



CRIME AND CORRUPTION COMMISSION

TRANSCRIPT OF INVESTIGATIVE HEARING

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FORTITUDE VALLEY WITH RESPECT TO

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OPERATION FLAXTON
HEARING NO: 18/0003

20 DAY 12 – TUESDAY 29 MAY 2018
(DURATION: 1 HR 40 MINS)

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LEGEND

30 PO Presiding Officer – ALAN MACSPORRAN QC
CA Counsel Assisting – GLEN RICE QC
INST Instructing – AMANDA BRIDGEMAN
HRO Hearing Room Orderly – KEEGAN ENEVER
W Witness – DARRYLL FLEMING
PC Legal Representative – MS P CLOHESSY, Crown Law

- PO Good morning. Yes, Mr RICE.
- CA Thank you. I call Darryll FLEMING.
- W Mr FLEMING, do you prefer to take an oath or an affirmation?
- W An oath, please.
- 10 HRO If you could just take the Bible in your right hand and repeat after me.
- W The evidence which I shall give in these proceedings shall be the truth, the whole truth, and nothing but the truth, so help me God.
- PC Good morning, Commissioner. I act for Mr FLEMING.
- PO Thank you.
- CA Is your name Darryll Graham FLEMING?
- 20 W It is.
- CA Mr FLEMING, are you presently occupying the position of General Manager of Brisbane Women's Correctional Centre?
- W I am.
- CA Have you received a notice to attend the inquiry?
- 30 W I have.
- CA Could I show you this?
- W Please.
- CA Is that a copy of your attendance notice?
- W It is.
- 40 CA Thank you. I tender that.
- PO Exhibit 88.
- ADMITTED AND MARKED EXHIBIT 88
- CA I just want to clarify, Mr FLEMING, is general manager at Brisbane Women's now your substantive position?
- W That's my substantive position, yes.
- 50 CA Okay, thank you. For how long have you been the general manager there?
- W My appointment to Brisbane Women's Correctional Centre was effective from June last year. However, with a couple of relieving stints, I probably have about eight to nine months on-the-ground experience, if you like.

- CA How did that position fall vacant so that you now occupy it, can you tell us?
- W The general manager that was there at the time is now on a project to do with the SOFRONOFF report, the QPSR, if you like, and it became a true vacancy.
- CA Thank you. You have quite a long background in Queensland Corrective Services, I think?
- 10 W I do.
- CA Could you give us a few details?
- W The 30-second version. 28 years. I started at Boggo Road as an officer for about four years and I've just worked my way through the system and around the state, being employed as an officer, a staff development officer, a manager, supervisor, deputy general manager and general manager.
- 20 My substantive appointments as general manager have been to Maryborough Correctional Centre in 2013, then to Brisbane Women's in 2017. Before that, as a deputy general manager, I was appointed to Brisbane Correctional Centre. I have relieved as a general manager in Lotus Glen Correctional Centre, Woodford Correctional Centre, Wolston Correctional Centre, Brisbane Correctional Centre and Statewide Operations, and as a deputy general manager at Numinbah Correctional Centre and Palen Creek Correctional Centre.
- 30 CA So you've done it all, Mr FLEMING, or pretty much?
- W Not yet.
- CA All right. You have recited your various positions. Am I right that this is your first appointment to a women's centre?
- W Correct.
- CA What's the function, then, of Brisbane Women's?
- 40 W We have a legislative capacity, obviously, of safety and containment, but in a general sense it's about providing for the overall security and management of offenders sentenced to a period of custody, safely containing them, providing rehabilitation opportunities, progression through the system, and working with our stakeholders to get the best outcomes we can.
- CA Is Brisbane Women's one of only two women's centres in Queensland?
- 50 W Correct. Brisbane Women's, primarily, whilst it's referred to as South East Queensland, it captures half the state. Townsville Women's Correctional Centre is the only other correctional centre for women in Queensland.
- CA In terms of the functioning of Brisbane Women's, does it have, for example, a remand function?

