliance with legislation regarding the seized property procedure at the centre, as well as the COPD regarding documenting missing property.

## Prisoner phone calls

### Relevant standards

45

The prison provides adequate resources for Virtual Prison Visits (VPVs) as well as phone, email and mail contact.

46

Appropriate measures prevent the inappropriate use of phone and mail systems without unduly interfering with privacy.

Phone calls made by prisoners on the PTS can be monitored by correctional officers at any time. While prisoners in the upper camp always have access to phone booths within their unit accommodation, prisoners in the lower camp accommodation units can only make calls after being unlocked at 6.30am and before being locked away at 6pm.

Correctional officers have been delegated authority to monitor phone calls in accordance with the QCS *Instrument of Delegation of Chief Executive Powers* Number 7 2024. This authority extends to recording a prisoner call and terminating prisoner communication.

We were advised that officers monitor (listen to) live prisoner calls approximately four to five times per day. The officers do not have immediate access to recordings of the calls, but recordings can be requested for review by the intelligence unit staff at BTCC. Staff advised that because of call monitoring they had identified and reported domestic violence offences being committed by prisoners against their partners.

Each time a correctional officer monitors a prisoner's phone call they are required to complete an entry into the centre's call monitoring log. This requirement is included in the COPD: Prisoner Entitlements – Prisoner Communications. We found, however, that entries were only made in the log for calls monitored that had included information of concern or interest. For example, between 25 April 2024 and 5 May 2024, only three calls were

recorded as being monitored. This does not align with the advice above regarding the number of calls being monitored. As call monitoring involves a significant invasion of a prisoner's privacy, the apparent failure to comply with recordkeeping requirements disregards privacy principles and the prisoners' human rights.

### **Recommendation 23**

Palen Creek Correctional Centre ensure that all monitored personal calls of a prisoner are recorded within the relevant registers as required by the Custodial Operations Practice Directive: Prisoner Entitlements – Prisoner Communications.



## 8. Rehabilitation and reparation

This chapter considers the standards relating to rehabilitation and reparation including the classification, sentence administration, and case management of a prisoner, as well as the availability of education and programs, employment and reintegration.

We were impressed with the centre's connection to Assistance Dogs Australia. The program is designed to build the confidence and obedience of the dog, and prisoners are equipped with the skills to train puppies to support community members living with physical disabilities, post-traumatic stress disorder and autism.

The program runs on a three-week cycle, with the dogs remaining at the centre for three weeks with the men who are their handlers, and then being moved back into the community for the next three weeks. While living at the centre, the puppies are very well looked after by the prisoners. The program is seen as a privilege among the prisoners and, as such, there are criteria to be considered for a position as a dog handler; this includes demonstrating respectful behaviour and conduct within the correctional environment.



Photo 11: Dogs from the Assistance Dogs Australia program

The centre's horse-riding training program is also impressive, and provides an opportunity for all prisoners to access the therapeutic qualities of working with horses. Equine therapy is an initiative that has been reported to benefit Australian First Nations people in particular by supporting general wellbeing and trauma healing.



Photo 12: Horse program

The centre also offers a program called Father's Voice for prisoners who have dependent children. It is facilitated by an Education Officer and a Peer Support Officer and gives fathers an opportunity to connect with children through storytelling. Fathers are asked to select a storybook from the centre's library, practise reading it, then take a live recording of it. The recording, along with the physical book, are then sent to the children.

The centre reports very positive feedback from fathers who participate in the program, and the families who receive the recorded stories. One family reported that their children listen to the recording when being driven home from school and this helps to maintain a connection to their father while he is in prison.

Overall, we found that prisoners at the centre were provided with a significant number of courses to assist with vocational education and training, with high completion rates, as well as opportunities to support connection to families.

## Education

### Relevant standards

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.

Access to appropriate education, vocational training and employment supports prisoner rehabilitation and their preparedness for reintegration into the community. In Australia, participating in vocational education and training in custody means an increased likelihood of remaining custody-free at two years post-release for male prisoners, and five years for female prisoners<sup>1</sup>.



The *Guiding Principles for Corrections in Australia* (2018) state that access to employment during a period of custody increases future employability. It also supports the achievement of nationally recognised qualifications, and complements educational and vocational training opportunities.

The COPD: Prisoner Development – Education states that prisoners should be placed into education and vocational programs based on their needs as identified by a Literacy and Numeracy Assessment (LNA). The COPD: Offender Pathways states that assessment must be completed for all prisoners with a sentence of six months or more and must be completed within three weeks of admission (following sentencing). Palen Creek Correctional Centre is a placement prison and as such most eligible prisoners should have completed an LNA at the relevant reception prison.

We reviewed information available on IOMS to gain a greater understanding of the LNAs completed for prisoners at the centre. From the COPD: Offender Pathways, we expected to find that all prisoners with a sentence over six months would have completed an LNA and that prisoners returning to custody would undertake a new LNA if the last assessment was over two years old.

However, when we reviewed a sample of prisoners with a sentence over six months, we found that over half of these prisoners either had not completed an LNA, or completed an LNA in a previous custodial admission, and it was now out of date.

**Table 3: Literacy and Numeracy Assessment (LNA) sample review**

Reviewed	Prisoners
<b>Total prisoners reviewed</b>	<b>36</b>
LNA completed for current admission	15
LNA completed on previous admission over two years ago	4
LNA not completed on current or previous admission	17
<b>Prisons from which prisoners were transferred without a current LNA</b>	
Arthur Gorrie Correctional Centre	3
Brisbane Correctional Centre	10
Woodford Correctional Centre	3
Borallon Training and Correctional Centre	5

Based on our review of IOMS, we assess that prisoners are often being transferred to the centre without a current LNA, and that failure to complete these assessments is occurring at secure prisons across south-east Queensland. Failing to complete these assessments is inconsistent with the COPD: Offender Pathways, and negatively impacts the quality of education provided to prisoners. While we understand that QCS procedures place the responsibility to complete an assessment with the prison where a prisoner is first placed post-sentencing, we assess that in not ensuring LNAs are completed, Palen Creek Correctional Centre is also deficient in its practice.

As the centre offers varied employment opportunities, there are several educational courses tailored to its unique environment, which range from a mix of language, literacy and numeracy courses, QCS-funded Vocational Education and Training courses, Certificate III Guarantee (C3G) courses, and tertiary study options.

These course offerings are informed by the assessed needs of prisoners, the current job market, opportunities to continue education and training in the community, and the

availability of training providers. We were informed that Offender Rehabilitation Management Services (ORMS) undertakes an annual education planning process whereby minimum standards of education participation are assigned to each prison. ORMS monitors participation and completion rates against the minimum standards, and reports on these each quarter.

A list of available courses provided to us shows a broad range of education and vocational training available to prisoners. Courses are available in different employment areas as well as different levels of complexity.

