

Inspector of Detention Services



**Brisbane Correctional Centre  
inspection report**

April 2026



**Nathaniel Chapman**

***Leaving Our Mark (2023)***

Digital artwork (cover uses elements)

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Nathaniel Chapman is a Goenpul/Yagara man from Minjerribah (North Stradbroke Island) and Magandjin (Brisbane) with ancestral ties to the Wambia Tribe in the Northern Territory and Wakka Wakka Country in Eidsvold, Queensland.

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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.

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**Authority**

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

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# Snapshot

Brisbane Correctional Centre (the centre) is located in the Brisbane suburb of Wacol on the traditional land of the Yuggera and Ugarapul peoples.

Although operating as a reception centre for prisoners awaiting placement at another prison, the length of time prisoners stay at the centre has increased. This has resulted in significant overcrowding and there have been limited infrastructure changes implemented to address the increase in prisoner numbers at the centre. Due to overcrowding, prisoners are locked in their cells with their cellmate for around 20 hours each day.

Our inspection found positive practices at the centre, which indicated that most staff are doing their best in these challenging circumstances. These include:

- Reception staff work effectively in a busy environment with limited space.
- Staff in the specialised units demonstrated a trauma-informed approach.
- Use of force incidents are managed appropriately and practice improvements identified and implemented.
- Visit staff treated visitors with respect and visit applications were processed efficiently.
- Escort officers treated prisoners attending hospital with compassion.

We have also made recommendations about areas for improvement, many of which are associated with the issues of overcrowding and limited infrastructure in the centre, including:

- reviewing bullying and violence reduction policies to consider the impact of overcrowding
- ensuring all prisoners have access to purposeful activity, clear and accurate information about education opportunities, and increased opportunities for employment
- developing an action plan based on the Queensland Corrective Services (QCS) *Drug and Alcohol Strategy 2020-2025* to reduce demand and harm
- reviewing record management processes
- reviewing the medical centre facilities to ensure it can provide community equivalent services to the number of men at the centre.

At a system level, we also identified that QCS should:

- address overcrowding and reduce the use of modified unit routines
- improve decision-making processes for shared cell accommodation, including processes to identify prisoners under investigation for sexually assaulting other prisoners
- review options for increasing staff presence in the units at night
- review programs offered to prisoners and ensure waitlists are managed appropriately.

# Brisbane Correctional Centre

Brisbane Correctional Centre (the centre) is a secure facility for male prisoners. It accommodates prisoners on remand primarily but can also accommodate sentenced prisoners. The centre also acts as a transit prison for men who are being treated at the Princess Alexandra Hospital but are being held in another prison. As prisoner numbers have grown, it has moved from being primarily a reception centre to accommodating both remand and sentenced prisoners.

The centre offers substance use and resilience programs, and prisoners can access education courses delivered within the centre and external self-paced courses. Prisoners are also employed at the centre in jobs including the laundry, kitchen, bulk store and landscaping/groundskeeping work. Essential workers remain in the centre for longer periods of time.

The centre is one of only 3 prisons in Queensland to also have a maximum security unit.



## Location

Brisbane Correctional Centre is located in the Brisbane suburb of Wacol, approximately 17 km south-west of the central business district on the traditional land of the Yuggera and Ugarapul peoples.



## Onsite inspection dates

2-6 December 2024

On 2 December 2024,  
the centre had:



**892**  
prisoners



**560**  
cells



**1,014**  
beds



**26%** of prisoners at the centre identifying as Aboriginal men or Torres Strait Islander men



an operating capacity of  
**996** (number of prisoners the centre is approved to hold)



As of June 2024, the  
centre was operating  
and accommodating:

**168%**

more prisoners than the  
number of purpose-built  
cells available



## Medical

The Brisbane Correctional Centre medical centre is managed by West Moreton Hospital and Health Service.

# Recommendations

## Recommendation 1

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Recommendation withdrawn.

## Recommendation 2

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Brisbane Correctional Centre ensures that prisoners receive their reception call within 24 hours of admission.

## Recommendation 3

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

## Recommendation 4

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Brisbane Correctional Centre improves the induction process by:

- a) reviewing the effectiveness of changes made to the induction process
- b) providing the Prisoner Induction Handbook to all prisoners
- c) delivering it in a way that meets the needs of prisoners by using visual aids, a centre specific easy-read version of the Prisoner Induction Handbook, and other resources
- d) amending the induction program to include a discussion about sexual assault and ensure all topics in the Custodial Operations Practice Directive: Reception Processes – Admission and Assessments are covered.

## Recommendation 5

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Recommendation withdrawn.

## Recommendation 6

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Brisbane Correctional Centre ensures that legal resources are current and accessible to all prisoners.

## Recommendation 7

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Queensland Corrective Services and Brisbane Correctional Centre soundproof the interview rooms at the centre to ensure privacy for conversations held in those rooms.

## Recommendation 8

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Brisbane Correctional Centre ensures that maximum security unit staff maximise opportunities for meaningful interactions with prisoners. Where it is safe and possible to do so, interactions about sensitive matters should be face-to-face in a private setting to enable open communication. Where face-to-face interactions are offered but declined by the prisoner, this should be recorded in their case notes.

### Recommendation 9

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Brisbane Correctional Centre ensures that:

- a) maximum security unit prisoners have access to purposeful activities and exercise equipment
- b) access to exercise equipment is based on individual risk assessments
- c) out-of-cell time is monitored for maximum security unit prisoners, and staff proactively develop interventions for prisoners who consistently refuse out-of-cell time
- d) withdrawn.

### Recommendation 10

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Queensland Corrective Services prioritises the development of strategies to improve the completion and recording of cell sharing risk assessments as required by the Custodial Operations Practice Directive: Prisoner Accommodation Management – Cell Allocation.

### Recommendation 11

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Queensland Corrective Services ensures the safety of prisoners by auditing the Integrated Offender Management System record of all prisoners charged with a sexual offence while in custody to ensure they are not sharing a cell.

### Recommendation 12

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Queensland Corrective Services ensures the safety of prisoners by:

- a) amending the Custodial Operations Practice Directive: Prisoner Accommodation Management – Cell Allocation to make it clear that prisoners must not share a cell if they have been charged with or convicted of sexually assaulting another prisoner in custody
- b) developing a way for staff to easily identify prisoners who cannot share a cell because they are under investigation for sexually assaulting another prisoner while in custody or have been charged with or convicted of sexually assaulting another prisoner.

### Recommendation 13

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Brisbane Correctional Centre reviews its Violence Prevention Framework to include ways to reduce bullying and violence that may occur as a result of overcrowding in the centre.

### Recommendation 14

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Brisbane Correctional Centre improves the blue letter process by ensuring that responses address all of the prisoner's concerns and where substantiated, provide an explanation to the prisoner about how the issue occurred.

### Recommendation 15

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Brisbane Correctional Centre formalises the Prisoner Advisory Committee process, ensuring that scheduled meeting dates are set out in advance and members are provided with meeting agendas, minutes for previous meetings and outcomes of issues raised.

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### Recommendation 16

Brisbane Correctional Centre ensures that prisoners can access request forms in all units and that staff support prisoners in submitting requests.

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### Recommendation 17

Queensland Corrective Services investigates the implementation of in-cell technology to more efficiently manage prisoner requests.

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### Recommendation 18

Brisbane Correctional Centre delivers additional training to all staff to encourage pro-social engagement and improved service delivery.

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### Recommendation 19

Recommendation withdrawn.

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### Recommendation 20

Brisbane Correctional Centre ensures that:

- a) out-of-cell time is accurately recorded
- b) the modified unit routine is amended so that out-of-cell time allows prisoners equitable access to services and privileges.

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### Recommendation 21

Queensland Corrective Services conducts a statewide review of the use of modified unit routines to identify:

- a) improvements to the current modified unit routines such as (but not limited to) alternating unlock times or rotating one prisoner out of each cell at a time
- b) alternative strategies for reducing the effects of overcrowding on prisoners and increasing the amount of out-of-cell time provided.

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### Recommendation 22

Brisbane Correctional Centre improves and monitors the efficiency of processing prisoner phone contact applications and monitors changes to prevent backlogs.

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### Recommendation 23

Brisbane Correctional Centre improves visits by:

- a) ensuring contact visits are not affected by weather conditions
- b) providing non-contact booth facilities and Virtual Personal Visits that reduce the likelihood of conversations being overheard by other visitors and prisoners.

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### Recommendation 24

Brisbane Correctional Centre ensures that redeployment of activities officers occurs only as a last resort.

### Recommendation 25

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Queensland Corrective Services and Brisbane Correctional Centre provide suitable gym equipment for prisoners at Brisbane Correctional Centre.

### Recommendation 26

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Brisbane Correctional Centre provides prisoners on the oval with sun protection and access to water.

### Recommendation 27

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Brisbane Correctional Centre ensures that all prisoners have access to a range of art, craft and hobby activities and that prisoners from priority groups are given opportunities to participate in cultural activities suited to their needs.

### Recommendation 28

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Brisbane Correctional Centre maintains an updated library catalogue and ensures that all prisoners are able to access the library and its resources.

### Recommendation 29

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Brisbane Correctional Centre ensures that the Food Safety Plan sets out:

- a) the process for ensuring all food is properly cooked
- b) a consistent method for ensuring food is served to prisoners at an appropriate temperature.

### Recommendation 30

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Brisbane Correctional Centre repairs the seals on the delivery boxes to ensure appropriate food temperatures are maintained during delivery to the units.

### Recommendation 31

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Brisbane Correctional Centre reviews how requests for religious items are processed to ensure these are managed in a timely and consistent manner.

### Recommendation 32

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Queensland Corrective Services provides chaplaincy services for Muslim prisoners to allow them to practise their religion.

### Recommendation 33

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Queensland Corrective Services commissions an independent review all prisoner wages and allowances to ensure they are adjusted in line with inflation and matched to a percentage of the national minimum wage.

### Recommendation 34

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Recommendation withdrawn.

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### Recommendation 35

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Queensland Corrective Services provides a new medical centre that:

- a) allows the provision of services to the current population at the centre, and allows for future growth in prisoner numbers
- b) includes consultation rooms for patient privacy and confidentiality
- c) includes workspaces for staff in line with workplace health and safety requirements
- d) prevents prisoners in the waiting room from observing other prisoners receiving treatment.

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### Recommendation 36

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Brisbane Correctional Centre and West Moreton Hospital and Health Service develop a written agreement that outlines how the 2 agencies will work together to maintain privacy and confidentiality for prisoners without compromising safety.

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### Recommendation 37

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West Moreton Hospital and Health Service provides training to healthcare staff to ensure that:

- a) language used when referring to prisoners is respectful
- b) staff have an awareness of personal biases that may impact communication with prisoners and service delivery.

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### Recommendation 38

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Brisbane Correctional Centre ensures that:

- a) hand and mouth checks and cup/water bottle inspections are conducted when administering medication to prisoners
- b) when administering medications to prisoners locked in their cell, staff identify them using their Integrated Offender Management System offender number, last name, date of birth and muster book photo
- c) cell doors are opened to deliver medication to cells that do not contain a hatch.

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### Recommendation 39

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West Moreton Hospital and Health Service provides a system for delivering medication to the units that complies with health and safety requirements.

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### Recommendation 40

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West Moreton Hospital and Health Service provides an automated medication dispensing system at Brisbane Correctional Centre.

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### Recommendation 41

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Brisbane Correctional Centre expands the range of cultural activities available to Aboriginal prisoners and Torres Strait Islander prisoners, including music, art, dance and ceremonies.

### Recommendation 42

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Brisbane Correctional Centre provides an appropriate venue for the Elders program that is culturally safe, protects participants from weather conditions and has adequate toilet facilities.

### Recommendation 43

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Queensland Corrective Services improves its practices to ensure prisoner safety at night by:

- a) reviewing options for increasing staff presence in the units, and
- b) implementing measures that require staff to regularly monitor prisoners and identify and respond to risks as they occur.

### Recommendation 44

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Brisbane Correctional Centre ensures that officers use the muster book to confirm the identity of all prisoners during musters.

### Recommendation 45

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Brisbane Correctional Centre develops a clear approach to the use of in-cell CCTV monitoring that:

- a) outlines when a prisoner requires in-cell monitoring using CCTV
- b) informs prisoners when in-cell CCTV cameras are not in use or not being monitored by staff
- c) provides training for staff on the process to be followed when a prisoner covers their in-cell camera.

### Recommendation 46

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Queensland Correctional Services and Brisbane Correctional Centre ensure the CCTV system in use is fit for purpose.

### Recommendation 47

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Brisbane Correctional Centre reviews the operating system used in the control rooms to ensure officers can efficiently and effectively manage movements across the centre. The operating system must be updated if it cannot be effectively maintained.

### Recommendation 48

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In consultation with West Moreton Hospital and Health Service, Brisbane Correctional Centre develops an action plan based on the Queensland Corrective Services *Drug and Alcohol Strategy 2020-2025* to:

- a) address the unique issues faced by a reception and remand centre
- b) provide targeted interventions aimed at reducing demand and harm.

### Recommendation 49

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Brisbane Correctional Centre ensures that prisoners are never subjected to strip searches as a staff training tool, and records for removal of clothing searches meet legislative requirements.

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### Recommendation 50

Queensland Correctional Services reviews the outcome of the body-scanning technology trial at Brisbane Women's Correctional Centre to consider implementing this technology in all correctional centres to remove the need for removal of clothing searches.

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### Recommendation 51

Brisbane Correctional Centre:

- a) advises all visitors at the time of booking that they require approval and a medical certificate to bypass the roto-turn if they have a metal implant
- b) ensures that there is a consistent process for managing visitors with metal implants who arrive at the centre for their first visit without a medical certificate and approval to bypass the roto-turn.

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### Recommendation 52

To support rehabilitation, Queensland Corrective Services reviews the criminogenic and reintegration programs offered to prisoners at Brisbane Correctional Centre. This review should consider how program sizes and waitlists are managed in the centre with reception and remand prisoners.

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### Recommendation 53

Queensland Corrective Services produces accurate information about education courses that can be provided to prisoners in a format that is accessible to all prisoners, including those who may have difficulty reading.

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### Recommendation 54

Brisbane Correctional Centre encourages and supports the completion of literacy and numeracy assessments to support enrolment in education courses and ensures vacancies are filled by prisoners with the greatest need.

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### Recommendation 55

Queensland Corrective Services supports Brisbane Correctional Centre to improve opportunities for employment by:

- a) increasing the number of available employment opportunities, including addressing inequality for protection prisoners
- b) ensuring that prisoner unit workers undertaking the same duties as prisoners in a paid role are remunerated and do not work as unpaid volunteers.

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### Recommendation 56

Brisbane Correctional Centre improves the transparency of employment decisions by:

- a) advising prisoners of the reasons why their employment application has been refused
- b) introducing an oversight mechanism for unit workers to ensure decisions about recruitment and termination are fair and consistent.

### **Recommendation 57**

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Brisbane Correctional Centre provides training for all staff so that they understand the circumstances and process for engaging professional interpreter and translation services for prisoners with an inability or limited ability to speak or understand the English language.

### **Recommendation 58**

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Brisbane Correctional Centre develops an evidence-based local operational plan tailored to the specific needs of the centre's prisoner population.

### **Recommendation 59**

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Brisbane Correctional Centre reviews its record management processes and develops an action plan to address issues identified.

# Introduction

## Brisbane Correctional Centre

Brisbane Correctional Centre (the centre) is located in the Brisbane suburb of Wacol, approximately 17 km south-west of the central business district on the traditional land of the Yuggera and Ugarapul peoples.

The centre originally opened in 1998 and was previously known as the Sir David Longland Correctional Centre. It reopened in June 2008 as Brisbane Correctional Centre following a 2-year redevelopment, and currently provides secure accommodation for mainstream, protection and maximum security unit (MSU) prisoners.

Prisoner numbers have increased steadily over time. While the centre previously had a bed capacity of 582, with the introduction of shared cell accommodation and the addition of bunk beds, this has increased to 1,014.

As prisoner numbers have increased, the prison population of the centre has also changed. While the centre is the primary reception facility for newly sentenced male prisoners in south-east Queensland, as of 30 June 2024, 43% of prisoners were on remand. Prisoners are also staying for longer periods of time at the centre.

We asked for data on the average length of stay, however, QCS said these figures are not reported externally as there is no counting rule for time at specific custodial locations (see the note about data below). Given this, we reviewed QCS's internal data system, Reporting Services, and found data for 'prisoner time in the centre'. This data includes monthly figures on the number of prisoners staying in the centre for different time periods.

Using these monthly figures, we calculated the average number of prisoners staying in the centre for over 12 months for each financial year from 2016–2017 to 2023–2024. These figures indicated that while an average of 69 prisoners stayed for over 12 months in 2016–2017, this increased to an average of 155 prisoners in 2023–2024.

The centre has 4 protection units (S4, S5, S6 and S8) and 7 mainstream units (S9, S12, S13, S15, S16, S18 and S19), along with a close supervision and support unit (S2), complex behaviour unit (S3), detention unit and the MSU. S8 is the protection induction unit and S13 is the mainstream induction unit.

Prisoners are generally allowed out of their cells for about 4 hours a day, where they can make phone calls, submit requests and use the exercise yard. The centre also provides each prisoner with the opportunity to attend 2 sessions at the gym and 2 sessions at the oval each week.

Primary healthcare and emergency response services are provided by West Moreton Hospital and Health Service. The centre also provides opioid substitution treatment and blood borne virus clinics, along with dietitian, dentist and optometry services.

## 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 5 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.

## Inspection methodology

The process for inspecting the centre included:

- reviewing information from relevant reports
- reviewing relevant legislation and policies
- assessing data held on the QCS information system (Integrated Offender Management System - IOMS)
- obtaining information from the government departments responsible for providing services at the centre: QCS and the West Moreton Hospital and Health Service
- seeking submissions from a range of other government bodies
- engaging with other services such as the official visitors who attend the centre
- seeking submissions from community organisations
- engaging with community service providers, including Aboriginal organisations and Torres Strait Islander organisations
- interviewing and engaging with staff at the centre, including managers, and operational and therapeutic staff
- attending the centre to conduct an onsite inspection in December 2024 on weekdays and a weekend. The inspection included observing
  - accommodation units
  - education rooms
  - health service facilities
  - casework and administration facilities
  - recreational facilities
  - visit facilities on the weekend when most visits occur
- listening to the men detained at the centre through engagement visits and a survey. We received 110 responses to our prisoner survey.

## A note about data used in this report

Some of the data relied on in this report was obtained from QCS Reporting Services. Reporting Services draws information from the IOMS. QCS has advised that Reporting Services is used for internal operational purposes only and this data is further refined for external reporting. Data reported externally aligns with the counting rules prescribed by the National Corrections Statistics Group.

We acknowledge that the data obtained from Reporting Services may differ from data published externally and we provided QCS with the opportunity to provide us with the data used for external reporting. Where this was provided, we have compared it to the data we obtained from Reporting Services. Where the data for external reporting was not provided, we have relied on the Reporting Services data.

## Acknowledgements

We acknowledge the support and assistance we received throughout the inspection process from QCS and its staff at the centre. We would particularly like to thank senior management in the centre for being open to feedback throughout this process and being proactive in identifying and reporting on changes implemented before this report was published.

We also acknowledge the assistance of staff from the West Moreton Hospital and Health Service, and the centre itself. 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 men who took the time to speak to us and share information about their experiences at the centre.

## Submissions

As is required by s 24 of the Act, we provided a consultation draft of this report to several entities on 12 December 2025 to allow them to make submissions. The dates the submissions were received are noted in the table below.

<b>Date submission received</b>	<b>Entity</b>
13 March 2026	Queensland Corrective Services
28 January 2026	West Moreton Hospital and Health Service
20 January 2026	Queensland Health
27 January 2026	Office of the Health Ombudsman

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.

# 1. Early days in custody

This chapter considers what happens to a prisoner on arrival, from the moment they step off a transport vehicle through to the first few days they are accommodated at the centre. It also discusses how the centre orients a prisoner to the prison environment and manages prisoners on remand.

We visited the reception store across multiple days to observe operations in practice. We looked at the initial assessments conducted by correctional and healthcare staff and how custodial staff source and use details of the individual prisoner's circumstances. We also looked at the induction process in the units and how prisoners are supported on arrival and provided with information to help them understand life in prison.

We noted that staff in the reception store are doing their best in a busy environment. The reception store has limited space, and we were told that in the period between January and June 2024, there were 7,197 moves in and out of the centre and 2,414 new receptions. We found that managing this high volume of prisoners with limited infrastructure has had a negative impact on the centre's ability to maintain privacy for prisoners throughout many parts of the reception process.

We also found that privacy and confidentiality are not always maintained when conducting health assessments; however, it was positive to note that counsellors in the reception store do provide private assessments. We observed the counsellors conducting assessments and found that they managed complex prisoners appropriately, including those experiencing psychotic symptoms. We also found that staff do well in ensuring mainstream and protection prisoners are kept separately.

We found several standards that relate to early days in custody were met adequately. As such, we have not discussed them in detail.

## Showers not available on reception

### 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.

Admission is the first point at which a person enters a prison. An admission checklist outlining the steps required is available to reception store staff, and the Custodial Operations Practice Directive (COPD): Reception Processes – Admission and Assessments states a prisoner is to be allowed to shower as part of the admission process.

When we visited the reception store, we observed that it contains 2 shower cubicles but were told that the showers had been removed some time ago. The shower cubicles have a blue curtain that can be pulled around for privacy. Staff said that they use this area to conduct removal of clothing searches.



**Photo 1: Two non-operational shower cubicles in the reception store**

A review of IOMS records for 32 newly received prisoners in November and December 2024 found no evidence that they had been offered a shower on admission. Staff told us that prisoners must wait until lock away in their assigned unit to shower, which could be hours after their arrival. We were also told that there are timed shower controls, with each cell allocated 2 7-minute showers a day, which prisoners can break down into several shorter showers. This means that prisoners arriving late may be unable to shower until the following day if the cell's shower allocation has already been used.

We raised this issue with management after the onsite inspection and were told that, given the demand on the reception store, decisions have been made to maximise space for operational purposes and to complete relevant assessments. We were advised that the volume of people moving through the reception store and the need to maintain the privacy and dignity of prisoners during various reception assessments and searches was considered as part of this decision. We were told that they have not received any feedback from prisoners or staff raising this issue as a concern.

Prisoners are required to meet with several staff as part of the reception and admission process. We think that these interactions would be more hygienic for staff and prisoners if prisoners were able to shower before these interviews occurred. Also, some prisoners may have experienced difficult or traumatic circumstances prior to arriving at the centre and may not have had the opportunity to shower for some time. Allowing prisoners to shower in reception would help to reduce any anxiety for prisoners who may feel uneasy about having to associate with their fellow prisoners before they have had an opportunity to meet their hygiene needs.

In its submission to this report, QCS provided feedback on the proposed recommendation 1 (Appendix A) which stated:

Brisbane Correctional Centre ensures that prisoners are able to shower in the reception store before reception and admission interviews are conducted.

QCS told us that increased prisoner numbers and infrastructure limitations meant modifications to the reception shower facilities were required. QCS advised that shower times in cells are reset if required to accommodate new receptions. We are reassured that prisoners can shower on the day they arrive in the centre and have decided to withdraw this recommendation.

### Recommendation 1

Recommendation withdrawn.

## Delays in reception calls

### 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.

The COPD: Reception Processes – Admission and Assessments states that, where practicable, a prisoner is allowed to make one free phone call on admission to a correctional centre in accordance with s 51 of the *Corrective Services Act 2006*. The admission process must be completed within 24 hours of the prisoner's arrival at the prison.

We were told that prisoners do not receive their reception call in the reception store and instead, this is supposed to take place once the prisoner is inducted into their assigned accommodation unit. Staff said that the induction unit officer should use the interview room to make an officer-initiated call after conducting appropriate checks for any domestic or family violence orders that might prohibit contact. However, staff advised that at the time of the inspection, reception calls were about 3 weeks behind.

We found that it is sometimes difficult for staff to make reception calls in the interview rooms. Staff said that new receptions arrive at the unit each day and there are often not enough officers to run the day-to-day operations of the unit and arrange reception phone calls. Staff advised that the interview room is often unavailable as it is used by others in the prison, including sentence management, nurses and psychologists. We were also told that there have been instances where prisoners receiving their reception call have been crying and can be seen by other prisoners waiting in the airlock outside the interview room. This environment does not allow prisoners to have sensitive conversations in private.

In our prisoner survey, 66% of prisoners who wanted to phone their families said that staff did not help them to do so when they first arrived. Several prisoners told us that they had not received a reception call. We later reviewed the IOMS records for these prisoners and confirmed that only one had a case note indicating they had received a reception call. Following the onsite inspection, we reviewed the case notes of 21 newly received prisoners who arrived just prior to and during the onsite inspection. We found that 9 did not have a case note confirming they had received their reception call. This suggests that a significant number of prisoners may not be receiving reception calls.

Several staff told us that reception calls should be done as part of the initial reception process, either in the reception store or in the nearby education building on their way to the units. We were told that staff had formally requested a post dedicated to facilitating reception calls in either the reception store or education block. It was suggested prisoners are held in the reception store holding pods for long periods of time that could be better utilised for making phone calls. In addition, staff highlighted that support staff such as psychologists, counsellors, cultural liaison officers and correctional supervisors are available in the reception store to assist if a prisoner has a bad phone call.

We raised this issue with management following the onsite inspection and were told that, given the volume of movement through the reception store, it was decided that reception calls should be made in the units to ensure core functions in reception are met and that prisoners have some privacy in making their call. Since we raised this with the centre, they have advised that the process in induction units has been changed to ensure there is time allocated in the structured day to allow reception calls to be conducted at the earliest possible time to minimise backlogs.

We are of the view that reception calls should be made in the reception store when a prisoner first arrives. The reception call is often the first opportunity a prisoner may have to tell their family that they are in prison. During the inspection, we spoke to a prisoner who said he had been at the centre for 3 days without a reception call, and wanted to call his wife because she did not know that he was in prison. Maintaining family contact has several benefits for prisoners, but is particularly important for newly admitted prisoners where support from family can act as a protective factor as they adjust to their new circumstances. It is important this call is facilitated when a prisoner first arrives and in a location where they have access to support staff if required.

### Recommendation 2

Brisbane Correctional Centre ensures that prisoners receive their reception call within 24 hours of admission.

## Inadequate privacy for health screening

### 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.

West Moreton Hospital and Health Service (West Moreton HHS) provides health services to prisoners at the centre, including health assessments to prisoners in reception. On admission, a prisoner will be assessed by a registered nurse on the same day, alongside the QCS reception process. If this assessment cannot be carried out on the same day due to operational issues, the prisoner must be seen within 24 hours of their arrival.

The *Standards for health services in Australian prisons (2023)* state that clinical health reviews of individuals in prisons must be conducive to patient privacy and confidentiality, ensuring both visual and auditory privacy. They also acknowledge that, in a prison setting, healthcare staff may not have direct operational control over the environment, which makes it difficult to preserve ideal levels of patient privacy and confidentiality while also ensuring the safety and security of staff. As such, the standards provide that health service and prison staff need to have a mutual understanding of how privacy and confidentiality will be

maintained in this environment.

During the inspection, we observed the medical examination room in the reception store. The room has 2 desks about 1-1.5 m apart that can be separated by a curtain, and we were told that prisoners would be seen at the same time if they were from the same group (mainstream or protection). While most prisoners told us that their reception health assessments were private, we observed 2 prisoners receiving health assessments at the same time and were able to hear parts of the assessment on the other side of the curtain, despite increased noise levels in the reception store.

There is also a concern about the requirement for the door to remain open while prisoners are receiving their health assessments. While this is done so that corrective services officers can ensure the safety of healthcare staff and quickly respond to incidents, it does not promote privacy and confidentiality for the prisoner who is the subject of the assessment. The reception store is a busy area of the centre, with lots of staff and prisoner movements. The risk of other parties overhearing a prisoner's health assessment is high.

We raised this issue with senior management following the inspection and were told that there are 2 meeting rooms in the reception store used by healthcare staff (one large and one small). We were advised that due to the volume of prisoners arriving in reception each day, 2 prisoners are assessed simultaneously in the large room.

It is acknowledged that healthcare providers commonly have confidential discussions with patients in similar environments in the community, for example, in hospital wards separated only by a curtain. However, the risks associated with prisoners hearing confidential medical information about other prisoners cannot be ignored, particularly when this could be used to stand over a prisoner (e.g. intimidate or threaten them for their medication). Also, a prisoner may be less likely to disclose sensitive information that is important to their health and risk of harm if they are concerned that they may be overheard by another prisoner or staff member.

We acknowledge that in its submission to this report, QCS did not accept the below recommendation. While the recommendation was accepted by West Moreton Hospital and Health Service, QCS noted that they have not been able to identify a viable option for changing the location of health assessments but would consider options into the future. We will continue to monitor this issue.

### Recommendation 3

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

## Inductions are rushed and provide limited information

### Standards

5

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

The induction process is the prisoner's introduction to the correctional system and the facility they are entering. The COPD: Reception Processes – Admission and Assessments outlines that inductions should be presented in a group format whenever possible and must provide sufficient relevant information. The process must be flexible and responsive to the needs of the prisoners, and is to use a variety of visual aids and resources to ensure effective transfer and retention of information to prisoners with special needs. It must also incorporate culturally appropriate style and pace.

During the inspection, prisoners told us that they find inductions rushed and confusing, and instead rely on other prisoners to explain how things work in the centre. We observed the induction process at different times during the inspection, which is delivered by a unit officer in the airlock of the induction unit. The airlock is a confined space that becomes easily cramped, and we saw prisoners and staff coming and going during induction sessions, with some prisoners and staff walking in front of the officer delivering the induction. We found the environment distracting for everyone involved.

During the induction process, the officer provides each prisoner with an information sheet and briefly covers some of the items included. Officers were observed to speak quite quickly, although we acknowledge that some prisoners appeared disengaged, and we were told this was because they just wanted to get into the unit. These conditions made it difficult for the officer to deliver a meaningful induction.

Prisoners were sent from the reception store to the unit for induction either alone or in groups. There is no schedule, and we were told that prisoners arrived whenever the reception store was able to send them. This means induction officers deliver multiple inductions in the airlock per day, sometimes for just one prisoner at a time. We consider this is not a practical use of staff resources in a busy unit.

We found that not all prisoners receive the Prisoner Information Handbook as intended. During our time in the reception store, staff told us that there should be a handbook in each bed pack; however, when we saw one unwrapped there was no handbook inside. We were told that sometimes the packers (prisoners in the laundry) do not include them. Many prisoners told us that they had not received a handbook. The Prisoner Induction Handbook is also text-heavy, with no easy-read alternative to ensure accessibility for culturally and linguistically diverse (CALD) prisoners or prisoners who have difficulty reading.

We noted that there are 2 television screens in the reception store that can be easily viewed by prisoners in the holding cells. Staff told us that these televisions were previously used to show prisoners an induction video. Prisoners are often sitting in these holding cells for several hours awaiting various assessments, and this time could be used more effectively by showing them an induction video on a loop. This approach would help prisoners to better understand induction information to prepare them for arrival in the units.

We also identified non-compliance with processes required in the COPD, including providing prisoners with information about avoiding sexual assault. Multiple staff members told us that there is no information about sexual assault provided to prisoners as part of the reception or induction process. We did observe a poster displayed on the board in one unit about sexual assault, but did not see these posters in any other units.

The COPD states that the induction process must be completed within one week of admission, and that a corrective services officer must interview each prisoner and reiterate induction program content, also within this timeframe. We were told that staff do not reiterate the induction program content, unless by way of an informal chat. This interview would allow staff to check how new prisoners are adjusting to their circumstances. It would also provide an opportunity for them to raise any questions or concerns in private once they have had a chance to settle into the environment.

Overall, we found that inductions in the centre were rushed and conducted in spaces that did not allow a meaningful transfer of information. Prisoners did not always receive a Prisoner Induction Handbook, and the handbook was not available in an easy-read format and did not contain information about how prisoners could avoid sexual assault. The centre was also not providing any follow-up to prisoners after their induction.

After the onsite inspection, we raised some of our concerns about inductions with management. They advised that the induction process has now been changed to allow time in the induction units each day for inductions to be completed in groups to maximise

staff time and allow a thorough induction process. The centre advised that it has provided feedback to the laundry team who assemble the bed packs, and will ensure there are spare Prisoner Induction Handbooks in reception and that staff are able to print copies in the units if a prisoner has not received one in their bed pack.

We were also advised that, following our feedback, the information on sexual assault in the Prisoner Information Handbook has been reviewed and enhanced to provide additional support information. The centre has also developed an 'easy-read Prisoner Handbook', and is considering adding a PowerPoint based version of the handbook for prisoners to watch on their in-cell TVs. While it is positive that the centre has an easy-read version of the handbook available to prisoners, this document contains general information about life in a correctional centre and could be improved by including induction information that is specific to the centre.

As a reception centre, the centre's primary function is to receive newly sentenced prisoners. It is therefore important to ensure that those arriving at the centre, often for the first time, experience a supportive and informative reception, admission and induction process. Going to prison, especially for the first time, can evoke feelings of fear, anxiety and uncertainty. Providing prisoners with a comprehensive induction can help them feel better prepared for what lies ahead and give them the information they need to comply with the rules of their new environment.

In its submission to this report, QCS told us they did not accept recommendation 5 (Appendix A) which stated:

Brisbane Correctional Centre conducts a wellbeing check with all new prisoners within one week of admission. This should be case noted on the Integrated Offender Management System.

QCS advised us wellbeing checks are conducted with prisoners and that one-off welfare checks for all new prisoners would draw resources away from individuals who require higher levels of ongoing support.

A formal follow-up check would provide new prisoners with an opportunity to raise concerns or ask staff questions in a private setting. As noted above, the centre has made several improvements to the induction process since the inspection to support prisoners on arrival at the centre. Given this, we have decided to withdraw this recommendation.

#### Recommendation 4

Brisbane Correctional Centre improves the induction process by:

- a) reviewing the effectiveness of changes made to the induction process
- b) providing the Prisoner Induction Handbook to all prisoners
- c) delivering it in a way that meets the needs of prisoners by using visual aids, a centre specific easy-read version of the Prisoner Handbook and other resources
- d) amending the induction program to include a discussion about sexual assault and ensure all topics in the Custodial Operations Practice Directive: Reception Processes - Admission and Assessments are covered.

#### Recommendation 5

Recommendation withdrawn.

## 2. Duty of care

The centre has a duty of care to protect prisoners from harm and ensure they are treated humanely while in custody. The inspection standards regarding duty of care address a range of issues such as:

- access to legal representatives and preparation for legal proceedings
- 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
- management of violence and bullying
- approach to prisoner transfers
- management of prisoner complaints.

We spoke to staff and prisoners about how legal resources are accessed and visited the library to review the legal resources available to prisoners. We also observed the process of arranging legal visits. While legal practitioners raised some concerns with us about the way in which legal visits and video link meetings are managed, we found there was no waitlist for these visits and the process is managed efficiently.

We considered how at-risk prisoners are managed and visited the MSU and observed how prisoners are managed under separate confinement. We reviewed prisoner accommodation and the process for allocating shared cells. We also looked at the centre's bullying and violence reduction policy and how prisoners are safeguarded, along with the processes in place for prisoners to make requests and complaints.

We found a number of examples of positive practices in the centre:

- The management team visits all units in the centre every week to inspect cells and interact with prisoners. These sessions are designed to provide prisoners with a further opportunity to raise concerns or make queries or requests.
- Complaints made against staff in relation to use of force were appropriately managed and referred for investigation.
- Most responses to blue letter complaints were replied to in a timely manner.

We found several standards that relate to duty of care were met adequately. As such, we have not discussed them in detail.

### Legal resources are not always current or accessible

#### Standards

- 9 Prisoners have confidential access to legal representatives and resources.
- 10 The prison assists prisoners to prepare for their court appearance.

As many prisoners at the centre will have been remanded for offences, access to legal resources plays an important part in supporting prisoners to prepare for their court appearances. The COPD: Prisoner Entitlements – Legal Resources states that prisoners should be provided with access to legal resources to conduct research and review evidentiary materials. The COPD outlines the list of primary and secondary legal resources a correctional centre must make available to prisoners. Prisoners must seek approval to access legal resources and may also apply for an in-cell laptop for legal purposes.

We reviewed the centre’s legal resources and found that, while a wide range of materials was available, most resources were not current. The listed electronic legislation and case law that the centre makes available to prisoners exceeds the list of required primary resources outlined in the COPD; however, only one of these documents was the current version. Similarly, of the 6 secondary legal resources we reviewed, only 2 were current hardcopy versions.

We were provided with QCS Offender Development Governance Assurance Framework reports, which indicated that education officers commit to checking or updating legal resources for prisoners every 3 months. Staff told us that they endeavour to check the currency of all the electronic legal resources and update them where required every 6 months, but this was described as a huge undertaking that can take up to 2 weeks. It is important that the materials on the required list of primary and secondary legal materials are current as these have been identified as key resources required by prisoners preparing for criminal proceedings.

In our prisoner survey, 58% of respondents said that the quality of their access to legal resources is ‘poor’, while 33% considered it to be ‘average’. In commenting on access to legal resources, one prisoner said that access to the laptops is frequently cancelled, while another said they have to ‘beg’ officers to take them to legal resources. During the inspection, a prisoner told us that when they ask for access to legal resources, ‘no one gets back to them’.

As part of the inspection, we considered how prisoners access electronic legal resources. We observed 3 laptops available for mainstream prisoners to use in the education building and were told there are 2 laptops in south units for protection prisoners. We also reviewed a sample of prisoner requests seeking access to an in-cell laptop for legal purposes and found that, of the 6 requests, only 2 were not approved, and in both cases, staff spoke to these prisoners about accessing the legal laptops in the education block or south units.

For secondary legal resources, we observed that these books are located in the library and are marked ‘Not for loan’, and as noted above, most of these were not current versions. However, we were told that prisoners are not able to access the library and instead rely on a catalogue to request materials, which has not been updated since 2023 (see Chapter 4 for further information about the library). As the hardcopy versions of materials were not current and the library catalogue is not up to date, it is unclear how prisoners know which secondary resources they are able to access.

We were provided with figures by the centre that indicate around 60% of prisoners are remand prisoners awaiting trial or sentencing. As a remand centre, it is therefore essential that the centre ensures that legal resources are current and accessible so prisoners are supported in preparing for their court appearance.

In its submission to this report, QCS outlined the processes they have in place to ensure that prisoners can access current legal resources and noted that they do not accept this recommendation. We acknowledge the response provided by QCS but will continue to monitor this issue.

### **Recommendation 6**

Brisbane Correctional Centre ensures that legal resources are current and accessible to all prisoners.

## Lack of privacy for legal visits

### Standards

- 9 Prisoners have confidential access to legal representatives and resources.
- 10 The prison assists prisoners to prepare for their court appearance.

The *Corrective Services Act 2006* entitles prisoners to receive a visit from their legal representative. Section 169(3) of the *Corrective Services Act* provides that, while legal visits can be visually monitored, they cannot be listened to or recorded by QCS.

During the inspection, we visited a range of interview rooms that are used to facilitate video link and teleconference legal visits. Visit rooms are also used by the Queensland Police Service, the Corrective Services Investigation Unit, social workers and external psychologists.

We observed that some interview rooms in the units are near the airlock and are not suitable for private meetings. We were told that meetings in some interview rooms can be overheard by staff and prisoners walking past. Staff also said that the centre had received feedback from legal representatives that interview rooms do not provide sufficient privacy.

Staff said that only some of the interview rooms are soundproofed. We were advised that the interview rooms in the reception store have 'grated walls' that provide a noise barrier; however, staff have received feedback that several interview rooms have poor sound barriers, including those in units S6, S11 and S17. We spoke to a prisoner who met with a psychologist in one of these interview rooms who said that the noise of people coming and going made it difficult for him to hear, and the echo in the room amplified the sound. He said that he was worried his conversation could be overheard by others. These issues would also apply to prisoners using these interview rooms to speak to legal practitioners through video link and phone calls.

Legal privilege is a fundamental principle of our legal system that protects confidential communications between a legal representative and their client. Prisoners need to communicate openly with their legal representative and may not do so if they are worried that their conversation will be overheard by officers and other prisoners. While staff are aware that the interview rooms are not private, they are unable to address this due to the limited infrastructure of the centre.

### Recommendation 7

Queensland Corrective Services and Brisbane Correctional Centre soundproof the interview rooms at the centre to ensure privacy for conversations held in those rooms.

## Maximum security units and separate confinement

### 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.

The *United Nations Standard Minimum Rules for the Treatment of Prisoners* (the Nelson Mandela Rules) define solitary confinement as the confinement of prisoners to their cells for 22 hours a day or more without meaningful contact. Prolonged solitary confinement is considered a period of solitary confinement for more than 15 days. The Nelson Mandela Rules state that prolonged solitary confinement should be prohibited.

There are a range of terms used to describe solitary confinement in Australia. In Queensland, the term 'separate confinement' is used, which is defined under the Corrective Services Act as the separation of the prisoner from other prisoners. The COPD: Prisoner Accommodation Management - Maximum Security Unit states that prisoners can be subject to separate confinement for a range of reasons, including their own safety or the safety of others. The Corrective Services Act outlines specific orders that provide the legal basis for placing a prisoner in separate confinement, including a maximum security order (MSO).