- W Certainly. Brisbane Women's accommodates remand prisoners, sentenced prisoners, sentenced with further remand; we have one youth, one 17-year-old, at the moment; protection prisoners, mainstream prisoners.
- CA Can you give us some idea of its infrastructure? Do you have secure and residential accommodation?
- 10 W Yes, we do. The commissioning model, if you like, the built infrastructure - the centre was established as a 258-bed gaol. That equates to 116 secure cells in two separate accommodation secure areas and 142 residential rooms built into clusters, if you like, and that figure of 258 doesn't account for the six-bed detention unit and the ten-bed safety unit.
- CA Is there a health centre?
- W There is a health centre.
- 20 CA Are people housed there as well?
- W There are two cells, if you like, in the health centre. One is for medical, which means that we can accommodate a prisoner in a purposeful designed cell that meets the medical needs of the prisoner. The other cell is a cell that was reconfigured, and I'm not sure at what stage that happened, but it is a padded cell, if you like.
- CA You won't be surprised that I am interested to know the development of the increasing population over the years.
- 30 W I know it well.
- CA I am sure you do. You would be aware also that there have been a couple of reports by the Ombudsman on the subject of overcrowding and how that was being dealt with at Brisbane Women's in 2013 and I think 2016. You're familiar with those, I'm sure.
- W Yes.
- 40 CA There is also a Chief Inspector's report. I think the last full inspection report was from 2015.
- W Yes, full inspection 2015, and I'm also aware of the follow-up inspection report 2017.
- CA The 2015 report noted that there was an average daily state at that time of 372 as against built capacity of 258. You have more than that now, don't you?
- 50 W Yes. Yesterday's figure was 463. That was another new record for Brisbane Women's.
- CA Yes, that's an update even on the information I had from last week.
- W Correct.

- CA Insofar as the Ombudsman reported in 2016 arising from a visit, I think, in 2015 that the published report noted that the overstate capacity was I think 47.5, or thereabouts, at that time, it has gone up to over 170 per cent, has it not?
- W My raw data, Mr RICE - and I've got some raw data here, and just excuse me if I refer to it, because it's important, I think, that the hearing gets the accuracy of it.
- 10 CA Thank you.
- W In yesterday's terms, if you like, the raw data shows a capacity at 180 per cent. But for me, the contextual data is more important. The contextual data is 198 per cent. When I talk about contextual data, the simplistic model of taking 258, multiplying it by 2, will never work when you have to consider at-risk, high-risk, vulnerability, perpetrators of sexual assault, victims of sexual assault, mothers and babies units. So the centre doesn't have the capacity to go to 258 times 2, if you like.
- 20 When we factor those things in contextually, right here, right now, 198 per cent.
- CA Obviously the trajectory since there were both Ombudsman's reports and Chief Inspector's reports is substantially an increase in population?
- W It is substantial, I agree.
- CA But even since those reports in 2015 and 2016?
- 30 W Correct. It is substantial, Mr RICE, I would like to add, since my appointment to Brisbane Women's.
- CA Even in the last year, it has gone up by, what, 20 per cent or more?
- W No, it hasn't gone up 20 per cent. If I could just refer to my notes. Year to date, if we take a point in time 12 months apart, it's around 20 per cent two years ago, you're right, and it is about - just under 10 per cent for the last year. So 10 per cent per year.
- 40 CA Given the concerns that were expressed, for example, by the Ombudsman in 2013 and 2016, is there an absolute limit at which Brisbane Women's cannot take any more prisoners or have you already reached that?
- W Well, Mr RICE, I think that there may be a conversation coming very soon if I get not too many more prisoners about whether or not I'm not at my limit and I triple up prisoners in cells.
- CA Are you on the verge of having to consider that?
- 50 W I am on a knife edge.
- CA When the Commissioner gave some evidence at the beginning of this inquiry, he anticipated that the population trajectory was generally upwards. That's likely to include women, is it not?
- W It is, most definitely.

- CA If that were the case, the population continues to grow, is tripling up the only option?
- W It may not be, Mr RICE. There may be conversations outside of my inclusion that come up with strategies and options. I probably would also like to contextually add that whilst Brisbane Women's lives in this world - when I started, not all that long ago, Townsville Women's was at 100 per cent as well. It is now sitting around 160 per cent.
- 10 CA Not far behind you?
- W Correct.
- CA We heard yesterday there have been even some transfers from Brisbane to Townsville to alleviate your situation; is that right?
- W There has. To date, there have been three completed transfers. However, I think there might have been a difference in the numbers that were provided yesterday. QCS charters a plane that can take a certain amount of prisoners from south to north, if you like. The planes and the numbers of trips that were referred to yesterday didn't include all females. So I think the reference was 4 by 15.
- 20 My information is, from my centre, a total of 28 or 29 prisoners have been transferred. However, the number of trips has occurred, but the actual women involved was 28 or 29.
- CA Accepting the present need for doubling up, how is that working? You recall the criticisms that were made now a couple of years ago about mattresses on the floor, and so forth. How is that presently being dealt with?
- 30 W The mattresses on the floor?
- CA Yes.
- W The configuration of Brisbane Women's - before my time, and I think - I'm having a good guesstimate here, somewhere around about 40 2013, there was the installation of some double bunks. So when we talk about purpose-built double bunks off the floor, if you like, in cell, there are 33 double bunks in the secure accommodation.
- After that, everybody is on a mattress on the floor. So on yesterday's data, Brisbane Women's, 162 mattresses on the floor.
- CA In the same configuration, as it were, as was depicted in the photographs in the Ombudsman's report? Are you familiar with those?
- 50 W For the secure section, Mr RICE, yes. I don't remember seeing or sighting the accommodation model in the residential, and the residential model at Brisbane Women's is unique for me in this system as well.
- CA Did I hear you correctly you have 166 mattresses on the floor in secure?
- W No. We have 162 mattresses on the floor across Brisbane Women's. But