**Table 4: A list of training courses offered at the centre**

Type	Provider	Units or courses
<b>Tertiary</b>	University of Southern Queensland (UniSQ)	<ul style="list-style-type: none"> <li>• Tertiary Preparation Pathway</li> <li>• Indigenous Higher Education Pathway Program (IHEPP/IPP)</li> <li>• Undergraduate Certificate of University Studies (UCUS)</li> <li>• Undergraduate Certificate of STEM Foundations (UCSF)</li> <li>• Diploma of Multi-Disciplinary Studies (DMDS)</li> <li>• Associate Degree in Business (ADBZ)</li> <li>• Bachelor of Multi-Disciplinary Studies (BMDS)</li> </ul>
<b>Tertiary</b>	Other universities	Upon prisoner request with Superintendent approval (subject to conditions)
<b>Vocational training - units of competency</b>	QCS-funded VET	<ul style="list-style-type: none"> <li>• Prepare to Work Safely in the Construction Industry (White Card)</li> <li>• Responsible Service of Alcohol</li> <li>• Operation of Basic Machinery</li> <li>• Contribute to Health and Safety</li> <li>• Provide First Aid</li> <li>• Prepare Espresso Coffee</li> <li>• LLN units</li> </ul>
<b>Vocational training - full qualifications</b>	C3G	<ul style="list-style-type: none"> <li>• Certificate II in Agriculture</li> <li>• Certificate II in Hospitality</li> <li>• Certificate II in Resources &amp; Infrastructure</li> <li>• Certificate II in Engineering Pathways</li> <li>• Certificate II in Horticulture</li> <li>• Certificate III in Fitness</li> <li>• Certificate III in Business</li> <li>• Certificate II in Sports and Recreation</li> <li>• Certificate II in Health Administration</li> <li>• Certificate I in Construction</li> <li>• Certificate II in Electrotechnology</li> </ul>
<b>Language, Literacy and Numeracy (LLN)</b>	Charters Towers School of Distance Education	<ul style="list-style-type: none"> <li>• Pre-Employment Licence</li> <li>• Pre-Level 1 to Level 5 LLN</li> </ul>

Source: Compiled by the Inspector of Detention Services using the information provided by the QCS.

QCS provided course completion data covering the period of 1 March 2023 to 29 February 2024 that shows prisoners are completing a high number of units of competency. Of 421 participants, 2,238 units of competency were completed.

We did note, however, that the centre does not offer enrolment in a digital literacy course. The University of Southern Queensland (UniSQ) identifies that digital literacy skills are essential for effective participation in society. Poor digital literacy will reduce a prisoner's ability to secure employment, or engage in education and training on release.

As a security requirement, internet connection is not available to prisoners in any correctional facility in Queensland. This means most course materials are provided as paper workbooks. The exception to this paper-based restriction are tertiary courses provided by UniSQ, which has developed learning materials in an 'offline' digital format for use on approved laptops.

Courses provided by UniSQ have been specifically designed to give prisoners a contemporary, interactive learning experience comparable to community standards. Prisoners completing all other forms of study rely on paper-based materials, with no access to training materials that develop practical digital literacy skills. We acknowledge the security risks restricting internet access for prisoners, but also acknowledge that UniSQ and QCS have been leaders in developing prisoner-specific 'offline' digital learning resources.

While we understand these challenges, digital literacy skills are a fundamental requirement for employment and meaningful engagement in the community. Prisoners require opportunities to develop these skills. We consider that prisoners, particular those in low-custody centres preparing to return to the community, would benefit from training and education to develop digital literacy skills. These benefits apply to all prisoners, not just those capable of completing tertiary study.

Access to appropriate education, vocational training and employment supports prisoner rehabilitation and their preparedness for reintegration to the community. During our inspection, we found a broad range of education and vocational training available to prisoners. Aside from the UniSQ courses, available education and training does not develop digital literacy to a standard of job readiness for the modern employment market.

In its submission to our proposed report, QCS advised that the centre had scheduled to run the course *Use Digital Technology for Routine and Simple Workplace Tasks* four times in the 2024–2025 financial year (see Appendix A).

#### Recommendation 24

Queensland Corrective Services ensure training and education that addresses digital literacy skills is available for prisoners of all language and numeracy competencies at low-custody centres, not just those capable of completing tertiary study.

## Employment

### Relevant standards

- 112** All prisoners can engage in work that is purposeful and increases their employability on release.
- 113** Prisoners' work is not exploitative, harmful or for the private benefit of staff.
- 114** Prisoners' work provides specific benefit to the community.

As previously noted, the centre is a rural prison that covers a significant area of land used for several industries and farming work, with associated regional work camps at St George, Dirranbandi, Mitchell and Charleville. The induction handbook states that 'as far as practicable; prisoners are expected to gain employment whilst at the centre and are provided with opportunities to work'. The booklet also states that the focus of the centre is to 'provide reintegration with the public through community service and the work program'.

On admission, prisoners are initially given a position as a ground keeper and can apply for other vacant positions within the main campus area such as kitchen, stores and laundry. After one month, prisoners may apply for employment in the outlying areas of the prison such as the market gardens and banana farm.

The following employment options are available at the centre:

- Centre services – kitchen, centre maintenance, landscaping or laundry.
- Farming – tasks include fence maintenance, and husbandry of horses and cows.
- Wheelchairs – a program that modifies second-hand bikes to create wheelchairs.
- Market garden – where produce is grown.
- Local community service – the communities of Rathdowney, Barney View, Beaudesert and various approved not-for-profit community service projects located within the Scenic Rim Council area.
- Work camps – St George, Dirranbandi, Mitchell and Charleville.

As part of the information request we sent to QCS, we were provided with a timetable of a prisoner's working day, which indicates a six-hour workday, 8am-2.30pm with a 30-minute lunch break. We noted that work undertaken either supports the daily operations of the centre or provides a direct service to the community; examples include prison laundry, and lawn mowing in the community at approved sites. We considered the available employment and community service opportunities meaningful and constructive, supportive of rehabilitation, as well as providing opportunities and skills for successful reintegration.

Prisoners can participate in community work outside the prison at one of the regional work camps or in the local Rathdowney community. We observed and spoke to prisoners working in the community, and community stakeholders who benefited from this work. Prisoners accommodated at the Charleville work camp informed us that the camp supports the development of life skills and their transition to the community.

Community stakeholders we spoke to from Mitchell and Charleville were consistently positive about the impact the prisoners' work has on the community. They said the work camps were a blessing and a major benefit for the community, with one stakeholder telling us they would struggle without assistance from them.

The work camp coordinator told us that prisoners employed at a work camp felt they were treated as normal people, like respected members of the community. We believe

the employment offered at the centre provides meaningful work for prisoners that builds genuine skills to increase their employability on release, especially when combined with the higher degree of self-direction and autonomy given to prisoners at low-custody prisons.

However, prisoners raised concerns that the pay rates are too low, particularly when considering the high cost of phone calls at the centre. The rates of remuneration are set by QCS and range from \$2.90 to \$8.75 per day, with prisoners employed at work camps at the highest rate. At these rates, the hourly wage ranges from 48 cents an hour to \$1.45 an hour.

Prisoners said phone calls cost \$10 per 15 minutes, equivalent to 20 hours of work at the lowest pay rate. The ability to maintain regular contact with family and friends supports prisoner wellbeing, and we believe the disparity between low prisoner pay and the high cost of phone calls is unreasonable. It is unclear how QCS determines the pay rates or how often they are reviewed.

Prisoners spoke positively about work release programs in other states that allowed prisoners to find employment in the community. As there is an existing focus on employment and rehabilitation at the centre, we found it appropriate to consider programs available in other states.

In New South Wales, the Work Release/Education and Vocational Training Programs allow selected inmates to go to employment, education and vocational training in the community while continuing to serve the latter portion of their sentences in minimum-security conditions within a prison.

A similar program is available in Western Australia, where the Prisoner Employment Program is available to minimum-security prisoners close to being released. The program connects prisoners with paid employment, education, or work experience, establishing a pathway to continued employment or training once released.

In South Australia, The Work Release Program allows prisoners who find suitable employment to attend their work each day, then return to the prison at night. In the Northern Territory, the Sentenced to a Job program allows prisoners to work for local businesses, where they receive wages and employment conditions aligned with the relevant award.

As each of these programs allows prisoners to access proportionate income for the work provided, it gives them the opportunity to support their families, pay restitution to victims, as well as prepare for their release with new skills, established employment networks and additional money to assist in housing upon release. Prisoners identified the importance of being able to save so they could pay down fines and debts before release, enabling a fresh start. This was not possible with their current employment and payment schemes.

A recent report by HM Inspectorate of Prisons: *Report on an unannounced inspection of HMP Kirkham by HM Chief Inspector of Prisons* (2024) identified an open prison release program titled Release on Temporary Licence, where prisoners get the opportunity to work outside the prison, establish good habits, earn money and transition smoothly back into the community.