Section 60 of the Corrective Services Act states that prisoners may be placed on an MSO if there is a reasonable belief that the prisoner is:

- a high risk of escaping
- a high risk of killing or seriously injuring another prisoner or person they come into contact with
- generally a substantial threat to the security or good order of the corrective services facility.

While the Corrective Services Act states that an MSO must not be for a period of more than 6 months, consecutive MSOs can be made.

Prisoners on an MSO will usually be accommodated in an MSU. The MSU is designed and constructed so that prisoners are completely separated from other prisoners in the centre, and where required, from other prisoners within the MSU. There are 3 MSUs in Queensland, located at Brisbane, Woodford and Arthur Gorrie Correctional Centres.

The MSU at Brisbane Correctional Centre can accommodate 20 prisoners and is separated into 3 wings (A, B and C wings). It also has 2 cells to observe the behaviour of new prisoners when they first arrive. In each wing in the MSU, prisoners have access to both small and large exercise yards and a common room area.

We were provided with figures for 2023–2024, which indicate that the MSU at Brisbane Correctional Centre holds an average of 15 prisoners a month, and the average length of stay for prisoners in the MSU during this period was 32.25 months (over 2 and a half years). This is significantly longer than the average length of stay of prisoners in the centre, which is just under 7 months.

The COPD outlines that the general manager must establish an MSU management team that is responsible for developing an MSU management plan for each prisoner. The plan aims to address the prisoner's risks and needs, establish interventions, assign privileges in accordance with the prisoner's progress, and actively and progressively plan for the prisoner's reintegration out of the MSU.

MSU prisoners are managed through the MSU Progression Pathway. There are 4 stages in the pathway, where prisoners can access increasing activities and privileges as they move from Stage 1 through to Stage 4. For example:

- Stage 1: prisoners only receive basic entitlements, are not able to associate with other prisoners and cannot be employed as a unit worker. They can have one non-contact visit only and make 2 phone calls a week. They can access a radio.
- Stage 2: prisoners can be employed as a unit worker and may associate with another prisoner within the MSU during exercise times. They can access TV but can only have non-contact visits and are allowed 3 phone calls per week.
- Stage 3: in addition to Stage 2 entitlements, prisoners can associate with one other prisoner while eating, or during employment, exercise or program situations. They may have 2 non-contact visits per week and contact visits may be considered on a case-by-case basis. They can make 5 phone calls per week.
- Stage 4: is the least restrictive stage. In addition to Stage 3 entitlements, prisoners can associate with one or more prisoners in the MSU in similar circumstances to Stage 3, but also as part of planning for reintegration.

Progression through the pathway and an increase in entitlements are subject to prisoner behaviour, so prisoners can also regress to a lower stage if their behaviour deteriorates. When a prisoner progresses or regresses through the stages, their MSU management plan will be amended to reflect the change.

### Limited meaningful interactions

The COPD: Prisoner Accommodation Management – Maximum Security Unit outlines that unit officers must maximise the amount of time they spend in the unit communicating with prisoners, and that increased supervision and interaction by unit officers is fundamental to the effective management of prisoners in the MSU. At a minimum, officers are to enter one IOMS case note for each prisoner per day that records prisoner interactions and behavioural observations, and documents any changes in moods or behaviours, both verbal and non-verbal, and positive or negative.

The Office of the Inspectorate of New Zealand's report *Prisoners of Extreme Risk Unit* (2023) considered the conditions for a similar cohort of prisoners to those in the MSU. This report highlighted the need for meaningful interactions for prisoners in prolonged separate confinement, noting that it is the quality of the interaction that is important. We spoke to several MSU prisoners who said they would like more contact with staff. Prisoners had positive feedback about MSU staff, but one said they were '24/7 alone'. Another prisoner told us that they do not get to talk to MSU staff much, but the manager visited once a fortnight to discuss their progress.

We observed that MSU staff engaged positively with prisoners in a calm and professional manner. However, most interactions took place through the cell door and were limited to what was required as part of the prisoner's day-to-day management. We reviewed MSU

prisoner case notes over 4 separate weeks from August 2023 to June 2024 and found that weekly 'welfare checks' undertaken by the senior psychologist also occur via a prisoner's cell door. We were told that these checks are not formal interventions but are brief interactions that enable the senior psychologist to follow up with prisoners.

Staff said that formal interventions usually take place in the non-contact booths. Our review of MSU case notes also found that there were occasions where staff interactions had occurred in the MSU non-contact booth. We noted that a senior psychologist had used the interview room to conduct a 'welfare check' on an MSU Stage 4 prisoner following the death of another prisoner. It also appears that meetings between MSU prisoners and the official visitor or a member of the QCS Specialised Clinical Services (SCS) team occur in the non-contact booth. The SCS team provides psychological risk assessments and interventions for MSU prisoners.

The prisoner's MSU stage of progression may determine whether it is safe, appropriate and reasonable to move a prisoner into the non-contact interview room for interactions. The stage of progression will also determine the level of restraints the prisoner requires when being moved around the unit. We were told that prisoners on Stage 3 no longer require restraints.

We found examples, however, where prisoners on Stage 3 were also seen at their cell door. We noted that 2 Stage 3 prisoners spoke to a senior psychologist through the cell door, where one became teary when discussing their struggle with anxiety, and another had asked for support after having a difficult conversation with a family member. Given the sensitive nature of these conversations, it may have been beneficial to speak to these prisoners in the non-contact booth to enable a more meaningful and face-to-face interaction and encourage open communication. Case notes did not indicate if these prisoners were offered a face-to-face conversation in the non-contact booths.

Following the onsite inspection, we raised this issue with senior management and were told that staff must consider the risk based on the prisoner's behaviour when deciding whether to move them to the non-contact booths. They also advised that they factor in whether a prisoner may prefer to speak to a psychologist at their cell door due to their emotional needs at the time.

On 2 January 2025, we raised concerns with QCS about an MSU prisoner through a notice issued under s 17(2) of the Inspector of Detention Services Act. We were concerned that the prisoner told us that his mental health had deteriorated in the MSU and that he had received limited support at the centre. Further, he reported having been subjected to taunts and racist comments from officers at another centre. QCS provided a response on 4 March 2025, advising that they were aware of a complaint by the prisoner of being 'harassed' by officers and this had been referred to the Ethical Standards Group. QCS also outlined the support the prisoner had received at Brisbane Correctional Centre while in the MSU. On 6 March 2025, we advised QCS that we would not be taking any further action under s 17(6) of our legislation.

Separate confinement can have a profound impact on health and wellbeing, particularly for those with pre-existing mental health disorders. Some prisoners in the MSU can spend 24 hours a day in their cells, with limited human contact and few ways to occupy themselves. While we acknowledge that some prisoners may prefer to engage through the cell door to avoid the process of applying restraints, given the significant impact of solitary confinement, face-to-face interactions should be offered where it is safe to do so. We found that the staff working in the MSU have the right skills to engage with prisoners and are ideally placed to provide more meaningful interactions.

## Lack of purposeful activity

Section 4(2) of the Corrective Services Regulation 2017 sets out prisoner entitlements while subject to separate confinement and states that prisoners must have the opportunity to exercise in the fresh air for at least 2 daylight hours a day. This requirement is reflected in the COPD: Prisoner Accommodation Management – Maximum Security Unit. The COPD also states that, depending on a prisoner’s risk, it may be necessary to restrict a prisoner’s access to recreation or general equipment in an MSU. It further provides that individualised risk assessments must be developed.

QCS provides a list of approved recreational and general equipment available to prisoners in MSUs. Appendix ACC3: *Approved Recreational and General Equipment Available to Prisoners in a Maximum Security Unit* indicates fixed equipment that can be provided are a chin up bar, dip bar, exercise bike, basketball hoop and punching bag. We visited the MSU exercise yards and noted that the only recreational equipment available is a medicine ball and some yoga mats. We spoke to staff about the lack of equipment in the yards and they said that prisoners had previously used exercise equipment to self-harm. We were told that the equipment was permanently removed in 2020 in response to 3 self-harm incidents over a 7-year period.

The lack of exercise equipment available to MSU prisoners is concerning given they are confined to their cell for 22 hours per day. One stakeholder told us that several MSU prisoners have complained to them about the lack of exercise equipment available in the exercise yards. They advised that they had been unsuccessful in requesting gym equipment for a prisoner who had started to experience muscle deterioration following a period of separate confinement.

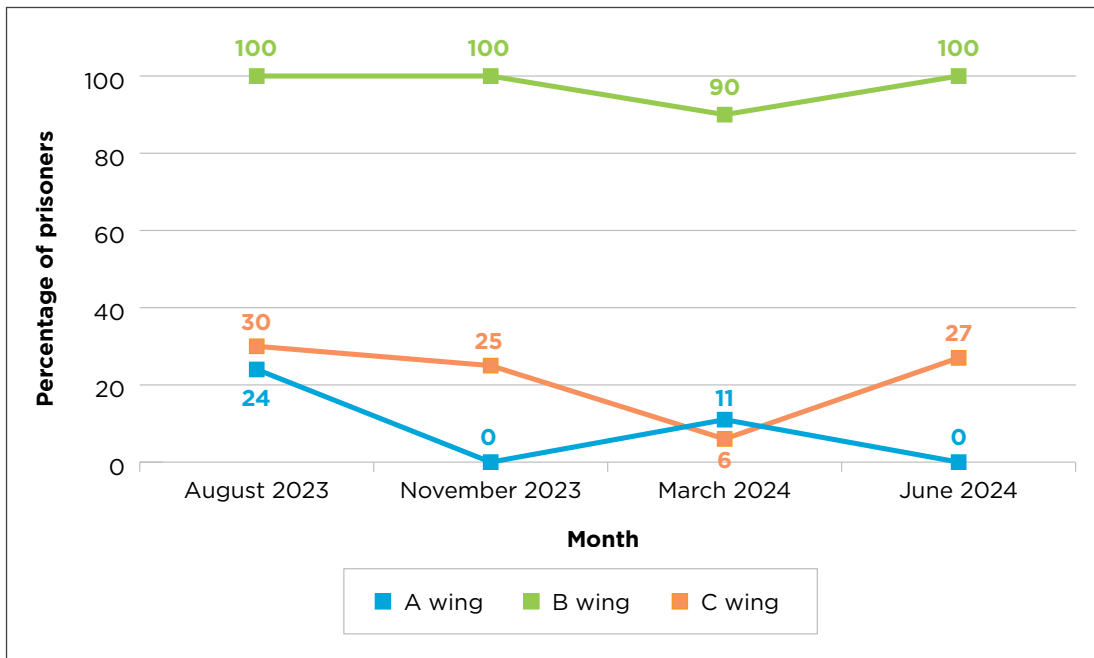
In Western Australia, the Office of the Inspector of Custodial Services’ report *Special Handling Unit at Casuarina Prison (2023)* examined conditions for high-risk prisoners and noted they can access a large outdoor exercise yard with basic exercise equipment, including a treadmill. While we understand that there may be greater risks associated with managing MSU prisoners, we are concerned that the centre is not assessing the risks and needs of these prisoners on an individual basis. Individual risk assessments are important in ensuring that separations are carried out in the least restrictive way.

Prisoners may be reluctant to take their out-of-cell time where they do not have the opportunity to engage in meaningful activity. We spoke to prisoners in the MSU who told us that the exercise yard is boring and there is not much to do there. Two prisoners told us that they had decided not to go to the exercise yard because there was nothing to do, with one saying he used to be fit but now he just sleeps in his cell. Another prisoner said he still took the opportunity to go to the exercise yard and just walked back and forth and wished there was more exercise equipment available. We were told that prisoners have recently done some painting with chalk in the exercise yards and have been encouraged to play their own music in the yards.

As prisoners move through the MSU stages, they progress from A and C wings to B wing. In addition to being able to access an exercise yard, B wing prisoners can also move around the unit during their out-of-cell time and do their own laundry, use the kitchen, or interact with other prisoners on the wing through their cell doors. Prisoners must have progressed to Stage 3 before they can be accommodated in B wing.

We reviewed MSU prisoner case notes to examine how often prisoners took the opportunity to go to the exercise yard over 4 different weeks between August 2023 and June 2024. We found that, while staff consistently offered prisoners out-of-cell time on all wings, in August 2023 prisoners in A wing only took this opportunity 24% of the time, while prisoners in C wing only decided to leave their cell around 30% of the time. Prisoners in B wing almost always accepted their out-of-cell time.

**Graph 1: MSU prisoner acceptance of out-of-cell time**



(Source: Compiled by the Inspector of Detention Services from IOMS case notes)

We also looked at out-of-cell time for 2 prisoners who moved from C wing to B wing. We found that, while they almost never took their out-of-cell time on C wing, when they moved to B wing, they always took this opportunity. We noted that B wing allows prisoners to move around a larger space that includes an indoor and outdoor area, where prisoners have the opportunity to do their laundry, make a cup of tea or coffee, and interact with other prisoners through the cell door. All these activities provide prisoners with a range of opportunities to engage meaningfully and purposefully while taking their out-of-cell time.

### Case study 1

A younger prisoner was accommodated for 25 days in the MSU on C wing. The prisoner’s initial MSU reception interview was conducted in the non-contact interview room, but his weekly welfare checks by a senior psychologist were conducted via the cell door. The prisoner did not receive any personal or official visits during his time in the unit and only took his out-of-cell time on 2 occasions. Most of his case notes record him sleeping or watching TV during the day.

Our review of MSU prisoner case notes found that, in most instances, the reason prisoners declined out-of-cell time was not recorded by staff. We asked staff why MSU prisoners decline out-of-cell time and were told that some prisoners do not like to leave their cell. Staff said that prisoners may prefer to exercise in their cells, or are on heavy medications that can make them drowsy and inactive.

Staff said that if a prisoner does not want to come out of their cell, they will investigate further if they think there may be a reason for this. Staff also said that, depending on the prisoner’s mood, they can arrange for the senior psychologist to visit outside of the weekly welfare check. Despite this, our review of MSU prisoner case notes found that most prisoners declined their out-of-cell time on A and C wings with no further investigation by staff.

### Case study 2

The prisoner arrived in the MSU after transferring from another correctional centre. He was accommodated in A wing and after 8 months was moved to C wing. The prisoner told staff he preferred A wing, so he was moved back to this location after one month. While in the MSU, he consistently declined his out-of-cell time and it was noted he spent his time sleeping, watching TV and drawing. In most instances, the reasons he declined his out-of-cell time were not documented in his case notes and it was unclear if staff had investigated this further.

After spending 12 months in the MSU, the prisoner started spending time in the close supervision and support unit (CSSU) as part of his reintegration plan. The CSSU manages prisoners with a range of complex needs, including those on intensive management plans and prisoners reintegrating from the MSU. The prisoner was moved to the CSSU. During his first month in this unit, he began accepting his out-of-cell time, and when he declined, the reasons for this were clearly noted.

In the CSSU, the prisoner was able to start associating with other prisoners, which appeared important to him, as on one occasion it was noted that he declined his out-of-cell time when another prisoner decided not to go out to the yard. While he almost always declined his out of cell time in the MSU where he lacked purposeful activity, during his first month in the CSSU, he declined his out-of-cell time on 10 occasions, and during his second month, as his ability to associate with other prisoners increased, he declined his out-of-cell time on only 4 occasions.

The Office of the Inspectorate of New Zealand's report *Prisoners of Extreme Risk Unit* (2023) recommended that corrections should consider implementing a process to prompt staff interventions for prisoners who consistently decline to leave their cells. Prompting staff to investigate the reasons why a prisoner consistently refuses to leave their cell would be a positive step. This would then enable staff to take a proactive approach to engage the prisoner in purposeful activity.

Staff said that MSU prisoners can also spend time in the education room, where they can use legal resource laptops or draw or paint if these activities are included in their management plan. MSU prisoners also have access to books, religious studies, radios and word puzzles. We were told that a few MSU prisoners were enrolled in university courses. Staff said that time in the education room can be provided in addition to a prisoner's 2 hours out-of-cell time, but that prisoners do not take up this opportunity often.

While it is positive that prisoners have access to these activities, legislation has specifically provided for the opportunity for prisoners to spend at least 2 hours a day in the fresh air. Spending significant amounts of time in separate confinement can cause a range of health issues, including muscle deterioration. We were also told that a prisoner had experienced spatial and depth perception issues after being in the MSU, and staff had to walk him along the paths between units to regain these skills.

Overall, prisoners in the MSU lack purposeful activity. There are no individualised risk assessments undertaken to allow access to exercise equipment, and prisoners often decline out-of-cell time because there is nothing to do in the exercise yards. Where prisoners consistently decline to leave their cells, there is limited information in case notes about any actions taken by staff to encourage them to do so. We also found that, where purposeful activity is provided, there is an increase in prisoners taking up opportunities to leave their cells.

Following the onsite inspection, we raised our concerns about the lack of purposeful activity for MSU prisoners when using their out-of-cell time and were told that the MSU had numerous suicide attempts involving the exercise bars and a decision was made by senior management to remove them. Since their removal, there have been no further suicide attempts in the exercise yard.

Separations must be managed in the least restrictive way possible, while also managing a prisoner's risk. MSU prisoners should be encouraged to use their out-of-cell time by providing them with purposeful activity. Exercise equipment should be provided in the exercise yards to encourage prisoners to leave their cells, with access determined on a case-by-case basis using individualised risk assessments. Staff should proactively engage with prisoners who consistently decline to take their out-of-cell time to find ways to engage them in purposeful activity.

In its submission to this report, QCS provided feedback on the proposed recommendation 9 (Appendix A), which stated:

Brisbane Correctional Centre ensures that:

- a) maximum security unit prisoners have access to purposeful activities and exercise equipment
- b) access to exercise equipment is based on individual risk assessments
- c) out-of-cell time is monitored for maximum security unit prisoners, and staff proactively develop interventions for prisoners who consistently refuse out-of-cell time
- d) the maximum security unit daily regime allows for all prisoners to access their out-of-cell time each day.

QCS confirmed they can facilitate all prisoners accessing their out-of-cell time if the MSU is at capacity. We acknowledge their response and have withdrawn part of the recommendation below seeking to ensure the regime allows for all prisoners to access their out-of-cell time.

### Recommendation 8

Brisbane Correctional Centre ensures that maximum security unit staff maximise opportunities for meaningful interactions with prisoners. Where it is safe and possible to do so, interactions about sensitive matters should be face-to-face in a private setting to enable open communication. Where face-to-face interactions are offered but declined by the prisoner, this should be recorded in their case notes.

### Recommendation 9

Brisbane Correctional Centre ensures that:

- a) maximum security unit prisoners have access to purposeful activities and exercise equipment
- b) access to exercise equipment is based on individual risk assessments
- c) out-of-cell time is monitored for maximum security unit prisoners, and staff proactively develop interventions for prisoners who consistently refuse out-of-cell time
- d) withdrawn.

## Cell sharing risk assessments

### Standards

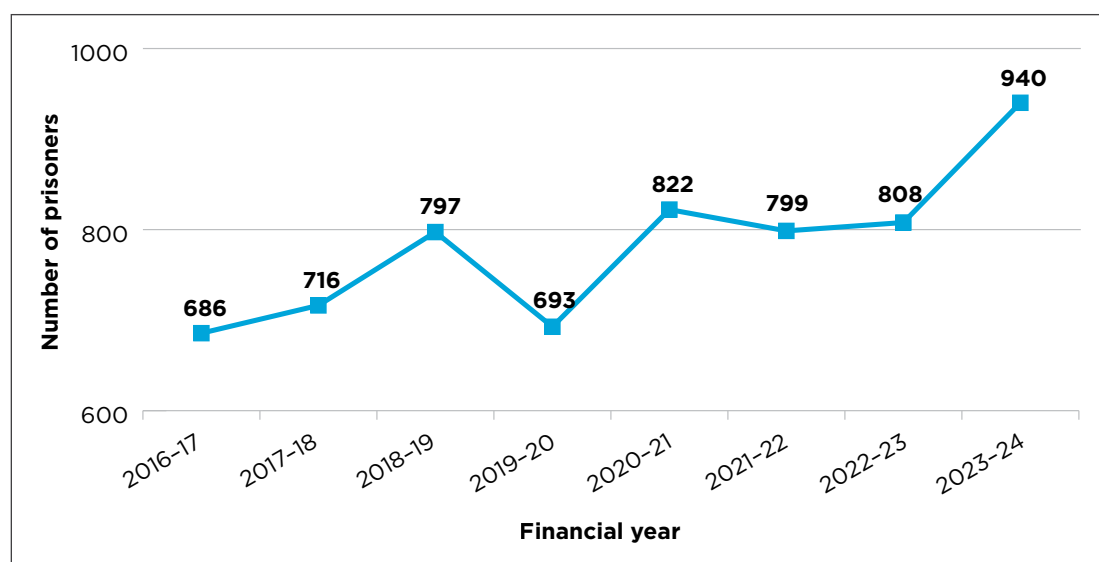
- 20** Prisoners are accommodated in single cell accommodation unless they request to share a cell with another prisoner.
- 21** Aboriginal and Torres Strait Islander prisoners are placed in an accommodation environment that considers their risks and individual needs.

The Queensland Ombudsman's report *Prison overcrowding and other matters (2024)* identified overcrowding as a key challenge for QCS in ensuring it complies with its statutory obligation of humane containment. Overcrowding in a prison occurs when prisoner numbers exceed the prison's design capacity. The design capacity of a prison refers to not only the number of cells within the centre, but also the infrastructure to provide services like health care, visits, programs, recreation, employment, food catering, managing waste, shower and toilet facilities, and administration.

Staff told us that overcrowding and 'double ups' (prisoners sharing a cell) are some of the biggest challenges facing the centre. As of June 2024, information provided by the centre indicated that it was operating at 168% capacity. Concerningly, at the time of the onsite inspection, we were told that the centre was preparing for the possibility of 'triple ups' or placing 3 prisoners to a cell, although these plans have not been finalised. In its response to this report, QCS told us the opening of Lockyer Valley Correctional Centre in September 2025 has relieved pressure on the system and that further capacity in correctional centres will be delivered by expansion of the Arthur Gorrie Correctional Centre and the Townsville Correctional Complex.

The increase in prisoner numbers at the centre over time is shown in Graph 2.

**Graph 2: Increase in prisoner numbers at the centre over time**



(Source: Prepared by the Inspector of Detention Services from data provided by Queensland Corrective Services)

The COPD: Prisoner Accommodation Management – Cell Allocation sets out the factors that must be considered when a prisoner is allocated accommodation on arrival at the centre. The assessment should be based on the prisoner’s risks and needs and requires consideration be given to:

- any immediate risk (to self or others) or needs identified
- cultural rights, including the cultural rights of Aboriginal people and Torres Strait Islander people
- individual special needs
- special planning considerations
- age
- the sex characteristics and gender identification of the prisoner, if known
- supervision, monitoring and intervention requirements
- the COPD Sentence Management: Classification and Placement.

These considerations also apply when a prisoner is subsequently allocated or reallocated accommodation during their time in custody.

Section 18 of the *Corrective Services Act 2006* states that ‘whenever practicable, each prisoner in a corrective services facility must be provided with his or her own room’. If accommodating prisoners in shared cell accommodation, the COPD requires that several additional factors must be considered. These range from the prisoner’s history of self-harm or suicide attempts, whether they have been previously victimised within a corrective services facility, and their known physical and mental health, medical issues, disability or any known cognitive impairment, and religious and cultural background.

The COPD outlines that a case note must be entered in the prisoner’s record that a cell sharing assessment has been completed. The case note should include how the prisoner’s human rights have been properly considered and balanced, that the prisoner’s individual special needs have been considered, if the prisoner has reported any concerns at the time of placement, and that the prisoner was advised to liaise with unit staff if any concerns arise in the future. It includes an example of a case note that is said to take legislative and human rights considerations into account.

Due to overcrowding, single cell accommodation is rarely provided in practice at the centre. In our prisoner survey, several respondents raised concerns about general overcrowding at the centre and how this has led to the requirement to ‘double up’ (share a cell). The COPD states that prisoners are not asked to consent to sharing a cell unless one of them is an at-risk prisoner, but any concerns the prisoner has about the arrangement should be documented in their case notes. During the onsite inspection, several prisoners told us that staff had not asked them if they had any concerns about sharing a cell when they first arrived at the centre.

We reviewed cell sharing risk assessment case notes for a sample of 32 prisoners who arrived at the centre between 25 November and 9 December 2024. We found that there were no cell sharing risk assessments for several prisoners, and for most prisoners, case notes were generic and appeared to have been copied from a template. For example, we reviewed one case note that contained the words ‘insert specific factors’.

Where issues of risk were present, we found that case notes did not outline how risk factors were considered and mitigated before allocating the prisoner to a shared cell. For example, we noted that there were 2 prisoners who were identified as having a cognitive impairment, yet there was no consideration of how this was considered in allocating them to a shared cell. For one of these prisoners, it was their first time in custody, while the other prisoner also had physical and visual impairments. There was also an older prisoner with a physical disability who was in a shared cell but there was no cell sharing risk assessment case note.

### Case study 3

An older prisoner arrived in reception and appeared emotional and teary. It was his first time in custody. During his reception assessments, it was noted that he had depressive symptomology and limited coping skills. It was also noted that he had a vision impairment and a hearing impairment. The prisoner was identified as being at risk and was to be observed every 2 hours. He was placed in shared cell accommodation and his case notes recorded that he had been 'doubled up' due to overcapacity of prisoners, and that he had not stated any issues or concerns with this arrangement. It was also noted that relevant factors had been considered and there were no apparent identified risks or factors that would prevent shared cell accommodation. While it is good practice that this prisoner was identified as being at risk, it is unclear how this prisoner's individual specific needs were considered as part of this cell sharing decision.

We asked staff how cell sharing risk assessments are conducted and were told that accommodation supervisors allocate prisoners to a particular unit and the psychologist will speak to the prisoner about double ups in reception. When the prisoner arrives in the unit, staff will place them where they have a spot and can move people around if required. Staff told us the decision-making about 'double ups' is up to the individual officer, but the starting point is that all prisoners will be doubled up unless a risk assessment determines otherwise.

We were told that some staff may not include sufficient information in case notes when it comes to their risk assessments, but they are doing the best they can with the increasing number of prisoners. Staff said that some of the factors they consider when doubling up prisoners include 'notifiable associations', the prisoner's charges, their age, whether they have any family members or friends in the unit, and whether they are employed in similar areas in the centre. They said that they try to keep prisoners together where they have requested this, with older prisoners usually placed together to minimise the risk of standover tactics (acts of violence or intimidation).

As noted above, the COPD requires that case notes document that the prisoner was advised to liaise with unit staff if any concerns arise in the future. However, we observed a sign in one of the units that advised prisoners not to ask about changing cells (see Photo 2). This does not encourage prisoners to advise staff about concerns with their cell sharing arrangements. We raised this with prison management following the inspection and were told that staff have been advised not to place inappropriate signage in officers' stations, and spot checks will be conducted by supervisors and managers, and during the weekly general manager inspections of the units.

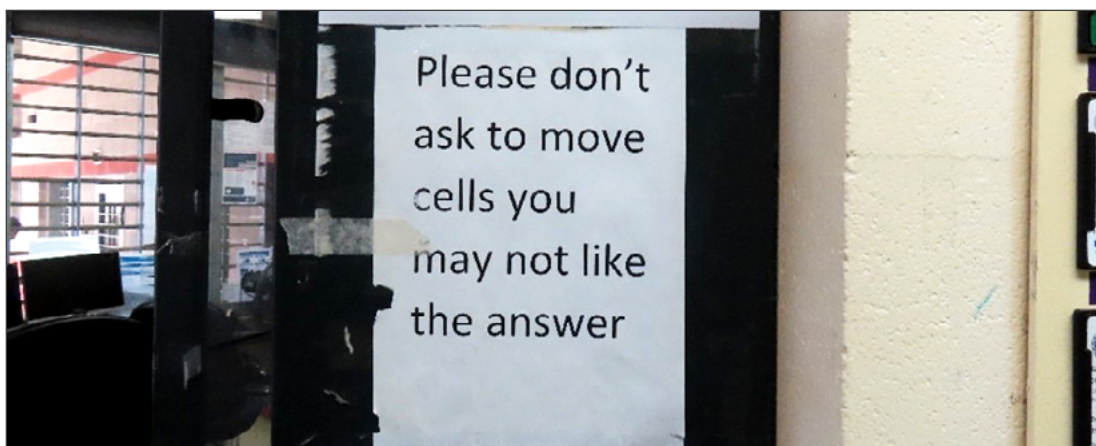


Photo 2: Sign in unit staff office facing prisoners

Following the inspection, we also raised our concerns about shared cell accommodation decisions with senior management and were told that the centre has undertaken a significant amount of work to improve decision-making and case notes. This work has included:

- developing a Supervisor Case Note Audit Checklist and a document setting out case note requirements for officers
- developing an action plan summarising the actions taken by the management team to improve case notes
- communicating the proposed changes to case notes to all staff
- developing a new local instruction for management of the Do Not Double Up List
- displaying posters in staff areas reminding them of the requirements for decision-making and case noting
- setting up a Combined Prisoners Management Panel that has a range of functions, including managing removal requests and additions to the Do Not Double Up List.

We are pleased that the centre has implemented these measures to improve shared cell decision-making. We note in the action plan that, following implementation, the centre undertook an evaluation and identified further measures needed to ensure compliance with the requirements of the COPD. We agree with this approach and the need for ongoing evaluation as part of continuous improvement.

### **Prisoners accused of sexual assault in custody placed in shared cells**

While inspecting, we identified either through reports by stakeholders to us, or through our own review of cell sharing decisions, circumstances where prisoners who were vulnerable or who had previously experienced or alleged sexual assault by a cellmate were sharing a cell. We also identified 3 incidents where a prisoner was sharing a cell after they were alleged to have sexually assaulted their cellmate. We discuss these further below.

The COPD: Prisoner Accommodation Management – Cell Allocation states that under no circumstances should a prisoner who is identified as an alleged perpetrator of a sexual assault while in custody be placed in shared accommodation. While the sexual assault remains under investigation by the Corrective Services Investigation Unit, the alleged perpetrator should be placed in single cell accommodation. If the allegation is substantiated, the prisoner must remain in single cell accommodation. Where the allegation is unsubstantiated, the prisoner can return to double up accommodation following a new risk assessment of factors outlined in the COPD, in addition to relevant factors relating to the sexual assault, such as whether the victim withdrew the complaint or there was insufficient evidence to proceed with the matter.

On 16 October 2024, we raised concerns with QCS through a s 17(2) notice under the Inspector of Detention Services Act that issues of risk had not been identified for a prisoner with multiple vulnerabilities who reported being sexually assaulted on multiple occasions in shared cell accommodation. On 27 November 2024, QCS responded and set out the factors it considers in making decisions about shared cell accommodation in line with the COPD. QCS told us that at the time of its response, the prisoner was sharing a cell with a family member. The response also noted that decisions about suitability for shared cell accommodation are made by a multidisciplinary panel. On 17 February 2025, we advised QCS that we would not be taking any further action under s 17(6) of our legislation.

On 4 November 2024, we again raised concerns with QCS through a s 17(2) notice about a second prisoner who reported being sexually assaulted by his cellmate at the centre. The prisoner's case notes before and after the alleged sexual assault noted there were no known risks or factors that would have prevented shared cell accommodation, and there appeared to be no individualised assessment or consideration that the prisoner reported being victimised. On 19 December 2024, QCS provided a response outlining the factors

considered when making decisions on shared cell accommodation and the role of the multidisciplinary panel in these decisions. On 17 February 2025, we advised QCS that we would not be taking any further action under s 17(6) of our legislation.

We reviewed 23 reported sexual assaults in the centre to consider how accommodation decisions were made following these incidents. Concerningly, we found that 3 prisoners had continued to share a cell at the centre while under investigation for sexual assault allegations against another prisoner. We also found instances where a new risk assessment was not carried out following unsubstantiated allegations of sexual assault against another prisoner.

On 14 February 2025, we raised these concerns with QCS through a s 17(2) notice. On 2 April 2025, QCS provided a response acknowledging that, due to increased prisoner numbers and workload demands, individual officers are not managing the process of assessing risk when determining shared cell arrangements. They noted that they were committed to a further review to determine a sustainable process for recording shared cell accommodation decisions across all correctional centres. Other actions included a reminder sent to all staff to comply with the requirements of the COPD, and the development of a multidisciplinary risk assessment panel to monitor and review those prisoners assessed as not suitable for shared cell accommodation. On 8 April 2024, we advised QCS that we would be taking no further action under s 17(6) of our legislation.

#### Case study 4

A prisoner was accused of sexually assaulting his cellmate while at Brisbane Correctional Centre. While under investigation for this assault, the prisoner was transferred to another centre. When he returned to Brisbane Correctional Centre, a case note recorded that there were no issues or concerns about him sharing a cell. The prisoner who had been accused was later charged with the rape of his former cellmate, and the details of his charge were added to his case notes. The next day, staff added a cell sharing review case note, indicating there were no apparent identified risks or factors that would prevent shared cell accommodation. There were a further 17 case notes about the prisoner's shared cell accommodation where no known issues or risks were identified. Two case note audits by a supervisor also failed to identify any issues with the prisoner continuing to share a cell.

On 22 April 2025, we raised concerns with QCS through a s 17(2) notice about the prisoner in the above case study. On 20 May 2025, QCS told us that staff at the second centre had incorrectly assumed that when an investigation into an alleged sexual assault had been closed, this meant the matter had been finalised. However, an investigation may be closed because the matter has been referred to the police and the alleged perpetrator has been charged or convicted, which was the issue in this case. As noted above, the COPD states that under no circumstances should a prisoner who is identified as an alleged perpetrator of a sexual assault be placed in shared accommodation. This includes those who have been charged or convicted.

In its response, QCS advised that the second centre had conducted an internal review of similar cases and found further instances where the same error had been made by staff. While we acknowledged this positive step, we remain concerned that there may be a broader risk, and the same error may have occurred at other correctional centres. We advised QCS on 30 April 2025 that we would not be taking any further action under s 17(6) of our legislation, but suggested that it consider extending the scope of its review to include prisoners at other correctional centres.

We reviewed an updated version of the COPD: Prisoner Accommodation Management – Cell Allocation (Version 10, 2 October 2025) and noted several changes to this document. These include expanding on the case note example for documenting cell sharing risk

assessments to suggest human rights that may be considered. However, our concerns relate to how the COPD is implemented rather than its content. We also noted that there were no amendments to the section on sexual assault perpetrators.

Overall, we identified several concerns with cell sharing decisions and how staff recorded the various factors they have considered in case notes. We also found that prisoners are not always encouraged to raise concerns about cell sharing arrangements. We are particularly concerned that risk assessments are not always taking place where a prisoner has been accused of sexually assaulting another prisoner, and that some prisoners continue to share a cell after being charged with sexual assault against another prisoner.

While it is noted that QCS is reviewing processes for staff to record shared cell accommodation decisions, we are concerned that even where issues are recorded, staff are not reviewing case notes and identifying risk factors to be considered. We acknowledge the impact that overcrowding has on staff, who are under considerable pressure with increased workloads. However, it is unacceptable that prisoners are being placed in shared cell accommodation with prisoners who present a known safety risk. The recommendations below aim to address concerns about the COPD not being properly implemented. We will continue to focus on this issue in future inspections.

### **Recommendation 10**

Queensland Corrective Services prioritises the development of strategies to improve the completion and recording of cell sharing risk assessments as required by the Custodial Operations Practice Directive: Prisoner Accommodation Management – Cell Allocation.

### **Recommendation 11**

Queensland Corrective Services ensures the safety of prisoners by auditing the Integrated Offender Management System record of all prisoners charged with a sexual offence while in custody to ensure they are not sharing a cell.

### **Recommendation 12**

Queensland Corrective Services ensures the safety of prisoners by:

- a) amending the Custodial Operations Practice Directive: Prisoner Accommodation Management – Cell Allocation to make it clear that prisoners must not share a cell if they have been charged with or convicted of sexually assaulting another prisoner in custody
- b) developing a way for staff to easily identify prisoners who cannot share a cell because they are under investigation for sexually assaulting another prisoner while in custody or have been charged with or convicted of sexually assaulting another prisoner.

## Bullying and violence reduction

### Standards

11

The prison environment is one where bullying, harassment and intimidation is not tolerated.

An effective bullying and violence reduction strategy should promote a zero-tolerance approach to all forms of bullying and violence. The strategy should include measures to detect and prevent bullying and violence, and measures to support victims and manage perpetrators. Strategies may include information on:

- training staff to proactively look for signs of bullying or violence
- conducting evidence-based risk assessments
- undertaking trends analysis using intelligence and incident reports
- developing interventions targeting predictors of violence
- protecting victims and providing them with timely support
- managing behaviour of perpetrators through disciplinary processes and appropriate support
- complaint mechanisms that encourage reporting of incidents.

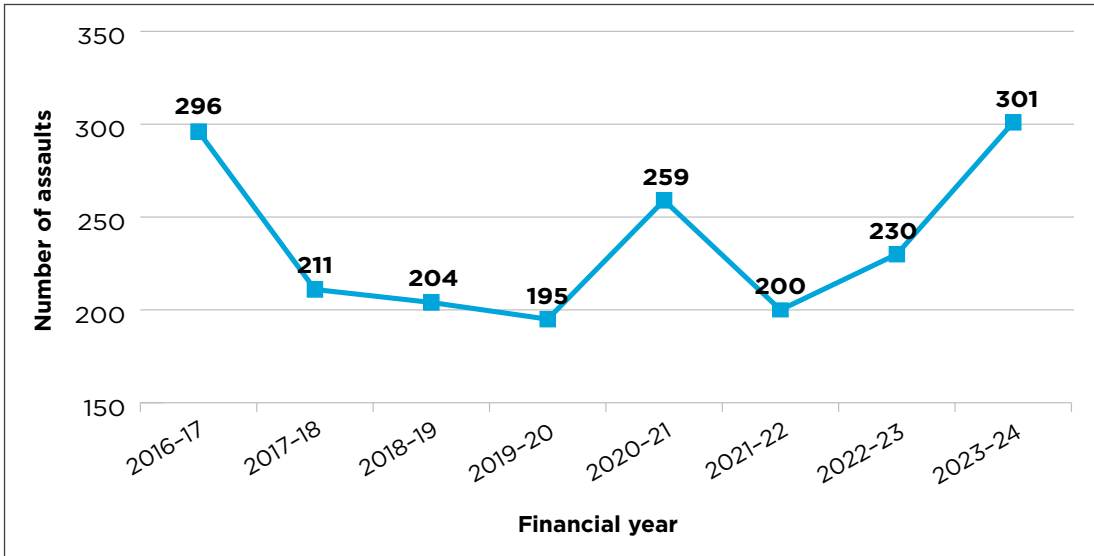
We reviewed the Prisoner Information Handbook, which states the centre has zero tolerance for drugs, bullying, victimisation and harassment. It notes that prisoners engaging in these behaviours may be charged with a criminal offence and result in a review of their offender rehabilitation plan and placement at the centre. Despite this, our prisoner survey indicated that 63.5% of respondents said that bullying occurs in the centre, and a further 32.6% said that bullying sometimes occurs at the centre.

We reviewed the centre's Violence Prevention Framework, which focuses on the capture and collation of data, analysis of trends and the improvement of practice. As part of this framework, the centre tracks 'triggers of violence', noting that this provides an evidence-based approach to inform prisoner management strategies and risk mitigation. The strategy states that this approach also allows staff to detect trends and patterns to anticipate challenges and predict violence before it occurs.

We spoke to staff who told us that monthly reviews of incidents, protection needs assessments and other intelligence analyses are undertaken to highlight trends and identify causal factors behind assaults. We were told this information is presented in the form of a dashboard that is available to management and staff. However, we were unable to identify how the trends identified were used by the centre to prevent and reduce violence.

As shown in Graph 3, the number of physical assault incidents decreased in 2017–2018, possibly due to the introduction of the modified unit routine (MUR) in 2017 that limits the number of prisoners who are unlocked and free to associate at one time. The number of physical assault incidents increased in 2020–2021, which may have been due to COVID restrictions. The number of physical assault incidents subsequently decreased in 2021–2022, but they have gradually risen since.

**Graph 3: Number of prisoner assault incidents over time**

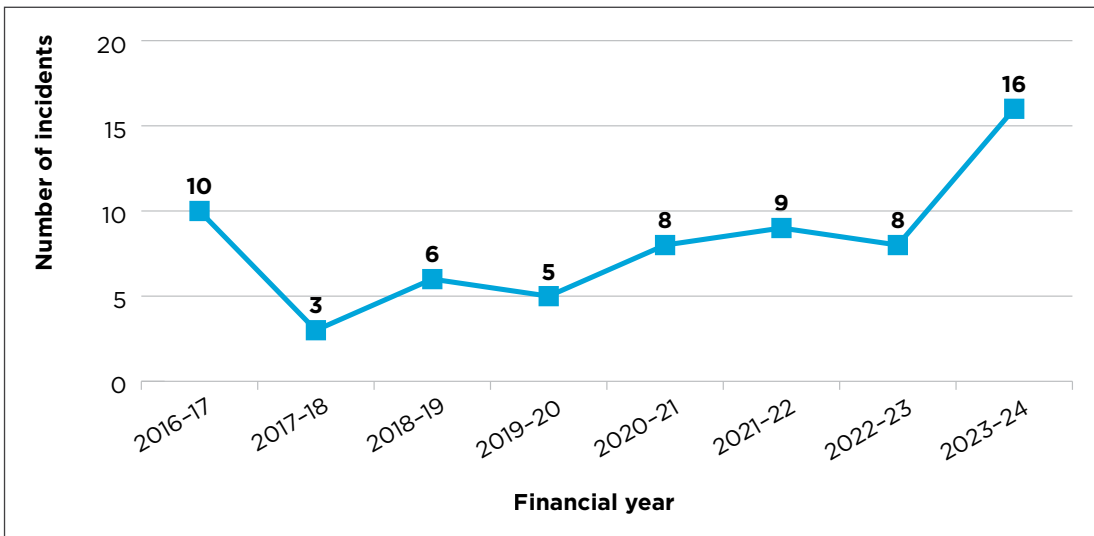


(Source: Compiled by the Inspector of Detention Services from Reporting Services Data, *Correctional Centre Trend Reports*, for each financial year, accessed on 17 April 2025)

We also reviewed the number of prisoner sexual assault incidents that took place in the centre and found it has gradually increased since 2018-2019. While the increase in figures may be due to more prisoners reporting sexual assaults or the COVID lockdowns, the rate of increase is concerning, particularly given the issues with cell sharing risk assessments discussed above.