if I take S1, the predominant 80-cell block, if you like, that has 20 double-ups, there are 46 of those mattresses in that 80-cell block on the floor.

CA Policies, I understand, may differ a little bit from centre to centre on assessing cell placement, that is to say, who doubles up with whom. What policy is in application at Brisbane Women's?

10 W My policy at the moment is, at 198 per cent, I know the prisoners that I'm receiving from the watch-house are being doubled up. That's the starting position. I have nowhere else to put them.

CA So everyone is going to double up, essentially?

W Double up.

20 CA But it's a question, is it not, of trying to mitigate the potential conflict that arises in that, particularly if a proportion of them are sleeping on the floor, and we know they're sleeping adjacent to the toilet bowl, et cetera.

W Correct.

CA So in terms of assessing suitability, what is the present mechanism?

30 W That will be through the initial risk needs assessment process. We will go through that. We will go through that with the induction before the prisoner gets to the unit. We will elicit, as best we can from the prisoner, have you been here before? Do you know anybody? Have you got any identified risks? This is the environment. If you have concerns, you can make contact. We will support. Those sorts of things - that happens through the reception process.

40 When we transfer a prisoner from one unit to another, we will also do a similar process. IOMS - I'm not sure that I've heard it come up at the hearings, but IOMS also has the capacity for a centre, at a local level, to establish what we call a NA flag, which is a notifiable association. Now, the notifiable association is part of the governance process that if there is a known risk recorded, you cannot use that system to move that prisoner into that cell with the other prisoner, without going through a process, an alarm, if you like, to, "We'd better have a good reason here, or we may reassess the reason for the NA flag." So there are still some mechanisms that capture the risk.

CA Is it a process, then, of identifying particular risks?

W For sure.

50 CA Is there more to it than that? Is there more to assessing suitability of prisoners to share than looking for the red flag risks?

W Yes. Brisbane Women's is very complex, and I say that having experience in - every gaol is busy and every gaol has its risks, and I acknowledge that.

The complexity that comes with Brisbane Women's includes having mainstream and protection in the same secure area, having an opioid

substitution treatment program that may, by default, require a prisoner to be in a certain unit. We need to have an induction unit, to go through the assessment process. So all of those factors constrain actually where we can accommodate them and limit it to the assessment of that unit that is the most appropriate, rather than the holistic secure accommodation.

10 So if you are coming into gaol and you are a new reception and you will need to go through the induction process, we will have a look with our intelligence and our conversations, if you like, about the risks in just that unit at that time for you. If you are coming in and you need to go to the opioid substitution treatment program to participate in that program, we will look at the risks in that unit. However, should you progress through the system and you are going to transfer to residential, well, we will look at the risks of going to residential then.

CA There is more to a prison than simply the sleeping arrangements, but those sleeping arrangements present difficulties. Do the sleeping arrangements impact on the temperature, the volatility, of the centre?

20 W Oh, absolutely, Mr RICE. In my discussions, and we often hear the reference to a temperature check or the temperature of the gaol - I consider that Brisbane Women's is a warm summer day, every day. Then when we talk about warm summer days and people look for some respite at night, they are the uncomfortable nights, because we don't have nursing coverage. We have medical needs that we can't address. We have increased noise. People don't get sleep. So day and night, it is very, very warm.

30 CA I was going to move on a bit from just the bare details of accommodation and the potential for conflict that that might create to impact on the centre in other ways, other services that you need to provide. Can you give us some details of the impact of the overcrowding on service delivery?

W I talk with our PAC representatives - and I am not sure if I have heard it come up, they are the prisoner advisory committee, so we get the representatives, and we give the prisoners an opportunity to let us know the temperature, if you like, and the things that regularly, routinely come up are access to simple things that mean a lot to prisoners - washing machines, laundry, food.

40 In residential - residential across the male cohort, in my experience, was six-bed units that are now accommodating eight. I have 11 in my six-bed units. We still have a process at the moment where we send our food down in bain-maries, and they are distributed by prisoners amongst prisoners.

Prisoners are requesting to move to portion control, individually packaged meals, and I understand why.

50 CA Why is that?

W Sorry?