International studies have found that participation in a work-release program is associated with a decrease in recidivism and a greater likelihood of gaining employment in the first three months after release.<sup>2</sup> We believe opportunities for prisoners to engage in paid work would enhance their future employment opportunities and decrease the risk of recidivism.

Currently, all prisoners doing community-based work do so under the supervision of a correctional officer. We acknowledge that having prisoners participating in unsupervised activities would likely represent a significant risk for QCS and would require thorough consideration and risk management.

Further, some Queensland prisons offer prisoners the opportunity to participate in community service projects that enable a limited number of hours per week of employment to pay down their State Penalties Enforcement Registry (SPER) debts. This type of program already exists within the community, where a person can apply for a work development order to pay down the SPER debt.

#### Recommendation 25

Queensland Corrective Services develop a clear procedure for determining rates of pay for prisoner employment. Pay should be matched to a percentage of the national minimum wage and increased in line with inflation.

#### Recommendation 26

Queensland Corrective Services develop a pilot work-release program at low-custody centres to enhance rehabilitation and employability outcomes for prisoners.

#### Notes

<sup>1</sup> Cale, J., Day, A., Casey, S., Bright, D., Wodak, J., Giles, M., & Baldry, E. (2019). Australian prison vocational education and training and returns to custody among male and female ex-prisoners: A cross-jurisdictional study. *Australian & New Zealand Journal of Criminology*, 52(1), 129-147. <https://doi.org/10.1177/0004865818779418>

<sup>2</sup> Bales, W. D., Clark, C., Scaggs, S., Ensley, D., Coltharp, P., Singer, A., & Blomberg, T. G. (2015). *An assessment of the effectiveness of prison work release programs on post-release recidivism and employment*. Tallahassee, FL: Florida Department of Corrections and Tallahassee, FL: Florida State University College of Criminology and Criminal Justice; Duwe, G. (2015). An Outcome Evaluation of a Prison Work Release Program: Estimating Its Effects on Recidivism, Employment, and Cost Avoidance. *Criminal Justice Policy Review*, 26(6), 531-554. <https://doi.org/10.1177/0887403414524590>

## 9. Equity and diversity

This chapter reviews equity and diversity standards which consider the treatment and services provided to the diverse prison population. This includes older prisoners, those with different sexual orientations, and culturally and linguistically diverse prisoners. We also assessed the centre against the standards for prisoners with disabilities and for intersex prisoners.

At the time of the onsite inspection and for the 12 months prior, the centre did not accommodate prisoners who identified as intersex, transgender or gender diverse. We are not able to discuss how the centre manages these prisoners.

During the inspection process, we engaged with prisoners from culturally and linguistically diverse backgrounds. We found they were well supported, not only by the staff but also by other prisoners from similar cultural backgrounds. The centre attempts to accommodate prisoners of the same cultural and/or linguistic background(s) in the same accommodation units, so they have the option to support each other.

The environment in which the centre is set restricts placement of prisoners with mobility issues. As such, management has broad discretion when making decisions about accommodation placements at the centre, and other issues that may have a more significant impact on an older prisoner's placement.

Our standards define an older prisoner as someone aged 50 years or over. The centre accommodates a higher percentage of older prisoners compared to the state average. Just under one in five prisoners (18.3%) at the centre are over 50, compared to 12.1% for the state average. From our observations and interactions with the prisoners, we noted that staff make reasonable adjustments to provide a purposeful and respectful regime for older prisoners and those with a disability. We observed how the centre adapted its processes and made reasonable adjustments for prisoners with disabilities.

While we were unable to identify how the centre would manage intersex, transgender or gender diverse prisoners, we were pleased to see the positive strategies used to manage older prisoners and those with a disability.



# 10. Governance

This chapter reviews the safe, secure and humane management of prisoners, achieved through best practice governance. This involves comprehensive strategic planning, accountable and transparent systems, and sufficient, competent staffing to meet the objectives of imprisonment and the diverse needs of the prisoner population being managed.

## Training

**Relevant standards**

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

Correctional staff are required to maintain training competencies after completing the QCS's initial custodial officer training course. There is a requirement for each of the modules to be undertaken, and for re-accreditation. We found these timeframes stipulated in the Custodial Operations Training Handbook.

The 2015-2019 version of the handbook states that the General Manager has overall responsibility for maintaining the capability of all staff members in centres and for local quality control processes. The handbook recommends that all correctional centres maintain staff Correctional Practices Competencies and Assessment (CPCA) requirements at 100%, and where these statistics fall below 100%, a training plan must be submitted. QCS's Mandatory Training People Capability policy states it is compulsory for all QCS employees to complete mandatory training courses (CPCA) and annual refresher courses relevant to their role. Mandatory training is to be done during 'ordinary hours' of work.

The following table captures each CPCA and the minimum frequency of reaccreditation. 'Custodial position' is defined as a Custodial Correctional Officer, Correctional Supervisor, Correctional Supervisor Dog Squad, Dog Handler, Field Officer, Farm Officer, Trade Instructor, and Activities Officer.

**Table 5: CPCA and the minimum frequency of reaccreditation**

Subject area	Application	Reaccreditation	
		Minimum frequency	Hours required
<b>Australian First Nations cultural awareness</b>	All QCS employees having direct offender contact as part of their usual employment in corrective services facilities and Escort and Security Branch	3 years	2
<b>Provide Basic Life Support (PBELS)</b>	All custodial positions that manage/ supervise prisoners	CPR: 12 months  PBELS: 3 years	4
<b>Chemical agents</b>	All QCS employees who are identified by the General Manager of the facility	3 years	3
<b>Control and restraint</b>	All custodial positions	12 months	4
<b>Emergency Response Training</b>	All custodial positions identified by the General Manager of the facility	12 months	8
<b>Firearms</b>	All custodial positions that are authorised by an approved delegate and are required to carry firearms as part of their duties	12 months	4 per weapon
<b>Provide first aid</b>	All QCS employees who are: a) firearm instructors b) chemical agents instructors c) Escort and Security Branch d) Low-custody officers	CPR: 12 months	4
		Provide first aid: 3 years	8
<b>Fire response</b>	All QCS employees	12 months	2
<b>Suicide prevention/ awareness</b>	All QCS employees having direct offender contact as part of their usual employment	Custodial Officers: 3 years	3
		Corrective Services Officers: 3 years	2
<b>Control room</b>	All custodial positions identified by the General Manager of the facility	As required	

Source: QCS, Frequency of Correctional Practices Competency Assessments, Appendix One.

We were provided the staff training records held by the centre, but found it challenging to interpret and draw conclusions from this data. We found the information provided used two differing sets of training records. Due to inconsistencies in the two records, it was not possible to accurately interpret all the data provided. However, it was clear that the centre staff were not up to date with their training requirements, including mandatory CPCA subject areas.

Of most significance was that 75% of custodial staff were overdue for reaccreditation in tactical skills training, which we consider puts staff and prisoners at risk, particularly if force is applied incorrectly or overused. In April 2021, through the QCS Operational Performance Review of the centre, issues were identified regarding the need to rotate staff through secure prisons, with a focus on refreshing the individuals on core security delivery. However, there appears to have been no progress due to the anticipated financial impact, and cultural and industrial resistance.

The records also indicated that 15 custodial correctional officers, or 65% of the 23 listed in the training documents provided, had not yet completed Certificate III in Correctional Practice (Custodial). This course is required to be completed within the first 12 months of an officer's employment commencement.

Centre management acknowledged a significant gap in training, which they attributed to a perceived lack of willingness by staff to become trainers. As such, trainers must be sent from BTCC. To address the training gaps, negotiations were underway to bring staff in on overtime to complete their required training, but this would rely on their willingness to work overtime.