It should be noted that these figures only include incidents that occurred at Brisbane Correctional Centre and were reported while the prisoner was accommodated there. Many of the incidents we reviewed were reported at the centre but took place in another facility. It is therefore likely that if we reviewed sexual assault incidents that have been reported at other correctional centres, the number that have occurred at Brisbane Correctional Centre would be much higher.

**Graph 4: Number of sexual assault incidents that occurred at Brisbane Correctional Centre and were reported at Brisbane Correctional Centre from 2016 to 2024**



(Source: Compiled by the Inspector of Detention Services from Reporting Services Data, *Correctional Centre Trend Reports*, for each financial year, accessed 17 April 2025)

The Queensland Ombudsman's report *Prison overcrowding and other matters* (2024) noted that overcrowding can lead to increased bullying and violence in prisons. As the New South Wales Inspector of Custodial Services' report *Full House: The growth of the inmate population in NSW* (2015) highlighted, prisoners living, eating, sleeping, toileting and showering in close proximity to each other for prolonged periods of time is likely to increase tensions among them.

In addition, prisoners in the centre are locked in their cells for 20 hours a day, with limited employment, recreation or programs to occupy them. The high turnover of prisoners also makes it difficult for staff to develop relationships and have meaningful interactions with prisoners that might otherwise help to de-escalate incidents and prevent violence from occurring.

Overcrowding is not addressed in the centre's Violence Prevention Framework. The strategy lists a number of predictors of violence such as the age of the prisoner and their history of violence, but the only factor in the strategy that is linked to overcrowding is prisoner access to meaningful activities.

The Prison Reform Trust's report *How can we reduce tensions, conflict and violence in prison?* (2020) made a number of recommendations to reduce violence in prisons, including:

- reducing prisoner numbers to avoid the associated risks of overcrowding
- providing access to well-maintained outside spaces and fresh air on a regular basis
- giving prisoners opportunities to contribute to prison life in a meaningful way
- prioritising more out-of-cell time and encouraging meaningful social interaction through activities (e.g. sports, reading, recreation, creative arts and gym)
- delivering conflict resolution programs while having a strong prisoner peer-led approach.

These recommendations are all associated with overcrowding and strategies to mitigate its impact and would therefore be of use for the centre to consider as part of its violence reduction strategy.

Overall, we found that a majority of prisoners who responded to our survey reported that bullying occurs in the centre. Overcrowding in prisons has been linked to bullying and violence, and we found that the rates of prisoner-on-prisoner assaults in the centre have increased with increasing prisoner numbers. While the centre has a Violence Prevention Framework, it does not adequately address the impact of overcrowding on bullying and violence.

### Recommendation 13

Brisbane Correctional Centre reviews its Violence Prevention Framework to include ways to reduce bullying and violence that may occur as a result of overcrowding in the centre.

## Complaints processes

### Standards

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

A fair complaints process ensures transparency and accountability and is part of good governance. Complaints processes give prisoners a voice, agency and rights protection, and when managed appropriately, provide the opportunity to facilitate systemic improvements and address incidents before they occur.

The QCS *Client Complaint Management Procedural Handbook (2024)* provides 4 opportunities for prisoners to seek complaint resolution:

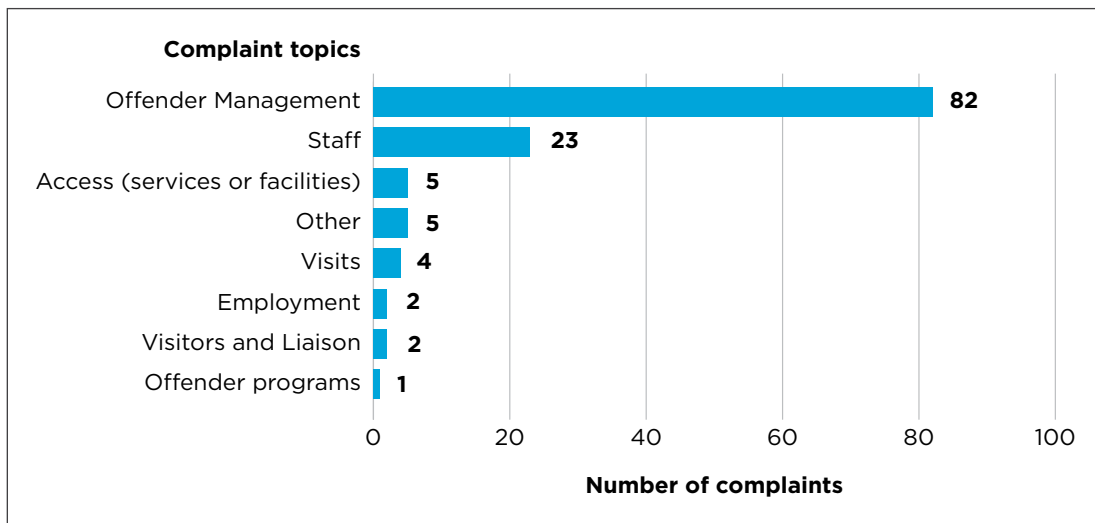
- addressing concerns locally with staff
- writing a letter to prison management
- seeking review by the official visitor
- requesting external review, for example, through the Office of the Queensland Ombudsman or other agencies.

Prisoners can lodge complaints on release or have them lodged on their behalf through the online QCS complaints form, which is directed to its head office. We reviewed information provided by QCS that is made up of complaints to the official visitors, complaints directly to head office and complaints to prison management (known as 'blue letters').

Of the 83 complaints received by the official visitors, almost half were about prisoner services such as management of prisoner property or offender management, which includes placement within the centre. There were 124 complaints received by QCS head office or in a blue letter form by the prisoner for the period 1 August 2023 to 31 July 2024. The largest number of these complaints related to:

- offender management (66%)
- staff (28%).

Graph 5 provides a summary of the subject matter of these complaints.

**Graph 5: Overview of complaint topics from 1 August 2023 to 31 July 2024**

(Source: Compiled by the Inspector of Detention Services from data provided by Queensland Corrective Services)

The Prisoner Information Handbook outlines how a prisoner can raise their concerns via the blue letter process. The handbook states that, in the first instance, prisoners are encouraged to discuss their concerns with unit officers, supervisors and managers before writing a blue letter. Prisoners are advised that once the general manager receives a blue letter, the centre endeavours to respond within 28 days.

The handbook informs prisoners that they can obtain a blue letter envelope from their unit or unit officers. It also explains that prisoners can make complaints to the official visitor – people appointed by the community who visit the prison. Information and contact details for other complaint bodies such as the Queensland Ombudsman and Office of the Health Ombudsman are also included in the Prisoner Information Handbook.

### The blue letter process

Blue letters are an internal process by which prisoners can escalate complaints, compliments and requests to the centre's management. Section 17(3) of the Corrective Services Regulation states that a corrective services officer must give a prisoner a blue letter on request. The Local Instruction: Complaint Handling Process and Local Instruction: BCC – Privileged Mail – Blue Letter Mail Boxes (2021) states that each accommodation unit must have sufficient stock of blue letter envelopes at the officer's station. It requires each accommodation unit to have a blue letter mailbox with a holder for blue envelopes. Unit officers must ensure that blue envelopes are available for the prisoner to take at the mailbox or provide a prisoner with a blue envelope on request. Blue letter mailboxes are to be emptied each weekday (excluding public holidays).

The Complaint Handling Process outlines that, following an enquiry regarding a complaint, which could be through the blue letter process, the prisoner will be provided with an outcome letter. As discussed above, where the outcome does not meet the prisoner's satisfaction, there are additional avenues for prisoners to seek resolution to their complaint.

We reviewed a sample of blue letters and the responses provided by the centre and found that several did not address all the concerns raised by a prisoner. For example, where prisoners raised concerns about their safety when making requests to transfer or move units, the response dealt with their request but did not address their safety concerns. We also noted that where the issue raised by the prisoner appeared to be substantiated, the response did not always provide an explanation of how or why the situation had occurred.

We also found that blue letters are not readily accessible to prisoners. Although we were advised by staff and management that blue letters are available to prisoners both through canteen sales at no cost to the prisoner (also known as buy-up) and on request from officers within units, during the inspection, several staff told us that blue letters are only available through buy-up. We also observed that unit S8 did not have blue letter boxes available, and unit S18 had a blue letter box but it was damaged, with half of the box missing. Prisoners told us that they do not feel comfortable raising concerns in an open forum with unit officers, and there is limited opportunity and space to discuss matters privately, so it is important that blue letters are accessible.

Staff told us that blue letters were made available on the buy-up to provide a more discreet method for prisoners to request them. However, this means that prisoners need to wait to order and then receive a blue letter before they are able to make a complaint, which can take up to a week. This is because prisoners submit their buy-up orders on Friday or Saturday but do not receive them until the following Wednesday or Thursday. Ensuring that blue letters are available in the units as well as on the buy-up would reduce delays for those prisoners with an urgent complaint.

Section 17(2) of the Corrective Services Regulation states that prisoners must, if practicable, send privileged mail in a blue envelope to help it to be easily identified. While this may assist with prison administrative processes as the letter is easily identifiable, we found that the colour of the envelope can deter prisoners from submitting a complaint. One prisoner told us that they would not put in a blue letter because of concerns about the 'bad consequences' if other prisoners see that you have submitted a complaint, while another said that they would not put in a blue letter because other prisoners would think you are 'dobbing' on someone. Prisoners said that they had concerns about submitting a blue letter directly to unit officers because they had seen staff opening and reading them.

Prisoners reported to us that blue envelopes draw unnecessary attention from staff and other prisoners. We found this deters some prisoners from submitting a complaint. For these reasons, the use of blue envelopes is no longer practicable. Allowing prisoners to submit complaints using normal envelopes would make this process more discreet as it would look like ordinary mail.

Following the onsite inspection, we raised our concerns about blue letter responses and access to blue letters with prison management. We were told that management is currently reviewing complaint responses to ensure that they acknowledge the issue raised by the prisoner. Senior management also advised that blue letters are now available in all units, both through buy-up and officer stations. We agree that improving access to blue letters means there are fewer delays in prisoners obtaining letters, while also providing the option for prisoners to obtain a blue letter discreetly. However, requiring prisoners to use a blue envelope may attract unnecessary attention from staff and other prisoners and prevent them from submitting their complaint. We will continue to look into this issue in future inspections.

#### **Recommendation 14**

Brisbane Correctional Centre improves the blue letter process by ensuring that responses address all of the prisoner's concerns and where substantiated, provide an explanation to the prisoner about how the issue occurred.

## Prisoner Advisory Committee

### Standards

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

The Prisoner Advisory Committee (PAC) is responsible for raising concerns with centre management on behalf of prisoners. Governance and performance checklists provided by the centre state that PAC meetings should be held monthly, with minutes taken and distributed to all relevant persons within 2 working days of the meeting. As part of the inspection, we met with PAC representatives for both the north and south accommodation units and reviewed documentation provided by the centre.

Prisoners told us that PAC meetings are not held regularly, and there have only been 3 to 4 meetings within a 12-month period. The centre provided us with PAC meeting minutes, but we noted that several of these were missing. We were not provided with PAC meeting minutes for south units for August 2023, October 2023 or June 2024. For north units, we were not provided with PAC meeting minutes for December and June 2024, and the minutes for August and October 2023 were identical. We were told that governance and performance checklists provided by the centre should note that all PAC meetings have been held; however, when we reviewed these documents, we were unable to confirm the frequency of PAC meetings.

PAC members also told us that there is limited notice of when meetings will be held, with members saying they are usually told about a meeting just before it commences. They said that this provides them with limited opportunities to consult with prisoners about issues affecting them and to collate those issues to raise with staff.

PAC members said that they are not provided with a meeting agenda, minutes or the outcomes of previous meetings. PAC representatives told us that they find themselves raising the same concerns at each meeting and they are 'just a tick box exercise for management'. Prisoners said that they would like to see an independent third party, such as an official visitor, attend PAC meetings to ensure centre staff and management are held accountable.

We found that the PAC process does not operate effectively in allowing prisoners to raise concerns with centre management. After the onsite inspection, we raised our concerns about PAC meetings, and prison management said it has taken this feedback on board and allowed information to be readily shared and available, and a regular schedule for PAC meetings is being investigated.

### Recommendation 15

Brisbane Correctional Centre formalises the Prisoner Advisory Committee process, ensuring that scheduled meeting dates are set out in advance and members are provided with meeting agendas, minutes for previous meetings and outcomes of issues raised.

## Prisoner request forms are not accessible

### Standards

10

The prison assists prisoners to prepare for their court appearance.

25

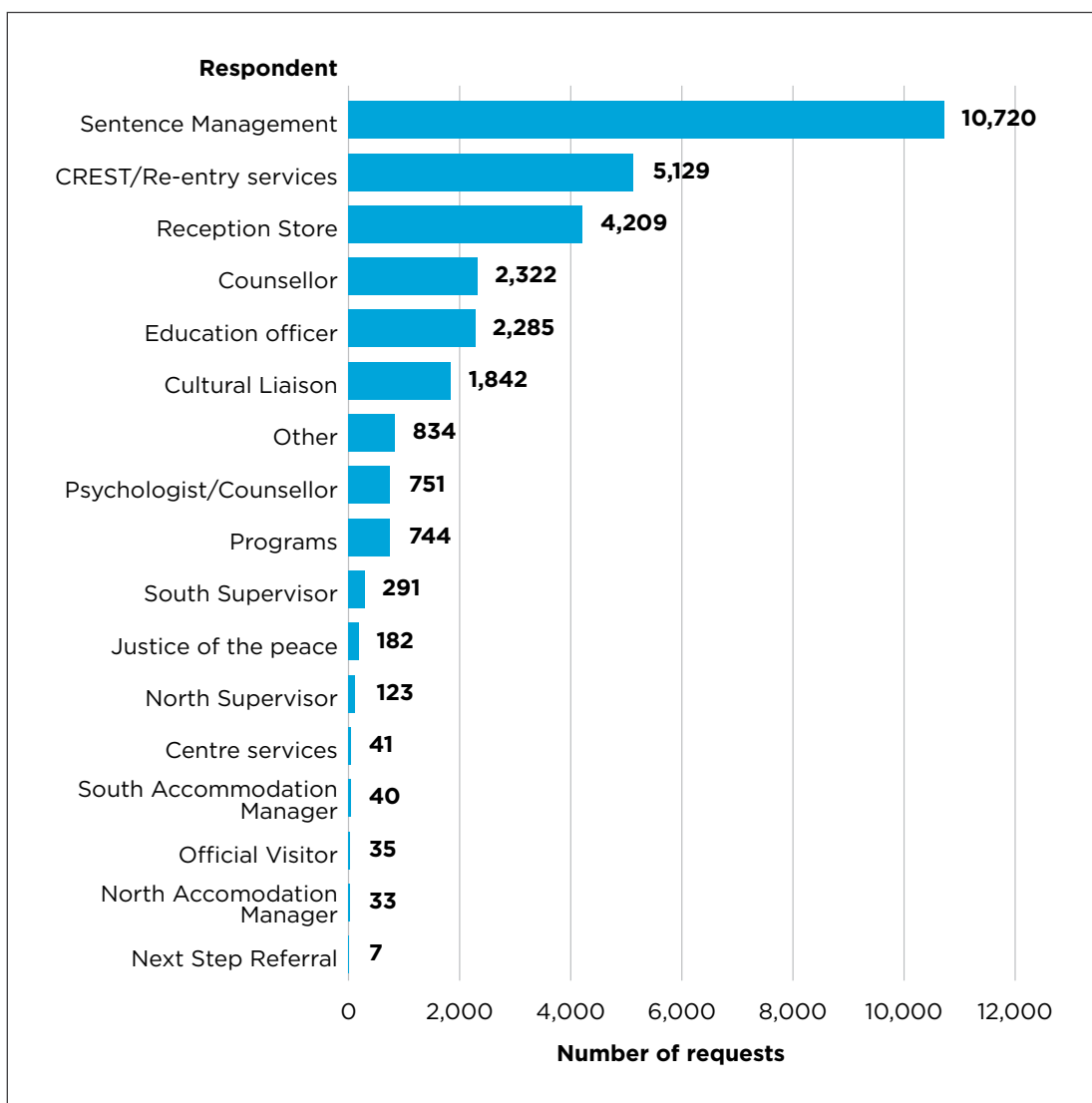
Prisoners can make requests and lodge complaints without being victimised and can appeal decisions easily.

The Prisoner Information Handbook notes prisoners should submit a Prisoner Request Form to obtain assistance or a service from a staff member. Prisoner Request Forms are available in accommodation units and, once completed, are submitted by staff on behalf of the prisoner. Staff provide prisoners with a reference number as proof the request has been submitted.

The centre's records are predominantly paper-based. This generates a large volume of documentation, and staff at the centre spend a significant amount of time managing prisoner requests for such things as the addition of numbers to the prisoner telephone system (PTS), employment applications, and requests for access to programs, education and legal resources. For example, staff told us that they receive between 100 and 400 paper-based PTS request forms per week for processing.

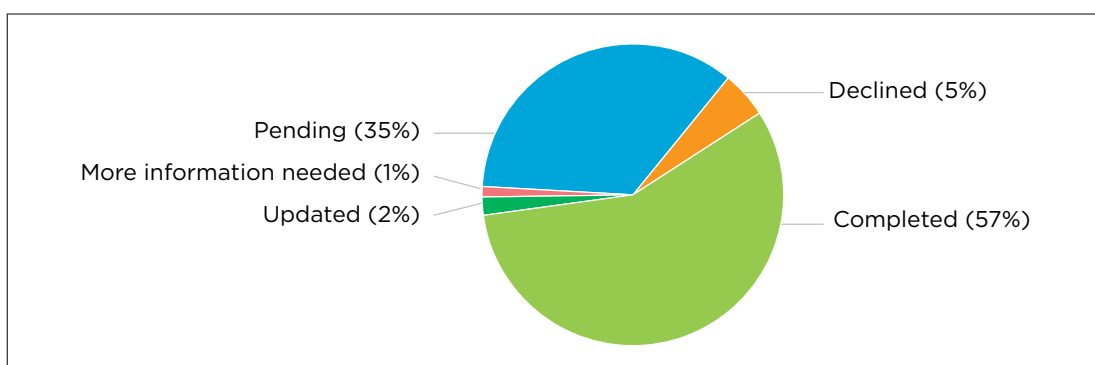
We reviewed prisoner requests and found that prisoners submitted 29,547 requests between 1 August 2023 and 31 July 2024. Graph 6 outlines the requests received by team or staff members. Given the number of prisoner requests, it is estimated that a significant amount of staff time would be spent managing these paper-based requests. Graph 7 shows over a third of requests were pending at the time this information was provided.

**Graph 6: Prisoner requests received by team or staff member from 1 August 2023 to 31 July 2024**



(Source: Compiled by the Inspector of Detention Services from data provided by Queensland Corrective Services)

**Graph 7: Outcomes of prisoner requests received**



(Source: Inspector of Detention Services prisoner survey - 109 responses received)

During the onsite inspection, we observed that request forms were not available in some of the units, and in others, prisoners needed to ask for a form from officers, who kept them in the officers' station. However, some prisoners told us that they do not feel comfortable asking unit officers for request forms and said that while some officers are approachable and responsive to their requests, others are dismissive. We also observed officers making negative comments about prisoners who sought assistance (see section on 'Encouraging positive behaviour' in Chapter 3). This is consistent with prisoner survey results, which indicated that 40% of respondents would not feel comfortable asking correctional officers for assistance if they needed it, and 32% of prisoners said they were 'not sure' if they would feel comfortable in asking correctional officers for help.

We were told that the new Lockyer Valley Correctional Centre will feature advanced technology, including secure in-cell technology for prisoners. This allows prisoners to directly submit requests, which would reduce delays in processing paper-based records. It would also mean that prisoners could check on the process of their requests electronically, which would more efficiently use staff time that is currently spent following up on requests. Allowing prisoners to track their requests may also reduce the number of duplicate requests submitted by prisoners who have not heard back from their original request due to the backlog.

In our report on Southern Queensland Correctional Centre (2024), we recommended that QCS investigate the implementation of in-cell technology to support the completion of self-paced education programs. In its response, QCS noted that any rollout beyond Lockyer Valley Correctional Centre to other correctional centres would require additional government funding and need to be technically and commercially viable, given infrastructure and technology limitations in the centre.

Request forms are an essential part of daily life in prison. They provide access to a range of services in the centre, including legal resources and library books. They also enable prisoners to speak to staff outside their unit and communicate with family by requesting mail, videoconferencing and interfacility visits. It is therefore important that prisoners feel they are able to access request forms and approach officers for assistance where required.

#### **Recommendation 16**

Brisbane Correctional Centre ensures that prisoners can access request forms in all units and that staff support prisoners in submitting requests.

#### **Recommendation 17**

Queensland Corrective Services investigates the implementation of in-cell technology to more efficiently manage prisoner requests.

## 3. Managing behaviour

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

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.

Positive relationships are also vital to maintaining prison security. When staff know the prisoners well and engage constructively with them, security threats and incidents are managed more effectively. Staff engaging in a confident, assertive and consistent manner can help limit conflict, reduce incidents and successfully deal with volatile situations as they arise.

During the inspection, we observed staff interacting with prisoners and reviewed how the centre manages discipline matters and use of force incidents. We observed the Local Review Panel and spoke to prisoners about their relationship with staff. We also examined how the centre communicates behavioural expectations to staff, prisoners and visitors.

It was noted that the centre does comprehensive reviews of use of force incidents and makes appropriate observations and appraisals of incidents. We also found that the centre makes appropriate recommendations for improvement and tracks whether recommended actions have been carried out.

The centre presented a more mixed picture when considering the relationship between staff and prisoners. We observed examples of positive engagement in the units that manage some of the most complex prisoners in the centre. However, we found the relationship between staff and prisoners was not always positive, and observed several instances where staff spoke about prisoners in a rude or disrespectful manner.

We found that some standards that relate to managing behaviour were met adequately. As such, we have not discussed them in detail.

### Encouraging positive behaviour

#### Standards

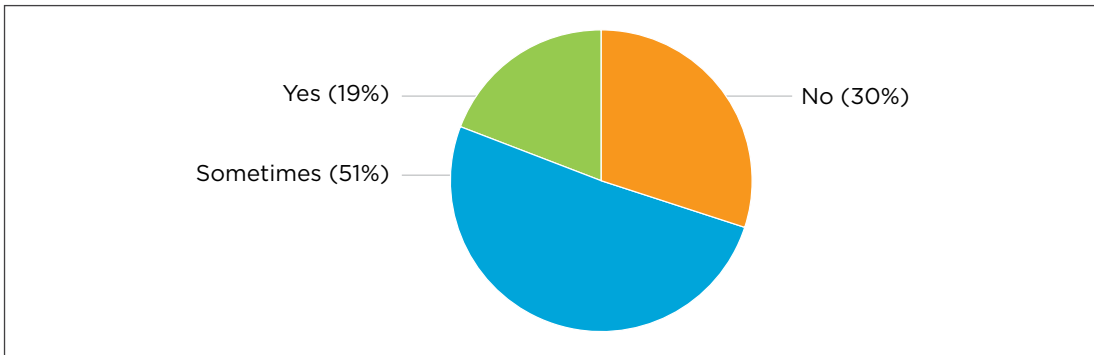
- 26 The relationship between staff and prisoners is positive and respectful.
- 27 There are clearly defined rules and codes of conduct for staff, prisoners and visitors.
- 28 Prisoners are encouraged to develop pro-social behaviours and to take responsibility for their actions.

Treating prisoners with dignity and respect encourages positive behaviour in prisoners. As noted above, when staff engage with prisoners and get to know them, they are better able to anticipate and prepare themselves to respond effectively to any incident that may threaten the security of the prison and the safety of staff and prisoners. This concept is described as dynamic security, and it requires professional and positive relationships between staff and prisoners.

During the inspection, we saw several examples of positive communication between prisoners and staff. We observed management speaking respectfully to prisoners during unit inspections, both when providing positive comments about clean cells and when addressing behavioural issues with prisoners. We also saw several examples of positive communication between staff and prisoners in those units that manage the centre's most complex prisoners, such as the MSU, complex behaviour unit and close supervision and support unit.

Yet these positive examples contrasted with our observations of staff making disrespectful comments about prisoners and displaying negative attitudes when interacting with prisoners. We heard several staff members referring to prisoners as 'crims' and making other comments about prisoners that were rude, disrespectful or dismissive. This mixed picture of staff and prisoner relationships was evident in the results of our prisoner survey, where 51% of respondents said that staff 'sometimes' treated them with respect.

**Graph 8: Prisoner survey results**



(Source: Detention Services Inspection Unit prisoner survey data)

In Tasmania, the Office of the Custodial Inspector's *Adult Wellbeing Prisoner Inspection Report (2024)* noted the importance of the language used in correctional environments. They noted that the Tasmanian Prisoner Service is taking steps to change the language used in prisons, such as replacing the word 'muster', which is used as a term to describe rounding up livestock and has historical meaning as a term used with convicts, to the word 'count', which has fewer negative associations.

Staff told us that on busier units, they have less time to build rapport and engage with prisoners. During the onsite inspection, we observed a unit officer refer to a prisoner seeking assistance as needy and annoying, which makes staff appear unapproachable. As noted in Chapter 2, we also observed a sign in a unit that said, 'Please don't ask to move cells you may not like the answer'. This type of communication does not encourage prisoners to engage with staff or build rapport.

We were told that officers in the units that manage the most complex prisoners receive a supplementary training package that encourages a combination of hard and soft skills. The topics covered in the training include procedural justice, capable guardian, end-to-end case management, mental health and cofacilitation of prisoner resilience. We were told that this training has been earmarked for all officers and has been picked up for induction training for Lockyer Valley Correctional Centre staff. We agree that this type of training would be useful for all staff engaging with prisoners.

While we saw some examples of positive communication at the centre, the negative comments we observed indicate there is room for improvement in staff and prisoner relationships. We acknowledge that maintaining positive engagement with prisoners who present with challenging behaviours can be difficult, particularly in a reception centre, where overcrowding and 'churn' can cause instability and place additional pressure on staff. However, treating prisoners with respect encourages positive behaviour, and staff should set

an example for prisoners by modelling pro-social behaviour and engaging in a respectful, professional and transparent manner.

After the inspection, we raised our concerns about relationships between staff and prisoners with senior management and were told that staff have regular training in the Code of Conduct and expectations within the workplace.

### Staff working in specialised units

We found that the majority of officers working in the specialised units (i.e. complex behaviour unit and close supervision and support unit) were calm, professional and well suited to working in environments with prisoners demonstrating complex and challenging behaviours. Staff demonstrated a trauma-informed approach and an understanding that prisoners in these units may be recovering from traumatic or violent experiences. For example, we observed a manager remind staff to allow new receptions coming into the unit a 'grace period' to decompress, and to avoid forcing prisoners to comply with unit routines for a period of time.

Most of the MSU prisoners we spoke to were positive about the staff working in the unit. We observed that MSU officers were calm and professional when interacting with prisoners. We noted that staff knew the prisoners in the unit well. We noted that staff did not escalate situations, and considered the triggers, needs and concerns of prisoners in the unit.

#### Recommendation 18

Brisbane Correctional Centre delivers additional training to all staff to encourage pro-social engagement and improved service delivery.

## Punishment and disciplinary procedures

### Standards

30

Disciplinary action and outcomes are created under law or regulation and are clearly communicated to all prisoners.

The process for dealing with breaches and disciplinary proceedings is outlined in Chapter 3 of the *Corrective Services Act 2006* and the COPD: Breaches of Discipline. Section 121 of the *Corrective Services Act* provides that the period of separate confinement stated on an order must not exceed 7 days.

The COPD states that, when making a decision to impose an additional period of separate confinement for a breach of discipline after a period of separate confinement via a safety order, the decision-maker needs to give proper consideration to the prisoner's human rights and whether the same purpose can be achieved by less restrictive means. It also notes that time spent in separate confinement as a result of a safety order is not to be considered as 'time served' for disciplinary purposes.

As part of our inspection, we reviewed 51 discipline matters in the period June to September 2024 and found that the majority were managed appropriately. For one discipline matter where the prisoner was found guilty, it was noted that the prisoner's time in the detention unit was considered in determining the penalty and no further punishment was given. This is expressly prohibited by the COPD; however, we consider that this course of action has greater regard for human rights and ensuring the circumstances do not result in double punishment.

We agree with the action taken in this situation to consider previous periods of confinement in determining punishments. When considering penalties following a breach of discipline, not taking into account the time a prisoner has already spent in separate confinement may result in double punishment.

In its submission to this report, QCS provided feedback on the proposed recommendation 19 (Appendix A), which stated:

Queensland Corrective Services amends the Custodial Operations Practice Directive: Breaches of Discipline to allow time spent in separate confinement on a safety order to be taken into account when considering a penalty for a discipline matter for the same circumstances

QCS did not accept this recommendation. They told us that while the period of separate confinement as a result of a safety order may be taken into account at the discretion of the decision-maker, it is not considered 'time served'. Separate confinement because of a safety order is not considered to be a punitive measure. We acknowledge QCS's response and have decided to withdraw the recommendation, however, we will consider this issue in future inspections.

### Recommendation 19

Recommendation withdrawn.

## Reviews of use of force incidents

### Standards

32

Force is only used as a last resort, for the shortest time required, and never as a punishment. When used, force is lawful, necessary and proportionate. It is safely and humanely applied, and subject to rigorous governance.

During the inspection, we had the opportunity to attend the Local Review Panel meeting and to view staff responding to use of force incidents onsite. The panel makes observations and appraisals of officers' conduct during incidents and makes recommendations for improvement. These recommendations relate to areas such as incident management, use of body worn cameras, officer safety considerations, and communication with and handling of prisoners.

We reviewed 16 use of force incidents that occurred between 1 August 2023 and 31 October 2023. While we identified that there was poor communication with prisoners in 2 of these incidents, the panel identified issues of concern and areas for improvement or officer safety issues. We found that the panel made appropriate recommendations for improvement and tracked whether recommended actions had been carried out.

We also attended the centre's Professional Standards meeting, which oversees internal discipline and monitors matters that have been referred to the Ethical Standards Group within QCS central office, including excessive use of force, failure to activate body worn cameras and appropriate use of chemical agents. We found that the centre had appropriate processes in place for managing and monitoring these matters.

## 4. Daily life

In this chapter, we reviewed the centre's accommodation and facilities, and how prisoners typically spend their days.

During the inspection, we spent time in the units and observed the daily routine of prisoners. We visited the gym, oval and library and spoke to prisoners about how they spend their time in the centre. We considered their living conditions, hygiene, bedding and clothing and saw how food is prepared and delivered. We spoke with visitors about their visit experiences and observed the visit process from arrival to the visitor leaving the centre. We also reviewed how prisoners are supported to practise their religion in the centre.

We found that many prisoners at the centre spend up to 20 hours a day in their cells, with few activities to occupy them. The Commissioner's *Operational Performance Review of Custodial Operations for 2023-2024* (Operational Performance Report) indicated that the centre has the lowest average amount of out-of-cell time for prisoners of all centres in Queensland, and the highest built cell utilisation rate (measure of the capacity of correctional centres as designed), which are indicators of significant overcrowding. In overcrowded conditions, the daily life of prisoners and their contact with the outside world become particularly important. We noted that overcrowding impacts on all aspects of daily life in prison, from managing visits to ensuring prisoners have access to phone calls, activities and other resources.

While we have some concerns about the day-to-day management of prisoners, we also found several examples of positive practice in the centre. We noted that visit applications are processed efficiently, and the visits supervisors treated all visitors with respect, displaying a calm and friendly manner in a busy environment. We also saw visit staff making reasonable adjustments for visitors with disabilities. Staff in the kitchen take care in preparing special meals, and we noted that gluten free meals are made in the dry stores area, which is separate to the main kitchen, to prevent contamination. There is also a large selection of foreign language books in the library covering 30 different languages.

We found that some standards that relate to daily life were met adequately. As such, we have not discussed them in detail.

### Modified unit routine reduces out-of-cell time

#### Standards

36

The regime is purposeful and sufficiently flexible to account for the diversity of the prisoner population.

The COPD: Daily Operations - Headcount Unlock Muster Lock Away notes that MURs occur when operational needs require staggered or altered out-of-cell time for prisoners. Local Instruction - Modified Unit Routine (2019) states that the MUR aims to reduce competition for services when units are managing higher number of prisoners than they have been designed to accommodate. The MUR operates at the centre when there are at least 78 prisoners in each of the north units (designed to accommodate 50 prisoners) and numbers exceeding 49 prisoners in each of the south units (designed to accommodate 49 prisoners).

We were told that the centre is currently enforcing an MUR, which was implemented in 2017. Under the MUR, local instructions state that prisoners have 5 hours out-of-cell time each day, with prisoners located on the bottom landing unlocked in the morning and those on the top landing unlocked in the afternoon. These sessions do not alternate, meaning that prisoners on the lower landing will always be unlocked in the morning and prisoners on the upper landing will always be unlocked in the afternoon. The only prisoners not subject to the MUR are those who are employed, and those prisoners in the close supervision and support unit, complex behaviour unit and MSU.

Staff told us that out-of-cell time is not consistently recorded in the units. We reviewed the Centre Daily Regime document that sets out the daily schedule for prisoners, which states that prisoners with out-of-cell time in the morning are unlocked at 7.45am and then locked away at 11.45am, allowing them 4 hours. On the other hand, prisoners with out-of-cell time in the afternoon are unlocked at 12.30pm and locked away at 5:00pm, allowing them 4 and a half hours. We reviewed unit logbooks across 6 units during 3 days of the onsite inspection and found that unlock and lock away times for the MUR were not recorded.

In response to the Queensland Ombudsman's report *Prison overcrowding and other matters* (2024), QCS acknowledged that it needed to develop responses to address the high prison numbers, including in relation to out-of-cell time and the MURs. We reviewed the Operational Performance Report, which compares out-of-cell time at the centre with other correctional centres. It notes that the centre has the lowest average out-of-cell time of all centres at 4.49 hours, with the highest built cell utilisation rate at 168%. As it appears that out-of-cell time is not recorded in the units, it is not clear how these figures were calculated.



Photo 3: Shared cell in workers' unit



**Photo 4: Common area in the units**

We found that the way in which the MUR has been implemented is not sufficiently flexible and is not equitable for all prisoners. According to the Centre Daily Regime, prisoners are not receiving 5 hours out-of-cell time as stated in the local instruction. In addition, prisoners unlocked in the afternoon receive an additional half hour compared to prisoners unlocked in the morning.

Prisoners unlocked in the mornings told us that it is difficult to contact their legal representatives at this time because they are usually attending court. They also said that they are unable to speak to family members in the morning as they are at work or school. On the other hand, prisoners unlocked in the afternoons told us that this can limit their access to Elders visits and some Sunday services. Some prisoners suggested that the MUR schedule could alternate on a regular basis to provide some flexibility.

The MUR also means that prisoners are locked down with their cellmate for 20 hours a day, with no privacy or the opportunity to be alone in their cell. Both prisoners and staff told us that the MUR should allow prisoners in shared cell accommodation to be unlocked separately. This would provide the prisoner remaining in their cell some time on their own and to complete hygiene activities that would otherwise be done in front of their cellmate. The QCS internal inspection report *Full Announced Inspection - Brisbane Correctional Centre* (2021) noted this issue and recommended that the centre should consider reviewing the MUR to permit prisoners to be unlocked separately to their cellmate to provide the opportunity for all prisoners to have some privacy.

Although out-of-cell time is not consistently recorded at the centre, we found that some prisoners are spending more time in their cells than provided for in the MUR local instructions Centre Daily Regime document. We were told by staff and prisoners that the MUR is amended on the weekend when staff training takes place, where all prisoners are locked down for the duration of the training and then allowed 2 hours out-of-cell time. We reviewed the centre's annual training plan that notes Correctional Emergency Response

Team (CERT) training takes place on Saturday and Sunday mornings from 8.00am until 10.00am. This would suggest that prisoners in the morning are unlocked for under 2 hours a day on weekends.

Following the onsite inspection, we raised our concerns about the MUR with senior management. We were advised it is in operation due to the number of additional prisoners the centre accommodates, and its purpose is to:

- ensure continued access to services for all prisoners
- ensure the safety of staff and prisoners
- isolate prisoners with association issues from one another.

While senior management said the timings of the MUR were based on equitable unlock hours for prisoners and the wider centre's structured day, we were told that further discussion would occur at management level regarding MUR operations to consider if other options may be viable.

MURs significantly reduce out-of-cell time for prisoners, and while their aim is to reduce conflict, as noted in Chapter 2, locking prisoners in their cells for 20 hours a day can also lead to increased tensions, assaults and violence. This risk increases where prisoners have no privacy, few in-cell activities to pass the time, and limited opportunities for employment, education and programs (see Chapter 7). We found that prisoners are receiving less out-of-cell time than provided for in the local instruction, but as the times are not recorded, we were unable to confirm how much out-of-cell time prisoners are provided with in practice.

Our inspections after Brisbane Correctional Centre identified MURs have been implemented in other prisons including Capricornia and Lotus Glen Correctional Centres. This indicates MURs have been widely implemented to address access to unit resources limited by the increase of prisoners due to shared cell accommodation. We have not yet identified other strategies implemented by QCS to increase access to out-of-cell time for prisoners.

The Queensland Ombudsman's report *Prison overcrowding and other matters (2024)* previously raised concerns about reductions of out-of-cell time caused by MURs. The Ombudsman observed in that report that the impacts of overcrowding, which included reduced out-of-cell time, presented a fundamental challenge to QCS in achieving its statutory objective of humane containment.

In its submission to this report, QCS stated the Local Instruction – Modified Unit Routine has been updated to reflect that prisoners are allocated 4 hours a day out-of-cell time (rather than 5 hours in the previous version of this instruction), with the morning session unlocked from 8am to 12pm, and the afternoon from 1pm to 5pm. We remain concerned that MURs significantly reduce out-of-cell time, and the widespread implementation of MURs across prisons runs the risk of normalising this situation.

### Recommendation 20

Brisbane Correctional Centre ensures:

- a) out-of-cell time is accurately recorded
- b) the modified unit routine is amended so that out-of-cell time allows prisoners equitable access to services and privileges.

### Recommendation 21

Queensland Corrective Services conducts a statewide review of the use of modified unit routines to identify:

- a) improvements to the current modified unit routines such as (but not limited to) alternating unlock times or rotating one prisoner out of each cell at a time
- b) alternative strategies for reducing the effects of overcrowding on prisoners and increasing the amount of out-of-cell time provided.

## Delays in adding numbers to the prisoner telephone system

### Standards

9

Prisoners have confidential access to legal representatives and resources.

45

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

The COPD: Prisoner Entitlements – Prisoner Communications states that prisoners accommodated in corrective services facilities must use the PTS to make telephone calls. Prisoners submit an application for phone numbers to be added to their PTS account, and the person being contacted must provide their consent. Applications are also assessed to ensure there are no orders in place for the prisoner that would restrict contact with certain individuals.

During the inspection, staff and prisoners told us that there are delays in adding phone numbers to the PTS. Service providers to the centre also raised concerns with us about the time it takes the centre to approve phone numbers and that prisoners had asked for their help in contacting their families. Some prisoners at the centre said that they were able to have phone numbers added to the PTS quite quickly; however, in most of these cases, we were told that a cultural liaison officer had intervened and arranged for their contacts to be added.

Several prisoners also told us that they had been unable to contact their legal representative because of delays in adding their phone number to the system. While visiting one of the units, we observed a prisoner raise concerns with staff that his legal representative's phone number had not been added to the PTS. Staff told the prisoner to submit another form, but the prisoner appeared agitated and distressed and said that he had court in 2 weeks and had not yet spoken to his legal representative.

We reviewed the process for adding phone numbers to the PTS and were told that phone contact applications and received mail are managed by one staff member in consultation with intelligence staff. During the onsite inspection, we observed the process of receiving and processing phone contact applications from prisoners and were told the average length of time to process a prisoner's PTS application is 3 weeks, but the process was 2 weeks behind.

Staff said that they separate requests for legal representative phone numbers to be added to the system from requests to add phone numbers of family and friends. For legal

representative contacts, part of the application must be sent to the legal practitioner to complete, indicating they consent to being contacted. Once the form is signed and returned, staff must upload the information onto the system.

We identified several reasons that may contribute to the delay in processing PTS applications. Staff said that when the centre calls the phone number to seek the person's consent to be contacted by the prisoner, they make 3 attempts and if unsuccessful, the application is put to the bottom of the pile. However, the staff member assigned to this role only works 8am to 4pm from Monday to Friday, and people may be unable to answer their phone during these hours if they are at work. For requests to add legal representative phone numbers, we were told that the length of this process varies depending on how long it takes for the legal practitioner to respond to the email seeking consent to be contacted.