CA Why, then?

W So that they all get an equal share of the food, so that they don't have to

self-manage, so that they don't have to stand up if they're missing out, so to speak. The pressure is on each other to try and do the right thing, and, of course, as you would appreciate, not all prisoners are at that point where they can equally share and understand everybody else's needs.

CA You may have heard your colleague Mr KRUHSE say yesterday that one of the strategies in his mind to try to de-escalate and lower the temperature of a prison was to try to avoid people competing for basic things, such as food.

10

W Correct.

CA Is your centre in a situation of difficulty, in people having to compete for food and other services?

W Oh, I would say in residential, yes. I would say in residential, yes. Not so much in secure, but residential, and I think a lot of that issue would be alleviated if we had the capacity, the capability, to provide individual portioned meals.

20

CA That's one thing. Are there other impacts?

W Yes. Visits. We quite often get visit sessions that are at their capacity and prisoners either may miss out because their visitor can't simply find another opportunity at another time to come and have a visit. We have waitlists for prisoners to participate in programs. We have employment.

30

I'm not convinced, myself, yet in the centre, and I don't have enough time or experience, but I am trending data to make sure that the employment opportunities that we have are at their capacity. So I have a monthly trending report, and I know how many positions each workshop can take and I get my workshops to report on how many prisoners did attend. I know that we have some gaps in some areas, so I'm currently in the process of working out whether the current model has passed its use-by date and I can get a better model with more prisoners engaged by redesigning how we deliver that service.

CA We'll come back to work in a moment, but just to take up the example you gave a little while ago about the impact - you referred to visits, the capacity for prisoners to receive visits may be at its maximum, and did you say some prisoners may miss out on a visit because of that?

40

W More so on the weekend. Whilst it is a very busy gaol and I have a large to-do list, and at the end of this hearing I will have a "I've got to do that too" list, I get that, but with visits, we are way past the ideological model of, in a true sense, a progression system of incentives and earned privileges. I say that in correlation to visits, because the centre was established that a prisoner who came in and was in the secure accommodation model, with maximum supervision, high levels of observation, you could track the prisoner, get them engaged, progress to residential. So the residential model gave the prisoners greater access to visits.

50

That model is still in place, but the progression model doesn't correlate any more, so it too is under review to remove some of those extra visits sessions that were simply provided by default to the accommodation. The

accommodation that we put the prisoners in no longer correlates to a progression model.

CA Is it a source of angst for prisoners-

W Oh, for sure.

CA -if their visits are at risk, even at risk?

10 W For sure, yes.

CA And for those who miss out, what degree of angst does that provoke, do you know?

W Well, for the prisoners that miss out, unfortunately, sadly, they are left to reconcile that with their visitors to try to find an alternative model of getting them to the visit, or moving from, or trying to find a way of shifting their accommodation. If it's a secure prisoner, trying to get to residential.

20 CA I suppose I was really asking what degree of disaffection that scenario of-

W Well, I'm not sure I can quantify it.

CA No.

W But my experience tells me that it is a concern, and enough of a concern that lends me toward the current visits model isn't equitable. And, of course, not being equitable is important to prisoners.

30 CA Is there any case for rationing, to use the best word I can think of, rationing visits?

W There certainly is a case. That's what is under review at the moment. And looking forward, I am anticipating somewhere in the near future, I will be talking to prisoners, talking to the PAC reps, and explaining why we will be reshaping the visits sessions, prisoners' access to visits, on the back of providing a more equitable access to all prisoners.

40 W Now, we have, not a large number, but a smaller number of some long-term prisoners, who have progressed into that model and have got themselves into a routine, a pattern, if you like, of those visit sessions. They will more than likely perceive that as being disadvantaged. However, when I need to consider the centre as a whole, a holistic approach, it will provide greater access, greater equitable access, for all prisoners.

50 CA You mentioned the opportunities for work a moment ago. In one of the Chief Inspector's reports not relating to Brisbane Women's but another centre, a comment appears to the effect that employment is a critical component to successful rehabilitation of prisoners. Do you subscribe to that?

W Oh, absolutely. Absolutely.

CA What are the opportunities for work at Brisbane Women's?