We were advised that management had organised for tactical skills trainers to deliver training to the custodial staff requiring reaccreditation ensuring they meet mandatory training requirements.

## Recordkeeping

### Relevant standards

200

There are robust and accountable recordkeeping, auditing and reporting systems for major aspects of the prison's activities.

Like all correctional centres in Queensland, the centre is heavily reliant on paper-based records. Recordkeeping, auditing and reporting are largely undertaken manually.

There is no single COPD that relates to 'recordkeeping' as a standalone task. Rather, recordkeeping requirements are outlined in specific COPDs. For example, the COPD: Breaches of Discipline applies when making records by either completing forms or entering data in IOMS for breaches of discipline and the COPD: Incident Management applies when making records by either completing forms or entering data in IOMS for incidents.

For many of the centre's day-to-day operations, including prisoner activities and movements, there appear to be adequate records that capture relevant and required data. But for several of the centre's more critical and serious operations, significant recordkeeping deficiencies were identified.

In chapter 1, we identified issues surrounding the assessment and decision-making regarding shared cell accommodation and the requirements for adequate records of these.

As discussed in chapter 6, we reviewed the ROC search and found incorrect legislation was recorded, staff details were not completed and the records unsigned.

In relation to recordkeeping requirements for seized property and location of contraband, we identified that staff may not consistently be completing the requirements of the COPD: Incident Management – Management of Evidence and Seized Property.

While onsite, we learned of contraband that had been located outside the boundary of the centre. Staff believed a prisoner planned to collect it, but it was first found by staff and stored in a locked cupboard. We raised our concerns with management in relation to this process, noting it should have been entered into the evidence register and placed in the evidence safe. We were advised at the time that centre management would look into the matter.

The COPD requires the officer who finds property external to a corrective services facility and seizes that property, to follow the handling of evidence or the seized property processes as set out in the COPD.

Additionally, we had identified other recordkeeping deficiencies relating to the use of the centre's holding cell, and monitoring activities over the prisoner telephone system.

As such, the centre should consider developing an action plan to address the recordkeeping deficiencies for some of its more significant operations.

### **Recommendation 27**

Palen Creek Correctional Centre develop an action plan to improve recordkeeping for its operations.

## Appendix A: Queensland Corrective Services submission



Ref: QCS-00644-2025  
Your Ref: 2024-00869 (P1)

21 March 2025

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

Dear Mr Reilly

Thank you for your letter of 7 February 2025 about the inspection of the Palen Creek Correctional Centre which was conducted in March 2024 under section 8(1)(b) of the *Inspector of Detention Services Act 2022*, enclosing a copy of the draft report.

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

If you require further information regarding this matter, please contact Ms Madeleine Euston, Acting Staff Officer, Office of the Deputy Commissioner, Custodial Operations on telephone [REDACTED] or via email at [REDACTED]

Yours sincerely

Paul Stewart APM  
Commissioner

Enc.

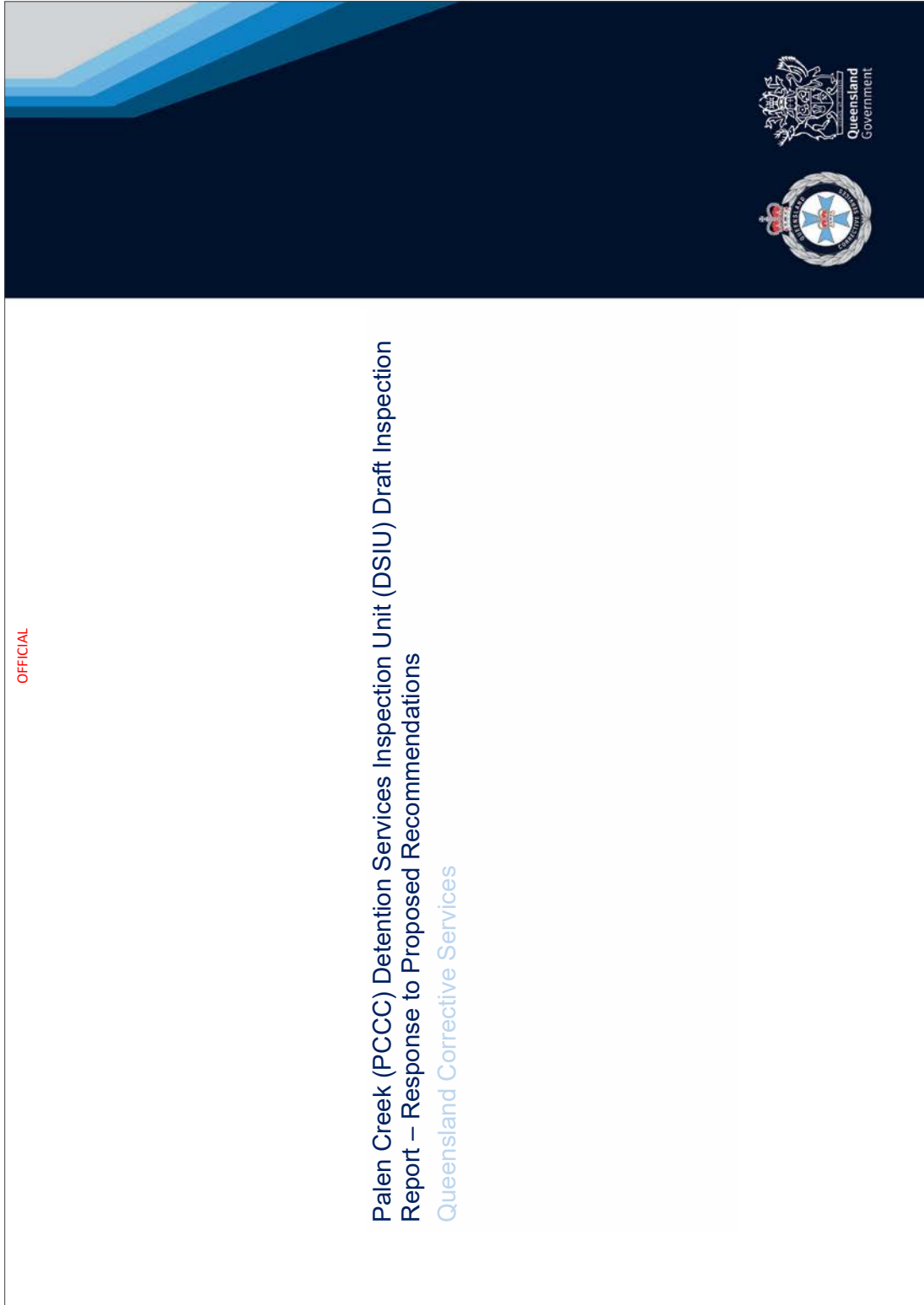


Office of the  
Commissioner

Queensland  
Corrective Services

**SENSITIVE**

QCS Headquarters  
L21 Northbank Plaza  
69 Ann Street Brisbane  
GPO Box 1034 Brisbane  
Queensland 4001 Australia  
Telephone +61 7 3565 7675  
ABN 61 993 700 400