We reviewed the Offender Development Governance Assurance Framework report provided by the centre, which noted that in June 2024, there were 182 applications received each day. However, only one staff member is responsible for processing these requests. We were also told that when there are delays in processing applications, prisoners submit multiple requests, which causes an additional backlog. As noted above, we observed a prisoner being advised to submit a second PTS application while waiting for a response to their initial application.

As noted in Chapter 2, the use of in-cell technology by prisoners could increase the efficiency of the PTS application process. Smart technology could include an app that allows prisoners to track PTS applications and eliminate the need for them to make multiple applications for the same contact. Prisoners could also be notified of approvals through the app.

The process for adding phone numbers to the PTS is inefficient and causes delays in prisoners being able to contact family members and legal representatives. Maintaining contact with family while in custody has many positive benefits to prisoners and society, including reducing recidivism. It is particularly important for newly arrived prisoners to be able to contact their family and receive support as they adjust to their new circumstances. It is also important that prisoners are able to contact their legal representatives and are supported to prepare for upcoming legal proceedings.

We raised the issue of delays in adding numbers to the PTS with senior management who said that following our visit, the phone system in the centre was changed to a new provider and this has improved the efficiency of this process to a 5-day turnaround. Senior management also said that there are now 2 staff responsible for calling phone numbers, and the spread of hours has been extended from 7am until 4pm. The centre has also implemented a blue phone form to allow new prisoners to be identified and treated as a priority so they can resume their connections with family at the earliest opportunity.

### **Recommendation 22**

Brisbane Correctional Centre improves and monitors the efficiency of processing prisoner phone contact applications and monitors changes to prevent backlogs.

## Visit facilities not fit for purpose

### 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 Visit facilities are comfortable, pro-social and safe.

The COPD: Visitors to a Facility – Visits Process sets out the process for managing visits and states that prisoners are entitled to have at least one personal visit a week.

Staff at the centre manage a high volume of visits. While we had difficulties obtaining reliable visit figures from QCS data, from 1 August 2023 to 31 July 2024, the centre managed 15,290 visits, with 12,777 non-teleconference visits and 2,513 teleconference visits. Information provided by the centre indicated that visit sessions are arranged according to prisoner status (protection or mainstream) and take place from Wednesday to Sunday. As part of the onsite inspection, we observed the visits process over multiple sessions from the time a visitor arrives at the centre through to when they leave. While we found the process is managed well and visitors are treated with respect, we noted there are some issues with the visit facilities.

We observed that the visits area is subject to outside weather conditions and became quite hot during the warm weather during inspection week. Staff also told us that some tables cannot be used in wet weather and that the area can be quite cold in winter. Although the visits seating has been designed to make searches easier, visitors and staff told us it was not comfortable to sit on.



Photo 5: Visit centre seating

We noted that the location of the VPVs and non-contact visits booths does not allow for reasonable privacy from other prisoners. We observed that these visits are conducted side by side, which makes it hard for prisoners and visitors to hear the conversation, while also allowing for prisoners to hear each other's conversations. This could raise safety issues for visitors if other prisoners are able to overhear them disclosing personal details.

Following the inspection, we raised our concerns about the visit facilities with senior management, who said that they agree the infrastructure in the visits area has its limitations, which has been recognised in the proposal for an upcoming expansion project. This will involve redesigning the visits area to make it fit for purpose, including VPV technology. We were also told that headset options are being considered for prisoners receiving VPVs to allow for a more engaging visit.

Visitors often travel significant distances to come to the centre and are a vital source of support for prisoners. Maintaining family connections while in custody promotes prisoner mental health and wellbeing and has been shown to reduce the risk of prisoners reoffending. It is therefore important that visit facilities are fit for purpose to promote maintaining family connections to support a prisoner's rehabilitation and preparation for release back into the community.

### Recommendation 23

Brisbane Correctional Centre improves visits by:

- a) ensuring contact visits are not affected by weather conditions
- b) providing non-contact booth facilities and Virtual Personal Visits that reduce the likelihood of conversations being overheard by other visitors and prisoners.

## Limited opportunities to engage in meaningful activities

### Standards

53

All prisoners can spend at least two hours recreating in open and fresh air every day.

54

Prisoners have regular access to physical exercise and recreational activities.

The COPD: Prisoner Entitlements – Activities states that prisoners must be provided with access to meaningful activities that promote the positive use of a prisoner's leisure time. A meaningful activity is an approved activity undertaken by a prisoner that should engage the prisoner in a pro-social manner and promote a healthy lifestyle. A record of prisoner participation in meaningful activities must be maintained in corrective services facilities, which includes the types of activity participated in during session, the number of prisoners attending/participating in the activity and the hours of participation.

We reviewed the centre's schedule of recreational activities for prisoners that includes gym, oval and haircuts. The schedule provides each unit with equal access to the oval and gym, with 4 scheduled sessions per week in both the morning and afternoon. However, with the MUR in operation, each prisoner only has the opportunity to attend the gym and oval twice per week. Prisoners are also able to use the exercise yard in their out-of-cell time, which in mainstream units has 2 or 3 pieces of body-weight fixed exercise equipment (a pull-up bar, dips bars and push-up bars).

During the onsite inspection, we noted that the schedule of recreational activities was often impacted by the redeployment of activities officers. The activities officers are custodial officers and, as such, can be redeployed to assist with incident responses and targeted searches, as well as filling unit positions due to staff shortages. We observed activities officers being redeployed on 2 occasions during the inspection in response to a serious assault in a unit and to participate in a targeted 'brew' search.

We were not able to determine the level of access that prisoners have to activities because amendments to the schedule are not recorded in activities or unit logs. We reviewed the log kept by activities officers and compared this against the activities schedule across multiple days during the onsite inspection. We found that scheduled gym or oval sessions did not correspond with log entries.

We noted that the log did not record when redeployments occurred, or the period of redeployment. For several days, we noted that the last log entry of activities ended after lunch, with no record of activities in the later sessions on the schedule. In addition, unit officers confirmed that weekends involve CERT training and that this impacts the ability of prisoners to attend the gym or oval, despite these sessions being on the activities schedule.

We reviewed figures provided by the centre for recreation activity attendance and noted that an average of 11 sessions per month are cancelled due to redeployment of activities officers. Other reasons for cancellation included wet weather, works in progress on the oval or gym, weekend CERT training and poor unit behaviour. As the MUR means that prisoners only have an opportunity to attend the oval and gym twice a week, redeploying activities officers and cancelling gym or oval sessions has a significant impact on their ability to engage in activities that promote a healthy lifestyle.

During the onsite inspection, we observed the gym and oval facilities. We found that the main gym area is open to environmental conditions including hot and cold weather, and prisoners can only participate in ball sports or board games, or play the guitar. There was no gym equipment available, and while we were told that staff were supportive of fixed gym equipment being made available to the prisoners, we were also told that there were concerns about providing gym equipment because it had previously been damaged by prisoners and dismantled to be used as weapons.



**Photo 6: Prisoners (blurred for privacy) during a session on the oval**

In NSW, the Inspector of Custodial Services' report *Inspection of the Metropolitan Remand and Reception Centre (2024)* inspected a centre which has a similar function to Brisbane Correctional Centre. The report notes that fixed gym equipment is available for prisoners to use in a secure outside setting near the gym and provides prisoners with an opportunity to engage in bodyweight exercise. Bodyweight exercise is particularly beneficial for older adults who are at higher risk of muscle mass and strength loss, and assists in increasing flexibility and mobility. This is important given figures provided by the centre indicate that around 11% of prisoners at the centre are older adults (50 years of age or older).

We observed that there was insufficient sun protection for prisoners using the oval. During the inspection, we saw prisoners playing touch football and walking laps of the oval when the temperature was around 30 degrees. We noted that most prisoners had removed their shoes. Given the concrete environment they are generally exposed to, this is one of the only opportunities that prisoners have to feel the grass under their feet. While a shade structure was available, it was relatively small in size and became quite crowded as more prisoners sought shade towards the end of the session. We also noted there was no seating on the oval, which would benefit prisoners with mobility issues who are unable to sit on the ground.

We were told that prisoners are provided with a water bottle to bring onto the oval, but they were not able to refill them once empty. There was also no sunscreen available to prisoners. Staff told us that the sunscreen plungers had been taken by prisoners, and leaving the sunscreen open had led the bottle becoming filled with water when it rains.

Overall, we found that prisoners are offered limited opportunities to engage in meaningful activities that promote a healthy lifestyle and pro-social behaviour. While haircuts are included on the activities schedule, we consider this part of basic personal hygiene and not a recreational activity. While the centre has a schedule for gym and oval attendance, activities officer redeployment results in prisoners being unable to attend their scheduled session. We also found there is limited equipment in the gym and prisoners attending the oval are not provided with adequate sun protection. This does not encourage prisoners to take up the limited opportunities provided to attend the gym.

We raised this issue with senior management after the inspection and were told they will review the equipment provided in the gym, with risk assessments conducted on appropriate equipment. They also told us that, in addition to the equipment we noted, they have weighted slam balls and badminton equipment. Senior management said that Arthur Gorrie Correctional Centre is trialling new bodyweight exercise equipment, and if successful, it is expected that this will be rolled out to all correctional centres.

The centre also told us that activities officers are no longer being redeployed, and a record is kept by the activities officers if they must cancel sessions. The centre said they would review options for sunscreen availability and dispensing containers to ensure this is available to prisoners. They advised that the current infrastructure restricts the centre's ability to provide prisoners with access to drinking water on the oval.

#### **Recommendation 24**

Brisbane Correctional Centre ensures that redeployment of activities officers occurs only as a last resort.

#### **Recommendation 25**

Queensland Corrective Services and Brisbane Correctional Centre provide suitable gym equipment for prisoners at Brisbane Correctional Centre.

**Recommendation 26**

Brisbane Correctional Centre provides prisoners on the oval with sun protection and access to water.

**Limited access to cultural art activities****Standards****53**

All prisoners can spend at least two hours recreating in open and fresh air every day.

**54**

Prisoners have regular access to physical exercise and recreational activities.

The COPD: Prisoner Entitlements – Activities states that prisoners from priority groups, such as Aboriginal prisoners and Torres Strait Islander prisoners, should be given reasonable opportunities to fully participate in prison activities suitable to their needs. It notes that the Art and Craft Program for Offenders, which assists prisoners in the display of the art/craft work they produce, should also include a register recording canvases purchased and provided.

In 2023–2024, 26% of prisoners at the centre were Aboriginal people or Torres Strait Islander people, yet the centre does not participate in the Art and Craft Program for Offenders, nor does it offer cultural and recreational art, craft or hobby activities to prisoners. Prisoners can order coloured pencils from the buy-up, but only employed prisoners are able to purchase sketchpads. Prisoners can obtain ‘distraction packs’ but must ask for them from the psychologist. Staff told us that one of the most common requests they receive from prisoners is for in-cell activities such as games, colouring books, paints, and other art and craft materials.

Following the onsite inspection, we raised this issue with senior management, who advised that activities are limited due to the number of cultural liaison officers available and restrictions on numbers able to access the cultural centre.

Arts and crafts provide an important cultural connection and promote prisoner mental health and wellbeing. Several prisoners said that they would like to be able to purchase art materials to use when locked down in their cell, and spoke about being able to do dot paintings and weaving to pass the time in their cells when they were placed in other correctional centres. We spoke to an Australian First Nations prisoner who had completed an artwork on a piece of note paper using different coloured biros and explained the artwork was his interpretation of prison life and connections to family and country. We were also told by another prisoner that art is their only form of therapy in prison.

**Recommendation 27**

Brisbane Correctional Centre ensures that all prisoners have access to a range of art, craft and hobby activities and that prisoners from priority groups are given opportunities to participate in cultural activities suited to their needs.

## Library resources not up to date and easily accessible

### Standards

55

Prisoners have regular access to a suitable library which meets Australian Standards and encouraged to use it frequently.

We visited the library and found that most books were old, with few recent publications. We were told that prisoners are unable to visit the library and instead rely on a catalogue system to request books, which are then delivered by a library worker. Staff said that the catalogue is in the form of a bound booklet that should be available to prisoners on each unit. We reviewed the library catalogue and noted it was last updated in 2023. Prisoners told us that requested books are rarely available and the library worker will supply them 'a book', but usually not the one they requested.

During the onsite inspection, we observed books stacked on the top of drinks machines or trolleys in most units. At the time of the inspection, staff told us that a library worker had recently been appointed but they were not available when we visited the library. We were therefore unable to determine the process for loaning and tracking books. We found the library is underutilised, and while the library worker delivery service may have been appropriate during COVID restrictions, prisoners should be given the opportunity to visit the library in person.

We raised this issue with senior management following the inspection and were told that library operations have been reviewed, and the catalogue is in the final stages of being updated. They said that units will be advised of recent additions to the library so that prisoners are aware of which books are available. They also said that a new schedule of trolley service and book delivery is being finalised to ensure that all units are given the opportunity to access library services.



Photo 7: Books stacked on a trolley in the workers' unit

### Recommendation 28

Brisbane Correctional Centre maintains an updated library catalogue and ensures that all prisoners are able to access the library and its resources.

## Food Safety Plan

### Standards

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

The COPD: Health - Food and Nutrition requires all corrective services facilities to develop a food safety program. The QCS Food and Nutrition Policy notes that QCS should ensure that food safety programs are consistent with the *Food Act 2006*.

### Undercooked meat creates health risks

Both staff and prisoners told us that they had been served undercooked chicken at the centre. Some prisoners and staff also said that they had become sick after eating the chicken. We observed undercooked chicken wings, which were visibly bloody and being served to staff and visitors.



**Photo 8: Tightly stacked trays of chicken**

The centre's Food Safety Plan outlines that potentially hazardous food includes raw meat and cooked meat products. It states that a probe thermometer should be used to check that each batch of potentially hazardous foods are thoroughly cooked (to at least 75 °C). If the temperature in the centre of the potentially hazardous food does not reach at least 75 °C, the Food Safety Plan notes that the food should be returned to the cooker (e.g. oven or steam kettle) until the required internal temperature is achieved.

During the onsite inspection, we visited the kitchen to observe how food was prepared and spoke to trade instructors and kitchen workers. In the kitchen, we saw the chicken being stacked on multiple trays and cooked using steam-assisted commercial ovens. We noted that the chicken in the middle of the trays was lighter in colour than the chicken around the edges, and there does not appear to be a consistent process for checking that food in the centre of the racks is adequately cooked.

While the Food Safety Plan states that probe testing should be done in the centre of the food where it is thickest, there are no specific instructions about testing food placed in the middle of the trays where it is least cooked. Staff told us that they do not always carry out physical checks of the chicken but instead judge whether it is cooked by sight.

We observed one staff member check the stacked trays and note that the chicken in the middle trays looked undercooked. He directed that the chicken be returned to the oven at a raised temperature. We were told that not all staff do this, which may explain why undercooked chicken has been served.

Following the onsite inspection, we raised this issue with senior management and were told that feedback has been given to the Food Services Supervisor and random checks of food will be conducted across the trays to ensure an accurate check process. They also advised that movement of trays during the cooking process is being considered.

### Inconsistencies in the Food Safety Plan about appropriate temperatures

The Food Safety Plan contains 2 different rules to determine whether food is served at the appropriate temperature. The plan outlines a control measure that hot or cold food should be loaded no more than 15 minutes prior to trolley movement time, with movement time no longer than 20 minutes until meals are served to prisoners. However, the plan also mentions the 2-hour/4-hour rule, which states that food held between 5 °C and 60 °C for less than 2 hours can be used, but food held for over 4 hours must be discarded. Staff in the kitchen told us that they operate based on the 2-hour/4-hour rule.

During the onsite inspection, we observed meat and cold salad being prepared for lunch and followed its delivery route from the kitchen to the mainstream units. We saw the food being delivered to units in room temperature unpowered travel boxes that carry both cold meals at lunchtime and hot meals for dinner. The plastic food crates are insulated but not pre-cooled or heated and we saw that some crate doors did not have seals.



**Photo 9: Plastic food crates, some with missing seals**

The crates are delivered to the units and left outside until they are collected by unit workers to be distributed to the prisoners. We noted the lunches, which included cold meats and salad, sat outside for 45 minutes before they were taken into the units, where they waited for another 10 to 15 minutes before being delivered to prisoners. The temperature on the day we observed this process was 31 °C.

While the practice we observed does not align with the control measure in the Food Safety Plan, it would be consistent with the 2-hour/4-hour rule. Given these inconsistencies in the Food Safety Plan, we were unable to determine if there is an issue with the temperature of food delivered to prisoners. The Food Safety Plan should set out a clear and consistent rule about the appropriate temperature for serving food to ensure the health and safety of prisoners.

After the onsite inspection, we provided feedback to senior management who said the centre is conducting a review of its Food Services Plan to ensure the content meets the standards of contemporary correctional food services and centre operations. Once the Food Safety Plan has been signed off, we were advised that kitchen instructors will be trained to ensure the contents are known and understood. We were also told that the centre uses Cambro insulated food boxes for food meal delivery that have guaranteed temperature control in line with industry safety requirements and standards.

Overall, we found that staff and prisoners working in the kitchen are doing their best in a busy environment. However, we identified some areas of concern around food safety where protein is not checked to ensure it has been adequately cooked before serving, and there

is no consistent process to ensure meals are delivered at the appropriate temperature. These issues should be addressed in the Food Safety Plan to ensure food is safely prepared and delivered to staff and prisoners.

### Recommendation 29

Brisbane Correctional Centre ensures that the Food Safety Plan sets out:

- a) the process for ensuring all food is properly cooked
- b) a consistent method for ensuring food is served to prisoners at an appropriate temperature.

### Recommendation 30

Brisbane Correctional Centre repairs the seals on the delivery boxes to ensure appropriate food temperatures are maintained during delivery to the units.

## Religious and spiritual support

### Standards

- 59** Prisoners' freedom of religion is respected. They can practise their religion or beliefs fully.
- 60** Prisoners are supported by the chaplaincy, contributing to their overall care, support and rehabilitation.

The COPD: Community Engagement – Provision of Chaplaincy Services provides that a prisoner must be given the opportunity to access religious services and to practise their religious beliefs within the operational constraints of a corrective services facility. It also provides that, if consistent with the operational requirements of the facility, a prisoner may join with other people in practising their religion and possess articles approved by the general manager of the corrective services facility that may be necessary for the practice of the religion.

Throughout the inspection, we spoke to several Muslim prisoners who said that they were not able to pray at the appropriate time or in an appropriate place at the centre. Prisoners who responded to our survey noted that Muslim prisoners had been told they could not pray in the yards because it could incite other inmates. Survey respondents also noted that Muslim prisoners had been reprimanded by officers for doing so, or for grouping with other Muslim prisoners to pray together.

Prisoners at the centre only have access to chaplains from Christian faiths. Over the period of the information request, there were an average of 82 Muslim prisoners at the centre. Other religious groups have specific chaplaincy services but have fewer numbers of prisoners. We were told that the Islamic Council of Queensland is an approved agency to provide chaplaincy services across QCS custodial centres. Providing Islamic chaplaincy services at the centre would allow Muslim prisoners to join with others to practise

their religion.

We reviewed prisoner requests and complaints and noted that several Muslim prisoners had complained about the lack of support from the centre to practise their religion. For example, one prisoner requested that a room be provided for prayer. The response indicated that this was not possible due to the centre's operational commitments and conflicting prisoner associations. The prisoner was advised to use the chaplaincy services provided, apply to receive a visit from a personal religious visitor or attend Sunday services. Yet suggesting the prisoner attend Sunday services does not support the prisoner's religious beliefs, as Muslims gather for congregational prayers on Fridays.

During the onsite inspection, we spoke to several prisoners who said they were not able to obtain prayer mats or Qurans. We spoke to a Muslim prisoner who said that he had made repeated requests through unit officers for his Arabic Quran to be taken out of his property and provided to him. Six weeks later, we observed the same prisoner raise this concern to the general manager during a unit inspection as his request had still not been actioned. The general manager undertook to follow this up on behalf of the prisoner. We reviewed prisoner requests provided by the centre, and of the 41 prisoners who had requested a Quran or prayer mat, 11 prisoners had submitted multiple requests after not receiving these items.

Overall, we found that some Muslim prisoners have difficulty obtaining religious items such as Qurans and prayer mats and do not feel they are able to pray in common areas or with others. Requests from Muslim prisoners for religious items were not dealt with in a timely manner and prisoner requests, complaints and survey responses indicate they are not supported to practise their beliefs. There are a significant number of Muslim prisoners at the centre and providing Islamic chaplaincy services would ensure their religious practices are understood and supported.

During the inspection, senior management said that the centre had recently purchased new Qurans. We also observed senior management note during a meeting that the prayer mats were not of decent quality and that relevant staff should replace them. Following the onsite inspection, we raised this issue with senior management who advised that religious visitors are managed by QCS central office.

### **Recommendation 31**

Brisbane Correctional Centre reviews how requests for religious items are processed to ensure these are managed in a timely and consistent manner.

### **Recommendation 32**

Queensland Corrective Services provides chaplaincy services for Muslim prisoners to allow them to practise their religion.

## Incentives, earned privileges and gratuities

### Standards

**62** The incentive scheme is applied fairly, consistently and transparently.

The COPD: Prisoner Entitlements – Incentives and Enhancement Program states that all prisoners entering a secure corrective facility will be placed on the program. We found no evidence of a formal incentive scheme at the centre and instead privileges are linked to employment status.

Prisoners employed in the laundry, kitchen, bulk stores and landscaping are known as essential workers. Essential workers have additional privileges that are not available to other prisoners including:

- accommodation in workers units which have more recreational activities available including access to table tennis
- the opportunity to purchase specific items via sales to prisoners such as kettles which can be kept in their cells
- having additional access to items stored in their property.

Non-essential workers do not have access to these privileges. We were told that because essential workers are employed in skilled roles, they are held at the centre rather than being moved on to a placement centre. However, essential workers can apply for a transfer if they decide they no longer wish to remain in the centre.

We noted there are disparities across different areas of employment, which was also identified by the QCS internal inspection report *Full Announced Inspection – Brisbane Correctional Centre (2021)*. This report noted that painting, maintenance, unit and activity workers were excluded from the definition of an essential worker and therefore did not enjoy the privileges associated with being an essential worker. It was therefore recommended that a review of the definition of essential worker be undertaken to include all paid employment positions.

Section 316 of the *Corrective Services Act 2006* requires that prisoner pay is reviewed annually. All prisoners are paid allowances to cover daily living expenses such as hygiene items, supplementary food items and stationery. This amenities allowance is \$9.85 per week and unemployed prisoners are paid an unemployment benefit of \$7.50 per week. QCS is responsible for reviewing prisoner pay.

During the onsite inspection, staff told us that pay rates for workers have not been reviewed or increased since 2017. However, when we asked QCS after the inspection, we were told that pay rates were last reviewed in December 2025. The outcome of this review was that no pay increase was approved for prisoners.

For employed prisoners, their wages vary depending on where they work, their position and the seniority of their position. For example, a kitchen hand is the lowest position in the kitchen and is paid \$4.65 per shift, while the lowest paid position in the laundry is a logistics worker who is paid \$2.90 per shift. This means that a logistics worker in the laundry working 5 shifts per week would spend almost all of their weekly wage on making two 15-minute phone calls to a mobile and purchasing a bottle of shampoo.

In our Inspector of Detention Services *Palen Creek Correctional Centre Inspection Report (2025)*, we recommended that QCS develop a clear procedure for determining rates of pay for prisoner employment, and that pay should be matched to a percentage of the national

minimum wage and increased in line with inflation. In its response, QCS advised that prisoner payments are periodically reviewed and tied to the Consumer Price Index, which they understood was in line with inflation.

While prisoner pay rates are reviewed annually, we found no evidence that they have increased and that the cost of buy-ups and phone calls mean a prisoner may spend their entire weekly wage on contacting their family and purchasing basic hygiene items. At the next review of prisoner pay rates, QCS should consider increasing the rates of pay in line with the costs of goods and services paid for by prisoners.

In its submission to this report, QCS told us that they did not accept the recommendations below. In relation to recommendation 33, QCS told us they review prisoner remuneration annually, however, we remain concerned that despite these reviews, prisoner wages have not increased. We will continue to monitor this issue in future inspections.

QCS provided feedback in its submission in relation to recommendation 34 (Appendix A) which stated:

Brisbane Correctional Centre reviews which types of workers are designated as 'essential workers' to ensure associated privileges are applied fairly across all employed prisoners.

QCS told us that for safety and security reasons, essential workers are accommodated in specific units and there would be challenges in accommodating workers with unit specific or time-limited roles in workers units.

We acknowledge that providing separate accommodation for essential workers helps to ensure their safety by protecting them from other prisoners who may employ standover tactics to gain access to their privileges. QCS noted the centre would continue to review the role, function and privileges of all paid workers where possible. We have decided to withdraw this recommendation.

### Recommendation 33

Queensland Corrective Services commissions an independent review of all prisoner wages and allowances to ensure they are adjusted in line with inflation and matched to a percentage of the national minimum wage.

### Recommendation 34

Recommendation withdrawn.

## 5. Health and support

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

Health services at the centre are provided by West Moreton HHS. It provides 24/7 nursing services in a primary healthcare model for all prisoners at the centre.

Healthcare services are delivered in reception and at the medical centre, which is located on the ground floor near reception. The medical centre consists of a pharmacy, shared consultation rooms and administration offices, and also accommodates other healthcare staff (including Prisoner Mental Health Services, dentists, nurses, nurse practitioners, medical officers and opioid substitution treatment (OST) clinic staff). There is also an X-ray room located in the education block and a satellite clinic for protection prisoners in the south units.

We found that the design of the medical centre is inadequate and affects the ability of staff to deliver health services to prisoners. During the inspection, we observed the medical centre to be overcrowded with staff. As prisoner numbers have increased, the size of the healthcare centre has remained the same and we were told that a centre designed for 400 prisoners must now meet the needs of around 900 prisoners.

Despite these challenges, we found that staff are committed to providing prisoners with a quality service. In particular, we found the OST nurses work under very difficult circumstances but remain committed to prisoner care. Without a dedicated space, we saw that OST nurses had to relocate several times during a clinic and conduct consultations in hallways or beside the reception desk, often without access to a table or computer. We observed them to remain professional at all times.

We found that several standards that relate to health care and support were met adequately. As such, we have not discussed them in detail.

### Healthcare facilities not fit for purpose

#### 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.

**66** Prisoners give informed consent for health care and information sharing.

**71** Medication is safely distributed to prisoners.

The Royal Australian College of General Practitioners' *Standards for Healthcare in Australian Prisons* (2023) acknowledges the challenges of delivering healthcare services in a prison environment. It states that healthcare facilities must provide an environment that enables members of the health service to perform their duties safely and effectively, as patient care can be compromised without appropriate facilities. The Queensland Government's *Reducing barriers to health and wellbeing: The Queensland Prisoner Health and Wellbeing*

*Strategy 2020–2025* (2020) also notes that staff require sufficient infrastructure to work to their full scope of practice.

The Standards for Healthcare also set out that the design and layout of healthcare facilities:

- must enable privacy and security, with consultation areas enabling confidential discussions away from other patients, prisoners and prison staff
- provide for an appropriate clinical environment, which may require healthcare staff working with prison staff to achieve this where this is not under their control
- should comply with workplace health and safety requirements, with individual desks arranged so that staff have the full range of movement required to do their job without strain or injury.

We found that the healthcare facilities at the centre are not fit for purpose. We observed that the facility is overcrowded, and staff compete for a small number of consultation rooms shared by nurses, nurse practitioners and medical officers. Although we noted that staff were doing their best to provide quality healthcare services in difficult circumstances, we found the lack of infrastructure negatively impacts both the services provided to prisoners and the wellbeing of healthcare staff.

We identified 4 main concerns resulting from the lack of healthcare infrastructure in the centre:

- privacy and confidentiality issues
- safety and security concerns for staff and prisoners
- workplace health and safety issues
- extended waiting times to see nurses and medical officers.

These are discussed in further detail below.

### **Privacy and confidentiality not sufficiently maintained**

During the onsite inspection, we noted that the main clinic area can be accessed from the reception area or the consultation rooms and is the only access point to the pharmacy. Given this, we observed staff use the main clinic area as a thoroughfare to access different parts of the medical centre. Multiple patients can be examined at the same time using the examination table and 2 chairs placed against the back wall. There is no space for the examination table, which is placed in front of the medication fridge, and no privacy curtain in the main clinic area to separate the different spaces in which patients can be seen by healthcare staff.

We observed healthcare services being provided on multiple occasions over several days and noted many instances where privacy and confidentiality were not maintained. For example, we saw one prisoner receiving medical treatment that required his shirt to be removed, and his shorts pulled down below his pelvic region. As the prisoner lay on the examination table with his genitalia exposed, several staff members moved past him through the main clinic area. These conditions do not maintain privacy and confidentiality or the dignity of the prisoner.



Photo 10: Bed blocking medication fridge in main clinic area

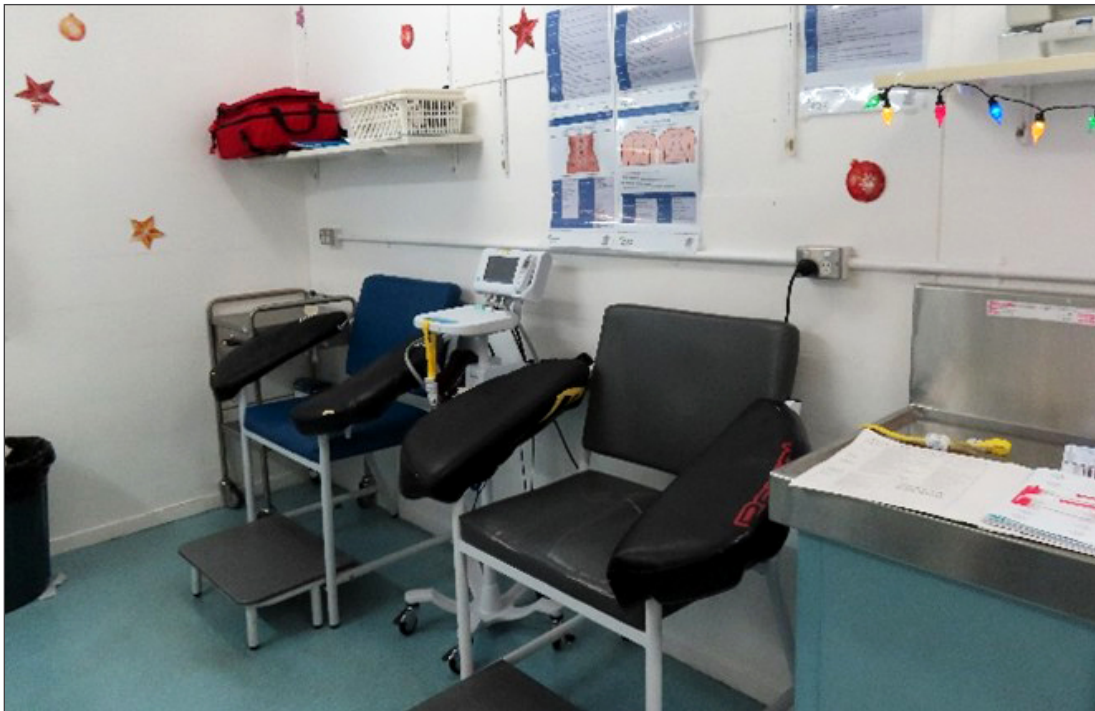


Photo 11: Consultation and treatment area in main clinic

In the satellite clinic for protection prisoners, we saw multiple prisoners being seen by nurses in the same space. We observed the OST nurses providing injections to patients on the examination table at the back of the room, while other nurses treated patients in a chair at the front of the room. While the satellite clinic is more spacious than the main clinic area, no privacy screens were used and the room is quite echoey, allowing conversations to be overheard.



**Photo 12: Satellite clinic in protection units**

Prison Mental Health Services staff have access to a consultation room in the medical centre and can also see protection prisoners in the meetings rooms near the satellite clinic. We were told that Prison Mental Health Services staff often need to relocate to find suitable consultation spaces, and moving between the medical centre and satellite clinic reduces the time available for treating patients. Staff said that the lack of space compromises their ability to ensure complete privacy and confidentiality. This means that prisoners may be less likely to share information with healthcare staff, which may compromise their treatment.

Healthcare staff need prisoners to share sensitive information to provide safe and effective treatment. For example, OST nurses said that it is important for them to know whether their patient has taken any other drugs before administering OST medication. We were told that it can be difficult to get prisoners to answer questions about drug use when an officer is present in the clinic as they are worried about the disciplinary consequences. In our prisoner survey, one respondent said that they would appreciate privacy when speaking to the nurses because 'boys don't want to talk in front of the screws'.

In a prison environment, patient safety can be compromised when privacy and confidentiality are not maintained. Prisoners may not tell healthcare staff vital information about their health and wellbeing if they are concerned it will be overheard by officers or other prisoners. Healthcare staff told us that they often must choose between providing services to prisoners and maintaining privacy and confidentiality. While safety considerations are important, healthcare staff need to be able to ensure safe and effective treatment for prisoners.

## Safety and security concerns

We found that the lack of appropriate medical facilities also raises safety and security concerns for both staff and prisoners. The medical centre has one holding cell for prisoners in the health centre, which must accommodate mainstream and protection prisoners. Documentation provided by West Moreton HHS noted this poses a safety issue when a medical emergency requires a patient to be transported to the medical centre, where other patients of different classifications are waiting for treatment or consultations. For comparison, the reception store has separate holding cells for mainstream and protection prisoners and while side by side, different groups of prisoners are unable to see one another.

Nurses told us that they have safety concerns about providing restricted medications in open spaces. Given the lack of available space, we observed the OST nurses using the reception area for the OST clinic, which is located across from the holding cell. OST medication has value to prisoners in the units and nurses said they felt uneasy carrying it around in unsecured areas.

Prisoner safety may also be compromised where staff do not have an appropriate space to administer medication. While observing the OST clinic, we noted that prisoners in the holding cell could observe the OST nurses providing medication to prisoners. Staff told us they are sometimes aware of prisoners watching one another receive the OST medication and that it could be a way of getting the prisoner to divert their OST medication.

## Workplace health and safety for healthcare workers

The medical centre was not purpose-built, and we observed staff making best use of the space available. During the inspection, we found that rooms in the medical centre are overcrowded with staff, files, equipment and other resources. For example, we observed the walkway outside the psychiatrist's consultation room has been used to store an ambulance stretcher.



Photo 13: Consultation room crowded with equipment

Due to the lack of desks available to complete paperwork, we saw staff working in a room that appeared to be a former cell. Staff were using a wheeled office chair and trolley despite the floor being uneven and sloping towards a drain in the centre of the room. We also saw files and boxes piled in the corner on what appeared to be a former unit toilet.



**Photo 14: Former prison cell used as a workspace by staff**

Healthcare staff raised concerns about the lack of space to work and see patients in their 2024 Staff Survey. Healthcare staff told us that they spend a considerable amount of time finding space to complete paperwork, and we saw staff in the medical centre working on chairs, using their lap to balance files and paperwork, or using benches and trolleys as desks. We also saw healthcare staff having to move in the middle of tasks when the space they were occupying needed to be used by another team. Due to the lack of space, staff are frequently interrupted, which may lead to errors or omissions in completing paperwork that could compromise patient safety.

While the satellite clinic has more space, it also raises health and safety concerns for staff and prisoners. Nurses said that prisoners with mobility issues must navigate stairs given its location on the top floor. We were also told that it is difficult to bring supplies to the satellite clinic as, although there is a lift to transport items upstairs, it requires staff to lift the heavy items over the railing once it reaches the top. Nurses said that they prefer not to use the satellite clinic.

### **Extended waiting lists**

We were provided with the Primary Health Service Triage Guidelines by West Moreton HHS. These guidelines are used to triage patients waitlisted to see a nurse practitioner or medical officer. The guidelines set out estimated timeframes for patients to be seen, and clinicians aim to see patients within these timeframes, noting they support provision of safe and timely care to patients. There are a variety of factors that can affect timeframes for seeing prisoners, including centres, movements and the number of patients on the waitlist.

The Primary Health Service Triage Guidelines sets out 4 categories for triaging patients:

- Category 1 (post episode of care) - to be added to waitlist at earliest opportunity post provision of care
- Category 1 - on-site or on-call within 24 hours
- Category 2 - within 2-4 weeks
- Category 3 - within 4-6 weeks.

Several prisoners told us that there were long waiting lists to see a doctor or nurse at the centre (see Table 1). Prisoners also told us that they experienced delays in accessing medication at the centre. We reviewed waiting list data provided by West Moreton HHS that contained a list of prisoners waiting to see a medical officer or nurse. Of those patients listed as Category 2 or 3, around 50% were not seen within expected timeframes. None of the 3 prisoners listed as Category 1 were seen within 24 hours. We also noted that 23% of prisoners on the waiting list had not been assigned a category.

We spoke to healthcare staff about waiting times for medication and to see a nurse or doctor and were told that waiting times could be reduced if they were able to hire additional staff. Healthcare staff said that medications are generally packed and administered on time, and delays are primarily due to a lack of prescribers. However, we were told that the lack of space in the medical centre means they cannot hire more nurse prescribers and medical officers as there would be nowhere for them to work and see prisoners.

**Table 1: Prisoner survey responses about waiting times for health care**

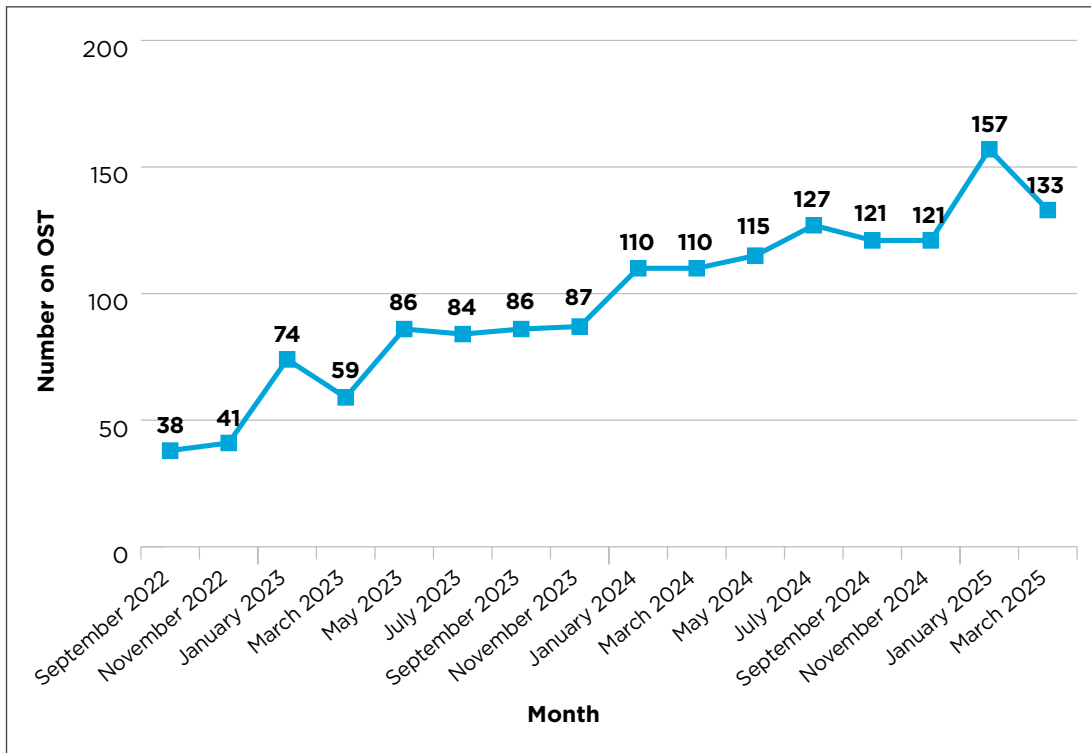
<i>'Wait time for appointment is ridiculous'</i>	<i>'It's too long to wait for doctor and too long to wait for dietitian. It's not fair it should be within a week for both'</i>	<i>'Wait lists way too long'</i>	<i>'More doctors or a weekly doc not every 3 weeks to see 1500 inmates that doesn't do justice'</i>	<i>'Reluctant to request medical treatment due to expectations of long wait time'</i>
<i>'It's not good enough it takes to[o] long to see doctor'</i>	<i>'Need to be seen by doctor quicker it's not fair. Should only have to wait a few days not months'</i>	<i>'The waiting list to see a doctor is way too long while my pain is still hurting'</i>	<i>'Waiting times can be huge. Nurses don't really seem to care'</i>	<i>'The wait period is extremely long. They simply don't care and want it to be the next centuries issue'</i>
<i>'I have waited months to see a doctor about my mental health just to get half of my usual medication that I should be on'</i>	<i>'Long wait times because jail is overcrowded'</i>	<i>'Need to be able to see a doctor quicker it's to[o] long. Need to be able to see dietitian quicker'</i>	<i>'Very poor, the waitlist is very poor, health services need to improve'</i>	<i>'It is hard to see doctors and getting an answer for your issues is 0 to none'</i>

(Source: Inspector of Detention Services prisoner survey - 109 responses received)

There are also waiting lists for prisoners to access the OST program. As of 29 January 2025, we were told there were 106 prisoners on the waiting list for the OST program at the centre. West Moreton HHS provided us with figures that indicate demand for the program has increased over time, from 38 prisoners in September 2022 through to 161 prisoners in February 2025 (see Graph 9).