- W There are a number of textile industries, clothing industries. There are kitchen industries, local services, landscaping. The centre, I believe, last year increased the number of educational positions. All up, there is the capacity for around 300 employment positions. Some prisoners choose not to work. Some prisoners have multiple episodes of accommodation at Brisbane Women's and don't work on any of them.
- 10 But my take at the moment, my observations, my data tells me that we don't have the centre at its capacity, either, because the model has passed its use-by date, given our current environment.
- CA I'm not quite sure what you mean by that, the model has reached its use-by date?
- W My apologies. To explain that, there was an equitable model that was attempted to be applied for access to employment across residential and secure. Simplistically, if secure accommodation consistently only has 20 50 per cent attendance at two of the workshops, should we provide one workshop for secure and I'll give the other workshop to residential, where they are on a waitlist and they want to work and I can get 30 people to work?
- 30 So then the discussion is around, okay, in secure, what happens if you can't get a job and you want one? My data tells me that I turn my gaol over, Brisbane Women's, somewhere in the vicinity of three times a year. A prisoner who comes in and is accommodated in secure, because of the churn, barring exception for behaviour or intelligence or risk, they have an opportunity to get to residential within about a six-week time frame. So I'm suggesting that the centre can provide a better outcome by returning some of the employment that's not being used in secure to the residential model.
- CA The raw data indicates about two-thirds, then, are able to engage in some form of employment?
- W Yes.
- 40 CA What about the third who don't work, how do they put in their day, given that when in cell they're very likely, if not certainly, going to be doubled up?
- W A remand gaol, 39 per cent - I think it's 39 per cent, approximately 39 per cent, are on remand. So a lot of prisoners are attending to legal matters. Sisters Inside run a bail support program, so we try and link them with that.
- 50 The other thing that goes with it is that we always have a - I won't put a figure on this, but we always have a cohort of prisoners who return to custody for very brief stints, sometimes a week, sometimes three weeks. They spend their time being linked with community agencies. They may have been returned because their risk was an accommodation need. So their priority is about the accommodation need, what did they leave behind in the community? Was it family? Was it pets? Was it work? So they spend a lot of the time still trying to address those things, because it takes a few weeks for people to settle, to get on top of what was left behind, who's picked it up, where is it at, where do I do?

So there will always be a cohort. My interesting experience also includes, there will always be a cohort of prisoners on court-ordered parole, on short sentences, with no need, if you like, to go through a incentives or earned privileges program to get release. Release isn't conditional upon good behaviour or work. They have their date and it suits some not to.

10 I can remember a young fellow at Maryborough - I make it my business when I walk around to talk to prisoners to see if they've got jobs, and why not, and a young fellow at Maryborough, just before I left, told me he was on a gap year. Prisoners come up with a whole range of reasons why it doesn't suit them to work, why they don't work.

CA You mentioned the prisoner advisory committees before. What use do you make of those committees as a feedback or management tool?

W Oh, I think they're immensely important. I think it is absolutely vital that we continue to engage with the prisoners to find out, in real time and in real terms, what are the issues.

20 CA The constituents of that committee, are they actually prisoner representatives?

W For sure.

CA How do they acquire that status?

W The prisoners self-select.

30 CA I see.

W The prisoners self-select. Prisoners are like work groups. They look for leaders. They look for people who can speak on behalf of them. They look for people who they think will represent their issues fairly.

CA So there is some process?

W Yes.

40 CA You have spoken about the impact of the overcrowding and its effect on the temperature of the prison, for example. What about the impact of the environment on the staff?

W Oh, taxing.

CA Does it impact on their engagement in a professional way in their duties, given the difficulties?

50 W Absolutely. In an ideal world, in a world I used to live in, in a world when we had one prisoner per cell and we had a model where staff could interact with prisoners, they could know their prisoners, they could conduct their own temperature checks. Staff had a good sense of what was right, what was different? What do we need to keep an eye on? What can we provide?

At the moment, the staff are concentrating on trying to provide just a safe

environment, trying to attend to the numerous requests. A great deal of the day for an officer is administratively consumed by simply following up on prisoners' requests, needs, referrals, movement. All the dynamics have gone.

CA You have mentioned dynamics. The concept, I think, is dynamic security?

W Correct.

10

CA The Commissioner mentioned that. I guess it's a fairly well-known theory. To what extent is the capacity for dynamic security reduced in the environment at Brisbane Women's at the moment?

W Oh, significantly. There is no greater example for me than the residential environment at Brisbane Women's. If I am correct, the residential environment at Brisbane Women's is the only residential environment in this state that doesn't have a cluster office for the staff to work out with the prisoners. So if we picture the buildings out on the compounds and in clusters, and there's a cluster office where the officers go down there and they know their prisoners, the prisoners feel safe because they're supported - Brisbane Women's doesn't have any. So, by default, the officers are at the furthest point from the prisoners all day, every day, because that's where the phone is, that's where the computer is, that's where the forms are. There is no dynamic security in that model. There is no relationship rapport building. There is no dynamic, "This is a little different", because they don't know what it was yesterday. I think Brisbane Women's infrastructure has compounded the problem that's associated with the lack of ability to apply dynamic security.