Recommendations	Response
<p><b>Recommendation 1</b></p> <p>Palen Creek Correctional Centre ensure:</p> <ul style="list-style-type: none"><li>a) an easy-read version of the prisoner induction handbook is available.</li><li>b) a review into how inductions are conducted, to provide prisoners with an opportunity to understand the centre rules.</li></ul>	<p>QCS is committed to ensuring that information made available to prisoners is accessible, culturally responsive and inclusive and recognises that prisoners come from diverse cultural backgrounds and have varied levels of literacy and functional capacity.</p> <p>The induction process begins at the centre's reception store where prisoners are inducted in accordance with the requirements set out in the Custodial Operations Practice Directives (COPD). QCS seeks to ensure that sufficient detail about the centre rules and expectations are provided to prisoners to inform their decision to complete and sign relevant documents for induction. The remainder of the induction includes information about PCCC, a facility orientation, communication options, prisoner management, how to access services such as medical, sentence management, Cultural Liaison Officers (CLOs) and employment options.</p> <p>Palen Creek Correctional Centre (PCCC) is finalising a revised induction handbook which is designed to be 'easy-read' and which will be available in hard copy for all prisoners upon arrival. In addition to the handbook, PCCC is creating a slide show and DVD which will be presented to prisoners during the induction process. The revised handbook and audio-visual material are designed to be accessible to all prisoners.</p> <p>PCCC will conduct a review of the reception process to ensure compliance with COPD requirements and identify areas for continuous improvement. QCS will continue to explore opportunities to improve the accessibility of information provided to prisoners in corrective services facilities.</p>
<p><b>Recommendation 2</b></p> <p>Palen Creek Correctional Centre increase Cultural Liaison Officer services for its First Nations prisoners.</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.</p> <p>The QCS Reconciliation Action Plan (July 2024 – July 2026) seeks to increase the percentage of Aboriginal and Torres Strait Islander staff employed by QCS.</p> <p>Recruitment for CLOs has historically been difficult. The distance to travel and location of the centre pose additional challenges to recruitment. At the time of the report, there was no dedicated CLO attending the centre. PCCC has now successfully recruited a Cultural Liaison Officer dedicated to the centre and the role commenced in late 2024.</p>





OFFICIAL

	<p>The QCS Murrumbidgee Cultural Centre (MCC) also 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 around cultural events.</p>
<p><b>Recommendation 3</b></p> <p>Palen Creek Correctional Centre improve its recording of the assessments and considerations required when determining shared-cell accommodation.</p>	<p>QCS' COPDs provide a consistent framework to direct staff in undertaking their duties throughout a prisoner's custodial episode. QCS has recently undertaken a review of the Prisoner Accommodation Management – Cell Allocation COPD to provide additional guidance to staff when undertaking a shared cell assessment. The amended COPD was approved on 28 February 2025.</p> <p>Individual facilities can develop Local Instructions where there is a specific need or practice at a local level that is not specifically accounted for in a COPD.</p> <p>PCCC is considering whether a Local Instruction can be implemented that encourages staff to obtain agreement from both prisoners that they are willing to enter into shared cell agreements and this will be documented in case notes. Training will be provided as well as reminders in morning briefs that this practice must occur when accommodating prisoners in shared cells.</p> <p>QCS notes that shared cell arrangements are likely to continue to be necessary to manage capacity across the system.</p>



OFFICIAL

<p><b>Recommendation 4</b></p> <p>Palen Creek Correctional Centre ensure compliance with the Corrective Services Regulation 2017 for prisoners in separate confinement for extended periods, to provide access to fresh air for at least two daylight hours per day, and facilities to maintain personal hygiene.</p>	<p>QCS takes its obligations under Section 4 of the <i>Corrective Services Regulation 2017</i> (CSR) and the <i>Human Rights Act 2019</i> seriously.</p> <p>PCCC staff aim to provide prisoners out-of-cell time where possible and ensure that obligations under section 4(1)(d) of the CSR are met such that a prisoner undergoing separate confinement is given an opportunity to exercise, in the fresh air for at least two daylight hours a day (unless advised otherwise by a health practitioner).</p> <p>PCCC makes every attempt to ensure prisoners are transferred out of the centre as soon as possible. The Escort and Security Branch (ESB) have since increased service provisions to the centre which enables prisoners to be moved from PCCC either the same day or the next.</p> <p>In compliance with section 4 (1)(a) of the CSR, a shower facility has been identified for use by prisoners to maintain personal hygiene when subject to a Safety Order and placed in the holding cell.</p> <p>Placing prisoners in holding cells is a temporary accommodation measure for prisoners who have demonstrated they cannot be appropriately managed outside of a secure environment. Such prisoners are placed in holding cells pending transfer out of PCCC to a secure facility. A Safety Order is generated each time a prisoner is placed in the holding cell.</p> <p>To ensure consistent documentation of human rights considerations and to meet obligations and requirements under the CSR and COPD, PCCC will also develop a Local Instruction to require staff to enter case notes to record when showers or out-of-cell movements are offered to and accepted by a prisoner, and to detail factors associated with occurrences where such movements cannot be facilitated.</p>
<p><b>Recommendation 5</b></p> <p>Palen Creek Correctional Centre ensure staff meet legislative obligations to inform a Cultural Liaison Officer and nominated contact person when a Safety Order is made for an Aboriginal or Torres Strait Islander person</p>	<p>QCS takes its legislative obligations seriously. It is acknowledged that Section 8 of the CSR is intended to act as a safeguard for the prisoner and that compliance is mandatory.</p> <p>Training sessions with PCCC Correctional Supervisors will be completed in the coming months to ensure that legislative obligations under Section 8 CSR are met - such that the CLO and the nominated contact person are informed when a Safety Order is made for an Aboriginal or Torres Strait Islander person. In recognising QCS's record keeping obligations, the training sessions will include Integrated Offender Management System (IOMS) training around the generation and attachment of Safety Orders to IOMS as well as the generation and recording of emails to notify the CLO and the nominated contact person when a Safety Order is made.</p> <p>PCCC is aware that the Borallon Training and Correctional Centre will create a generic mailbox for CLOs to receive Safety Order notifications and will consider whether this practice can also be implemented in PCCC.</p>



OFFICIAL

<p><b>Recommendation 6</b></p> <p>Palen Creek Correctional Centre implement a regular process to check the available materials in the legal resource room, including updating superseded versions of resources.</p>	<p>QCS is committed to providing prisoners access to legal resources to enable them to be informed when representing themselves or instructing their legal practitioners in relation to a legal proceeding.</p> <p>The COPD: <i>Prisoner Entitlements – Legal Resources</i> requires that primary and secondary legal information is 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.</p> <p>A new formal audit process has been established to ensure that approved prisoners have access to the current version of legislation in compliance with the COPD: <i>Prisoner Entitlements – Legal Resources</i>. The PCCC Education Officer will conduct quarterly audits of legislation availability on the Adult Education and Vocational Education and Training SharePoint to ensure these are readily available at prisoner request. Audit forms are completed and provided to the Borallon Training and Correctional Centre Senior Practitioner who endorses that the quarterly audit has been completed. 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 7 below). PCCC has ensured that all available resources available to prisoners are current.</p>
<p><b>Recommendation 7</b></p> <p>Queensland Corrective Services update the Custodial Operations Practice Directive: Prisoner Entitlements – Legal Resources to include:</p> <ul style="list-style-type: none"> <li>the Domestic and Family Violence Protection Act 2012</li> <li>Domestic and Family Violence Protection Regulation 2023</li> </ul> <p>Domestic and Family Violence Protection Rules 2014.</p>	<p>QCS 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>As at 20 February 2025, the <i>Domestic and Family Violence Protection Act 2012</i> and the <i>Domestic and Family Violence Protection Rules 2014</i> are listed amongst the range of legislation that must be made available (at a minimum) to prisoners in accordance with the COPD: <i>Prisoner Entitlements – Legal Resources</i>.</p> <p>The above legislation is currently available at PCCC's Legal Resource Centre, on request (in addition to other approved material), the <i>Domestic and Family Violence Protection Regulation 2023</i> is scheduled to be available in the coming months.</p>
<p><b>Recommendation 8</b></p> <p>Palen Creek Correctional Centre facilitate monthly Prisoner Advisory Committee meetings between</p>	<p>QCS recognises that having prisoners take a proactive role in decision-making processes about matters that impact them in custody can foster positive and meaningful outcomes. Doing so incorporates principles of fairness and legitimacy in decision-making, and it reinforces a prisoner's sense of dignity. QCS aims to achieve the inclusion of prisoners through the facilitation of Prisoner Advisory Committee (PAC) meetings. The purpose of PAC meetings is</p>