Prisoners told us that they experience anxiety and withdrawal symptoms while waiting to be accepted into the OST program. We were told they sometimes resort to using drugs illegally in their units, which increases the risk of them contracting blood-borne viruses such as hepatitis. Yet without a dedicated space for the clinic, the OST program will be unable to expand in order to keep up with prisoner demand. As prisoners will eventually be released back into the community, it is important that their needs are addressed as unresolved health issues can drive recidivism.<sup>1</sup>

**Graph 9: Number of prisoners in the OST program at the centre**



(Source: Compiled by the Inspector of Detention Services from data supplied by West Moreton Hospital and Health Service)

The medical centre is not fit for purpose and despite healthcare staff doing their best under difficult circumstances, services at the centre are not equivalent to those provided in the community. We observed several instances where privacy and confidentiality were not maintained, the safety of staff and prisoners was compromised by needing to administer controlled substances in open spaces in front of other prisoners, and staff having to work in cramped and unsuitable conditions.

Following the inspection, we raised these issues with senior management, who agreed that the infrastructure within the medical centre is not conducive to contemporary healthcare provision. They said they are restricted at a centre level as to what can be changed, and that they regularly engage with Queensland Health to discuss alternative methods of service delivery to ensure efficiencies and effectiveness to enable prisoners to have their needs met.

In its submission to this report, QCS did not accept the recommendations below. QCS advised they regularly review health service infrastructure capacity in all correctional facilities. They also outlined two existing agreements that support the wellbeing and health of people in custody and would consider our recommendations as part of the scheduled review of these documents. We acknowledge that West Moreton Hospital and Health Service accepted recommendation 36.

We remain concerned the current medical centre is not fit for purpose and compromises prisoner healthcare and safety.

### Recommendation 35

Queensland Corrective Services provides a new medical centre that:

- a) allows the provision of services to the current population at the centre, and allows for future growth in prisoner numbers
- b) includes consultation rooms for patient privacy and confidentiality
- c) includes workspaces for staff in line with workplace health and safety requirements
- d) prevents prisoners in the waiting room from observing other prisoners receiving treatment.

### Recommendation 36

Brisbane Correctional Centre and West Moreton Hospital and Health Service develop a written agreement that outlines how the 2 agencies will work together to maintain privacy and confidentiality for prisoners without compromising safety.

## Respectful communication with prisoners

### 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.

During the onsite inspection, we observed healthcare staff making negative comments about prisoners. We saw several nurses referring to patients as 'crims' and heard nurses referring to patients using rude or disrespectful language. As noted in Chapter 3, language is important in considering how people are treated. Language also indicates a potential for bias that can lead to unfair or inadequate service delivery.

While the health centre management encourage nurses to treat prisoners as they would patients in the community, we found that this is not always practised. We understand that healthcare staff are under considerable pressure and the limited infrastructure impacts their ability to provide services to prisoners. However, these infrastructure issues ultimately affect the service prisoners receive in prison, and given this, it is even more important that they are treated with dignity, sensitivity and compassion.

### Recommendation 37

West Moreton Hospital and Health Services provides training to healthcare staff to ensure that:

- a) language used when referring to prisoners is respectful
- b) staff have an awareness of personal biases that may impact communication with prisoners and service delivery.

## Medication may be given to the wrong prisoner or diverted

### 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.

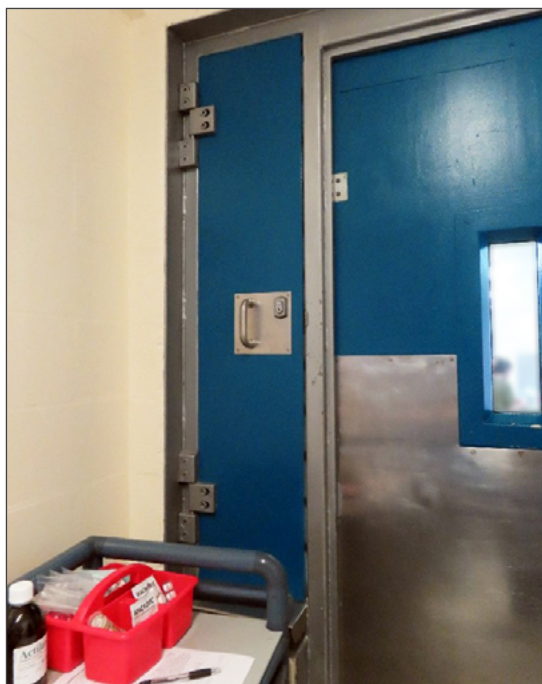
**71** Medication is safely distributed to prisoners.

The COPD: Health - Health Needs states that in administering medication to prisoners in a corrective services facility, correctional staff will confirm the prisoner's identification before medication is dispensed, and that all medication is consumed at the point of dispensing. Staff should conduct a mouth inspection, hand inspection and cup/bottle inspection to confirm that no medication has been diverted. It notes that the purpose of mouth inspection is to limit the diversion of medication, and should involve checking the gum area, side of the cheeks and under the tongue. A visual check of both sides of the prisoner's hands should be conducted to ensure that their nails are at the required length and there is nothing secreted between the prisoner's fingers.

The Local Instruction: Dispensing Medication - Secured Prisoners (2024) sets out the process for administering medication to prisoners who are locked in their cells. It states that there must be 2 officers present and prisoners should be identified by their IOMS offender number, last name, date of birth and muster book photo. Officers must unlock the cell hatch to allow prisoners to access their medication and then resecure it as soon as possible. If there is no hatch access in a cell, the prisoner can receive their medication by opening the cell door. A visual check of the mouth, hand and cup to confirm consumption should be conducted through the cell viewing window.

During the onsite inspection, we attended the morning and evening medication rounds. We observed medication being administered to unlocked prisoners in the units from the airlock. The escort officer remained in the airlock with the trolley and the nurses while officers supervised prisoners lining up in the unit. We saw prisoners opening their mouths to show the officer they had taken their medication but did not observe staff conducting hand checks or inspection of the cup or water bottle to confirm medication had not been diverted.

We observed a prisoner attempting to divert medication during the afternoon medication round. The prisoner was administered his medication from the airlock, and we noted that he struggled to open his mouth to show the officer that he had swallowed it. Despite this, the unit officer allowed the prisoner to move on.



**Photo 15: Hatch used to dispense medication from the airlock to prisoners in the unit**

Around 5–10 minutes later, another officer returned the medication to the nurse and said they had seen the prisoner dropping the pill onto the ground in the exercise yard and recovered a note that said, 'Didn't get enough to sell you'. The nurse told staff that the prisoner should be moved off the unit to ensure they were not targeted for failing to deliver.

We also observed the process of administering medication to prisoners locked in their cells. The nurse asked for the prisoner's name and date of birth and provided the medication through the hatch once unlocked by the officer. Officers conducted visual checks through the viewing panels to confirm prisoners had taken their medication. We noted that it was difficult to see into the cell, and in most cases, the prisoner stuck out their tongue and the officer moved on. We did not see officers checking hands to see if the smaller tablets were diverted in between fingers. A nurse told us that there had been occasions where the cellmate had put their hands through the hatch to receive another prisoner's medication.

For the evening medication round, we observed medication delivered to cells without hatches and noted that officers did not open the cell doors. Instead, the medication was delivered to the prisoner under the door. Prisoners were asked to find a piece of paper to slide under their door, and we observed the nurse place the tablet on the paper and ask the prisoner to pull it back under the door. On one occasion, we saw a piece of toilet paper being used to transport the medication under the door. We also observed one instance where staff had to replace some medication because it kept sliding off the paper and onto the floor when trying to put it under the door. Staff said that they deliver medication this way because you need 3 officers to open the hatch at night and only the night supervisor has keys.

The current process for administering medication presents risks that medication will be given to the wrong prisoner and provides opportunities for prisoners to divert medication. We found that staff do not check prisoner ID photos, and hands and mouths of prisoners are not checked in line with local instructions. Without opening the cell door and conducting proper checks of mouths and hands, it is difficult to confirm the correct prisoner has received the medication and that it has been taken.

We raised this issue with senior management after the onsite inspection and were told the centre is reviewing the Local Instruction: Dispensing Medication – Secured Prisoners, and that a reminder of the operational expectations will be sent to staff.

### Medication storage and dispensing

West Moreton HHS procedure *Medication Management: Medication Management Procedures* (2024) notes that medication storage areas are to be locked when not in use. It also notes that medications are to be stored in their original containers or as supplied by the pharmacy. Medications supplied in blister packs are to remain intact (i.e. not cut) to allow for correct identification of a drug and to prevent breakages.

During the onsite inspection, we observed that medication is stored in the pharmacy and in the refrigerator located in the main clinic area of the medical centre. We saw open medication boxes on the benches in the pharmacy separated by medication type (e.g. 'cardiac' or 'psych' medication). We also saw sheets of medication outside the boxes on the bench or the floor.



Photo 16: Medication storage in trays



Photo 17: Medications on the floor of the pharmacy

Healthcare staff said that the risk of medication being put into the wrong box was minimal. While pre-packed medication is packaged by a machine offsite, we observed nurses manually packing prescribed medication and managing PRN (pro re nata or 'as needed') medications such as paracetamol and ibuprofen. We were told that experienced nurses can identify medications by appearance, but less experienced or new nurses may be slower and more prone to errors. During the onsite inspection, a nurse told us that it can sometimes be difficult to find the required medication.

The Queensland Department of Health's *Offender Health Services Review: Final Report* (2018) highlighted that medication management is a process that reduces the efficiency of health service provision, noting that manual processing of medication is intensive, error prone, and can contribute to nursing scope of practice issues. The report noted that Capricornia Correctional Centre has an automated medication dispensing system that reduces onsite demand on nurses and allows them to spend more time with prisoners. The automated dispensing system also prints a photo of the prisoner on the medication packet to ensure it is provided to the correct person.

Nurses spend a significant amount of time checking and manually packing medication and completing the paperwork and register. This manual process is prone to error, and we observed during a spot-check that there were 2 instances where sign-off requirements for recorded medication were not completed. An automated dispensing system would reduce the risk of medication errors and allow nurses to spend more time seeing prisoners and less time on administrative tasks.

### Recommendation 38

Brisbane Correctional Centre ensures that:

- a) hand and mouth checks and cup/water bottle inspections are conducted when administering medication to prisoners
- b) when administering medications to prisoners locked in their cell, staff identify them using their Integrated Offender Management System offender number, last name, date of birth and muster book photo
- c) cell doors are opened to deliver medication to cells that do not contain a hatch.

### Recommendation 39

West Moreton Hospital and Health Service provides a system for delivering medication to the units that complies with health and safety requirements.

**Recommendation 40**

West Moreton Hospital and Health Service provides an automated medication dispensing system at Brisbane Correctional Centre.

**Cultural support can be enhanced****Standards**

- 81** Effective and valued cultural support and peer support programs meet the diverse risks and needs of the prisoners.
- 82** An Aboriginal and Torres Strait Islander Elders program enhances the cultural life of the prison.

The COPD: Prisoner Development – External Service Providers states that external non-government service providers are to be provided with an appropriate area to meet with prisoners. During the inspection, we observed Elders’ visits, which take place in the gym. The centre also has a cultural centre, which we were told is used during NAIDOC week. There are 2 Elders group sessions: one for mainstream and one for protection prisoners. Prisoners participating in the Elders program are assessed and selected by the centre, with each session catering for 25 prisoners.

Cultural liaison officers assist in organising the Elders’ visits and provide support to the Elders during the program. Local Elders from the Brisbane Council of Elders visit the centre once a month, typically in the first half of each month. They lead by example, bring news from home, and remind prisoners of their connection to their communities. These visits provide prisoners with a sense of belonging, aiding their adjustment to life inside the centre and improving their chances of avoiding reoffending on release.

We noted that facilities used for Elders’ visits are not appropriate. The gym, although sheltered, is open to the elements and lacks fans. We observed a session on a particularly hot summer day and noted that one Elder was visibly uncomfortable and frequently poured water on their face due to the heat. We were also told that the gym is cold in the winter. Additionally, the toilets in the gym are closed, which prevents participants from using them during the sessions.

While there is a cultural centre available, the Elders told us that they have not used it for 2 years. The Elders said that they were told that the cultural centre cannot be used because the noise could disrupt video link calls in the education block.

During our observation of the Elders’ visit, we saw a prisoner playing music and another prisoner told us that he is only able to engage in dance and music through the Elders program. We were told that the men lose their connection to culture and tradition when they return to the units. It was suggested that having a traditional healer join the Elders’ visits could help to maintain their cultural connection.

Traditional healers provide a holistic approach to health care that incorporates mental, physical, cultural and spiritual health. Traditional healing approaches can be used to complement Western medicine and provide a culturally safe environment that supports treatment. We were also told that other centres hold smoking ceremonies in their cultural units, which are used to cleanse and promote healing. Providing the opportunity to hold smoking ceremonies would be another way in which the centre can support the physical and spiritual wellbeing of Aboriginal prisoners and Torres Strait Islander prisoners and help maintain their connection to culture.

Following the onsite inspection, we raised the issue of the cultural centre with senior management, who said that while it is available for use, activities are restricted by the number of prisoners who can be safely managed in the education block. They also said that the location of the cultural centre means that noise carries through the ceiling to the videoconferencing room. They advised that Elders are now driven into the centre when attending the gymnasium and refreshments are also supplied to them throughout their visit.

We found that Aboriginal prisoners and Torres Strait Islander prisoners have limited opportunities to maintain their connection with culture at the centre. We were told that during the Elders session, prisoners are in a safe space surrounded by peers who share the same spiritual and cultural values, and this is something they rarely experience outside of the program. To acknowledge the over-representation of Aboriginal people and Torres Strait Islander people in prison, providing increased opportunities for connection to culture is essential.

#### **Recommendation 41**

Brisbane Correctional Centre expands the range of cultural activities available to Aboriginal prisoners and Torres Strait Islander prisoners, including music, art, dance and ceremonies.

#### **Recommendation 42**

Brisbane Correctional Centre provides an appropriate venue for the Elders program that is culturally safe, protects participants from weather conditions and has adequate toilet facilities.

### **Notes**

- 1 Wallace, D., & Wang X. (2020). Does in-prison physical and mental health impact recidivism? *SSM - Population Health*, 11, 100569. <https://doi.org/10.1016/j.ssmph.2020.100569>

## 6. Security

This chapter investigates how the centre undertakes its security functions. There are 3 main types of security measures used by prisons today – physical, procedural and dynamic. The United Nations Office on Drugs and Crime’s Handbook on Dynamic Security and Prison Intelligence (2015) states that there should be an appropriate balance between these different types of security measures. This is to ensure that prisoners are subjected to the least restrictive regime necessary that is proportional to the risk posed.

Physical means of security include the infrastructure of the centre and security devices such as walls, locks, doors or alarm systems. Procedural security covers procedures that must be followed, such as rules around prisoner movement and property, searches of prisoners and their accommodation, and drug testing. Dynamic security is grounded in positive staff-to-prisoner interactions, which help ensure that staff can anticipate and prevent problems before they arise.

We looked at all 3 types of security as part of our inspection, with a particular focus on procedural and dynamic security processes. This is because procedural security processes have the potential to impact the humane conditions of detainment, while dynamic security focuses on the interactions between staff and prisoners, where there are risks of cruel, inhumane or degrading treatment of prisoners. Dynamic security is also covered in Chapter 3.

We reviewed the centre’s security functions from barrier control to monitoring systems and prescribed searching of persons. We looked at how the centre controls the movement of prisoners and staff, including how prisoners are escorted to Princess Alexandra Hospital for medical treatment. We observed search processes and musters, reviewed the centre’s drug strategy, observed drug tests, and spoke to prisoners and staff about security processes.

We noted a recently introduced process that allows prisoners to request a modification from standard search practices has been used at the centre. Under this process, prisoners may request that search processes take their needs into account, which may relate to gender diversity, sexual orientation, a history of abuse, cultural concerns or any disability. It is positive to note that prisoners at the centre are aware they can make this request.

We found several standards that relate to security were met adequately. As such, we have not discussed them in detail.

### No staff in units overnight

#### Standards

83

Prisoners’ wellbeing is safeguarded by effective security systems.

87

Incident prevention and emergency response capabilities align with assessed risk.

The COPD: Daily Operations – Headcount Unlock Muster Lock Away sets out the requirements for checking on prisoners during the night. It states that staff must commence a headcount for all prisoners in the evening, and then again first thing in the morning before prisoners are unlocked. Night shift staff are also required to conduct external perimeter checks at irregular times throughout the night, as outlined in the COPD: Daily Operations

- Night Shift. This COPD also sets out staffing levels at night and the safety and security equipment that staff must carry when working the night shift.

During the onsite inspection, we attempted to gain access to one of the mainstream units at 7.10pm, but control room staff said there were no staff stationed in the units. We were directed to go to the officers' mess hall, where we observed most of the night shift staff eating and watching television. We spoke to staff on the night shift, who confirmed that apart from the specialised units, there are no staff stationed in the units overnight. We were told that the centre conducts 2 headcounts overnight between lockaway and unlock to monitor prisoner wellbeing. Additional checks conducted are specifically for prisoners on at-risk observations, but there are no other scheduled checks conducted to ensure prisoner safety overnight.

Staff told us that incidents occur in the units during the night. We reviewed incidents in the centre over 3 separate months and found that 18 incidents were recorded to have occurred overnight. These included 7 medical emergencies, 6 physical assaults, 3 prisoners who had self-harmed or attempted suicide, one sexual assault and one death in custody. The Australian Institute of Health and Welfare's report *Health of People in Australia's Prisons* (2022) has noted that physical and sexual assaults in prisons are under-reported, so while this figure may seem small, it is possible the number of incidents is much higher.

We asked how prisoner safety is maintained overnight and were told that prisoners will usually press their intercom button if they hear an assault happening in a nearby cell, or the victim of the assault will eventually hit their cell intercom button. However, prisoners told us that they do not always press their cell intercom button when they need assistance.

Our review also found examples where staff only became aware that an incident had occurred overnight when the prisoner's injuries were noticed the next day. The following case studies illustrate how prisoners may be reluctant to use their intercom to seek support during an incident and may not report their injuries to staff.

### Case study 5

The prisoner attended healthcare for a morning routine medical test and reported having blurry vision. Healthcare staff noted that the prisoner had a cut on his eyebrow, a black eye, and the right side of his face was swollen. The prisoner told nurses that his lower back was sore, and he later disclosed that he had been assaulted by his cellmate the previous night. The prisoner required medical attention in hospital for a fracture/broken bone. A psychologist later attempted to see the prisoner for a welfare check, but the prisoner refused as he did not want to draw attention to himself. The prisoner transferred to another centre the following month and told staff in reception that he still felt anxious about this assault.

### Case study 6

A prisoner arrived on the induction unit and was told by a group of prisoners that he was going to be 'raped and bashed' while in custody. His cellmate complimented his hair and told him he was going to tie him up with sheets, so the prisoner cut off his hair with a razor blade. He did not sleep that night and decided it would be better to end his life than be raped and bashed. At 5.52am, the control room called an emergency code after the prisoner's cellmate pressed his intercom button after waking up and seeing that the prisoner had cut his neck and there was blood all over his pillow and sheets. Staff attended the cell about 10 minutes later and noted the prisoner had deep lacerations to both sides of his neck and forearms. An ambulance arrived and took the prisoner to hospital. The prisoner later told staff that his cellmate had warned him against using the cell intercom button because it would be 'bailing'.

Injuries sustained during the night may not be visible to officers and may never be reported. Officers only need to attend the units for the evening and early morning checks so there is ample time during the night for assaults to occur without officer intervention. This risk could be reduced by staff having a regular presence in the units overnight, where staff may overhear incidents in progress and intervene. It may also provide another opportunity for prisoners to seek support from staff, particularly where they may feel unsafe pressing their cell intercom button in front of their perpetrator. The case study below provides an example of an incident identified in our review, where staff were able to intervene in an assault only because they happened to be in the unit.

### Case study 7

At 2.10am, staff were sitting in one of the unit offices when they heard some prisoners yelling. The staff members asked for more officers to assist before locating the cell that the noise was coming from and calling an emergency code. Staff went into the cell where they found that a prisoner had been assaulted and had blood on his face. Healthcare staff noted that he had some cuts, scratches and swelling but that stitches were not required. The prisoner said that he had reported issues with his cellmate a few days before and asked to be moved but the request was denied. There is no record of this in the prisoner's file. Staff were only aware of this incident and able to respond because they happened to be in the unit.

We reviewed policies in other jurisdictions to compare night shift arrangements. In the United Kingdom, night shift arrangements are outlined in the Ministry of Justice's *Management of Internal Security Procedures (Closed Prisons) Policy Framework (2025)*. This policy states that:

- All staff are required to complete training and a period of 'shadowing' before being alone on night duty.
- Night supervisors must make visits throughout the night to all units to check the welfare of staff stationed in the units overnight, identify and discuss any issues or concerns and review records.
- There should be regular patrols of the landings and accommodation between 10pm and 6am. Patrols should be recorded and include visiting the end of every landing.
- Night staff need to understand the process for managing and challenging inappropriate behaviour by prisoners at night.

In other Australian jurisdictions, arrangements for night shifts are mixed. Some jurisdictions have roving night staff that move from one unit to another, or minimum numbers of night

staff on duty at night, with some of those designated as ‘rovers’. For example, Corrective Services NSW outlines in its Custodial Operations Policy and Procedures: Night inspections of correctional centres (Version 1.2) that the governor or manager of security must conduct inspections of the centre at night on a number of occasions, and at regular and intermittent times. Other jurisdictions have staff stationed in the units overnight. It would appear, however, that Queensland differs from other Australian jurisdictions in that it does not have custodial staff to supervise prisoners in standard accommodation units overnight at regular frequencies after lock away.

The ACT Inspector of Correctional Services recently published a critical incident report, *Suspected drug overdose, endangering life of a detained person at the Alexander Maconochie Centre* (May 2024), that highlighted some of the risks associated with not having staff available in the units at night. The incident involved a detainee in the Women’s Community Centre (WCC) who had become unresponsive at night. Another detainee banged on the door of their accommodation to attract the attention of correctional officers in the WCC officer station, but no staff were present. When the Master Control Room called staff to attend, the responding officers had to go through several gates to reach the unresponsive detainee in the WCC, which also slowed the response. The report noted that if the WCC was staffed at the time, it would have been a more rapid response, and it was recommended that the WCC post is staffed by at least 2 corrections officers during the night shift.

We are of the view that there is a significant risk involved in leaving prisoners unattended in their cells overnight. We found several examples of prisoners being assaulted or self-harming during the night, and the current system of relying on victims or prisoners in the neighbouring cell to seek assistance from staff is inadequate. Prisoners may feel unsafe using their cell intercom button to call for help in front of their perpetrator. Prisoners in neighbouring cells may also face retribution for informing on another prisoner.

QCS has an obligation to ensure the safety of prisoners in their care. While there is an inherent risk in leaving prisoners unattended at night in shared cell accommodation, we also found systemic issues with cell sharing risk assessments and men being placed in shared cell accommodation with prisoners who present a known safety risk (see Chapter 2). These additional factors elevate the risk of leaving prisoners unattended at night to an unacceptable level.

We acknowledge that there are challenges in maintaining a staff presence in the units at night, both in terms of staffing levels and in providing night staff with appropriate support. However, other jurisdictions have adopted measures to mitigate this risk, and QCS must review these options and implement changes to ensure their approach aligns with best practice. We will continue to monitor this matter in future inspections.

### **Recommendation 43**

Queensland Corrective Services improves its practices to ensure prisoner safety at night by:

- a) reviewing options for increasing staff presence in the units, and
- b) implementing measures that require staff to regularly monitor prisoners and identify and respond to risks as they occur.

## Musters do not always confirm a prisoner's identity

### Standards

- 83 Prisoners' wellbeing is safeguarded by effective security systems.
- 84 Effective systems control access to the prison.

Both headcounts and musters involve controlling prisoner movements to conduct a count to ensure the number of prisoners in each area is consistent with the total number of prisoners in the facility. However, while a headcount simply involves counting the total prisoners, a muster also requires that each prisoner's identity is confirmed.

For musters, the COPD: Daily Operations – Headcount Unlock Muster Lock Away also provides that centres must keep an up-to-date muster book or IOMS muster sheet printout for each accommodation area. Muster books or sheets must have a photograph of each prisoner accommodated in the area, which is used to confirm a prisoner's identity during the muster. Prisoners must stand fully dressed at a nominated location while the officer confirms each prisoner's identity using the muster book or sheet, and must not move from their location until it is completed.

During the onsite inspection, we observed musters on multiple occasions. We noted that staff conducted the muster correctly for prisoners who were locked down by ensuring a comparison was made between the photograph in the muster book and the prisoners in the cell. However, the remaining prisoners who were receiving out-of-cell time were asked to gather in the exercise yard, where staff conducted a headcount only. We observed that staff did not confirm the identity of the prisoners in the yard using the photographs in the muster book.

We asked staff why they did not confirm the identity of prisoners using the muster book and were told that most of them know the prisoners in their unit, suggesting they did not need to confirm their identity. One of the musters we observed occurred in an induction unit where prisoner turnover is high, and staff see new prisoners arriving each day. This makes the argument put forward by staff less compelling.

Musters can only be accurate if staff confirm the identity of all prisoners when conducting the headcount. Following the onsite inspection, we raised this issue with management and were told that staff have been reminded of the correct procedure for musters, and this is briefed daily by the supervisor.

### Recommendation 44

Brisbane Correctional Centre ensures that officers use the muster book to confirm the identity of all prisoners during musters.

## The CCTV and control system requires ongoing maintenance and upgrades

### Standards

83

Prisoners' wellbeing is safeguarded by effective security systems.

84

Effective systems control access to the prison.

### Monitoring prisoners in cells

While CCTV cameras are generally located in common areas rather than prisoner cells, they are used in cells in specialised units for safety reasons. We found that there are inconsistencies in the way in which CCTV cameras are used in these cells, both in responding to prisoners who have covered their camera and in deciding which prisoners should be subjected to CCTV monitoring in cells.

We were told by staff that all cells in specialised units have cameras, but not all prisoners placed in these cells are considered at-risk and under observation. It could be argued that prisoners placed in specialised units may require a higher level of monitoring, either because they are at risk of self-harm or suicide, or due to behavioural issues. However, we have been told that prisoners may also be placed in these units because there is no room elsewhere in the centre.

During the onsite inspection, we observed that a CCTV camera in one of the cells in a specialised unit had been covered by a prisoner. This prisoner was not listed as requiring observation under the at-risk procedure. The COPD: Facility Security – Security Management Systems and Intercoms states that where a camera is covered with material that restricts the camera's field of view, this must be reported immediately.

When we asked about the prisoner covering their camera, one staff member said that covered cameras are dealt with during their daily cell searches, while another staff member told us that they were not worried about a prisoner covering their camera because they do not use CCTV to monitor prisoners and instead rely on physical checks. Later during the inspection week, a third staff member told us that all prisoners must have their camera uncovered and outlined the process for managing and reporting this issue as noted in the COPD.

There needs to be a consistent process for monitoring prisoners via CCTV in cells that ensures prisoner safety while considering privacy and human rights considerations. If a prisoner who does not require CCTV monitoring needs to be accommodated in a cell with a CCTV camera, the camera could be turned off or covered by staff, provided it is made clear to the prisoner that it is not in use. It is also important that all prisoners are informed whether the CCTV camera in their cell is being monitored by staff.

### CCTV cameras not fit for purpose

During the onsite inspection, staff described the CCTV monitors as 'archaic'. We were told that the monitors are too small and the images lag behind real time. We observed the CCTV in one of the units and confirmed there was a delay in the images. We also noted that the screens were small with an unclear picture.

We were told that requests have been made to management for individual, fixed and large CCTV screens to give a proper view into each cell and the exercise yard, but this had not

yet been approved. We reviewed maintenance records over a 2-month period in 2025 and found that staff had reported several issues with CCTV cameras not working. It is unclear from these records if the reported issues have been resolved.

CCTV monitors are an essential part of ensuring the safety and security of the centre. Safety may be compromised if staff are unable to respond in a timely manner to incidents because monitor images are unclear or lag behind real time. The centre needs security equipment that is fit for purpose to maintain the safety of all staff and prisoners.

### Control room operating system not effectively maintained

We found that the control room operating system appeared to be prone to faults. We observed officers working in the 3 different control rooms responsible for different areas of the prison. The control rooms were observed to be significantly busy posts, with lots of movements occurring around the centre at once.

We were told that the system is slow, and while observing staff in the control room, a system fault was noted where one gate showed as unarmed (red), despite this not being the case. We were told this fault has remained unresolved for months and means an officer may not know whether the gate was unarmed or not. We reviewed maintenance records for the control systems and found several reports of equipment not working. While an incident number has been recorded for most of these issues, it is unclear from these records if or when the fault was repaired.

Control room staff require accurate information to control movement around the centre, and electronic security equipment and systems must be in good working order to maintain safety and security. The centre should prioritise maintenance of security operating systems and ensure that they are replaced when no longer fit for purpose.

#### Recommendation 45

Brisbane Correctional Centre develops a clear approach to the use of in-cell CCTV monitoring that:

- a) outlines when a prisoner requires in-cell monitoring using CCTV
- b) informs prisoners when in-cell CCTV cameras are not in use or not being monitored by staff
- c) provides training for staff on the process to be followed when a prisoner covers their in-cell camera.

#### Recommendation 46

Queensland Correctional Services and Brisbane Correctional Centre ensure the CCTV system in use is fit for purpose.

#### Recommendation 47

Brisbane Correctional Centre reviews the operating system used in the control rooms to ensure officers can efficiently and effectively manage movements across the centre. The operating system must be updated if it cannot be effectively maintained.

## Lack of transparency in leave of absence decision-making

### Standards

85

Decisions relating to leave of absence applications adhere to the requirements of domestic legislation.

Prisoners raised concerns with us about the process of applying for a leave of absence. We were told the process is slow and the centre does not support prisoners in applying for leave. We were also told that even if leave is approved, they may be unable to attend as the centre relies on the Escort and Security Branch to provide transport and a vehicle may not be available.

The COPD: Escorts – Leave of Absence and the *Corrective Services Act 2006* state that compassionate leave may be granted to allow a prisoner to attend a relative's funeral. In granting a leave of absence application, the general manager is required to consider a number of factors, including whether the leave would cause distress to victim/s, whether there are any current domestic and family violence orders (DVOs) in place, risk to the community, and cost. Should a prisoner be unable to attend a funeral, alternatives such as the use of videoconferencing technology to enable virtual attendance should be considered.

The centre told us that 11 prisoners applied for a leave of absence on compassionate grounds between August 2023 and July 2024. We reviewed IOMS case notes for these prisoners and found 9 were approved for virtual funeral attendance, one prisoner was approved to visit his son in hospital, and one was approved to attend a funeral in person. When asked for a copy of the decision letters in relation to each of these applications, the centre advised there is no decision letter generated as part of this process. Further, staff told us they could not provide a copy of any documentation associated with these requests, including the prisoner's application. We checked IOMS and noted the leave of absence applications and decision letters were not saved in the prisoners' records.

We are concerned that there is a lack of transparency in decision-making regarding leave of absence applications. The centre does not retain the paperwork so there is no way to review decisions to determine if they are fair, reasonable and consistent. Also, as prisoners are not provided with reasons for a decision, it would be difficult to determine if they would like to seek a review of the decision.

This is an issue we have seen in a previous inspection, where we recommended that QCS updates the COPD: Escorts – Leave of Absence so that:

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

We are pleased to report that QCS has implemented our recommendation by amending the COPD. Moving forward, prisoners will receive a written decision letter from the general manager regarding their application for funeral or compassionate leave. They will also be made aware of their right to appeal this decision. We will continue to monitor this issue during future inspections.

## Hospital escorts are conducted with compassion

### Standards

**97** Prisoners being transported are treated with respect and decency, and attention is paid to their individual needs.

During the onsite inspection, we visited Princess Alexandra Hospital and observed escort officers providing care to sick prisoners.

The COPD: Escorts – External Escorts outlines that all escorting officers must conduct an escort in a manner that maintains the safety and wellbeing of the prisoner, the public and staff. It also states that escorting officers must remain alert and ensure observations of the prisoners allow them to respond to any changing circumstances to maintain the prisoner’s safety and wellbeing and the security of the escort.

We found that corrective services escort officers remained in the hospital with the prisoner and communicated respectfully and compassionately with them. We observed the escort officers assist nursing staff as required but also support the prisoners to feel more comfortable by propping up pillows and providing ice packs. The escort officers discussed the process with us for taking prisoners to the toilet/shower.

We noted that escort officers are often required to take on a carer’s role while in hospital with sick prisoners, particularly during periods when nurses are attending to other prisoners. We were impressed with the care shown to these men.

## Centre’s drug strategy does not adequately address supply and harm reduction

### Standards

**86** The prison has an effective contraband and drug supply reduction strategy.

The QCS *Drug and Alcohol Strategy 2020–2025* focuses on 3 objectives:

- prevent and deter supply
- reduce demand
- reduce harm.

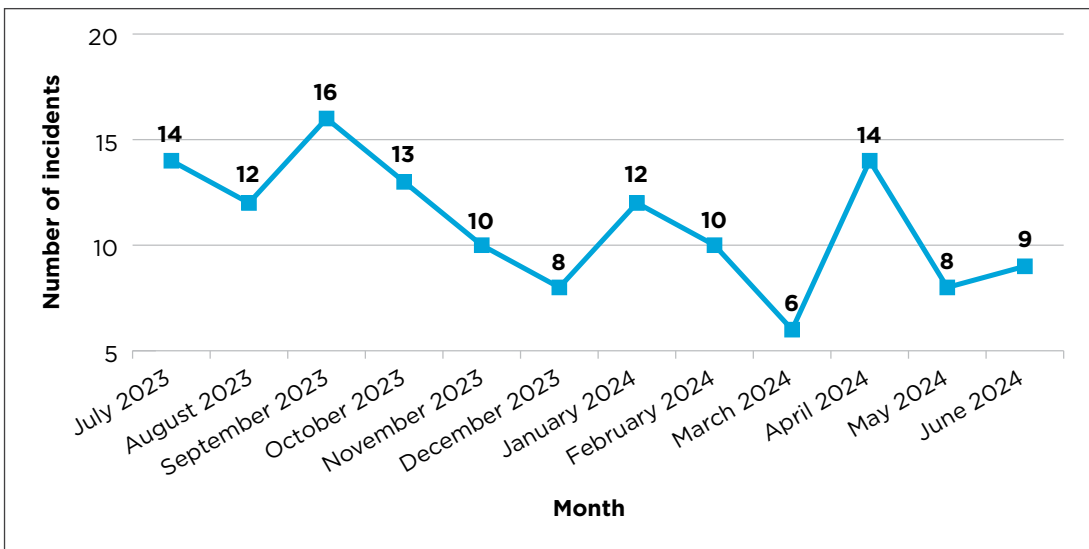
The centre’s Violence Prevention Framework is based on the objectives of the overall QCS strategy. It outlines several measures that are undertaken in the centre under this strategy, including searching, urine testing, information and anti-drug signage, drug incident reviews, and determinations made in response to identifying drug suppliers. However, these measures tend to focus on preventing and deterring the supply of drugs rather than reducing demand or harm associated with drug use.

Section 41 of the Corrective Services Act allows for a prisoner to be drug tested. A prisoner is taken to have given a positive test sample if the prisoner refuses to supply the test sample, fails to supply the test sample within a reasonable time unless the prisoner has a reasonable excuse, alters or invalidates the results, or tampers with the test sample.

During the inspection, stakeholders, staff, healthcare providers and prisoners told us that there are high rates of drug use by prisoners in the centre. Staff said that the drug strategy is not working and that most prisoners in the centre are on drugs and you can see them ‘shooting up’ in the units. Other staff told us that the centre needs body scanners to prevent drugs getting into the units, acknowledging that both prisoners and staff bring drugs into the prison. Body scanners would not only combat drug supply issues within the centre but also negate the need to conduct removal of clothing searches on prisoners (see also section on ‘Searches’ later in this chapter).

Despite widespread reports of drug use in the centre, we reviewed figures on the number of drug-related incidents and found the numbers are relatively low (see Graph 10). However, prisoners told us there is a high incidence of drug use and ‘standovers’ (acts of violence or intimidation) at the centre. During the inspection, we observed a morning management meeting where 3 incidents over the past 24 hours were noted, 2 of which involved prisoners being ‘stood over’ to bring syringes back from the medical centre and where one prisoner was assaulted. The third incident related to an assault following a prisoner debt. Given this, it may be that drug-related incidents are either under-reported, or recorded as other types of incidents, such as assaults.

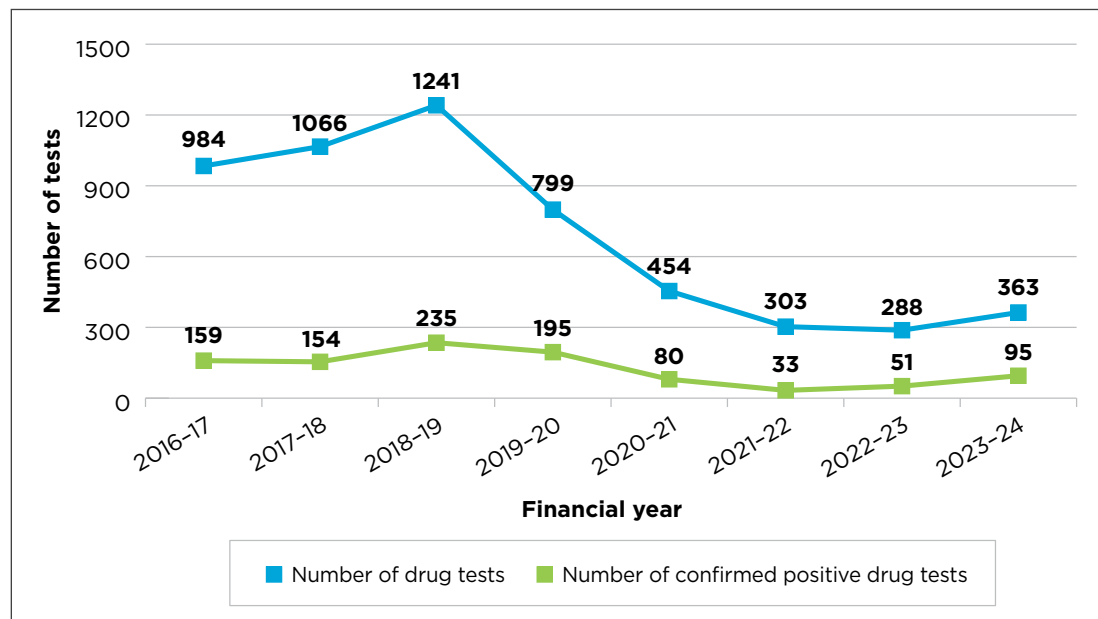
**Graph 10: Number of substance-related incidents in the centre over time**



(Source: Compiled by the Inspector of Detention Services from Reporting Services Data, *Correctional Centre Trend Reports*, for each financial year, accessed on 21 April 2025)

Staff told us that it is difficult to implement a drug strategy in a reception and remand centre. We reviewed the number of drug tests conducted in the centre (see Graph 11) and found that they had significantly reduced since 2018–2019. They have increased slightly since 2021–2022, but remain much lower than testing levels prior to 2020. We also considered the number of confirmed positive drug tests in the centre and found this has also reduced since 2018–2019. We also note that the number of confirmed positive drug tests may be lower than those reported in Graph 11 as these figures include those prisoners who may have been taking prescribed medication and those who failed to provide a urine sample.

We raised this with senior management who said the centre no longer conducts random drug tests and instead relies on wastewater testing. While this method of testing provides information about drug use in the population, it does not identify individual prisoners who are using drugs in the centre who may be in need of support and assistance to stop using drugs. It also makes it difficult for the centre to reduce harm by providing targeted rehabilitation opportunities and support to individual prisoners whose safety may be at risk where they have accumulated drug debts or may be subject to standover tactics.

**Graph 11: Number of drug tests in the centre over time**

(Source: Compiled by the Inspector of Detention Services from Reporting Services Data, *Correctional Centre Trends Reports*, for each financial year, accessed on 17 April 2025)

The QCS *Drug and Alcohol Strategy 2020-2025* outlines some potential initiatives to reduce drug demand, such as therapeutic justice interventions and end-to-end case management. Strategies to reduce harm include continuing to implement the opioid substitution program and taking a holistic approach to improving prisoner health and wellbeing. While health care can play a critical role in reducing demand and harm, West Moreton HHS told us it was not involved in developing the centre's drug strategy.

As a reception and remand centre, there is a higher risk of prisoners bringing drugs into the centre as they arrive directly from the community. There is also a high volume of prisoners transiting through the centre, which provides opportunities for drug distribution. While the centre's drug strategy contains actions aimed at preventing and deterring supply, there is less emphasis on reducing demand and harm, and limited opportunities to identify individuals using drugs and provide them with appropriate support. The centre's drug strategy should include actions aimed at reducing harm and demand and should be targeted to the specific challenges it faces as a reception and remand centre with a high turnover of prisoners.

In its submission to this report, QCS told us that the centre has developed a Drug Reform Strategy that includes ways to restrict supply, demand, distribution, sale and harm. QCS also advised that the 10-year QCS Strategic Roadmap, the Reducing Reoffending Strategy, is currently being developed and will consider ways to further reduce demand and harm relating to drugs and alcohol.