20

30

CA Does that affect job satisfaction-

W Oh, for sure.

CA -for correctional officers?

W In general, staff want to come to work and make a difference. Staff want to come to work and do the right thing, and I say that across the board for all staff.

40

I'm sure we'll get to mental health shortly, because I think there's some correlations with use of force, violence, and a couple of other things. If we take some of the non-custodial staff in this instance, who can't deliver what they really want to deliver - time doesn't allow it, resources don't allow it. People come to work wanting to make a difference. People come to work wanting to get a good outcome.

50

And what they're doing is they're coming to work, trying to keep their head above water, trying just to keep people safe, trying administratively to go from one to the next, but not with the substance, not with the end goal in sight, the right here, right now, have we mitigated risk?

CA Does it lead to reduced morale, disaffection, amongst the correctional officers?

W In my experience, it does. Everybody is different. You know, gaol is full

of all different sorts of personalities and dynamics and individuals. I'm different to a lot of people. A lot of people are different to me. But, in a general sense, people want to be able to go to work, deliver good outcomes, and are disappointed when they can't.

10 I am an optimist. I'm not blindly optimistic, but I take heart, and so do the staff, and when we have a Commissioner, who is standing up - QCS as a standalone agency, a top-tier public safety agency, we're looking forward to the ten-year plan. We're looking forward to the findings here. We're looking forward to new rosters at BWCC to get better outcomes. Staff have a sense of hope, for me, for the first time, for about five years.

This is the first time I have had conversations with staff where staff are now looking for a future life that they believe will make it better and give them a greater sense of satisfaction of what they do.

CA Is the environment at Brisbane Women's just against that?

20 W Absolutely. Absolutely. It is probably the biggest contributing environment that I've personally experienced across the state. Now, I'm not saying that gaols aren't busy, gaols don't carry risk. Gaols are complex, gaols have needs. I get all of that. But the complexity with mothers, babies, trauma - 80 per cent of women that come to gaol, or more, are victims before they're perpetrators. It's just a different environment. And when people come to work and they can't contribute to the better outcomes, which is what they want to do, it is demoralising.

30 CA As unfortunate as that is, there is another dimension to the issue, and that's the question of safety. Are there safety impacts for staff in the overcrowded environment?

W Absolutely, yes.

CA Can you explain how that arises?

W If you like, Mr RICE, I can actually talk about some data that I think is a good correlation between safety, violence and overcrowding.

40 CA Yes, by all means.

W I'll just refer to my notes for accuracy.

CA Yes.

W If we talk about assaults, prisoners-on-staff, first of all-

CA Your rates are high, aren't they?

50 W They are very high.

CA Relative to other centres in the state?

W Correct.

CA And Townsville is probably the same?

- W Correct, as is use of force and safety orders, and I am happy to provide further-
- CA All those things, yes. I'm interested to know what your views are on a correlation between all those things and the environment generally.
- W If I deal with the assaults first, Mr RICE?
- CA Yes, sure.
- 10 W If I use the raw data from 2015-2016, there were 36 assaults prisoner-on-staff; 2016-2017, 36 assaults prisoner-on-staff. If I take 2017-2018, our current financial year, there were 40 assaults on staff in the first six months. Now, that suggests to me our prisoner numbers are going up, and I will talk about mental health shortly. Our prisoner numbers are going up. Staff are at risk. We're having assaults. So, I have a good look at what that means, and my model of operation is I will evidence base and formulate my strategies going forward.
- 20 So when I look at the first six months of my tenure at Brisbane Women's, and I look at 40 assaults in the first six months, which is trending for a 100 per cent increase, I look to see what that means. What it tells me is that, of the 40 assaults, 28 of those - 70 per cent of the assaults - occurred in an area that accommodates 3 per cent of the prisoners. Now, that is significant, and the correlation is mental health at risk and I will draw that-
- CA In the detention unit or-
- W The detention unit and safety unit.
- 30 CA So the preponderance of assaults occur there?
- W Correct.
- CA Not all, but-
- W No, 70 per cent, 70 per cent in an area that accommodates 3 per cent of the prisoner population, so that was 28 in the first six months. We're looking at exorbitant figures here.
- 40 I work out what's behind that. I talk to the staff. I talk to the prisoners. I talk to the stakeholders at Prison Mental Health, and I develop a new model of what I call safe engagement strategies, a new model of planning on how we deal with prisoners to assess the level of risk. I'm pleased to report that in the four months from December, there have only been six assaults. So we've gone from 28 in six months to 6 in four months. And of those six, four of those involved throwing water, an assault by water.
- CA Would you explain how you are able to perhaps achieve that reduction, if you're confident that you have?
- 50 W Oh, I'm confident. Two of the most significant impactors - one is rosters and one is the ability for the staff to know the prisoner they're managing. See, when I look at rosters, rosters are almost the pulse, for me, about getting good outcomes. It's important for me that staff work in areas that know the prisoners, that get the best outcomes.