OFFICIAL

management and prisoner representatives from each unit.	to engage prisoners and provide a process for them to have input into the corrective services facility's functioning and to promote positive communication between facility management and prisoners. Since May 2024, PCCC has ensured PAC meetings occur monthly, which are then documented and retained as records.
<b>Recommendation 9</b> Metro South Hospital and Health Service develop a frontline complaint and feedback mechanism that allows frontline operational staff at Palen Creek Correctional Centre to respond directly to prisoner complaints.	Recommendation for the Metro South Hospital Health Service (MSHHS). QCS will engage with MSHHS as required.
<b>Recommendation 10</b> Queensland Corrective Services and Palen Creek Correctional Centre develop easy-read versions of complaint documents available to prisoners.	<p>QCS recognises that prisoners come from diverse cultural backgrounds and have varied levels of literacy and functional capacity. QCS is committed to delivering high quality services that respond to the needs of prisoners and acknowledges that there is value in the benefits of effective complaint handling, and that prisoners should be able to provide feedback about the ways services are provided.</p> <p>As part of the revised induction handbook which is designed to be 'easy-read' and accessible, information regarding the prisoner complaints process will be included. PCCC has initiated a mailbox at the centre specifically to receive prisoner complaints. Those complaints are sent directly to the General Manager based at Borallon Training and Correctional Centre without any travel through officers at PCCC, in an effort to increase QCS' responsiveness to such complaints.</p>
<b>Recommendation 11</b> Palen Creek Correctional Centre record and track requests submitted via paper-based forms, as observed with the shop-front request book.	<p>QCS recognises the importance of timely and accurate record keeping as part of our accountability and transparency obligations as a public entity. Prisoner requests at PCCC are currently recorded on a spreadsheet. Such requests are received via paper, verbally or they can be initiated by staff.</p> <p>A trial for managing prisoner request forms is currently underway at Southern Queensland Correctional Centre, 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>



OFFICIAL	
<p><b>Recommendation 12</b></p> <p>Palen Creek Correctional Centre use available options in the Custodial Operations Practice Directive: Breach of discipline as a response to breaches that considers the environment in which the centre is set and does not result in return to a secure prison where the risk can be managed in the low-security prison.</p>	<p>QCS recognises that managed progression of prisoners to low custody where appropriate can assist in a prisoner's safe reintegration into the community upon their release from custody.</p> <p>These are event-based decisions which are guided by COPD requirements. If a prisoner has been found guilty of an offence and in-turn is breached, individual assessments are conducted with consideration to the prisoner's human rights, and what an appropriate restriction may be in a low-security centre. These are based on the severity of the incident, and if the risk can be managed locally, or if the prisoner may be required to return to a secure accommodation setting. Prisoners are able to request a review of the breach and its outcome, as outlined by COPD requirements.</p>
<p><b>Recommendation 13</b></p> <p>Queensland Corrective Services ensure prisoners returned to a secure prison after being at this low-custody prison are issued with a placement decision and information on how they can seek review of the decision in accordance with Custodial Operations Practice Directive: Sentence Management – Classification and Placement.</p>	<p>QCS will conduct a review of the current process to ensure COPD compliance.</p>



Page 7 of 12 | PCCC DSU Draft Inspection Report – QCS Response to Proposed Recommendations

<p><b>Recommendation 14</b></p> <p>Palen Creek Correctional Centre should complete a condition assessment of all buildings, and request maintenance, repairs and replacement of fittings and fixtures as required through building management services.</p>	<p>Throughout 2023-24, QCS undertook a comprehensive condition audit of all correctional centres, including low security centres. As a result, PCCC has been identified as eligible to receive infrastructure upgrades, refurbishment, and additional infrastructure. Systems are currently in place for PCCC to action maintenance requests and repairs for fixtures.</p> <p>This is tracked through the PCCC Advisor Business Services in conjunction with QCS Infrastructure and QBuild.</p>
<p><b>Recommendation 15</b></p> <p>Palen Creek Correctional Centre expand and increase the pro-social aspects of the current visit program and consider providing prisoners and visitors access to the grassed areas.</p>	<p>QCS acknowledges and recognises the importance of visits to prisoners and the importance of prisoners maintaining meaningful connections with family members while they are in custody, particularly between incarcerated parents and children.</p> <p>QCS funds Visitor Transport Services to all correctional centres. These bus services are available to families and friends of incarcerated offenders and operate from the major metropolitan areas close to each correctional centre. In recognition of the important role that family and friends can play in a prisoner's successful rehabilitation, the following actions have also been taken regarding Visitor Transport Services to support access to the current visits program:</p> <ul style="list-style-type: none"><li>• A Visitor Transport Services poster was emailed to PCCC to be displayed in visits area and appropriate common areas.</li><li>• During a recent site visit, PCCC staff attended a briefing session on ORMS and Offender Services where the Visitor Transport Service was outlined.</li><li>• Consultation has occurred regarding the availability of special visits, and contract changes which appear to have uplifted use of this service.</li></ul> <p>Offender Services will monitor Visitor Transport Services usage and will amend the current contract as required to support uptake of this service.</p> <p>PCCC has also sourced additional tables that are placed on the grassed area at visits for utilisation by prisoners and visitors during their visitation.</p>



OFFICIAL

<p><b>Recommendation 16</b></p> <p>Palen Creek Correctional Centre expand the number of visit sessions and availability of virtual personal visits to meet anticipated increase in demand as prisoner numbers increase.</p>	<p>As indicated above, QCS recognises the important role that friends and family can play in a prisoners' successful rehabilitation and the significance of prisoners maintaining meaningful connections while they are in custody. In recognition of this, an additional afternoon session for Virtual Personal Visits has been implemented.</p>
<p><b>Recommendation 17</b></p> <p>Metro South Hospital and Health Service should increase prisoner access to:</p> <ul style="list-style-type: none"> <li>a) oral health services, including preventative and restorative dental care, by allocating additional resources to the centre until the need is met.</li> <li>b) allied health services, including optometry and physiotherapy, by allocating additional resources to the centre until the need is met.</li> </ul>	<p>This is a recommendation for Metro South Hospital and Health Service. QCS will engage with Metro South Hospital and Health Service as required.</p>
<p><b>Recommendation 18</b></p> <p>Queensland Corrective Services increase prisoner access to mental health programs at Palen Creek Correctional Centre.</p>	<p>QCS, in collaboration with Queensland Health, is committed to ensuring the timely delivery of health services for prisoners and acknowledges the distinct vulnerabilities and needs of prisoners. Queensland Health 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>The Psychological Services Redesign Project has been initiated to address recruitment and retention challenges of the mental health service delivery workforce within Queensland correctional centres. Recognising the increasing demands on mental health and disability services, this project seeks to expand the current psychological services workforce and build upon the current service model to include other allied health disciplines including social work.</p>





OFFICIAL

	and occupational therapy. One of the aims the project seeks to achieve is increasing prisoners' access to mental health services.  At current, a model has been developed for high-secure centres with the project team currently examining and developing options for a low-custody workforce model with goals to enhance access to services, including wellbeing programs, and strengthen support for the mental health services workforce. This is scheduled to progress for implementation within 2025.
<b>Recommendation 19</b> Metro South Hospital and Health Service and Queensland Corrective Services consult on a new process for supporting prisoners to access outpatient treatment at local hospitals, such as Beaudesert or Logan Hospitals.	Metro Hospital and Health Service are responsible for the provision of specialist outpatient services, having regard to the established clinical prioritisation criteria. Accordingly, this is a recommendation for Metro South Hospital and Health Service. QCS will engage with Metro South Hospital and Health Service as required.
<b>Recommendation 20</b> Metro South Hospital and Health Service and Palen Creek Correctional Centre implement an alternative location for the administration of Opioid Substitution Treatment.	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. QCS operates within the constraints of the infrastructure and resources available in corrective services facilities, including PCCC.  A new clinic and administration building is scheduled to be developed at PCCC in 2025. This new infrastructure will provide additional rooms and space in which Metro South Hospital and Health Service could provide medication, including the administration of Opioid Substitution Treatment.
<b>Recommendation 21</b> Queensland Corrective Services expand the substance misuse interventions currently provided to prisoners at Palen Creek Correctional Centre to include: <ul style="list-style-type: none"><li>• one-on-one counselling</li></ul>	QCS acknowledges that illicit drug use has been identified as a leading factor in re-offending. Substance abuse programs offered to prisoners are a part of a suite of interventions aimed at reducing reoffending, however it is also recognised that programs are required to address the specific and complex needs of Aboriginal and Torres Strait Islander prisoners and offenders.  The Offender Rehabilitation and Management Services (ORMS) are investigating a culturally specific program for First Nations Prisoners. Program planning is currently in progress to expand substance misuse intervention to PCCC in 2025. This includes targeted First Nations programs. This will be factored into program allocations for next year.