### Recommendation 48

In consultation with West Moreton Hospital and Health Service, Brisbane Correctional Centre develops an action plan based on the Queensland Corrective Services *Drug and Alcohol Strategy 2020-2025* to:

- a) address the unique issues faced by a reception and remand centre
- b) provide targeted interventions aimed at reducing demand and harm.

## Searches of prisoners and visitors

### Standards

- 83** Prisoners' wellbeing is safeguarded by effective security measures.
- 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.
- 89** Searches of all visitors and contractors are conducted when necessary and with regard for the person'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.

This section considers 2 types of searches – removal of clothing and visitor searches. Removal of clothing searches are covered in the COPD: Search – Prisoner Search. Visitors to a correctional facility can also be subjected to particular types of searches, which is provided for in the COPD: Search – Visitors Search.

The COPD: Search – Prisoner Search ensures that searches of prisoners and their property are undertaken in accordance with legislative requirements, and are conducted in such a way that the dignity of the person is maintained as far as reasonably practicable. Searches ensure prohibited items are prevented or restricted from entering the corrective services facility where they can cause harm directly and indirectly to the individual and others.

### Removal of clothing searches are not correctly documented

Removal of clothing searches, commonly known as strip searches, are a risk reduction strategy that assists in the elimination and control of contraband within the centre. However, subjecting prisoners to strip searches is often demeaning and humiliating.

The harmful effects of removal of clothing searches, particularly on female prisoners, is well documented in the literature. However, as acknowledged by the Office of the Inspector of Custodial Services' report *Strip Searching in Western Australian Prisons* (2019), harm to male prisoners from strip searching receives less attention. The report called for change, particularly in the aftermath of inquiries such as the Royal Commission into Institutional Responses to Child Sexual Abuse, which highlighted the deep trauma experienced by male victims of child sexual abuse.

Section 40 of the Corrective Services Act states that the reason for the removal of clothing search must be recorded, along with the names of the persons present during the search and the details of anything seized from the prisoner. Sections 33(2) and 37 outline the grounds on which a prisoner can be searched. These are reflected in the COPD: Searches – Prisoner Search, which states that a removal of clothing search can be conducted:

- for the security and good order of the corrective services facility
- for the safe custody and welfare of prisoners at the facility
- or
- on the reasonable suspicion that the prisoner has a prohibited thing concealed on the prisoner's person.

Results from our prisoner survey indicated that over one third of prisoners felt that officers were not respectful during removal of clothing searches. One stakeholder raised concerns about the requirement to strip search prisoners each time they go to the hospital, as this is traumatising for those with a history of sexual abuse. The stakeholder was of the belief that some prisoners were refusing to accept medical treatment solely to avoid being strip searched.

Prisoners told us that one of the units had been subjected to removal of clothing searches for officer training purposes in August and October 2024. They said that there were lots of new trainees present during the search. During the first search in August, prisoners said they asked staff about the reason for the search and were advised staff were doing what they were told. During the second search in October, prisoners again asked staff about the reason for the search and staff said there was something dangerous in the prison somewhere. Prisoners also said that they believed the workers' unit had been targeted for the searches, as they were considered more likely to comply out of fear of losing their employment.

We asked the centre to provide us with removal of clothing search registers for the dates provided by the prisoners, but the centre was only able to locate the October register. We were told that the August register could not be found either in the unit or in the archives. We were also told that removal of clothing registers for the period of 1 May 2024 to 31 July 2024, which were requested as part of the inspection, were missing and could not be found in the archives (see recordkeeping issues discussed in Chapter 9). It is concerning that these records could not be located given the exercise of this power limits the human rights of prisoners. Section 40 of the Corrective Services Act also notes that records must be available for the official visitor.

We reviewed the October removal of clothing search register provided by the centre, which indicated that 26 prisoners on the workers' unit were searched. The reason noted in the register for the October search was 'RAMP' (a term used to describe searching multiple prisoners' cells for contraband or other items) and the column to include the names of those present during the search was blank, which does not meet the requirements of the legislation. We asked the centre what triggered this search and were told that the searches were a targeted search arranged for QCS academy course participants. We are concerned that there was not a valid legislative reason for conducting this removal of clothing search.

Following the onsite inspection, we raised this concern with senior management who said that removal of clothing searches are based on intelligence. They advised that removal of clothing searches should only be conducted if warranted and would not be carried out by recruits.

The *QCS Strategic Plan 2024-2028* identifies that a safer workplace and correctional environment will be achieved by investing in resources such as fit-for-purpose technology to address safety and security risks. QCS recently installed body-scanning technology at Brisbane Women's Correctional Centre. The new technology can detect weapons, drugs and mobiles and is part of a 3-month trial.

Overall, we found that the centre's recordkeeping in relation to removal of clothing searches is poor. We found several registers missing and those registers that were available did not always meet legislative requirements. We are also concerned that prisoners reported a removal of clothing search was conducted for training purposes, and that documentation provided did not provide a clear reason for the search.

Removal of clothing searches can be demeaning and humiliating for prisoners, particularly for those who have experienced sexual abuse. While it is important to locate prohibited items that may pose a risk to the safety and security of staff and prisoners, other less-invasive methods of searching are now available and should be considered. Body scanners would not only promote the dignity of prisoners but could also be used to limit contraband entering the centre.

## Searches of visitors

The COPD: Search – Visitors Search outlines the process governing the search of visitors and states that personal visitors to a high security corrective services facility must be subject to a scanning search by a static or handheld metal detector. All personal property of the visitor must be subject to a scanning search by an x-ray device and a general search by a corrective services officer. A scanning search may be conducted by a corrective services dog, or by using a portable electronic device passed over the person or an electronic device the person passes through. The only exceptions to a scanning search are people with a recognised medical condition who may react to electronic scanning devices.

We were told that all staff and visitors are required to register for biometrics, go through a high security revolving door that detects metal, and place all items through the x-ray machine. A visitor must first go through the roto-turn and then through the biometrics gate. Visitors with metal in their bodies are unable to enter the centre through the roto-turn.

Staff told us that visitors who have metal implants need to apply in writing for approval from the general manager to bypass the roto-turn, and include a medical certificate. Staff told us that visitors are not advised of this requirement prior to attending the centre. We spoke to a visitor with a metal implant who confirmed that he was not told he needed a medical certificate until his first visit to the centre.

We reviewed information available to visitors online and found no mention of the requirement for visitors with metal in their bodies to obtain a medical certificate and prior approval from the general manager. There is no direct number for visits, as visit bookings are taken by email. If a visitor is unable to send an email, they can call the general enquiries number for the centre and they can send an email on the visitor's behalf. However, if visitors are not told about the process for seeking approval to bypass the roto-turn and do not speak to a member of the visits team as part of the process of booking their visit, it is unlikely that they would be aware of this requirement.

Staff told us that if it is the first time a visitor has come to the centre, they will usually allow them in; however, if they continued to attend visits without approval and a medical certificate they would be turned away. We spoke to a different staff member, however, who told us that a visitor will be turned away if they present without a medical certificate. They said that if visitors happen to call the centre before their visit and mention they have metal in their bodies, a staff member will make them aware of the requirement.

While we agree that it is a reasonable requirement for visitors to have a medical certificate to support a claim to bypass the security system, visitors currently have no way of knowing this prior to their arrival at the centre. Visitors may be travelling a long distance to visit their loved ones and should not be denied their visit for a requirement the centre did not make them aware of in advance.

We raised this issue with senior management following the inspection and were told that visitors are sent an email when they make a booking that provides a phone number for any queries. They noted that there is no mention of prostheses or wheelchair access in the information provided to visitors and that these items will be added to current messaging.

### Recommendation 49

Brisbane Correctional Centre ensures that prisoners are never subjected to strip searches as a staff training tool, and records for removal of clothing searches meet legislative requirements.

### **Recommendation 50**

Queensland Correctional Services reviews the outcome of the body-scanning technology trial at Brisbane Women's Correctional Centre to consider implementing this technology in all correctional centres to remove the need for removal of clothing searches.

### **Recommendation 51**

Brisbane Correctional Centre:

- a) advises all visitors at the time of booking that they require approval and a medical certificate to bypass the roto-turn if they have a metal implant
- b) ensures that there is a consistent process for managing visitors with metal implants who arrive at the centre for their first visit without a medical certificate and approval to bypass the roto-turn.

## 7. Rehabilitation and reparation

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

As part of the inspection, we reviewed the programs, education and employment opportunities provided to men in the centre. We spoke to staff and prisoners about the programs and education courses offered, and visited the kitchen, laundry, bulk store and landscaping work areas. We spoke to prisoners, trade instructors and other staff to seek their views on employment in the centre and considered how prisoners apply for employment, as both essential workers and unit workers.

We were told that as a reception and remand centre, opportunities to participate in programs and employment are limited. However, we found some positive experiences of programs, education and employment. Prisoners told us they found the Straight Talk program and barista courses beneficial. We were also impressed with the operation of the laundry, which services the centre's laundry needs and has external clients, including Queensland Health and other correctional centres such as Woodford Correctional Centre and Arthur Gorrie Correctional Centre. The laundry also does repairs (sewing), but only a handful of prisoners are trained for this work. We found the laundry was well organised and appeared to operate efficiently.

While employment at the centre is limited, we noted that staff do try to maximise employment opportunities. The laundry supervisor commented that there is an effort to keep the equipment as manual as possible so that employment opportunities are not diminished. As an example of this, the large pressing machines could be fixed with 'feeders', but they have not adopted this approach as it would reduce the number of workers needed to operate the machine.

We found several standards that relate to rehabilitation and reparation were met adequately. As such, we have not discussed them in detail.

### Limited scope and availability of programs

#### Standards

- 106 All prisoners are assessed to identify their risks and program needs.
- 107 Prisoners' risks and needs are addressed through relevant programs.
- 108 All programs and counselling services are best practice and evidence based.
- 195 Prisoners with disability have equitable access to tailored rehabilitative and reparative services and activities to meet their needs.

Section 266 of the *Corrective Services Act 2006* states that QCS must establish or facilitate programs or services that support the health and wellbeing of prisoners, help prisoners reintegrate into the community after their release from custody, and help rehabilitate offenders. The programs or services must take into account the special needs of offenders.

The COPD: Offender Pathways states that a range of assessment tools is used to assess a prisoner's risks and needs when they arrive at the centre. Once the assessments are completed, a progression plan must be developed for all prisoners serving a period of more than 12 months. The prisoner is provided with a copy of the progression plan, which must include their risk or needs, and educational needs, and clearly specified learning objectives.

We reviewed the centre's Prisoner Information Handbook, which notes that while most centres offer programs to help prisoners address the behaviours that may have caused them to offend, prisoners will not have the opportunity to complete any of these programs at the centre because it is a reception centre. The handbook states that prisoners may have access to programs that deal with offending behaviour once they arrive in a placement centre.

Staff said that there are limited programs available at the centre and prisoners are only able to enrol in substance use or resilience programs. There are 2 substance use programs offered, which are the Straight Talk program for Aboriginal people and Torres Strait Islander people, and the Short Substance Intervention program. A resilience program is also offered, which aims to provide participants with information and skills to strengthen their coping skills and ability to manage stress and overcome adversity and challenges. Staff said the centre has no control over when programs are delivered as this is a centralised function.

Management and staff advised that programs are not a strong focus at the centre due to the transient nature of the prisoner population. However, the average length of stay for prisoners in 2023–2024 was almost 7 months. We spoke to many prisoners during the onsite inspection who said they had been at the centre for longer, with some essential workers having been at the centre for years. As noted in the Introduction, the number of prisoners who have spent over 12 months in the centre has increased over time.

Our prisoner survey also suggests that prisoners are spending longer at the centre – 87% of respondents said they were not currently enrolled in a program, and of these, 41% said they had been at the centre for 6 months or longer and 14% said they had been at the centre for 12 months or longer. As noted in Table 2 below, a total of 314 prisoners at the centre participated in 30 programs over a 12-month period, which is around a third of prisoners at the centre.

**Table 2: Program offerings, participants and waitlists at the centre for 2023–2024**

	<b>Number of courses offered in 2023–2024</b>	<b>Participants completed</b>	<b>Average number of participants per course</b>	<b>Total number of prisoners on waitlist over 12-month period</b>
<b>Straight Talk program</b>	4	36	9	34
<b>Short Substance Intervention</b>	22	233	10.6	86
<b>Resilience program</b>	4	45	11.3	141
<b>TOTAL</b>	<b>30</b>	<b>314</b>	<b>10</b>	<b>261</b>

(Source: Compiled by the Inspector of Detention Services from data provided by Queensland Corrective Services)

In NSW, the Inspector of Custodial Services' report *Inspection of the Metropolitan Remand and Reception Centre* (2024) recorded a similar prisoner population size at the Metropolitan Remand and Reception Centre to that at Brisbane Correctional Centre. It also has a large number of prisoners transiting through the centre and similar proportions of remand and sentenced prisoners. However, prisoners at the Metropolitan centre spent an average of 154 days on remand and 4,237 prisoners completed programs aimed at addressing aggression, addiction, wellbeing and general offending between January and December 2021.

Prisoners and staff told us that they would like to see more programs offered at Brisbane Correctional Centre. Staff told us that prisoners are not sufficiently occupied and said there should be more programs available. Prisoners also told us they would like domestic violence programs offered at the centre. As of 28 November 2024, around 64% of prisoners in the centre were in custody for a domestic violence related offence, with 55% of prisoners listed as respondents on DVOs. We confirmed that there is a 10-week domestic violence program offered by QCS, but it is currently only offered to prisoners at placement centres. Prisoners suggested that programs could not only support rehabilitation needs but also provide real life skills for release.

Prisoners also told us that they wanted to be enrolled in a program but were on a waiting list. We reviewed the Operational Performance Review, which indicates a rating of exceptional performance for prisoner program completions at Brisbane Correctional Centre. We were told that information on completion rates and group sizes is collated by the Offender Rehabilitation and Management Service and looks at the number of program completions as a percentage of planned targets. We were provided with these figures, which are outlined in Table 3. Compared to other correctional centres, Brisbane Correctional Centre has some of the smallest group sizes for substance misuse programs, which may be impacting waiting lists.

**Table 3: Offender Rehabilitation and Management Service figures on completion rates and group sizes for centre programs in 2023-2024**

	Completion rates	Group sizes
<b>General programs</b>	77%	8.3
<b>Substance use programs</b>	91%	9.6

(Source: Compiled by the Inspector of Detention Services from data provided by Queensland Corrective Services)

We reviewed a sample of prisoner requests to undertake a program at the centre to examine how long prisoners had waited before being able to access a program. We found that only 27% of prisoners on a waitlist were able to complete the program while at the centre, and they waited an average of 7.2 weeks from the time they were added to the waitlist until starting the course.

It should be noted that 81% of prisoners in the sample were transferred or discharged within 2 months of being added to the waitlist, supporting the need for short-term programs to be offered to prisoners. This issue could also be addressed by introducing in-cell technologies across all correctional centres to enable prisoners to complete self-paced programs. This would allow prisoners to continue their program, even if they transfer to another centre. The use of in-cell technology was also discussed in Chapter 2.

Prisoners spend an average of just under 7 months at the centre yet only have access to a substance misuse program or a resilience program. While the centre has relatively high completion rates for its programs, group sizes are small and only a third of prisoners at the centre were able to attend a program in 2023-2024. We were previously advised that the lack of programs is on the basis that it is a reception and remand centre and prisoners will move on relatively quickly, but prisoners are now at the centre for a longer period and should be provided with programs to support their rehabilitation.

### Recommendation 52

To support rehabilitation, Queensland Corrective Services reviews the criminogenic and reintegration programs offered to prisoners at Brisbane Correctional Centre. This review should consider how program sizes and waitlists are managed in the centre with reception and remand prisoners.

## Information about education courses is inconsistent

### Standards

- 109** Life skills courses meet the needs of the prisoner population.
- 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.
- 195** Prisoners with disability have equitable access to tailored rehabilitative and reparative services and activities to meet their needs.

In our prisoner survey, 92% of prisoners said they were not currently enrolled in education, and for prisoners who indicated they had been at the centre for 6 months or more, this figure increased to 96%. We reviewed the Operational Performance Review for education and found that the centre was rated a score of 4, 'performance of concern', for the number of prisoners participating in education. This is the lowest rating that can be achieved.

Staff told us when prisoners arrive at the centre, they are provided with a list of courses that are available for waitlisting throughout QCS and are asked to indicate their top 8 preferences. We reviewed the centralised list and noted that the courses that are available to prisoners at the centre have been highlighted. Of the 66 courses/modules offered throughout QCS, 19 are indicated as being available at the centre, but this does not appear to correspond with courses offered at the centre in practice.

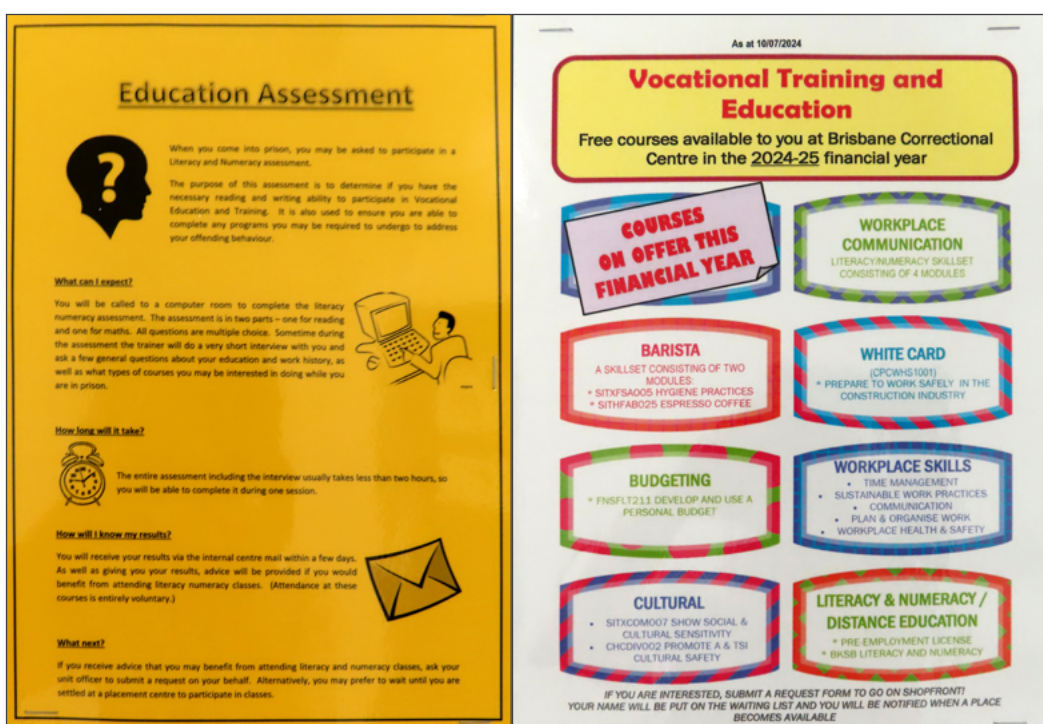
We were provided with a separate list of the course/modules available at the centre. While this list offers a greater range of literacy and numeracy modules than the centralised list, the range of other courses offered is more limited. We asked staff which courses on the centralised list were available at the centre, excluding the literacy and numeracy modules, and we were told that only 6 were available:

- Prepare to work in the construction industry (white card)
- Provide responsible service of alcohol
- Show social and cultural sensitivity
- Contribute to the health & safety of self & others
- Use hygienic practices for food safety
- Prepare and serve espresso coffee (barista course).

We also found that the centre offers a course not included on the centralised list (Provide First Aid). Providing conflicting information to prisoners may cause confusion and prisoners should be provided with an accurate list of offerings at the centre.

The centre also provides external courses that are self-paced and managed through laptop access sessions. These include a pre-employment licence course, English and math course, Tertiary Preparation Pathway, various undergraduate qualifications, and an employment workshop delivered by BUSY Ability. As of 5 September 2024, there were 263 students enrolled in these external courses.

Staff told us that prisoners obtain a form to enrol in programs or education by submitting a 'shopfront request' in their unit. This request is then forwarded to the education officers. We reviewed the Prisoner Information Handbook, which advises prisoners to speak to an education officer to find out more about furthering their education. There are also posters that provide information to prisoners about education and vocational courses. Some of these posters provide information about the Australian Council for Educational Research (ACER) assessment and literacy courses, yet they are heavily text-based so the information may not be accessible to prisoners who have difficulty reading.



Photos 18 and 19: Posters about education and programs on the education building noticeboard

Prisoners told us that they would like to participate in education and needed more information about courses available at the centre. We reviewed the list of prisoner requests provided by the centre. We found that while a significant number of requests were enquiring about specific courses, 272 prisoners submitted requests seeking general information about what courses are available at the centre. Responding to these requests would create a significant workload for education officers, and providing clear and consistent information to prisoners about courses available at the centre may assist in reducing this workload.

Prisoner requests also indicated that they wanted to do courses to pass the time. Our review of prisoner requests found a significant number of prisoners asked to be enrolled in any or all courses available. For example, one prisoner said that they were struggling with 22-hour lockdowns and wanted to do all available courses to keep busy. Another prisoner said he wanted to be enrolled in university courses as he felt like he was wasting his time at the centre, and it was depressing to feel that way. This prisoner asked to be transferred to another centre so he could be more productive.

We raised these issues with senior management following the onsite inspection and were told that posters advertising education programs are provided by QCS with the expectation that they are placed in their unaltered form in the units. They are therefore unable to modify them to make them accessible to prisoners who may have difficulty reading.

The information the centre provides to prisoners about courses available is not clear or accessible. Inconsistent information is provided to prisoners on arrival about which courses are offered at the centre, and posters are text-heavy and rely on prisoners being able to read. Providing clear information to prisoners may also help to reduce the number of prisoner requests seeking information about education. It is important that prisoners understand the education options available to them, particularly when being managed under an MUR where they are locked down for 20 hours a day and could use this time constructively to further their education.

### Recommendation 53

Queensland Corrective Services produces accurate information about education courses that can be provided to prisoners in a format that is accessible to all prisoners, including those who may have difficulty reading.

## ACER assessments and the literacy and numeracy course

### Standards

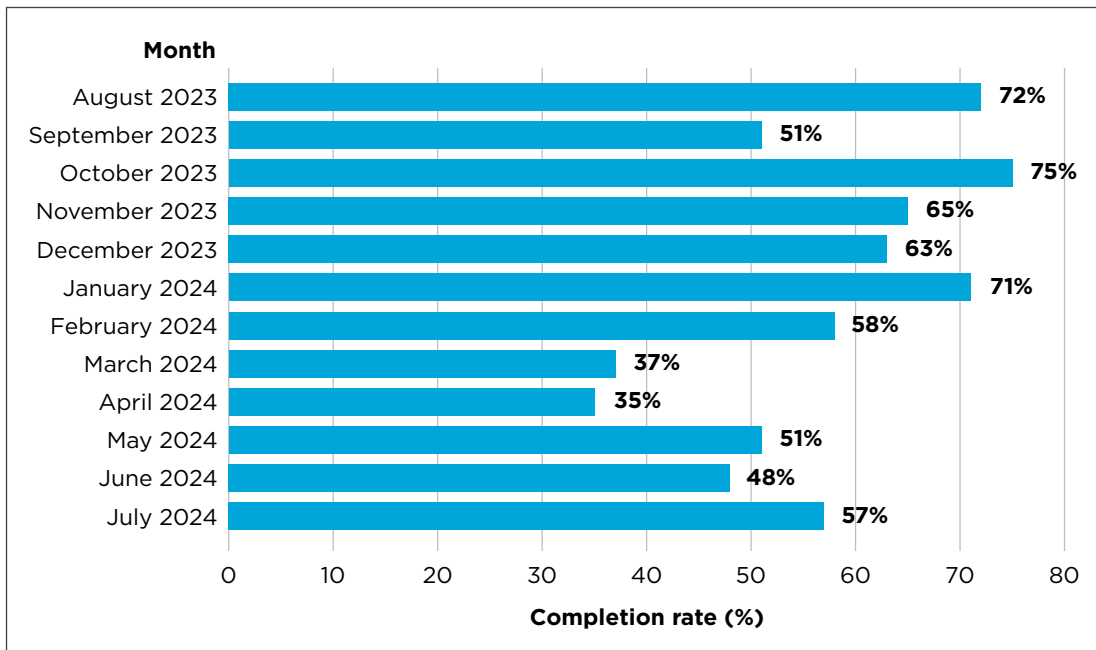
- 109** Life skills courses meet the needs of the prisoner population.
- 110** All prisoners are assessed to identify their educational needs, wants and abilities.
- 111** Educational opportunities are relevant to the needs and interests of prisoners.
- 195** Prisoners with disability have equitable access to tailored rehabilitative and reparative services and activities to meet their needs.

The COPD: Offender Pathways states that a literacy and numeracy assessment (LNA) must be completed for all prisoners serving a period of 6 months or more. The ACER Vocational Indicator Assessment is an LNA that must be completed within 3 weeks of a prisoner's admission (following sentence). Prisoners serving a period of less than 6 months can undertake the assessment where it is beneficial, but this is subject to resource availability.

We were also told that these assessments have long waiting lists and low attendance rates. Offender development staff said that there were over 100 prisoners waiting for the LNA, which represented a backlog of 4 to 5 weeks, with only 170 prisoners having completed an assessment between August 2023 and July 2024. We were told that literacy and numeracy programs also have low completion rates. We reviewed figures provided by the centre and found the average completion rate for LNAs at the centre over a 12-month period was 57%.

When we asked staff about completion rates, they said prisoners told them they had missed their LNA because they had not been called up to attend by officers on their unit. Staff also said that while not all prisoners identified on that list will want to complete an LNA, it is a pre-requisite if the prisoner wishes to enrol in an educational course, which are in high demand.

**Graph 12: Literacy and numeracy assessment completion rates from 1 August 2023 to 31 July 2024**



(Source: Compiled by the Inspector of Detention Services from data provided by Queensland Corrective Services)

As noted above, staff told us that the form prisoners complete on arrival asking them to nominate their top 8 courses is a centralised waitlist. This means that if a prisoner transfers to another centre, they retain their place on the waiting list. However, staff also keep a waiting list for the courses offered by the centre using their own spreadsheet. We were provided with information on course enrolments, completion rates and waitlists for education courses provided at the centre and noted that the literacy and numeracy course has the lowest completion rate with one of the highest waitlists (see Table 4).

**Table 4: Education course completion rates and waitlists for in-person courses from 1 August 2023 to 31 July 2024**

Education course	Enrolled	Completed	Completion rate	Waitlist
Literacy and numeracy (all 12 modules)	200	103	52%	29
Prepare to work in the construction industry	83	79	95%	11
Provide first aid	100	80	80%	31
Provide responsible service of alcohol	98	86	88%	31
Show social and cultural sensitivity	24	19	79%	31
Contribute to the health and safety of self and others	44	43	98%	20
Use hygienic practices for food safety	41	28	68%	20
Prepare and serve espresso coffee	37	26	70%	20
<b>TOTAL</b>	<b>627</b>	<b>464</b>	<b>74%</b>	<b>193</b>

(Source: Compiled by the Inspector of Detention Services from data provided by Queensland Corrective Services)

We spoke to staff about the low completion rates for the literacy and numeracy course and were told that it is not uncommon for prisoners to be brought to the session late. Staff said that prisoners may arrive late because of lockdowns, security issues, or programs and education not being prioritised in the centre. During the onsite inspection, we observed unit staff being provided with education lists during a morning briefing. We also noted that the Offender Development Governance Assurance Framework provided by the centre indicated that some LNA sessions had been cancelled for operational reasons.

When prisoners do not attend the literacy and numeracy course, we were told there is an incentive to fill spaces because of the funding model. To meet targets for course participant numbers, when a prisoner unexpectedly withdraws from the course, their place will be taken by another prisoner to make up the numbers. We were told that sometimes these prisoners do not need to be in the course and may have a university education. Trainers said that these prisoners often provide support to other prisoners in the course and act as role models.

We spoke to several prisoners who told us they had university degrees and had attended the literacy and numeracy course. One prisoner, who described himself as an 'educated person', told us that he had signed up to the literacy and numeracy course to keep busy. We reviewed his IOMS records and confirmed he was not assessed as requiring assistance with literacy and numeracy.

Prisoners also told us that the literacy and numeracy courses require a basic level of literacy. One prisoner said that he wanted to attend the course because he could not read or write, but found the requirements of the course too difficult. He said that he wanted to learn to read in prison but has now resorted to comic books instead. Other prisoners said that courses need to be more in line with prisoner education levels, and because courses at their level were not available, they had 'given up' on themselves and education.

The centre should identify and address the underlying reasons for low completion rates for LNAs and the literacy and numeracy course. This is particularly important given assessments are a requirement for enrolment in education courses, for which there is a high demand. Addressing completion rates for LNAs would also assist in reducing lengthy waiting lists. Prisoners who have higher levels of education should not be used as 'gap fillers' in literacy and numeracy courses to assist in tutoring when other prisoners would benefit from attendance. Courses should be tailored for prisoners with a range of learning needs, and those prisoners who attend to support other prisoners should be compensated financially.

Following the onsite inspection, we raised this issue with senior management who said that prisoners are not being used to assist other prisoners on courses, and this has never been the practice in the centre. Senior management advised that participants are allocated places based on the needs identified in their ACER assessment. They also said that low attendance can often result from operational issues such as lockdowns, late unlocks, incorrect headcounts, and the prisoner's attendance at court, health care or visits. If a prisoner does not attend education, senior management said they will follow up with the prisoner to identify the reason, and the south accommodation manager now has a checklist to ensure all measures are in place to maximise attendance at literacy classes. QCS has also identified a need for more education staff in the centre.

#### Recommendation 54

Brisbane Correctional Centre encourages and supports the completion of literacy and numeracy assessments to support enrolment in education courses and ensures vacancies are filled by prisoners with the greatest need.

## Transparent and equitable access to employment

### 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.

The COPD: Prisoner Employment outlines the principles and processes for prisoner employment. It states that facilities must provide for employment by assigning prisoners to available positions using an interdisciplinary approach that considers a prisoner's behaviour. It outlines general principles about encouraging employment for remand prisoners and ensuring that sentenced prisoners are expected to seek work and should be employed wherever possible.

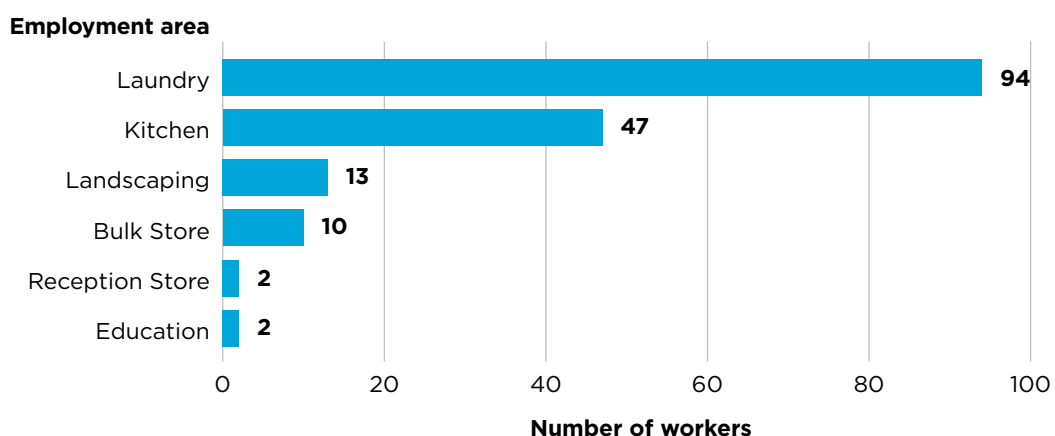
We reviewed the Prisoner Information Handbook, which contains information for prisoners about employment opportunities at the centre. It states that as a reception centre, there are limited employment opportunities for prisoners, and an officer at their placement centre will be able to provide further information about employment. It also notes that employment applications are available in each accommodation unit.

We were provided with a document that outlines the criteria for employment at the centre. The document acknowledged that it is an expectation that all prisoners in a correctional centre be employed, but this expectation is subject to prisoner security classification, capability or suitability, and positions available. The document identified that as a 'remand centre' there are limited employment opportunities.

There are 2 streams of employment opportunities for prisoners at the centre, which are essential services and unit workers. Essential services offer paid employment opportunities in the kitchen, laundry, landscaping, bulk store, maintenance, reception store and education, and as cleaners in the specialist units (i.e. close supervision and support unit, complex behaviour unit and detention unit). These positions are supervised by managers across the centre. On the other hand, paid employment opportunities in the units are managed by unit officers, and include unit kitchen workers, unit laundry workers, unit cleaners and mainstream barbers.

Based on the figures in Graph 13, there are 168 prisoners in total (excluding unit workers) who are employed at the centre. This is around 19% of the prisoner population. In our prisoner survey, 60% of respondents said they were not employed and several told us that there are not enough employment opportunities at the centre. For prisoners who said they have been at the centre for 6 months, 48% said they were not employed. We were told that essential workers remain at the centre for longer rather than being transferred to a placement centre. The results of the prisoner survey are consistent with this, indicating that those who are at the centre for longer are more likely to be employed.

**Graph 13: Number of essential service workers in the prison from 1 August 2023 to 31 July 2024**



(Source: Compiled by the Inspector of Detention Services from data provided by Queensland Corrective Services)

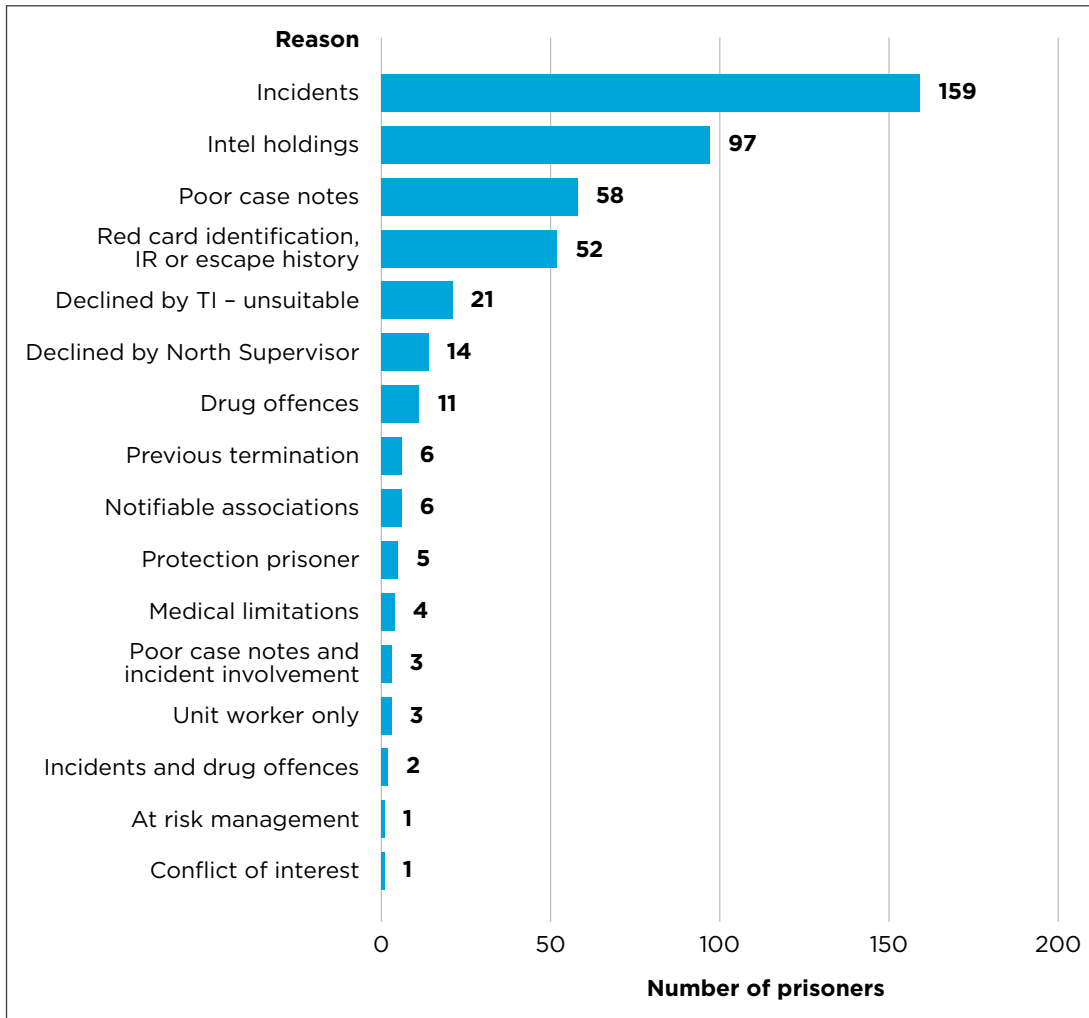
Prisoners told us that they felt frustrated about the lack of employment opportunities and did not have enough information about how to gain employment in the centre. We found that employment is highly valued in the centre. Prisoners in the workers' units told us they enjoyed working as it got them out of their unit and made the day go faster. In the prisoner survey, employed prisoners said that working and the workers' unit were the best things about the centre.

Information provided to us noted that as a remand centre, employment opportunities are limited, and they have developed specific criteria to assess employment applications. These vary slightly depending on the position, but common criteria include the prisoner's incident history, behaviours, associations, warning flags, drug test history, length of stay and previous employment. There are also criteria for specific areas of employment, such as personal hygiene for kitchen roles, and literacy and numeracy skills for bulk store workers.

We were provided with a list of prisoners who had applied for employment over a 12-month period but were found to be unsuitable. There were 477 prisoners whose application for employment had been denied, with the most common reasons being previous incidents, intelligence holdings on the prisoner, poor case notes or red card identification (prisoners

that must be escorted around the centre). There were also some applications that were denied for the specific area in which the prisoner had applied for employment, but the response advised the prisoner they would be eligible for other types of work.

**Graph 14: Reasons for denying prisoner employment applications from 1 August 2023 to 31 July 2024**



(Source: Compiled by the Inspector of Detention Services from data provided by Queensland Corrective Services)

Protection prisoners cannot be employed in many areas of essential work due to movement restrictions designed to keep them safe and separated from mainstream prisoners. As a result, most prisoners employed in laundry, kitchen or landscaping roles are mainstream prisoners. This means that protection prisoners are only able to apply for the 14 positions in the bulk store, education or reception store, which represents 8% of all essential work employment opportunities. While we found that employment opportunities are limited at the centre in general, they are even more so for protection prisoners.

We found that some of the responses to employment applications did not provide clear reasons for denying an application. For example, some responses to applications for employment noted the reason it was not approved as 'declined by the decision-maker' or 'unsuitable'. We also identified a number of requests and complaints from prisoners asking for clarification after their employment applications had been denied.

Transparency in employment decisions is important to ensure decisions are made fairly. This is particularly the case where employment opportunities are limited, both across the centre and for protection prisoners. Providing the reasons why a prisoner's application has been denied also provides them with the opportunity to understand the reasons they were rejected and, where possible, address these concerns.

### Unit worker positions

We were told that unit workers can be employed in paid or volunteer positions. Staff said that unit workers can work in a range of positions including in the unit kitchen or unit laundry, or as unit cleaners and volunteer unit workers. As of 17 April 2025, there were around 25 prisoners employed as unit workers.

Unit workers consist of both paid and volunteer positions and are managed by unit officers. Staff raised a number of concerns with us about the management of unit workers, which included the way that:

- unit workers are recruited and terminated
- decisions about employment are recorded
- the volunteer program is managed.

We looked at processes for managing recruitment of unit workers. We saw a list posted on the wall of one of the units that set out the current unit workers and volunteers and identified the prisoner who was 'next in line' to be offered unit work. The poster noted that 'all prisoners will get a fair go, employment is based on good behaviour, no bad case notes, or recent incidents'. Staff in this unit told us that all units should have a similar process, and we observed this in 3 other units.

Decisions about unit worker employment are made by unit officers. We reviewed a sample of 12 unit workers to consider how decisions were made about their employment. We found that only one unit worker had the reasons they were employed recorded, which consisted of a note stating 'very quiet and keen to get employment'.

We also found inconsistencies in decision-making around termination of employment. Some prisoners were terminated without a warning being given, while other prisoners were given multiple warnings yet remained employed. We also found different employment outcomes in circumstances where prisoners had engaged in similar behaviour.

The COPD: Prisoner Employment sets out the process to be followed when a paid prisoner is suspended or terminated from employment, which includes interviewing the prisoner. Where suspended, the prisoner should be referred to a multidisciplinary committee. It also notes that the prisoner should be notified of the decision through an employment termination/suspension report.

We also identified some concerns about the management of unpaid volunteer unit workers. Staff told us that there are a few barbers in north accommodation who work in a paid position. In south accommodation, however, staff and prisoners told us that there is one dedicated barber in each unit, and they work as volunteers in an unpaid position. We spoke to some volunteer barbers who told us this role used to be paid, but this is no longer the case. They said that even though they are not paid, they will usually 'work something out between them'. We are therefore concerned that the volunteer barber system in protection units may result in prisoners accumulating debts in return for haircuts.

We identified a number of concerns about the management of unit workers. We found there are inconsistencies in decision-making around termination of employment of unit workers, and a lack of clarity around the reasons why some unit workers are paid positions and others are voluntary.