10 If I use the example of the detention unit. Two and two is four. The detention unit accommodates predominantly the most high-risk prisoners that we have in the gaol. So when I go to Brisbane Women's, I find a roster where the staff on a 52-week roster get allocated to shifts in the highest-risk area we've got in the gaol - they may do a shift there, but they may not come back for two months. So of course two months later, different prisoners, they've got no idea who's down there. They don't have the rapport with the prisoner. They don't know what the prisoner responds to; they don't know how to get the best out of the prisoner and that's not fair to the staff.

What I did was, I implemented a temporary detention unit roster. I sought expressions of interest from staff. I have a number of staff working a roster until we can get a permanent roster in, and that has significantly reduced the use of force in the detention unit and the assaults in the detention unit.

20 With the safety unit, which is the acute at-risk, high-risk complex - now, that roster is a discrete roster and always has been, but what I identify when I pull the roster apart is that it's a roster that actually has gaps of upwards of 21 days where the staff who work that roster don't have contact with the prisoners. So, for me, the best outcomes come when you have the relationship, the rapport, with the prisoner-

CA You're talking about dynamic security again, aren't you?

30 W That's it. The other anomaly I have identified for QCS, if you like, is that when you manage by directive - COPD, by directive - a prisoner on an at-risk management plan, you cease to make reference to individual management plans. Individual management plans may be the very thing that has the content about the risk that's present. In the absence of that, staff have been managing the prisoners on an at-risk management plan, but, for me, nowhere near enough information to safely manage themselves, the prisoner, and get a better outcome.

40 So I've designed a safe engagement strategy plan that outlines the prisoner, the flags, if you like, whether that be cognitive impairment, protection, I've identified what things the prisoner responds to. What is it that you can do when you're dealing with this prisoner? I will give an example: a high-risk, complex prisoner, two hours exercise, known case, every now and then when you go to finish, "Come on let's go back to your cell", "Not going"; "But we have to go back, I've got to get the next one". Deary me. May result in a use of force.

50 So working with Prison Mental Health and working with our own psychologists, we developed a plan along the lines of: the prisoner will respond better if you go and give a ten-minute warning, a five-minute warning, go back three times, and you are likely to get a better outcome. Change the way to deliver service. But you've got to know the prisoner. Individually, you have to know.

Another prisoner who benefits from - and some of this information comes from the staff, but it's not shared, so I capture it and share it. A prisoner who, if they have their food before their medication, is not inclined to take their medication, and they need their medication - we designed a safe

engagement strategy that says we need to encourage the prisoner to have the medication before they have their meal. So consistently I've got staff making sure that we reinforce with the prisoner that they need to have their meal before they're going to get their medication [sic], because if it goes the other way around, then we have to go and deal with that as well.

So the safe engagement strategy plans, the rostering of staff, significantly, significantly, are the contributors to the reduction in use of force and assaults on staff.

10

CA Who would manage the roster? You have raised that as a point of not just seeing who's available but how they can best be allocated. Is that the point you're making?

W That's the point I'm making.

CA How do you achieve that? It sounds like rostering is a technique that you're applying?

20

W Oh, absolutely.

CA Who would, then, do that? One of your managers?

W No. On this occasion, me. What I get is - oh, I own the risk, but I am here to help. My job is to sell and convince. My job is to influence and bring people with me, but staff need the information about the outcomes. Corrections, for me, is about safety, security, progression. Unfortunately, the world we live in, progression falls off, not off my radar, but necessity sometimes pushes it away a bit.

30

CA And rehabilitation?

W Correct. My rosters are about safety, security and progression. If we can nail, if you like, colloquially, safety and security, and get better outcomes, we have a better opportunity to get progression. If you use some of the long-term prisoners I make reference to here that are no longer being recorded as assaultive, that we are no longer using force to the level we used, we are getting progress.

40

To go back to your question about the rosters, rosters are an agreed process done between the union and the employer. If I use the current example, I conducted a review of all rosters. I have completely reshaped the Brisbane Women's Correctional Centre model so that we don't have these gaps where staff are rostered to one area and don't turn back up for a couple of months, so I've increased the number of rosters.

50

We will go through an expression of interest. We will have staff who will be employed on rosters. If we use a 52-person model that's rotating through the detention unit now, the proposed model is a 13-person model. That includes the detention unit and some other high-risk posts. So we minimise the amount of people involved with the prisoners, we maximise the capacity to individually deal and get prisoners to respond and reduce the level of risk.