OFFICIAL

<ul style="list-style-type: none"> <li>increased availability of substance intervention programs</li> <li>the Straight Talk program or other culturally specific substance intervention programs.</li> </ul>	<p>There is also an in-flight project to review and refine the Alcohol and other Drugs (AOD) service delivery model across QCS, with procurement currently underway. Individual counselling through current contract providers is not an option, however individual counselling is being considered in the new procurement of AOD services which are on track for implementation in the second half of 2025-26.</p>
<p><b>Recommendation 22</b></p> <p>Queensland Corrective Services introduce body scanners at Palen Creek Correctional Centre to reduce and eliminate the need for routine searches to require the removal of clothing.</p>	<p>QCS is currently conducting a trial of non-invasive screening technology at Brisbane Women's Correctional Centre. This technology minimises the need to conduct routine removal of clothing searches. The outcomes of this trial will be considered when complete.</p>
<p><b>Recommendation 23</b></p> <p>Palen Creek Correctional Centre ensure that all monitored personal calls from prisoners are recorded within the relevant registers as required by the Custodial Operations Practice Directive: Prisoner Entitlements – Prisoner Communications.</p>	<p>PCCC has moved to a contemporary prisoner telephone service that utilises the Unity System. This system automatically captures phone call information and stores this for review in the event that a personal phone call is to be monitored. Additionally, PCCC has established Intelligence staff who monitor and maintain telephone records in accordance with <i>COPD: Prisoner Entitlements – Prisoner Communications</i>.</p>
<p><b>Recommendation 24</b></p> <p>Queensland Corrective Services ensure training and education that addresses digital literacy skills is available for prisoners at low custody centres of all language and numeracy</p>	<p>QCS acknowledges the valuable role that education and vocational education and training, including digital literacy and technology, plays in rehabilitation, employment and reintegration to society following a prisoners' release from custody.</p> <p>QCS has implemented a new Standardised Education model from 1 July 2024. The course <i>Use Digital Technology for Routine &amp; Simple Workplace Tasks</i> (FSKD/G002) is included in this model. This unit applies to individuals who use, or are preparing to use, digital skills to complete workplace activities by identifying and interpreting technical instructions and setting up and applying a range of digital technologies. PCCC has scheduled this unit to be run four times in the 2024/25 financial year.</p>



OFFICIAL

competencies, not just those capable of completing tertiary study.	
<b>Recommendation 25</b> Queensland Corrective Services develop a clear procedure for determining rates of pay for prisoner employment. Pay should be matched to a percentage of the national minimum wage and increased in line with inflation.	Prisoner payments are periodically reviewed and tied to the Consumer Price Index which QCS understands is in line with inflation. Prisoner payments are currently scheduled for review.
<b>Recommendation 26</b> Queensland Corrective Services develop a pilot work-release program at low custody centres to enhance rehabilitation and employability outcomes for prisoners.	QCS acknowledges that employment and similar programs such as work camps provide prisoners with an opportunity to make reparation to communities, gain valuable skills and promotes successful prisoner rehabilitation leading to greater community safety. The feasibility of piloting a work-release program from a low-custody centre would require further consideration by QCS from a legislative perspective.
<b>Recommendation 27</b> Palen Creek Correctional Centre develop an action plan to improve recordkeeping for its operations.	QCS recognises its recordkeeping obligations and accepts it is necessary to ensure that operational activities are adequately documented.  The Deputy General Manager, PCCC is in the process of reviewing centre records and creating governance processes in response to this recommendation. As part of this review and governance process, an audit schedule has been created which provides local oversight of record keeping for operations.



## Appendix B: Queensland Health submission



Enquiries to: Graham Kraak  
Director  
Office for Prisoner Health and  
Wellbeing  
Telephone: [REDACTED]  
File Ref: C-ECTF-25/2510

Queensland Health

Mr Anthony Reilly  
Queensland Ombudsman and Inspector of Detention Services  
Office of the Queensland Ombudsman  
GPO Box 3314  
Brisbane QLD 4001

Email: [inspector@ombudsman.qld.gov.au](mailto:inspector@ombudsman.qld.gov.au)

Dear Mr Reilly

Thank you for your letters dated 7 February 2025, to the Honourable Tim Nicholls MP, Minister for Health and Ambulance Services and Director-General, Queensland Health regarding the draft report of findings from the inspection conducted at Palen Creek Correctional Centre, which have been referred to me for attention.

I appreciate the opportunity to review the draft report and provide a response and update about improvements that have progressed since the inspection in March 2024. My apologies for the delay in responding. I am advised that a meeting has occurred between staff in your office and the Office for Prisoner Health and Wellbeing to discuss detailed feedback on the draft report.

Queensland Health welcomes the findings of the Inspection Report and has taken the following actions to address a number of issues raised in the Report, including:

- Further promoting the use of the easy-read version of the prisoner health request form to all prisoner health services in Queensland;
- Supporting the implementation of the Prisoner electronic Medical Record into three sites at the time of writing, with implementation to be completed in late 2025. Palen Creek implementation is scheduled for 21 May 2025;
- Working with Queensland Corrective Services to streamline internal complaints processes and ensure frontline health staff are able to respond directly to patient concerns;
- Under Better Care Together – a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027, an additional \$15.1 million has been allocated over 5 years to expand and enhance prison mental health services;
- An optometry service provider has been secured for Palen Creek and has commenced operation; and
- Working with Queensland Corrective Services to plan health infrastructure upgrades at Palen Creek to improve patient access to healthcare and support patient confidentiality.

Importantly, the Memorandum of Understanding for Prisoner Health Services between Queensland Health and Queensland Corrective Services states health services for prisoners are to be provided by the relevant Hospital and Health Service up to and including the Hospital and Health Service's clinical capability.

Level 14  
33 Charlotte Street  
Brisbane  
GPO Box 48 Brisbane  
Queensland 4000  
Australia

Telephone +61 7 3708 5342  
Website <https://clinicalexcellence.qld.gov.au>  
Email [DDGCEO@health.qld.gov.au](mailto:DDGCEO@health.qld.gov.au)  
ABN 66 329 169 412

The Memorandum of Understanding requires that telehealth services will be used where clinically appropriate and available to avoid transfers outside the correctional centre. Services that are within the Beaudesert Hospital clinical services capability framework should be available to the everyone in the hospital's geographical catchment, including prisoners.