Following the onsite inspection, we raised these issues with senior management and were told that the centre has considered setting up a basic sewing shop for protection prisoners, but this would reduce space available for prisoner programs. They advised that a library has recently been created for south accommodation, which may create employment opportunities for librarians. Senior management also noted there are challenges in not being able to have protection and mainstream prisoners in employment areas at the same time.

### **Recommendation 55**

Queensland Corrective Services supports Brisbane Correctional Centre to improve opportunities for employment by:

- a) increasing the number of available employment opportunities, including addressing inequality for protection prisoners
- b) ensuring that prisoner unit workers undertaking the same duties as prisoners in a paid role are remunerated and do not work as unpaid volunteers.

### **Recommendation 56**

Brisbane Correctional Centre improves the transparency of employment decisions by:

- a) advising prisoners of the reasons why their employment application has been refused
- b) introducing an oversight mechanism for unit workers to ensure decisions about recruitment and termination are fair and consistent.

## 8. Equity and diversity

Equity and diversity standards consider the treatment and services provided to the diverse prison population, including younger prisoners, those with different sexual orientations, CALD prisoners and foreign nationals.

We identified a number of positive practices at the centre. We observed 2 prisoners with limited English working in the kitchen. As noted in Chapter 4, the library has an extensive range of foreign language books available to prisoners to borrow. We also noted that Brisbane Women's Correctional Centre supply feminine products to the centre for transgender prisoners to purchase.

We found several standards that relate to equity and diversity were met adequately. As such, we have not discussed them in detail.

### Access to appropriate translation services for linguistically diverse prisoners

#### Standards

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

The COPD: Daily Operations – Prisoners of Concern notes the importance of ensuring that communication with prisoners who may have a special need occurs in a manner that is fair and does not place the prisoner at a disadvantage. Prisoners with a special need include those with inability or limited ability to speak or understand the English language.

The COPD also notes that multilingual staff, including family members or other community members, should not be used in lieu of a professional interpreter. This is because there may be the perception of a conflict of interest where a QCS employee may not be seen as an impartial translator, and to further protect the privacy of the prisoner.

During the inspection, we engaged with several prisoners with limited English skills. One prisoner said that he was struggling with not being able to work and was not aware of how to access education or programs. He told us that he had approached staff for help but was not given any assistance, and there was little language and cultural support for him at the centre. A respondent on our prisoner survey also commented that he needed help with English.

We spoke to staff about how they would communicate with a prisoner who cannot speak English and were told that they would usually request assistance from a staff member or prisoner who speaks that language. When asked about the translating and interpreting service, staff did not appear to know this was an option and said they had never had to use it.

We obtained figures for the 2023–2024 financial year and noted that translation services were engaged 18 times at the centre. This suggests that many conversations may be taking place without interpreters, or with prisoners or staff acting as interpreters. It is not appropriate to use prisoners as interpreters where confidential information may be discussed. Using a non-professional interpreter also introduces the risk that the message

will not be conveyed accurately and increases the chance of misunderstandings. Engaging professional interpreting services also ensures that CALD prisoners are aware of services in the centre and have fair and equitable access to health care, education and other services.

Following the onsite inspection, we raised this issue with senior management and were told that the centre would brief staff and ensure the guide to interpreter services is readily accessible to staff.

### **Recommendation 57**

Brisbane Correctional Centre provides training for all staff so that they understand the circumstances and process for engaging professional interpreter and translation services for prisoners with an inability or limited ability to speak or understand the English language.

## 9. Governance

The safe, secure and humane management of prisoners is achieved through good governance. This involves comprehensive strategic planning, accountable and transparent systems, and sufficient and competent staffing to meet the objectives of imprisonment and the diverse needs of the prisoner population being managed. Penal Reform International's guide *Good Governance for Prisoners* (2022) states that good governance facilitates a human rights approach and is the cornerstone of effective prisoner management.

We found that the centre does not have an action plan that sets out how it will meet the risks and needs of the prisoners it accommodates in order to support the *QCS Strategic Plan 2024–2028*. We also found a number of issues with the centre's recordkeeping and quality assurance practices.

We also considered whether staff have avenues to raise and address grievances. On 7 January 2025, we raised concerns with QCS through a notice issued under s 17(2) of the Inspector of Detention Services Act about reports from staff relating to alleged officer misconduct in the detention unit. These concerns included allegations of officers covering cameras and assaulting prisoners. On 3 February 2025, QCS provided a response outlining that it had no record of any complaints made in relation to these incidents, and requested further information in order to investigate the alleged incidents. On 3 March 2025, we advised QCS that we would not be taking any further action under s 17(6) of our legislation.

We found several standards that relate to governance were met adequately. As such, we have not discussed them in detail.

### Centre lacks an operational plan

#### Standards

197

A strategic vision informs a comprehensive plan of the prison's general aims, principles, values and strategic actions.

In providing evidence to the United Kingdom's Justice and Home Affairs Committee inquiry on *Prison culture: Governance, leadership, and staffing* (2025), His Majesty's Chief Inspector of Prisons noted that leadership is essential in improving outcomes for prisoners, and that leaders are expected to set strategic priorities in consultation with staff, stakeholders and prisoners. Strategic actions should include both short-term and long-term objectives for the centre that are clearly communicated to staff so they understand what is expected of them. They should also promote transparency by holding the centre to account and providing a framework for monitoring progress against the centre's aims or objectives.

Action plans are usually developed by teams within an organisation to set out the steps they will take to meet the objectives outlined in their organisation's strategic plan. While QCS has a strategic plan, we were told that the centre does not currently have an action plan and that this has not been a requirement since 2010. Prison management said that they are in the process of developing an action plan for the centre in the next 12 months. We were advised that workshops had been planned with managers to talk about challenges facing the centre, and what they would like to achieve in 2025.

The centre must adapt to a changing operational environment as prisoner numbers increase. Developing an action plan will assist in ensuring that the services available to prisoners at the centre meet the needs of the prisoner population. Unless leaders have a sound understanding of the operating environment and the needs of the prisoner population, they cannot determine the infrastructure and resources required to meet their needs. Setting out the aims, principles, values and actions for the centre to support the QCS strategic plan and communicating these to staff will also assist in setting expectations promoting a positive work culture with shared values.

We raised this issue with prison management after the onsite inspection and were told that recent meetings had laid the groundwork for the new action plan that will review the needs of the centre and profile of prisoners accommodated in line with the strategic direction given by the government.

### Recommendation 58

Brisbane Correctional Centre develops an evidence-based local operational plan tailored to the specific needs of the centre's prisoner population.

## Records are incomplete, inaccurate or not retained

### Standards

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

The Queensland Government's Record Governance Policy establishes the foundational principles of recordkeeping for public authorities, including QCS, under the *Public Records Act 2023*. The Queensland Ombudsman's report *Learning from Experience (2022)* found that good information and records management was essential for quality, compliance and accountability, with poor information and records management potentially impacting on service quality and legislative compliance.

The COPD: Daily Operations – Gate Books, Log Books and Registers outlines the requirements for general recordkeeping. Records must record significant daily events and incidents, and routine duties and responsibilities of staff that are necessary to maintain the safety and security of a facility. They must be accurate, neat and easy to read. The Corrective Services Act and the COPD: Search – Prisoner Search set out a number of requirements for recordkeeping in relation to removal of clothing searches, which we discussed in Chapter 6.

In reviewing records, we identified a number of concerns about the centre's recordkeeping practices. Management told us that the centre does not have a process to review recordkeeping practices.

Some examples of recordkeeping issues we identified at the centre are:

- Daily occurrence logbooks do not record when prisoners are locked and unlocked so there is no record of out-of-cell time. There was no note of a more restricted MUR being implemented during the inspection week following an incident. Some of the entries in the daily occurrence logbooks were illegible.

- Activity logs completed by activities officers were sometimes only maintained until lunchtime. The logs did not include details about any redeployments due to incidents or searches and were not consistent with the activities schedule.
- There are issues with the process for retaining records. For example, the centre was unable to provide leave of absence application paperwork for all applications within the period of the information request.
- The COPD states that a search requiring the removal of clothing in accordance with ss 35, 36 or 37 of the Corrective Services Act must be recorded in a register. We requested these registers as part of the inspection and were told a significant number of these could not be located by the centre. Where they were provided, our review found the register did not provide adequate reasons for a removal of clothing search, and for some entries, the register did not contain the required signatures.
- A review of discipline records in IOMS did not include sufficient detail on the reasons for discipline decisions and the penalties imposed. For example, one record indicated a discipline decision was finalised without mentioning the commencement of criminal proceedings. This was significant as the initiation of criminal charges would have prevented any disciplinary proceedings, given that criminal charges take precedence.
- Quality assurance processes for recordkeeping were not effective. We noted that the Governance Assurance Framework report indicated that records were complete, yet the centre was unable to locate them when requested. We also found that quality assurance checks of case notes by supervisors were ineffective, with notes indicating the records had been checked and were satisfactory when there were clear issues identified.
- Case notes were often copied and pasted and did not include specific details about the prisoner. For example, our review of case notes on cell sharing found that most records failed to include any individual factors or considerations relevant to the prisoner's risk or needs.

We raised the issue of recordkeeping with senior management following the inspection and were told that the centre's archiving and recordkeeping processes will be reviewed.

Accurate record management is essential in ensuring transparency, and that public services are held accountable for their actions. We identified a range of issues, including retention of records, quality and accuracy of records, and ineffective recordkeeping quality assurance processes. As such, we found the centre's recordkeeping practices need improvement.

### **Recommendation 59**

Brisbane Correctional Centre reviews its record management processes and develops an action plan to address issues identified.

# Appendices

## Appendix A: Queensland Corrective Services submission



DELIVERING  
FOR QUEENSLAND



Office of the  
Commissioner  
Queensland Corrective Services

Ref: QCS-06494-2025  
Your Ref: 2024-00874(P1)

13 March 2026

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

Dear Mr Reilly

I refer to correspondence from Ms Angela Pyke of 12 December 2025 regarding the inspection of the Brisbane Correctional Centre, conducted in August 2024 under section 8(1)(b) of the *Inspector of Detention Services Act 2022*. I also acknowledge receipt of the draft inspection report.

Please find enclosed the Queensland Corrective Services submission in response to the proposed recommendations, along with feedback on the contents of the draft report.

If you require further information regarding this matter, please contact Superintendent [REDACTED] Chief of Staff, Office of the Commissioner, Queensland Corrective Services via email at [REDACTED]

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Paul Stewart'.

Paul Stewart APM  
Commissioner

Enc

OFFICIAL

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## OFFICIAL

Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT - Queensland Corrective Services  
 File Ref: 2024-00874(P1)  
 eDOCS: #271079

Rec	Brisbane Correctional Centre Report	Lead Agency	Accepted / Not Accepted	Comment
1	Brisbane Correctional Centre ensures that prisoners are able to shower in the reception store before reception and admission interviews are conducted.	QCS	Not Accepted	<p>Queensland Corrective Services (QCS) ensures that, where operationally viable, prisoners admitted to a QCS facility are offered the opportunity to shower in the reception store. At the Brisbane Correctional Centre (BCC), there are two shower cubicles (with plumbing fixtures) in the reception store area located in the main reception thoroughfare. However, due to increased prisoner numbers and the requirement for BCC to service increased prisoner receptions from Queensland Police Service (QPS) watchhouses, as well as transfers from other correctional centres, the intended use of the original infrastructure has required modification. These changes have been necessary to prioritise activities critical to the safety and security of prisoners, officers, and stakeholders.</p> <p>Prisoners are currently provided an opportunity to shower once they arrive in their allocated cell. The Report highlighted a limitation regarding timed showers and this potentially impacting prisoners' ability to shower once they arrive in a unit. QCS can advise that the shower time is reset if required to accommodate new receptions.</p>

**OFFICIAL**

Brisbane Correctional Centre Inspection Report Dec 2025: - CONSULTATION DRAFT – Queensland Corrective Services  
 File Ref: 2024-00874(P1)  
 eDOCS: #271079

Rec	Brisbane Correctional Centre Report	Lead Agency	Accepted / Not Accepted	Comment
2	Brisbane Correctional Centre ensures that prisoners receive their reception call within 24 hours of admission.	QCS	Accepted	<p>QCS is committed to facilitating a reception call for all prisoners as soon as practicable upon their admission to custody and within the constraints of facility infrastructure and increasing prisoner numbers, acknowledging this is the first opportunity a prisoner may have to communicate with family to advise of their admission to custody and make any necessary emergent alternative arrangements, e.g., for the care of children and/or pets.</p> <p>Since the inspection, BCC induction units have modified their structured day to allow reception calls to be conducted at the earliest possible opportunity and minimise the risk of potential backlogs. All reasonable attempts are made to provide a reception call within 24 hours. However, in some circumstances, to protect the safety and security of the corrective services facility and members of the public, timeframes may be impacted by the requirement to undertake comprehensive security checks prior to allowing a reception call to occur (e.g., to determine if there is a Domestic Violence Order that may prevent contact with a victim).</p>

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3	<p>West Moreton Hospital and Health Service and Queensland Corrective Services identify a more suitable location for health assessments to improve prisoner privacy.</p>	WMHHS/QCS	Not Accepted	<p>QCS takes its privacy responsibilities seriously and is committed to maintaining the privacy of prisoners, maintaining confidentiality and ensuring the safety of all individuals in corrective services facilities.</p> <p>QCS operates within the constraints of the infrastructure and resources available in corrective services facilities, ensuring safety and security of staff and prisoners.</p> <p>BCC continues to work closely with the West Moreton Hospital and Health Service to ensure confidentiality and privacy when delivering health services, including health assessments, acknowledging the limitations presented by the centre's infrastructure, prisoner capacity, and the procedures necessary to ensure a safe and effective reception assessment function.</p> <p>Currently, QCS has been unable to identify viable options but will continue to consider options into the future.</p>

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<p>4</p> <p>Brisbane Correctional Centre improves the induction process by:</p> <ul style="list-style-type: none"> <li>a) reviewing the effectiveness of changes made to the induction process</li> <li>b) providing the Prisoner Induction Handbook to all prisoners</li> <li>c) delivering it in a way that meets the needs of prisoners by using visual aids, a centre specific easy-read version of the Prisoner Induction Handbook, and other resources</li> <li>d) amending the induction program to include a discussion about sexual assault and ensure all topics in the Custodial Operations Practice Directive: Reception Processes – Admission and Assessments are covered.</li> </ul>		<p>QCS</p>		
			<p>Accepted</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.

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 BCC, a facility orientation, communication options, prisoner management, how to access services such as medical, QCS mental health services, sentence management, Cultural Liaison Officers (CLOs), and employment options.

Since the time of the inspection:

- a) The induction process at BCC has been modified to allow time in the induction units each day for inductions to be completed in groups to maximise staff time and allow a thorough induction process. This process will be reviewed on an ongoing basis to ensure it remains fit for purpose.
- b) Follow up has occurred to ensure the BCC Prisoner Induction Handbooks are included in bed packs, with spare handbooks available in reception and units for issuing upon request.
- c) BCC has developed an 'easy-read Prisoner Handbook' to better cater for culturally and linguistically diverse prisoners. A PowerPoint based version of the handbook is in development for prisoners to view on the reception televisions, tailored to BCC.
- d) Information on sexual assault in the Prisoner Information Handbook has been reviewed and enhanced to provide additional support information. A further review will be conducted to ensure all topics in the QCS Custodial Operations Practice Directive (COPD): Reception Processes – Admission and Assessments are covered.

QCS will continue to explore opportunities statewide to improve the accessibility of information provided to prisoners in corrective

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				services facilities to further improve the delivery of information to culturally and linguistically diverse prisoners during induction.

<p>Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT - Queensland Corrective Services                  File Ref: 2024-00874(P1)                  eDOCS: #271079</p>	<p><b>OFFICIAL</b></p>	<p>QCS understands the importance of prisoner health and wellbeing checks in order to provide a supportive induction to custody, facilitate a rehabilitative environment, and to manage the safety and security of correctional centres.</p> <p>Recommendation 5 appears to relate to the custodial induction process broadly and does not identify the type of wellbeing follow up that is referred to. The Report contents indicate it is a follow up to the group induction session related to section 17.3 of COPD: Reception Processes – Admissions and Assessments.</p> <p>Apparent good health/welfare checks are conducted several times a day through scheduled head counts and recorded in the unit occurrence logbooks at all correctional centres throughout Queensland. In addition to this statewide practice, the BCC management team currently conducts weekly General Manager hygiene inspections in each unit where prisoners are also provided the opportunity to raise any welfare concerns directly with the management team.</p> <p>As per current practice an Immediate Risk Need Assessment (IRNA) process managed by QCS Mental Health Services is conducted, the following information is provided around the existing comprehensive reception and referral processes that QCS Mental Health Services undertake:</p> <p>The IRNA interview identifies any risks or needs relating to a prisoner upon admission that require immediate action. It is conducted by QCS Mental Health Services. The IRNA screens for:</p> <ul style="list-style-type: none"> <li>• risk of harm to self, to others, or from others;</li> <li>• institutional risks; psychiatric/psychological factors;</li> <li>• intellectual disability;</li> <li>• medical history; and</li> <li>• ageing and physical infirmity.</li> </ul> <p>The IRNA is conducted with each prisoner entering custody and must occur prior to their placement in an accommodation unit.</p>	<p>Not Accepted</p>	<p>QCS</p>	<p>Brisbane Correctional Centre conducts a wellbeing check with all new prisoners within one week of admission. This should be case noted on the Integrated Offender Management System.</p>
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6	Brisbane Correctional Centre ensures that legal resources are current and accessible to all prisoners.	QCS	Not Accepted	<p>QCS Mental Health Services must action relevant referrals from this interview (e.g., referral to access Prison Mental Health Services or follow up support with QCS Mental Health Services clinicians). The IRNA identifies which individuals may require follow up support, including those at acute risk of self-harm/suicide, or individuals presenting with significant vulnerabilities such as disability.</p> <p>It is considered that the extensive screening undertaken by QCS Mental Health Services adequately manages the welfare of prisoners being admitted into BCC. Conducting a one-off welfare check with all new prisoners would draw resources away from individuals who require higher levels of ongoing support.</p> <p>QCS is committed to providing prisoners with access to a variety of legal resources where prisoners legitimately require access. The COPD: Prisoner Entitlements - Legal Resources requires that primary and secondary legal information be made available to approved prisoners. The COPD prescribes a list of legislation (and secondary information, such as textbooks) which must be made available to prisoners as a minimum.</p> <p>Electronic copies of these resources are loaded onto legal laptops which can be accessed by prisoners either in-cell where available or within the legal resource centre. Offender Rehabilitation and Management Services (ORMS) maintain links to all current resources via the Education Services SharePoint site and notifies all Offender Development teams when relevant resources require updating.</p> <p>In line with the COPD, the Acts and Regulations that are available to prisoners via a legal resource session (case law books) are updated every six months by the BCC Education team. Legal resources are available via request to BCC Education officers who provide the materials for that requested session.</p>

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7	Queensland Corrective Services and Brisbane Correctional Centre soundproof the interview rooms at the centre to ensure privacy for conversations held in those rooms.	QCS	Accepted	QCS acknowledges the importance of providing a confidential environment for prisoners when engaging with staff and service providers in interview rooms. Whilst the current interview rooms at BCC are consistent with all other correctional centres across the State, options will be explored that would improve sound-dampening of interview rooms where reasonable and practicable. These options would then be considered within the prioritisation of critical maintenance and capital budget.
8	Brisbane Correctional Centre ensures that maximum security unit staff maximise opportunities for meaningful interactions with prisoners. Where it is safe and possible to do so, interactions about sensitive matters should be face-to-face in a private setting to enable open communication. Where face-to-face interactions are offered but declined by the prisoner, this should be recorded in their case notes.	QCS	Accepted	QCS is committed to maximising effective engagement and meaningful interactions with all prisoners. All custodial and non-custodial officers working within a maximum-security unit will maximise opportunities for meaningful interactions with prisoners where it is safe and possible to do so. Further, when prisoners in a maximum-security unit raise sensitive matters, face-to-face communication in a private setting will be offered where it is safe and possible to do so. The outcome of the offers for face-to-face interactions in these circumstances will be recorded in prisoners' case notes.

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9	<p>Brisbane Correctional Centre ensures that:</p> <ul style="list-style-type: none"> <li>a) maximum security unit prisoners have access to purposeful activities and exercise equipment</li> <li>b) access to exercise equipment is based on individual risk assessments</li> <li>c) out-of-cell time is monitored for maximum security unit prisoners, and staff proactively develop interventions for prisoners who consistently refuse out-of-cell time</li> <li>d) the maximum-security unit daily regime allows for all prisoners to access their out-of-cell time each day.</li> </ul>	QCS	Accepted	<p>QCS is committed to effective engagement with prisoners held in the Maximum-Security Unit (MSU) subject to safety and security considerations.</p> <p>MSU prisoners have the ability to access purposeful activity and approved exercise equipment. A review of current activities and approved equipment will be conducted to confirm if any additional activities and/or equipment can safely be made available following individual risk assessments.</p> <p>All prisoners in the MSU are individually assessed, and this is documented on their MSU Management Plan that is created for the purpose of their individual management in the MSU. Individual assessments regarding what exercise equipment can be safely provided to a prisoner can be included as part of their individual MSU Management Plan.</p> <p>The monitoring of out-of-cell time forms part of a prisoner's fortnightly management plan review. Reviews will ensure interventions are considered for prisoners who consistently refuse out-of-cell time. Out-of-cell time is also monitored through daily case notes where a prisoner's refusal of out-of-cell time and the reasons for refusing (if provided) are case noted.</p> <p>BCC can confirm that all prisoners in the MSU are offered access to out-of-cell time each day. BCC can also confirm that if the MSU is at capacity and all prisoners accept their out-of-cell time, this can be facilitated within the structured day.</p>

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10	<p>Queensland Corrective Services prioritises the development of strategies to improve the completion and recording of cell sharing risk assessments as required by the Custodial Operations Practice Directive: Prisoner Accommodation Management – Cell Allocation.</p>	QCS	Accepted	<p>QCS acknowledges it has a duty of care to provide a safe environment for prisoners in corrective services facilities. QCS takes its obligations in meeting the duty of care it owes to prisoners seriously. QCS's COPDs provide a consistent framework to direct staff in undertaking their duties throughout a prisoner's custodial episode.</p> <p>QCS has recently completed a statewide review of shared cell assessment procedure and practice. This included a review of shared cell assessments across all correctional centres, the current state of prisoner numbers, correctional centre capacity, and the operationalisation of shared cell accommodation. The assessment outlined risk areas and pressure points when allocating prisoners to shared cell arrangements while QCS is facing unprecedented prisoner numbers, as well as opportunities to explore innovative practice to better ensure enhanced safety for prisoners.</p> <p>QCS has identified potential strategies to improve the completion and operationalisation of cell sharing risk assessments as required by the COPD.</p> <p>Interim risk mitigation strategies surrounding shared cell assessments have been implemented statewide and QCS will continue to focus on prioritising the body of work to improve compliance with shared cell risk assessments. QCS notes that shared cell arrangements are likely to continue to be necessary to manage capacity across the system and within the constraints of correctional centre infrastructure statewide.</p>

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11	<p>Queensland Corrective Services ensures the safety of prisoners by auditing the Integrated Offender Management System record of all prisoners charged with a sexual offence while in custody to ensure they are not sharing a cell.</p>	QCS	Accepted	<p>QCS recognises the importance of good governance and record keeping. Following the BCC Inspection, and prior to the release of the draft IDS Report, QCS undertook a statewide review of alleged and identified perpetrators of sexual assault while in custody. This was achieved through an audit of IOMS information. This also included a review of all correctional centre Local Instructions on shared cell assessment suitability, focusing on processes for identifying prisoners who are not suitable for shared cell arrangements. This review resulted in:</p> <ul style="list-style-type: none"> <li>• Confirming that all correctional centres have established processes for identifying prisoners who are unsuitable for shared cell arrangements.</li> <li>• Providing assurances that Local Instructions outlining these processes adhered to COPDs. Progressing internal options and approvals from QCS Board of Management to prioritise development of a more sustainable process for recording shared cell accommodation decisions and improve compliance with COPDs.</li> </ul>

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12	<p>Queensland Corrective Services ensures the safety of prisoners by:</p> <ul style="list-style-type: none"> <li>a) amending the Custodial Operations Practice Directive: Prisoner Accommodation Management – Cell Allocation to make it clear that prisoners must not share a cell if they have been charged with or convicted of sexually assaulting another prisoner in custody</li> <li>b) developing a way for staff to easily identify prisoners who cannot share a cell because they are under investigation for sexually assaulting another prisoner while in custody or have been charged with or convicted of sexually assaulting another prisoner.</li> </ul>	QCS	Accepted	<p>QCS has a zero-tolerance approach to prisoner sexual assault and is committed to ensuring the safety and wellbeing of prisoners in its facilities. Complex and multifaceted decision-making processes are undertaken in the day-to-day management of prisoners and QCS strives to achieve the best possible outcome for each prisoner's safety, health, and wellbeing. This is reflected through its policies such as the COPDs, and the expectation that all QCS staff operationalise these accordingly.</p> <p>Section 6.2 of the COPD: Prisoner Accommodation Management – Cell Allocation outlines comprehensive requirements and guidelines when managing prisoners who have been identified as sexual assault perpetrators, or while an investigation is underway against an alleged perpetrator of sexual assault. QCS policies outline that under no circumstances should a prisoner who is alleged to be a perpetrator of sexual assault while in custody, be placed in shared cell accommodation. If the sexual assault allegation is substantiated, the perpetrator must remain in single cell accommodation. In situations where a sexual assault allegation is unable to be substantiated by the Queensland Police Service, risk assessments will be undertaken by QCS to establish shared cell accommodation considerations.</p> <p>A prisoner with a conviction for sexual assault committed while not in custody will undergo a risk assessment to decide their suitability for shared cell assessment.</p> <p>As outlined in Recommendation 10, QCS has recently approved a body of work to commence in early 2026 that seeks to improve the completion and operationalisation of cell sharing risk assessments as required by the COPD.</p>

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13	<p>Brisbane Correctional Centre reviews its Violence Prevention Framework to include ways to reduce bullying and violence that may occur as a result of overcrowding in the centre.</p>	<p>QCS</p>	<p>Accepted</p>	<p>QCS has a zero-tolerance to bullying, harassment and intimidation in custody and is committed to creating and promoting a safer environment for officers, prisoners, and visitors. QCS employs Safety and Compliance Advisors (SCA) who work within Queensland's corrective services facilities to ensure each centre complies with QCS legislative, quality assurance and risk management frameworks, including monitoring and developing compliance programs, reviewing policies, and advising management on risk and risk mitigation.</p> <p>At each correctional centre, SCAs are responsible for developing, maintaining and reporting on the localised Violence Prevention Strategy. This includes data collation, trend analysis in timing and location of assaults (for example), and practice improvement to inform prisoner management strategies and prevent and reduce violence.</p> <p>The Violence Prevention Strategy details dynamic security and prisoner management strategies that work to keep prisoners safe irrespective of the centre's operating prisoner capacity. BCC will undertake a review of the Violence Prevention Strategy to explore any additional strategies to reduce bullying and violence that may occur as a result of record prisoner numbers in the centre.</p>

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14	Brisbane Correctional Centre improves the blue letter process by ensuring that responses address all of the prisoner's concerns and where substantiated, provide an explanation to the prisoner about how the issue occurred.	QCS	Accepted	<p>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 way services are provided. In the event of a complaint being submitted through the blue letter process, QCS acknowledges that centre responses should address all of the concerns raised in the complaint.</p> <p>A review of the blue letter process and response template has occurred at BCC and instructions have been provided to drafting and responding officers to ensure all matters raised are addressed.</p> <p>QCS manages complaints through the QCS Complaints Management System, Resolve. This system ensures all complaints are tracked and addressed appropriately, maintaining a clear and organised approach to prisoner correspondence and complaint resolution.</p>

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15	<p>Brisbane Correctional Centre formalises the Prisoner Advisory Committee (PAC) process, ensuring that scheduled meeting dates are set out in advance and members are provided with meeting agendas, minutes for previous meetings and outcomes of issues raised.</p>	<p>QCS</p>	<p>Accepted</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 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.</p> <p>QCS recognises its recordkeeping obligations and the importance of transparent communication with prisoners through these PAC meetings.</p> <p>BCC has reviewed its processes for PAC and a forward schedule of monthly meeting dates is now displayed on accommodation notice boards. PAC members are provided with meeting agendas, previous minutes and outcomes to ensure that all prisoners are informed and aware of the discussions and decision made.</p>

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16	Brisbane Correctional Centre ensures that prisoners can access request forms in all units and that staff support prisoners in submitting requests.	QCS	Accepted	QCS recognises and accepts its obligations to ensure prisoners can access request forms in all units and that staff support prisoners in submitting requests. An audit has been conducted at BCC to ensure request forms are readily available in all units and officers reminded to assist prisoners regarding this process. Since the time of inspection, BCC has implemented a new online Prisoner Request System (PRS) to assist in providing timely responses, monitoring outstanding requests, and to reduce duplication. This initiative has also been rolled out at various other correctional centres and represents a significant investment in information and communication technology, aimed at enhancing service delivery and improving the management of prisoner requests.
17	Queensland Corrective Services investigates the implementation of in-cell technology to more efficiently manage prisoner requests.	QCS	Accepted	In-cell technology aims to provide greater prisoner access to a broad range of services, which may include communications, legal resources, prisoner purchasing and television. QCS has implemented prisoner centre technology at Lockyer Valley Correctional Centre (LVCC). QCS is also undertaking a project, to explore opportunities for prisoner in-cell technology in other correctional centres. The outcomes of implementation at LVCC, and the in-cell technology project, will provide data and insights to inform costs and options for state-wide implementation of in-cell technology, subject to future consideration.

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18	Brisbane Correctional Centre delivers additional training to all staff to encourage pro-social engagement and improved service delivery.	QCS	Accepted	QCS recognises the benefits of pro-social engagement with prisoners. QCS will explore opportunities to develop a fit-for-purpose statewide training package. BCC acknowledges the importance and benefit of training that encourages pro-social engagement. Accordingly, elements of the specialised training are incorporated into other training modules conducted in the centre to assist in further developing officers' soft skills.
19	Queensland Corrective Services amends the Custodial Operations Practice Directive: Breaches of Discipline to allow time spent in separate confinement on a safety order to be taken into account when considering a penalty for a discipline matter for the same circumstances.	QCS	Not Accepted	QCS takes its obligations under the <i>Human Rights Act 2019</i> seriously and acknowledges that there are several factors which must be considered in assessing whether a limitation on a human right by an act or decision is reasonable and justifiable. This includes balancing a prisoner's human right with the good order, safety and security of the corrective services facility. In the COPD: Breaches of Discipline, QCS distinguishes between the purpose of a Safety Order for the safety of the prisoner and/or other people and the purpose of a breach penalty as a punishment. COPD articulates that separate confinement as a result of a Safety Order should not be considered when assessing penalty for a breach of discipline to ensure the initial Safety Order was not considered a punitive measure, which is against the <i>Corrective Services Act 2006</i> , and that there is a clear distinction between an order made for the safety and good order of the facility, and consequences for actions to deter future behaviour. While it is not to be considered 'time served' it may however still be taken into account when determining a penalty, at the discretion of the decision maker.

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20	Brisbane Correctional Centre ensures that: a) out-of-cell time is accurately recorded b) the modified unit routine is amended so that out-of-cell time allows prisoners equitable access to services and privileges.	QCS	Accepted	QCS recognises the importance of ensuring prisoners can access time out-of-cell each day to support access to fresh air, meaningful activity, employment, education, programs and services.  QCS acknowledges that some centres across the State have had to develop responses to address record high prisoner numbers, including in relation to out-of-cell time to ensure fair and equitable access for all prisoners. Modified Unit Routines (MURs) aim to reduce competition for services at centres who are managing higher numbers of prisoners than they have been designed to accommodate. BCC is operating under a MUR.  All prisoners at BCC who are not subject to any restrictions (for safety and security) receive four hours out-of-cell time. Should there be any variation to this, for example, an emergency lockdown, the details are recorded in the unit occurrence logbooks.  A review of the structured day has occurred and confirms the out-of-cell time for prisoners is equitable with each prisoner offered four hours out-of-cell time.
21	Queensland Corrective Services conducts a statewide review of the use of modified unit routines to identify: a) improvements to the current modified unit routines such as (but not limited to) alternating unlock times or rotating one prisoner out of each cell at a time b) alternative strategies for reducing the effects of overcrowding on prisoners and increasing the amount of out-of-cell time provided.	QCS	Accepted	QCS is committed to ensuring that prisoners have the opportunity for out-of-cell time maximised where it is safe to do so and operationally viable. Although QCS is currently facing unprecedented capacity issues, it implements a range of necessary strategies to promote meaningful engagement and access to resources for prisoners, noting it must restrict out-of-cell time to maintain security and staff and prisoner safety.  QCS is exploring options to complete a review of the custodial delivery model, inclusive of the use of MURs.

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22	Brisbane Correctional Centre Management improves and monitors the efficiency of processing prisoner phone contact applications and monitors changes to prevent backlogs.	QCS	Accepted	QCS recognises the need to process prisoner phone contact applications and changes in a timely manner to minimise delays where it is safe to do so in prisoners contacting their family and friends, and/or a legal representative.  Since the inspection, BCC has provided an additional officer to assist in processing applications, extended the spread of hours for contacting contacts from 7am until 4pm to allow more opportunities to finalise applications. BCC has also implemented a blue phone form to allow new prisoners to be identified and treated as a priority so they can resume their connections with family at the earliest opportunity. BCC will continue to monitor the processing of phone contact applications and explore possible efficiencies in this regard.
23	Brisbane Correctional Centre improves visits by: <ol style="list-style-type: none"> <li>ensuring contact visits are not affected by weather conditions</li> <li>providing non-contact booth facilities and Virtual Personal Visits that reduce the likelihood of conversations being overheard by other visitors and prisoners.</li> </ol>	QCS	Accepted	QCS acknowledges the importance of providing a suitable environment for contact visits to occur that is protected from the weather and in providing a confidential environment for prisoners when engaging with staff and service providers in interview rooms.  The visits area at BCC is consistent with other correctional centres across the State. Opportunities to reduce the impact of weather conditions and the likelihood of conversations being overheard which are reasonable, practicable and cost effective will be explored.

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24	Brisbane Correctional Centre ensures that redeployment of activities officers occurs only as a last resort.	QCS	Accepted	QCS is committed to ensuring all eligible prisoners have access to a range of meaningful activities, this includes access to open and fresh air, and access to physical exercise and recreational activities. QCS recognises this access is essential to support pro-social engagement and a healthy lifestyle. Since the inspection, BCC has reinforced with centre management that redeployment of Activities Officers is to only occur in emergent situations and as a last resort. BCC is currently progressing an update to the Activities Local Instruction to reflect this position.
25	Queensland Corrective Services and Brisbane Correctional Centre provide suitable gym equipment for prisoners at Brisbane Correctional Centre.	QCS	Accepted	QCS is committed to providing all eligible prisoners with access to suitable gym equipment where it is safe to do so. The report notes that in mainstream units at BCC, prisoners have access to body-weight equipment including a pull-up bar, dips bars and push-up bars, whilst the main centre gym and oval provide access to ball sports. Access to gym equipment is based upon risk assessments. BCC will continue to review gym equipment and introduce equipment subject to available funding that has been deemed suitable following all necessary risk assessments and approval processes.

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Rec	Brisbane Correctional Centre Report	Lead Agency	Accepted / Not Accepted	Comment
26	Brisbane Correctional Centre provides prisoners on the oval with sun protection and access to water.	QCS	Accepted	As noted above, QCS recognises the importance of providing prisoners appropriate personal protective equipment when they are engaged in employment and recreational activities, including sun protection and access to water whilst on the oval. Prisoners at BCC do have access to sun protection for oval sessions in the form of sunscreen and hats. It is noted current infrastructure does not allow access to water facilities on the oval. Notwithstanding the infrastructure constraints, BCC has purchased a portable water supply that is placed on the oval during sessions. This will allow prisoners to have access to water refills, noting they are already permitted to bring a water bottle when attending oval sessions.
27	Brisbane Correctional Centre ensures that all prisoners have access to a range of art, craft and hobby activities and that prisoners from priority groups are given opportunities to participate in cultural activities suited to their needs.	QCS	Accepted	QCS is committed to providing meaningful activities that promote the positive use of a prisoner's leisure time. This includes arts, crafts, hobbies, guitar playing, board games and cultural activities or activities catered to special interest groups, where appropriate and safe to do so. In accordance with QCS's procedure on meaningful activities, BCC offers prisoners a range of arts and crafts opportunities, as well as cultural programs. Prisoners can purchase art equipment through the buy up process, and BCC hosts regular cultural programs, e.g., First Nations Elders who attend the centre monthly to provide spiritual and cultural support. Due to infrastructure constraints, combined with record prisoner numbers and the centre's operating model as a reception centre, BCC faces challenges to deliver meaningful activities such as arts, crafts and hobby activities at the rate of other purpose-built secure facilities. However, BCC continues to assess its structured day and opportunities to improve the provision of these resources and activities under these conditions.

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Rec	Brisbane Correctional Centre Report	Lead Agency	Accepted / Not Accepted	Comment
28	Brisbane Correctional Centre maintains an updated library catalogue and ensures that all prisoners are able to access the library and its resources.	QCS	Accepted	QCS is committed to providing prisoners access to reading materials through local centre libraries, or State Library Queensland resources. BCC will ensure the library catalogue is updated to include new additions to the library. The updated catalogue will be provided to the units so that prisoners have the correct information as to what books are available.
29	Brisbane Correctional Centre ensures that the Food Safety Plan sets out: a) the process for ensuring all food is properly cooked b) a consistent method for ensuring food is served to prisoners at an appropriate temperature.	QCS	Accepted	QCS acknowledges the importance of adhering to food safety programs, and how they set a consistent framework towards the safe preparation, serving, and storage of food. Food safety programs are required to be developed by each Queensland corrective services facility and must ensure compliance with the Queensland Government Administrative Arrangements for Food Safety Programs, under the <i>Food Act 2006</i> . A review of the Food Safety Plan at BCC is in progress and will ensure any required amendments are included with regard to the process for ensuring all food is properly cooked and ensuring food is served to prisoners and staff at appropriate temperatures. QCS is expected to establish and recruit a temporary Lead Dietician position in 2026 to conduct a full review of the Statewide Prisoner Menu and audit and review the compliance and effectiveness of each facility's Food Safety Plan.

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30	Brisbane Correctional Centre repairs the seals on the delivery boxes to ensure appropriate food temperatures are maintained during delivery to the units.	QCS	Accepted	QCS is committed to ensuring prisoner food is prepared, stored and served in accordance with COPDs and the Food Act 2006. Since the inspection, BCC centre management has implemented a new process whereby daily checks of delivery boxes are occurring to ensure they are suitable for use that day. An additional six boxes have been purchased by the centre and are available to support any immediate replacements required. Further, a six-monthly audit schedule of all delivery boxes has been implemented to ensure any boxes requiring repairs or replacement are identified and actioned.
31	Brisbane Correctional Centre reviews how requests for religious items are processed to ensure these are managed in a timely and consistent manner.	QCS	Accepted	QCS is committed to ensuring all prisoners are given the opportunity to access religious services and to practice their religious and spiritual beliefs within the operational constraints of a corrective services facility. The provision of religious items is available to all prisoners.  Requests for religious items are managed locally by each centre. Religious items can be made available for prisoner purchase and some items such as religious texts have also been donated through the State Chaplaincy Board and Islamic Council of Queensland.  Since the time of inspection, BCC has implemented enhancements to this process including the implementation of the new electronic Prisoner Request System which improves tracking and monitoring of requests. All approved religious items are now accessible through the BCC Bulk Store.

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32	Queensland Corrective Services provides chaplaincy services for Muslim prisoners to allow them to practise their religion.	QCS	Accepted	QCS understands the importance of facilitating faith-based services in custodial centres. QCS provides Islamic based chaplaincy services through personal and specialist religious visitor access. Contracted Islamic faith-based services are currently available at four locations and QCS is in negotiations with the current provider to expand this service across all centres. Interim arrangements have been made with BCC for the contracted provider to attend the centre as a specialist religious visitor.
33	Queensland Corrective Services commissions an independent review all prisoner wages and allowances to ensure they are adjusted in line with inflation and matched to a percentage of the national minimum wage.	QCS	Not Accepted	QCS takes seriously prisoner employment conditions and remuneration rates, acknowledging the contributions prisoners make when engaging in reform opportunities provided by the agency. Employment streams operating in QCS facilities include services, industries, facility kitchens and work camps. Employment streams have corresponding incentive payment rates, made pursuant to Section 265 of the CSA (detailed in Appendix IND4 - Incentive Payment Streams and Rates). Prisoner Incentive Payments (PIPS) are managed in accordance with legislative requirements, relevant COPDs, and other guidance materials. QCS undertook a scheduled audit of PIPS in 2024 to ensure continuous improvement and strengthening of QCS's PIPS management processes. The audit recommended that QCS undertake its audit of prisoner employment incentive payment streams and rates each year, as outlined as a requirement. QCS reviews prisoner remuneration annually.