Should you require further information, please contact [REDACTED], Director Office for Prisoner Health and Wellbeing on telephone [REDACTED]

Yours sincerely



**DR HELEN BROWN** MB BCh BAO, FRACP, MPhil  
**Deputy Director-General**  
**Clinical Excellence Queensland**  
16/04/2025

## Appendix C: Office of the Health Ombudsman submission



8 April 2025

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

By email: [executive@ombudsman.qld.gov.au](mailto:executive@ombudsman.qld.gov.au)  
Cc: [Inspector@ombudsman.qld.gov.au](mailto:Inspector@ombudsman.qld.gov.au)

Dear Inspector Reilly

### **Palen Creek Correctional Centre Inspection Report**

Thank you for your correspondence of 19 March 2025 within which you provided a copy of the draft inspection report following your inspection of the Palen Creek Correctional Centre (PCCC) and an invitation to provide a submission in response to the report.

Thank you also for the opportunity to provide a response to some of the areas of concern, specifically in relation to the 'Prisoner Complaints and Requests' and 'Health and Support' components of the report.

I note the relevant Inspector of Detention Services (IDS) standards are 4, 24, 25, 65, 67, 68, 69, 70, 72, 73, 74 and 75.

I can provide responses as follows.

**Prisons and health service providers have effective, transparent and confidential complaint processes in place for prisoners and staff. Prisoners can make requests and lodge complaints without being victimised and can appeal decisions easily**

#### **Prisoner Complaints and Requests comments:**

I note you identified that prisoners are informed of the health complaints process upon admission, that there were no complaint forms available for prisoners with low-level literacy and the current forms may not be easily understood.

I also note you were told that to make a complaint about health services, prisoners could complete a 'Have your say' card, which is followed up by the client liaison officer from Metro South Hospital and Health Service (MSHHS). The process is that the officer investigates the matter and requests feedback from the nursing or medical lead. The prisoner is then contacted by the client liaison officer, and a response is provided. Should they feel their concerns have not been addressed, the officer informs prisoners they can take their complaint to the Office of the Health Ombudsman.

I agree with you that while the 'Have your say' card process is aimed at addressing complaints, it is not a clear format for a local level resolution in that nursing staff at the centre do not have the

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

[www.oho.qld.gov.au](http://www.oho.qld.gov.au)



opportunity to address concerns or issues directly with prisoners. Having the opportunity to resolve concerns or complaints at an early and local stage may result in a timely outcome for consumers. I would support your recommendation that MSHHS develop a process to address this gap.

Further to the above, I also support your additional two recommendations which are:

- Queensland Corrective Services and Palen Creek Correctional Centre develop easy-read versions of complaint documents available to prisoners
- Palen Creek Correctional Centre record and track requests submitted via paper-based forms, as observed with the shop-front request book. I note this would ensure tracking of requests submitted by prisoners (non-health service related process).

My office has recently developed Easy English complaint resources and will be looking at expanding this suite of resources to increase the accessibility of the OHO services to different population groups, including prisoners.

Standards address the health and support the consumers receive while at the centre. It considers their physical and mental health, substance use treatments, and subsequent support offered.

**Prisoner Health and Support comments:**

Of note within your report, MSHHS is responsible for the delivery of health services at the PCCC and it is pleasing to see that you were advised a doctor attends the centre three days per fortnight to hold medical clinics, which appear to address medical issues promptly within the centre - as opposed to a security prison.

Further, MSHHS advised that prisoners usually receive an appointment with the doctor within two to three weeks of making a request and I was particularly reassured to see that the centre is now receiving visitations from the Aboriginal and Torres Strait Islander Health Liaison Officer from the Beaudesert Hospital. I agree with the intention which is to provide an avenue for First Nations prisoners to speak with an Aboriginal and Torres Strait Islander person whose position is to advocate and support the men, ensure ongoing cultural support, and assist in creating a culturally appropriate approach to men's health care at the centre.

Initial health assessments

I note your advice that prisoners are assessed for health care needs and medication management within 24 hours and nursing staff are required to undertake a risk assessment, including reviewing documentation and interviewing prisoners.

I note your concern that often health information is not transferred with prisoners and there are still paper-based systems in place and I agree this is a fundamental concern for continuity of care. However, as you note, while paper-based files pose a significant risk to the continuity of prisoner care, the development of the electronic prisoner medical record is underway, with a go-live date of mid-2025. Further, the risk is somewhat mitigated by the health staff's ability to receive a faxed copy of the prisoner's chart from their previous centre for use until the original copy arrives.

Initial psychological assessments and access to mental health services

I note your advice that whilst there is not a psychologist available each day, counsellors are available each week day and you confirm that prisoners are receiving appropriate initial psychological assessments. Thank you for this advice and for the recommendation you have made



that prisoners at the PCCC have increased access to mental health services. I would agree that there needs to be an onsite psychologist available and the implementation of a mental health nursing resource / framework as well.

#### Access to specialist health services

I note your concerning advice that during the onsite inspection, you found prisoners have no or limited access to allied health care at the centre, including optometry and physiotherapy services and that MSHHS, staff and prisoners at the centre, have confirmed this. While optometry services are supposed to be in place, MSHHS advised they were experiencing ongoing challenges in organising access to them and were continuing to investigate solutions. Similarly, you also found concerns with access to dental care and noted some obvious delays for prisoner treatment.

I am aware that these same issues exist in many other correctional centres and I would agree with your recommendations in relation to access to specialist health services, specifically that MSHHS should increase prisoner access to:

- oral health services, including preventative and restorative dental care, by allocating additional resources to the centre until the need is met
- allied health services, including optometry and physiotherapy, by allocating additional resources to the centre until the need is met.

#### Access to health services at surrounding hospitals

It was interesting to review this part of your report and to note that prisoners requiring specialist medical treatment or inpatient care must go to the Princess Alexandra Hospital (PAH), due to staffing limitations at the centre. Prisoners are required to transit through Brisbane Correctional Centre (BCC). This requires prisoners to be escorted to BCC and then accommodated there for the prisoner's period of treatment - upon completion of the treatment, the prisoner would then be escorted back to PCCC. It is a concern that this is leading to many prisoners refusing treatment because they do not wish to be accommodated at BCC for an extended period.

I note you asked why prisoners could not be treated at the Beaudesert Hospital instead of the PAH and the response was that there is no policy in place to admit a prisoner overnight and that there is a lack of specialist medical practitioners at that hospital compared with the PAH.

I support your recommendation that MSHHS and Queensland Corrective Services (QCS) consult on a new process for supporting prisoners to access outpatient treatment at local hospitals such as Beaudesert or Logan Hospitals.

#### Substance use treatment program

The statistics you have provided within your report were very helpful in understanding the context in relation to substance abuse and specifically in relation to PCCC. It was positive to see that MSHHS is funded to provide OST to prisoners. I share the serious concern that you identified that due to inadequate clinic spaces, you observed prisoners receiving OST injections in the staff kitchen which is highly inappropriate and not a standard that any service provider in the community would accept.

I support your recommendation that MSHHS and PCCC implement an alternative location for the administration of OST to preserve the privacy and dignity of the consumers.

Further to this, it was pleasing to see that the centre offers prisoners access to the therapeutic drug and alcohol programs. I note that these programs are delivered by an engaged service provider, Queensland Injectors Health Network (QulHN) Ltd, an independent not-for-profit providing a range of specialist social and medical services relating to alcohol, other drug use and mental health.

I agree with your recommendation that Queensland Corrective Services expand the substance misuse interventions currently provided to prisoners at Palen Creek Correctional Centre to include:

- one-on-one counselling
- increased availability of substance intervention programs
- the Straight Talk program or other culturally specific substance intervention programs.

Thank you for the opportunity in allowing the OHO to formally response to the concerns you identified during your inspection. The planning, inspections and reporting on these issues is incredibly valuable in assisting the OHO with the provision of high quality health services in Queensland.

If you have any questions, or require any further information, please do not hesitate to contact myself or [REDACTED] at [REDACTED]

Yours sincerely



Dr Lynne Coulson Barr OAM  
Health Ombudsman





QUEENSLAND  
OMBUDSMAN

Inspector of  
Detention Services