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34	<p>Brisbane Correctional Centre reviews which types of workers are designated as 'essential workers' to ensure associated privileges are applied fairly across all employed prisoners.</p>	<p>QCS</p>	<p>Not Accepted</p>	<p>QCS acknowledges the valuable role that essential workers provide to prisoners. Where possible, QCS seeks to provide employment opportunities to prisoners to increase and improve meaningful activity and reform opportunities and remunerate these duties where appropriate. This includes regular reviews of what constitutes essential work as well as associated prisoner payment rates, which are also reviewed annually. Essential workers are often accommodated in specific units for safety and security reasons. Prisoners who progress into essential worker accommodation units are also provided with additional privileges such as access to additional property. These types of property are not available in secure units, for example, as they present a risk to the general population and prisoners must demonstrate consistent and stable behaviour prior to receiving said property or privileges.</p> <p>Non-essential workers such as prisoner painters are often accommodated in secure units with prisoners of a similar risk profile. Their duties are often intermittent, unit specific, or incentive based paid positions within the context of providing opportunities in higher risk environments.</p> <p>QCS would be unable to provide similar levels of privileges for these types of units in a safe and controlled manner. Moving non-essential workers to essential units would be unfeasible as it would significantly impact cell capacity, unit routines, and structured days tied specifically to accommodation risk profiles. This would also remove incentives and progression-based programs for prisoners in secure unit settings.</p> <p>Where possible, BCC will continue to review the role and function of all paid workers and the associated privileges applied across the employed positions.</p>

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35	Queensland Corrective Services provides a new medical centre that: <ul style="list-style-type: none"> <li>a) allows the provision of services to the current population at the centre, and allows for future growth in prisoner numbers</li> <li>b) includes consultation rooms for patient privacy and confidentiality</li> <li>c) includes workspaces for staff in line with workplace health and safety requirements</li> <li>d) prevents prisoners in the waiting room from observing other prisoners receiving treatment.</li> </ul>	QCS	Not Accepted	QCS is committed to working with Queensland Health (QHealth) to facilitate QHealth's delivery of health services in Queensland's correctional centres. QCS regularly reviews health service infrastructure capacity within all correctional centres to support the provision of health services to prisoners.

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36	Brisbane Correctional Centre and West Moreton Hospital and Health Service develop a written agreement that outlines how the 2 agencies will work together to maintain privacy and confidentiality for prisoners without compromising safety.	QCS/MMHHS	Not Accepted	<p>QCS is committed to working with QHealth to facilitate delivery of its health services in Queensland's correctional centres. Information sharing arrangements are agreed between the Department of Health and Queensland Corrective Services.</p> <p>QCS is a party to two primary written agreements which support the health and wellbeing of people in custody:</p> <ul style="list-style-type: none"> <li>• Memorandum of Understanding – Prisoner Health Services commenced in 2020 and was updated in 2023, is a principled-based document designed to facilitate the efficient and effective provision of prisoner health services to prisoners in custody at QCS facilities.</li> <li>• Information Sharing Agreement and supporting Operating Guidelines which commenced in 2023 after it was prescribed by the Health Legislation Amendment Regulation (No. 2) 2023 to facilitate the sharing of relevant confidential information between QHealth and QCS.</li> </ul> <p>Both written agreements are Statewide documents to drive consistency of service provision between centres. Both documents are due for a scheduled review in late-2026.</p> <p>The Information Sharing Agreement and supporting Operating Guidelines facilitate the sharing of relevant confidential information between QHealth and QCS to support the:</p> <ul style="list-style-type: none"> <li>• timely delivery of quality health services to shared clients.</li> <li>• safe, secure and effective supervision and management of shared clients.</li> <li>• safety of all persons within corrective services facilities.</li> </ul> <p>Relevantly, the Memorandum of Understanding – Prisoner Health Services establishes that:</p> <p>The Parties agree that the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) provide a strong foundation for the humane treatment of Prisoners and <b>will work with each other to ensure adherence to these rules as far as possible.</b> Without</p>
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<p>Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT - Queensland Corrective Services                  File Ref: 2024-00874(P1)                  eDOCS: #271079</p>	<p style="text-align: center;"><b>OFFICIAL</b></p> <p>limiting the application of other Nelson Mandela Rules, the Parties specially acknowledge that:</p> <p>...</p> <p>(h) The physician or, where applicable, other qualified health-care professionals shall have daily access to all sick prisoners, all prisoners who complain of their physical or mental health issues or injury and any prisoner to whom their attention is specially directed. <b>All medical examinations shall be undertaken in full confidentiality.</b> (Rule 31) [emphasis added]</p> <p>Further, that:</p> <p>In situations where there is a risk to the safety of prisoners, staff members of QHealth, QCS or external service providers or members of the community, the parties agree:</p> <p>(a) that the primary consideration is ensuring the safety and security of all persons; and</p> <p>(b) <b>that maintaining the health needs of the prisoner and the preservation of the prisoner's rights and dignity will be significant considerations within the overall objective of ensuring the safety and security of all persons;</b> ... [emphasis added]</p> <p>The Custodial Operations Practice Directives (COPD): Safety and Security Equipment – Body Worn Cameras (BWC) further guides staff on maintaining privacy and confidentiality for prisoners without compromising safety:</p> <p>To avoid compromising confidentiality or limiting patient disclosure to health practitioners, a BWC must not be activated in the following locations unless a corrective services officer is responding to an emergent situation:</p> <ol style="list-style-type: none"> <li>a. while a consultation is occurring between a prisoner and any health practitioners including Queensland Health staff, Psychologists/allied health clinicians and other mental health professionals; and</li> <li>b. where practicable, reasonable attempts must be made not to capture on recording any consultation occurring</li> </ol>
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				<p>between a health practitioners and members of the public.</p> <p>QCS in collaboration with QHealth will consider the findings of the report when undertaking scheduled reviews of the written agreements to assess their current suitability in outlining how the agencies work together to maintain privacy and confidentiality for prisoners without compromising safety during consultations with health practitioners.</p>
38	<p>Brisbane Correctional Centre ensures that:</p> <ol style="list-style-type: none"> <li>hand and mouth checks and cup/water bottle inspections are conducted when administering medication to prisoners</li> <li>when administering medications to prisoners locked in their cell, staff identify them using their Integrated Offender Management System offender number, last name, date of birth and muster book photo</li> <li>cell doors are opened to deliver medication to cells that do not contain a hatch.</li> </ol>	QCS	Accepted	<p>QCS acknowledges the requirement to monitor the administration of general medication to prisoners. The administration of medication must be conducted in a structured and controlled manner.</p> <p>Since the inspection, BCC has provided a reminder to all staff that medication is to be dispensed in line with the Local Instruction: Dispensing Medication – Secured Prisoners. The Local Instruction provides specific instruction and guidelines for the provision of medication for prisoners, including those who are secured in a cell. The Local Instruction covers scenarios such as cells equipped with or without a safety hatch.</p> <p>This Local Instruction adheres to requirements of correctional staff dispensing medication outlined in COPD: Health – Health Needs, and ensures the following:</p> <ul style="list-style-type: none"> <li>The security of QHealth staff is maintained at all times.</li> <li>Prisoners maintain an orderly queue and do not interfere with the safe administration of medication.</li> <li>The prisoner's identification is confirmed prior to any medication being supplied.</li> <li>With the exception of approved self-managed medication, prisoners are to consume all medication at the point of supply.</li> </ul>

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41	Brisbane Correctional Centre expands the range of cultural activities available to Aboriginal prisoners and Torres Strait Islander prisoners, including music, art, dance and ceremonies.	QCS	Accepted	QCS recognises that culturally safe, First Nations-led activities including music, art, dance and ceremony are central to wellbeing, identity and rehabilitation. BCC will work with Elders, the Murrighagun Cultural Centre and community partners to identify opportunities to expand culturally appropriate programs across units, progressing feasible options through established planning processes while ensuring safety and operational viability.
42	Brisbane Correctional Centre provides an appropriate venue for the Elders program that is culturally safe, protects participants from weather conditions and has adequate toilet facilities.	QCS	Accepted	QCS recognises the Elders program as a vital, culturally safe forum that strengthens cultural connection, wellbeing and rehabilitation. QCS will work with Elders and community stakeholders to explore opportunities for practical venue improvements at BCC including weather protection and adequate amenities.

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<p>43</p>	<p>Queensland Corrective Services improves its practices to ensure prisoner safety at night by:</p> <ul style="list-style-type: none"> <li>a) reviewing options for increasing staff presence in the units, and</li> <li>b) implementing measures that require staff to regularly monitor prisoners and identify and respond to risks as they occur.</li> </ul>	<p>QCS</p>	<p>Accepted</p>	<p>QCS is committed to ensuring correctional centre security, and staff and prisoner safety through dynamic monitoring and security practices. Night shift practices and prisoner safety is underpinned by policy such as COPDs Daily Operations – Night Shift and Headcount, Unlock, Muster and Lockaway.</p> <p>COPD: Daily Operations – Night Shift outlines requirements for correctional centres to provide for timings of headcounts and infrastructure integrity checks, vehicle and foot patrols, the documentation of these checks, and required staffing levels and guiding principles.</p> <p>QCS staff conduct wellbeing and security checks on prisoners during night shifts to monitor their safety and respond to emergency incidents. Prisoner wellbeing checks are conducted prior to prisoners returning to their cells, twice during night shift operations, and again before they are unlocked in the morning. A minimum of one accommodation integrity check is also completed to ensure infrastructure remains secure. Prisoners may also be subject to additional checks if they are managed under an observations regime if they have demonstrated self-harm or suicidal behaviour.</p> <p>QCS has a positive risk culture where people understand their responsibilities to manage risk with a strong sense of accountability. Centre resourcing is based upon the risk present during night shift operations and operational tolerance levels outlined in QCS' Risk Management Framework and Risk Appetite Statement. Correctional centres develop response models which account for resourcing and are designed to manage risks effectively and in accordance with QCS policy.</p> <p>High-risk prisoner cells are consistently monitored via closed-circuit television (CCTV), such as Maximum-Security Units, Detention Units, Safety Units, and Close Supervision and Support Units. All prisoner cells come equipped with cell intercoms which are constantly monitored by staff and available for prisoner use. Prisoners are provided safety briefs and advised they can use the incident in the event of any safety or medical concerns. While QCS acknowledges that some prisoners advised the IDS they would not feel comfortable alerting staff in the event they felt unsafe, this challenge is also present during day shift hours. Due</p>
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44	Brisbane Correctional Centre ensures that officers use the muster book to confirm the identity of all prisoners during musters.	QCS	Accepted	<p>to prisoner attitudes, QCS develops its policies and security practices to be proactive and actively search for signs that a prisoner may not be in apparent good health or at-risk of danger. QCS will continue to educate prisoners on how to operate the provided safety systems and will continue to encourage building pro-social attitudes, so prisoners feel more comfortable raising safety concerns about themselves or others.</p> <p>QCS will continue to review its night shift practices, resources, and risks so that it can look for opportunities to further strengthen existing procedures.</p> <p>QCS supports rigorous identity verification during musters and has reinforced the requirements for officers to confirm prisoner identity using the muster book, in line with COPD. Further, random auditing is being conducted as part of BCC's Governance and Accountability Framework on a monthly basis.</p>

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45	<p>Brisbane Correctional Centre develops a clear approach to the use of in-cell CCTV monitoring that:</p> <ul style="list-style-type: none"> <li>a) outlines when a prisoner requires in-cell monitoring using CCTV</li> <li>b) informs prisoners when in-cell CCTV cameras are not in use or not being monitored by staff</li> <li>c) provides training for staff on the process to be followed when a prisoner covers their in-cell camera.</li> </ul>	QCS	Accepted	<p>QCS is committed to the ongoing provision of security management systems including closed circuit television (CCTV) in accordance with agency procedure and legislation. QCS has comprehensive procedures and guidelines outlining the deployment, use, and management of CCTV to maintain centre security and integrity, people safety, and ensures that CCTV operation and associated systems adhere to privacy requirements. All QCS staff who will be required to operate CCTV systems receive training which outline these COPD and legislative requirements. QCS staff must be aware of their obligations under the <i>Public Services Act 2008</i>, the Code of Conduct for the Queensland Public Service and the COPD: Facility Security – Security Management Systems when using these systems as part of their official duties.</p> <p>QCS COPDs provide explicit and comprehensive instruction for outlining the requirements for in-cell prisoner monitoring via CCTV to manage risks, and where infrastructure permits.</p> <p>Prisoners are aware via staff briefs and signage displayed around the centre (as required by the <i>Corrective Services Act 2006</i> (CSA 2006) that CCTV is in use in corrective services facilities and is monitored by QCS staff. QCS has clear policy in COPDs which maintain that CCTV must not be covered at any time. Prisoners are also briefed during facility and cell inductions of their obligations to not cover or obstruct CCTV.</p> <p>BCC monitors prisoners via in-cell CCTV in line with the requirements of the COPDs. As a result, this recommendation is considered implemented at the time of writing the report.</p> <p>To ensure understanding of CCTV operational requirements, BCC staff will be reminded that if CCTV is observed to be covered or obstructed, prisoners are to be advised to remove this.</p>

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46	Queensland Services and Brisbane Correctional Centre ensure the CCTV system in use is fit for purpose.	QCS	Accepted	<p>QCS acknowledges the vital role that CCTV plays in enhancing centre security and the monitoring of prisoners, staff and visitors. Chief Superintendents of secure facilities are required to develop a Local Instruction for the testing of CCTV systems, including identifying faults and notifying subject matter experts to seek remedies in the event CCTV or monitoring equipment is faulty. To achieve this, QCS deploys lines of defence to ensure any failure in electronic security systems is managed swiftly by:</p> <ul style="list-style-type: none"> <li>• Contractual maintenance schedule.</li> <li>• Mandatory health checks following a failure.</li> <li>• Response times that require technicians to be on site within a prescribed time frame.</li> <li>• Operational response protocols and business continuity plans that ensure safety and security is maintained in the event of an electronic failure/vulnerability.</li> </ul> <p>QCS conducts regular reviews of CCTV and the associated Security Management System (SMS) to identify opportunities for improvement. Any need identified through this process to improve systems will be progressed through established planning processes.</p>

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47	Brisbane Correctional Centre reviews the operating system used in the control rooms to ensure officers can efficiently and effectively manage movements across the centre. The operating system must be updated if it cannot be effectively maintained.	QCS	Accepted	As noted above in Recommendation 46, QCS deploys lines of defence to ensure any failure in electronic security systems is managed swiftly by: <ul style="list-style-type: none"> <li>• Contractual maintenance schedule.</li> <li>• Mandatory health checks following a failure.</li> <li>• Response times that require technicians to be on site within a prescribed time frame.</li> <li>• Operational response protocols and business continuity plans that ensure safety and security is maintained in the event of an electronic failure/vulnerability.</li> </ul> QCS is commencing a 5-year program of work to improve the Electronic Security System. Specifically for BCC, the program will include software upgrades that facilitate real time monitoring, control, recording and review of CCTV cameras.
48	In consultation with West Moreton Hospital and Health Service, Brisbane Correctional Centre develops an action plan based on the Queensland Corrective Services <i>Drug and Alcohol Strategy 2020-2025</i> to: <ol style="list-style-type: none"> <li>address the unique issues faced by a reception and remand centre</li> <li>provide targeted interventions aimed at reducing demand and harm.</li> </ol>	QCS	Accepted	QCS is committed to working with QHealth to facilitate delivery of its health services in Queensland's correctional centres. BCC has developed a Local Brisbane Correctional Centre Drug Reform Strategy that details the measures and interventions in restricting supply, demand, distribution, sale and harm associated with illicit substances at BCC. Additionally, the 10-year strategic road map, the Reducing Reoffending Strategy will set the direction for how QCS will contribute to safer communities and fewer victims of crime through effective correctional practices and targeted delivery of rehabilitation activities and programs.

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49	Brisbane Correctional Centre ensures that prisoners are never subjected to strip searches as a staff training tool, and records for removal of clothing searches meet legislative requirements.	QCS	Accepted	<p>QCS is committed to conducting personal searches, including removal of clothing searches, to a high standard and ensuring that:</p> <ul style="list-style-type: none"> <li>Reasonable care is taken to protect the dignity and self-respect of the person being searched and to ensure minimal embarrassment to the person, without impeding the effectiveness of the search.</li> <li>Searches are conducted only when required, e.g., for the safety and security of a corrective services facility and when required to be completed as outlined in the CSA 2006.</li> <li>Searches are recorded appropriately and in the correct logbooks as required by the COPDs and the CSA 2006.</li> </ul> <p>The search of prisoners at BCC is conducted and recorded in accordance with legislation and COPD: Search – Prisoner Search, and only, when necessary, e.g., for the safety and security of BCC or as a result of intelligence information. Prisoners are not subject to removal of clothing searches as a staff training tool.</p>
50	Queensland Correctional Services reviews the outcome of the body-scanning technology trial at Brisbane Women's Correctional Centre to consider implementing this technology in all correctional centres to remove the need for removal of clothing searches.	QCS	Accepted	<p>QCS recognises that body scanning technology is an alternative process to removal of clothing searches.</p> <p>A three-month Proof-of-Concept (PoC) evaluation was completed at BWCC in 2024-25.</p> <p>QCS is currently working to deploy body-scanning technology across Southern Queensland Correctional Centre (SQCC) and Townsville Women's Correctional Centre (TWCC) with an expected completion timeframe of mid-2027. The current project scope excludes other correctional centres. QCS will continue to explore options to expand this technology across the system.</p>

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51	<p>Brisbane Correctional Centre:</p> <ul style="list-style-type: none"> <li>a) advises all visitors at the time of booking that they require approval and a medical certificate to bypass the roto-turn if they have a metal implant</li> <li>b) ensures that there is a consistent process for managing visitors with metal implants who arrive at the centre for their first visit without a medical certificate and approval to bypass the roto-turn.</li> </ul>	QCS	Accepted	<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 incarcerated parents and children.</p> <p>To ensure that visitors can attend visits and maintain meaningful connection with as minimal disruption as possible, BCC has implemented the following processes:</p> <ul style="list-style-type: none"> <li>• BCC has amended the visit confirmation email to include information in regard to obtaining a Medical Certificate to support a claim to bypass the security scanning systems.</li> <li>• BCC has provided training and awareness to all staff to ensure medical bypassing of security systems occur in a streamlined and safe manner.</li> </ul>

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52	<p>To support rehabilitation, Queensland Corrective Services reviews the criminogenic and reintegration programs offered to prisoners at Brisbane Correctional Centre. This review should consider how program sizes and waitlists are managed in the centre with reception and remand prisoners.</p>	QCS	Accepted	<p>QCS is committed to delivering programs and services designed to reduce reoffending and support successful reintegration back to the community. To ensure programs and services deliver effective outcomes, QCS undertakes ongoing review and evaluation of programs and services offered to prisoners.</p> <p>QCS currently has an active project reviewing the alcohol and other drug (AOD) programs delivered across the state. The Redesign of AOD Project objective is to: Provide suitable access and availability to AOD programs and services for people in our care, while also identifying opportunities for improvement for a fit-for-purpose design, leading to improved AOD completion rates, increased access to programs that meet the need of First Nations prisoners and women, and improved quality of service from suppliers.</p> <p>Across the state, QCS provides a range of evidence-informed programs and services including offence specific programs delivered by dedicated program staff, desistance programs and services including external substance intervention and reintegration support, and cultural support and wellbeing programs. While BCC currently offers programs and services that align with available funding and centre staffing resources, and the centre's role as a remand and reception facility, ongoing rehabilitation service delivery requirements can be periodically reviewed through existing processes.</p> <p>Additionally, the 10-year strategic road map, the Reducing Reoffending Strategy will set the direction for how QCS will contribute to safer communities and fewer victims of crime through effective correctional practices and targeted delivery of rehabilitation activities and programs.</p>

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53	<p>Queensland Corrective Services produces accurate information about education courses that can be provided to prisoners in a format that is accessible to all prisoners, including those who may have difficulty reading.</p>	<p>QCS</p>	<p>Accepted</p>	<p>QCS recognises the importance of education and vocational training in supporting prisoners to improve employability and reduce reoffending.</p> <p>Prisoners are provided information regarding education courses via a variety of formats including the centre induction process, ACER completion, and the display of posters. Posters are developed in consultation with partner registered training organisations (RTO) and align with Australian Skills Quality Authority (ASQA) standards. For this reason, endorsed poster content is unable to be modified at a local level. However, Offender Rehabilitation and Management Services (ORMS) are committed to continuous improvement and have recently published updated Language, Literacy and Numeracy (LLN) posters in recognition of centre feedback.</p> <p>An Easy Read Prisoner Education booklet is also published on the QCS Intranet to support staff in providing accessible education information to prisoners who have difficulty reading.</p>

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Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT - Queensland Corrective Services  
 File Ref: 2024-00874(P1)  
 eDOCS: #271079

Rec	Brisbane Correctional Centre Report	Lead Agency	Accepted / Not Accepted	Comment
54	Brisbane Correctional Centre encourages and supports the completion of literacy and numeracy assessments to support enrolment in education courses and ensures vacancies are filled by prisoners with the greatest need.	QCS	Accepted	<p>QCS is committed to providing reform opportunities and support to prisoners through educational programs which improve numeracy and literacy.</p> <p>COPDs currently stipulate that a Language, Literacy and Numeracy (LLN) Assessment must be completed for prisoners with time in custody under sentence of six months or more, and that the assessment must be completed within three weeks of admission (following sentencing). Prisoners are not required to repeat the assessment within two years of prior completion unless they have undertaken significant education or training within that period or suffered an injury or trauma which may have affected their LLN ability.</p> <p>While not required, prisoners on remand or serving fewer than six months in custody may complete an assessment if considered beneficial and subject to resource availability. All prisoners who access Vocational Education and Training courses will receive an assessment regardless of legal status.</p> <p>Following the inspection, QCS developed a mechanism to track outstanding LLN assessments to support oversight and prioritisation of assessment completion. The number of outstanding assessments at BCC has reduced since the inspection was completed, noting a high proportion of the population would not require assessment due to their sentence length or legal status.</p> <p>At BCC participants are enrolled based on the needs identified in their ACER assessment. If a prisoner does not attend staff will follow up with the prisoner to identify the reason.</p>

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File Ref: 2024-00874(P1)  
eDOCS: #271079

Rec	Brisbane Correctional Centre Report	Lead Agency	Accepted / Not Accepted	Comment
55	<p>Queensland Corrective Services supports Brisbane Correctional Centre to improve opportunities for employment by:</p> <ul style="list-style-type: none"> <li>a) increasing the number of available employment opportunities, including addressing inequality for protection prisoners</li> <li>b) ensuring that prisoner unit workers undertaking the same duties as prisoners in a paid role are remunerated and do not work as unpaid volunteers.</li> </ul>	QCS	Accepted	<p>QCS is committed to providing employment opportunities to prisoners where safe and appropriate.</p> <p>QCS is conducting a review of industries operations across all QCS facilities with the intention of increasing capability and capacity with the view to increase the number of prisoner employment opportunities at each facility.</p> <p>As indicated in the report, there are challenges with regard to the number of employment opportunities available at a reception centre. However, since the time of the inspection, BCC has introduced a library for the Protection units, which has provided additional employment opportunities for protection prisoners. Opportunities for increasing employment at BCC will be explored on an ongoing basis.</p> <p>A review of volunteer unit worker positions will be actioned to ensure consistency in remuneration with paid positions undertaking the same duties.</p>
56	<p>Brisbane Correctional Centre improves the transparency of employment decisions by:</p> <ul style="list-style-type: none"> <li>a) advising prisoners of the reasons why their employment application has been refused</li> <li>b) introducing an oversight mechanism for unit workers to ensure decisions about recruitment and termination are fair and consistent.</li> </ul>	QCS	Accepted	<p>QCS recognises the importance of transparency and accountability when notifying prisoners of the outcome of their employment applications. Agency standards and requirements are outlined in COPD: Prisoner Employment.</p> <p>BCC has reminded staff to ensure reasons why any employment applications have been refused are clearly articulated on the Administrative Form 136 - Prisoner Employment Application, and that this form is provided to the prisoner advising them of the outcome.</p> <p>BCC will implement oversight mechanisms to ensure transparency with regard to unit worker determinations. This will occur through prisoner case reporting, and regular reviews of recruitment and termination of decisions by correctional supervisors and management.</p>

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Rec	Brisbane Correctional Centre Report	Lead Agency	Accepted / Not Accepted	Comment
57	Brisbane Correctional Centre provides training for all staff so that they understand the circumstances and process for engaging professional interpreter and translation services for prisoners with an inability or limited ability to speak or understand the English language.	QCS	Accepted	QCS recognises the diverse needs of prisoners and is committed to providing opportunities to ensure those who may have difficulty with English language can communicate effectively with others.  Training and QCS procedure guides staff on how to communicate with prisoners with special needs, and that it may be required for corrective services officers to phrase (or rephrase) questions in a manner which compensates for a lack of comprehension or understanding. In other circumstances, QCS can arrange for an interpreter (including sign language) to overcome communication barriers (as outlined in Appendix PE2: Translating and Interpreting Services).  In accordance with QCS procedure, BCC has provided advice to all staff regarding the circumstances and process for engaging translation services for prisoners with an inability or limited ability to speak or understand the English language.
58	Brisbane Correctional Centre develops an evidence-based local operational plan tailored to the specific needs of the centre's prisoner population.	QCS	Accepted	QCS acknowledges that strategic and operational planning are legislated requirements for all Government agencies under the Queensland Government Performance Management Framework Policy.  QCS recognises that planning is a critical business activity to ensure staff understand the role everyone plays in delivering to agency priorities. Custodial Operations has plans to commence work in 2026 on the development of an Operational Governance and Assurance Framework. This framework will include the requirement for all correctional centres to develop local operational plans tailored to the specific needs of each centre's prisoner population.  Since the time of inspection, BCC has conducted a Strategic Planning Day and developed an Issues and Actions Plan for 2025-26. This process is expected to continue annually.

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 File Ref: 2024-00874(P1)  
 eDOCS: #271079

Rec	Brisbane Correctional Centre Report	Lead Agency	Accepted / Not Accepted	Comment
59	Brisbane Correctional Centre reviews its record management processes and develops an action plan to address issues identified.	QCS	Accepted	<p>QCS acknowledges the importance of accurately recording, storing, and maintaining information in accordance with the <i>Public Records Act 2023</i> and COPDs.</p> <p>BCC will commit to undergoing a review of its record management processes with support from the Digital Services and Information Technology Command (DSITC). This will also include local initiatives to enhance case noting, improve record keeping of breach of discipline records, out-of-cell time for prisoners, and any shortfalls identified where routine or targeted removal of clothing search decisions reasoning is recorded.</p>

## Appendix B: Queensland Health submission



Queensland Health

Enquiries to: Graham Kraak  
Director  
Office for Prisoner Health and Wellbeing  
Telephone: [REDACTED]  
File Ref: C-ECTF-25/25660

Ms Angela Pyke  
Acting 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 Ms Pyke

Thank you for your letter dated 12 December 2025 to the Honourable Tim Nicholls MP, Minister for Health and Ambulance Services, regarding the draft report from the inspection conducted at Brisbane Correctional Centre. The Minister has asked that I respond directly to you on this occasion.

I appreciate the opportunity to review the draft report and provide a response to update you about improvements that have progressed since the inspection in August 2024. I understand the West Moreton Hospital and Health Service is providing a separate response to you regarding specific local issues raised in the draft report, therefore this letter offers a statewide perspective about prisoner health care issues identified in the draft report.

Queensland Health welcomes the findings of the inspection and can advise the following initiatives are in progress or have been completed which will support some of the health service delivery issues raised in the report:

- The prisoner self-managed medicines initiative is currently being implemented statewide in correctional centres to better support prisoners' health literacy, strengthen their ability to manage their own health needs upon release and move prisoner health care closer to the community standard. Similar initiatives are in place in most other Australian jurisdictions. This approach will reduce the volume of prisoners lining up for medicines each day, reduce the volume of medicines needing to be dispensed in cells, improve staff capacity to monitor potential safety issues and increase capacity for delivery of more high-value health care services.
- The Prisoner electronic Medical Record (PeMR) has been in use in all correctional centres statewide since 5 November 2025. The PeMR has significantly reduced the manual effort required to prepare medicines and supports safe administration to prisoners.
- The PeMR also allows easy access to health care information recorded during assessments; information that was previously difficult to access from a paper record. This will support a Queensland Health initiative to streamline the

assessment processes for people as they enter, leave and move between correctional centres, reducing duplication and increasing system efficiency.

Further, Queensland Health would like to provide the following information as context for the report:

- Queensland Health is supportive of providing additional harm reduction measures within correctional centres to minimise harm to prisoners and staff associated with the use of illicit substances and is ready to do so once these measures are permitted by Queensland Corrective Services (QCS).
- Access to the opioid substitution treatment program for people in custody has improved significantly over the last 12-18 months, however it is acknowledged that more improvements are required. While suitable infrastructure is important for the delivery of health services in correctional centres, improved access to opioid substitution treatment can also be achieved through initiatives such as the integration of service delivery into routine primary health care which will continue to be a statewide focus in 2026.
- The infrastructure within correctional centres is managed by QCS. Queensland Health has and continues to work with QCS to improve the health service infrastructure as an element of the redevelopment of several correctional centres. In recognition of the length of time it takes to redevelop these centres, Queensland Health has also been working with QCS to establish satellite clinics in suitable and underutilised infrastructure including at Brisbane Correctional Centre. The intention of these clinics is to reduce pressure on the main clinic, improve timely access to health services for prisoners, whilst considering privacy and staff and prisoner safety. The location of and the functions of these clinics is a matter of negotiation between the relevant Hospital and health Service and the local QCS centre management staff.

Please also note it would be beneficial in future inspection reports for the Queensland Ombudsman to clarify if references to psychologists and counsellors are identified as either QCS or Queensland Health employees. This would allow each agency to understand where actions need to be taken.

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

Yours sincerely



Peta Bryant  
**Deputy Director-General**  
**System Policy and Planning Division**  
20/01/2026

Brisbane Correctional Centre Inspection Report Dec 2025: - CONSULTATION DRAFT – West Moreton Hospital and Health Service  
 File ref: 2024-00874(P1)  
 eDOCS: #271080

Rec	Brisbane Correction Centre Report	Lead Agency	Accepted / Not Accepted	Comment
3	West Moreton Hospital and Health Service and Queensland Corrective Services identify a more suitable location for health assessments to improve prisoner privacy.	WMHHS/QCS	Accept	West Moreton Health acknowledged the critical importance of maintaining privacy and confidentiality when providing healthcare to patients. West Moreton Health accept this recommendation and will partner with Queensland Corrective Services to implement.  In accepting this recommendation, West Moreton Health acknowledged that health infrastructure is a significant challenge and strongly support the additional recommendation of a new health infrastructure for Brisbane Correctional Centre.
36	Brisbane Correctional Centre and West Moreton Hospital and Health Service develop a written agreement that outlines how the 2 agencies will work together to maintain privacy and confidentiality for prisoners without compromising safety.	WMHHS/QCS	Accept	West Moreton Health acknowledged the critical importance of maintaining privacy and confidentiality when providing healthcare to patients. West Moreton Health accept this recommendation and will partner with Queensland Corrective Services to implement.

Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT – West Moreton Hospital and Health Service  
 File ref: 2024-00874(P1)  
 eDOC#: #271080

Rec	Brisbane Correction Centre Report	Lead Agency	Accepted / Not Accepted	Comment
37	West Moreton Hospital and Health Service provides training to healthcare staff to ensure that: a) language used when referring to prisoners is respectful b) staff have an awareness of personal biases that may impact communication with prisoners and service delivery.	WMHHS	Accept	West Moreton Health are committed to ensuring that high-quality health services are delivered to patients in a way that promotes dignity, compassion and respect. West Moreton Health accept this recommendation and will implement as a priority.

Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT – West Moreton Hospital and Health Service  
 File Ref: 2024-00874(P1)  
 eDOCS: #271080

Rec	Brisbane Correction Centre Report	Lead Agency	Accepted / Not Accepted	Comment
39	West Moreton Hospital and Health Service provides a system for delivering medication to the units that complies with health and safety requirements.	WMHHS	Accept	<p>West Moreton Health accept this recommendation and will implement.</p> <p>West Moreton Health have implemented the prisoner electronic medical record (PeMR) which has resulted in significant improvements to the medication administration processes including reduced time to prepare for medication rounds.</p> <p>West Moreton Health are also planning for the implementation of a self-managed medication program in all correctional centres in the West Moreton Health region. This program will enable prisoners to self-hold certain medications resulting in a more efficient approach to medication management within correctional centres and reduction in the frequency of dispensing.</p>

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 File ref: 2024-00874(P1)  
 eDOC#: #271080

Rec	Brisbane Correction Centre Report	Lead Agency	Accepted / Not Accepted	Comment
40	West Moreton Hospital and Health Service provides an automated medication dispensing system at Brisbane Correctional Centre.	WMHHS	Accepted	West Moreton Health have two Automated Tablet Packaging (ATP) Machines which provide packaged medications to some correctional centres within the region. This includes some prisoners at Brisbane Correctional Centre. West Moreton Health acknowledge the significant benefits of these machines and will implement this recommendation by maximising the utilisation of ATP machines to provide packaged medications across the service.

## Appendix C: Office of the Health Ombudsman submission



27 January 2026

Ms Angela Pyke  
Acting Queensland Ombudsman and Inspector of Detention Services  
GPO Box 3314  
BRISBANE QLD 4001

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

Dear Ms Pyke

### **Brisbane Correctional Centre Inspection Report**

Thank you for your correspondence, dated 12 December 2025, through which you provided a copy of the draft inspection report following your inspection of Brisbane Correctional Centre (BCC), and an invitation to provide a submission in response to the report and the recommendations made to both Queensland Corrective Services (QCS) and West Moreton Hospital and Health Service (WMHHS), who administer services at BCC.

We have taken time to review the draft inspection report, with focus on those recommendations specific to the OHO's jurisdiction, namely recommendations 3, 7, 14, recommendations 35 to 40, and 43. Overall, the OHO is supportive of the inspection report and its recommendations, and we have provided some further relevant comment below.

### **Recommendations 3, 7, 35, 36**

#### **Focussing on improvements in prisoner privacy for health assessments and consultations**

The OHO is supportive of these recommendations. While the challenges of balancing privacy and safety in such a complex environment are acknowledged, as health service consumers, it is important prisoners are afforded the right to privacy and confidentiality when engaging in a medical consultation or assessment. As highlighted in your report, failure to undertake adequate measures to ensure a patient's privacy can impact the accuracy or quality of services able to be provided by practitioners, as well as pose ongoing safety concerns for the patient should another prisoner overhear and later use this information to standover or otherwise bully the patient.

Medication diversion is an ongoing issue observed in prisoner complaints received by the OHO, which in some circumstances may be rooted in these types of occurrences.

Further, nurses, medical practitioners, and psychologists are all obligated under their respective codes of conduct to ensure patient conversations are undertaken in such a manner as to ensure the privacy and confidentiality of these discussions. Failure to provide an appropriate environment for such conversations makes it exceedingly difficult for practitioners to adhere to their respective professional obligations.

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**Recommendation 14****Improvements to the blue letter process.**

The blue letter process is crucial to the OHO's management of prisoner health service complaints, particularly those focussed on access to particular items, information, or services provided by QCS or WMHHS.

In many cases, the blue letter process enables a prisoner's concerns to be addressed and resolved locally and at the earliest opportunity, without the need for an additional formal health service complaints process. This both reduces the duplication of process across multiple entities, and provides the complainant with a more efficient means for resolving their complaint.

When approached by a prisoner with a new health service complaint, and where appropriate to do so, the OHO will enquire as to whether a prisoner has utilised the available blue letter process within the facility. Where they have either not done so or have not allowed sufficient time for a response to be furnished by QCS/WMHHS, the OHO will direct the prisoner back to exhaust the available process, encouraging them to return should they remain dissatisfied with the outcome.

Where a prisoner does return to the OHO to lodge their concerns, the OHO will consider any response offered to the prisoner through the blue letter process as part of determining whether further action is necessary. As such, ensuring responses are comprehensive and adequately address the issues raised by the prisoner not only improves the quality of resolution services offered to the prisoner, but also has the potential to reduce unnecessary repeated enquiries from the OHO to QCS/WMHHS for additional information in these matters, reducing the administrative burden for all organisations. We are therefore supportive of recommendations on this point.

In the report, we further noted concerns about the availability of blue letters and prisoner access to appropriate means for the confidential submission of their form in parts of BCC. Limitations on the blue letter system for prisoners have the potential to undermine the OHO's current approach to the handling of complaints, however I am encouraged by discussions reported between your office and BCC management and am keen to see the access concerns highlighted remedied at the earliest opportunity.

**Recommendations 37****Appropriate communication and awareness of personal biases**

The OHO is again supportive of recommendations in this area. Health practitioners are expected to communicate respectfully, honestly, and compassionately with patients, colleagues, and others. This includes recognising and actively managing personal biases, values, and assumptions that may influence professional judgement or interactions. Respectful communication and self-awareness are essential to building trust, supporting culturally safe and inclusive care, and ensuring that all patients receive equitable, high-quality care that prioritises their dignity, rights and wellbeing.

**Recommendations 38, 39, and 40****Storing, dispensing and administering medications**

The OHO is supportive of the recommendations made to improve safety and quality in the storing, dispensing and administering of medications. Health practitioners, including those working in correctional centres, have a professional responsibility to uphold the highest standards of quality

and safety in the storage, prescribing, dispensing, and administration of medicines, and medication management systems and processes. This includes complying with legislative and organisational requirements, maintaining secure and accurate medication management systems, and exercising professional judgement to prevent errors, diversion or misuse. Robust medication processes are essential to protecting patient safety, ensuring continuity of care, and upholding the rights and wellbeing of people in custody.

Thank you for the opportunity provided to my office to make a submission on the contents of the draft inspection report. These inspections and the related reporting of issues identified is incredibly valuable in assisting the OHO in ensuring the provision of safe and quality health services in Queensland.

If you require any further information or have any questions, your staff should feel free to contact [REDACTED] Executive Director, Assessment and Resolution on [REDACTED]  
[REDACTED]

Yours sincerely

*J. M. Anderson*

Ms Janet Anderson PSM  
**Health Ombudsman**

## Appendix D: West Moreton Hospital and Health Service submission

Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT – West Moreton Hospital and Health Service  
 File ref: 2024-00874(P1)  
 eDOC#: #271080

Rec	Brisbane Correction Centre Report	Lead Agency	Accepted / Not Accepted	Comment
3	West Moreton Hospital and Health Service and Queensland Corrective Services identify a more suitable location for health assessments to improve prisoner privacy.	WMHHS/QCS	Accept	West Moreton Health acknowledged the critical importance of maintaining privacy and confidentiality when providing healthcare to patients. West Moreton Health accept this recommendation and will partner with Queensland Corrective Services to implement.  In accepting this recommendation, West Moreton Health acknowledge that health infrastructure is a significant challenge and strongly support the additional recommendation of a new health infrastructure for Brisbane Correctional Centre.
36	Brisbane Correctional Centre and West Moreton Hospital and Health Service develop a written agreement that outlines how the 2 agencies will work together to maintain privacy and confidentiality for prisoners without compromising safety.	WMHHS/QCS	Accept	West Moreton Health acknowledged the critical importance of maintaining privacy and confidentiality when providing healthcare to patients. West Moreton Health accept this recommendation and will partner with Queensland Corrective Services to implement.

Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT - West Moreton Hospital and Health Service  
 File ref: 2024-00874(P1)  
 eDOCS: #271080

Rec	Brisbane Correction Centre Report	Lead Agency	Accepted / Not Accepted	Comment
37	West Moreton Hospital and Health Service provides training to healthcare staff to ensure that: a) language used when referring to prisoners is respectful b) staff have an awareness of personal biases that may impact communication with prisoners and service delivery.	WMHHS	Accept	West Moreton Health are committed to ensuring that high-quality health services are delivered to patients in a way that promotes dignity, compassion and respect. West Moreton Health accept this recommendation and will implement as a priority.

Brisbane Correctional Centre Inspection Report Dec 2025 - CONSULTATION DRAFT – West Moreton Hospital and Health Service  
 File ref: 2024-00874(P1)  
 eDOCs: #271080

Rec	Brisbane Correction Centre Report	Lead Agency	Accepted / Not Accepted	Comment
39	West Moreton Hospital and Health Service provides a system for delivering medication to the units that complies with health and safety requirements.	WMHHS	Accept	<p>West Moreton Health accept this recommendation and will implement.</p> <p>West Moreton Health have implemented the prisoner electronic medical record (PeMR) which has resulted in significant improvements to the medication administration processes including reduced time to prepare for medication rounds.</p> <p>West Moreton Health are also planning for the implementation of a self-managed medication program in all correctional centres in the West Moreton Health region. This program will enable prisoners to self-hold certain medications resulting in a more efficient approach to medication management within correctional centres and reduction in the frequency of dispensing.</p>

Brisbane Correctional Centre Inspection Report Dec 2025: - CONSULTATION DRAFT – West Moreton Hospital and Health Service  
 File ref: 2024-00874(P1)  
 eDOCS: #277080

Rec	Brisbane Correction Centre Report	Lead Agency	Accepted / Not Accepted	Comment
40	West Moreton Hospital and Health Service provides an automated medication dispensing system at Brisbane Correctional Centre.	WMHHS	Accepted	West Moreton Health have two Automated Tablet Packaging (ATP) Machines which provide packaged medications to some correctional centres within the region. This includes some prisoners at Brisbane Correctional Centre. West Moreton Health acknowledge the significant benefits of these machines and will implement this recommendation by maximising the utilisation of ATP machines to provide packaged medications across the service.





QUEENSLAND  
OMBUDSMAN

Inspector of  
Detention Services