CA You have explained the strategy that you have used and are using to try to reduce the assault on staff scenario, but there is also the category of

prisoner-on-prisoner assault and the figures from Brisbane Women's are also high in that respect relative to other centres; correct?

W Correct. I can give you some concerning, accurate data, if you like.

CA Yes.

10 W The prisoner-on-prisoner assaults, all categories - and I think there is a correlation that last month was Brisbane Women's highest average daily state. It too was on record as the highest number of assaults, prisoner-on-prisoner.

In 2015, a total recorded, 188 prisoner-on-prisoner assaults. In 2016-17, it was 215. That was up by 9 per cent. The current financial year sits at 211, with a projected 253. That will be an increase of 18 per cent. I have some work to do. I am trending where they're occurring, when they're occurring, who they're occurring with, so that is a work that is underway.

20 CA Who distils that information for you? Not just the raw statistics, but when they're occurring and how they're occurring, this kind of thing.

30 W They are real-time statistics that are fed into, first of all, IOMS, then through a process with my business services manager. We track, we monitor, where were they, when were they; how many were there in any individual area? I know that I can go and get the data. Is my secure trend trending up with assaults, or is it in residential? And residential, the model that we want for the progression - residential is trending up. I would suggest having that many prisoners on the compound - and in a different world, we may not have all of those prisoners assessed as suitable for res - the number of assaultive incidents being recorded and reported is trending up.

CA Notwithstanding the difficulties, the harsh reality, I suppose, is that you are supposed to apply some violence reduction strategy; is that right?

W Correct.

CA How do you do that?

40 W Well, step one is - last week, as a matter of fact, we completed a program of works that installed a new CCTV system across the common areas in the residential units. That was one of the steps about trying to be able to track.

A lot of assaults go unreported, not witnessed. The majority of assaults that occur in that environment aren't witnessed. And I go to the point of the CCTV, but more so the inability for the officers to be dynamically employed.

50 CA Even to see the assaults?

W Correct. Correct. No-one is near them.

CA We've heard some witnesses in this inquiry speak on behalf of prisoners who claim all sorts of barriers towards making complaint. Do you accept that prisoners are subject to the kinds of barriers that have been spoken

of - fear of retribution from other prisoners or elsewhere? Do you get a sense of that?

W I'm not sure I get any sense of a fear about complaining to me or receiving a complaint. I've worked in gaols for 28 years. There are prisoners that are fearful of other prisoners if they complain. So there will be a sense, there will be a level inside the gaol, and any gaol, about complaining about being assaulted.

10 CA With the relative reduction of dynamic security, is there increased opportunity for assault to go unnoticed, prisoner-on-prisoner assault, I mean?

W My obvious answer is yes, but I pause because knowing the infrastructure of Brisbane Women's, I'm suggesting that it has been like that - that hasn't changed. I think the opportunity with the prisoner numbers has increased, but the issue of the opportunity has existed for some time.

20 CA What process is applied in Brisbane Women's for review of incidents? That's something else that's supposed to be done; am I right?

W Correct.

CA Incidents of violence, I mean.

W Yes. We have allocated that portfolio, if you like, to the manager of residential, to conduct the review, the quality assurance, if you like, the assessment of the incident. So that is a single point of truth for me for the review.

30 If the incident relates to use of force - the deputy general manager reviews all use of force. The content of the review may suggest that a wider assessment is conducted and more people are engaged in providing input into the review.

CA What is the object, then, of doing a review of incidents?

W Well, there's a number of things.

40 CA Is it simply awareness, or is there more method to it than that?

W Oh, no, no, no. For me, the quality assurance component is about, what was the incident? What is the reporting level? And because we have a constant that's doing the review, is there a theme that anybody is identifying in this type of incident? Is this incident, to our knowledge, linked to something else with intel? So the intelligence section will also conduct a review of all the incidents, but they don't do the quality assurance component, so the intelligence section as well conduct their review.

50 CA Are you looking for the kind of trend that you spoke about before, like who is involved, how many and where and so forth, to analyse where the hotspots are?

W For sure. For sure. That data forms part of - I have implemented, in my time at Brisbane Women's, a monthly trend report that I table at a weekly

management meeting once a month for discussion amongst the managers.

What I flag in my monthly trend report specific to incidents is, how many incidents do we have? When are they occurring? I continue to build them month by month and I continue to trend them, so I know what's going up and what's going down. I know whether we need to apply more resources. I know whether we need to conduct different activities.

10 CA You have a range of strategies to keep a handle on what's happening in the centre. One of your responsibilities we haven't spoken about so far is reporting upwards.

W Correct.

CA What are the accepted mechanisms for your communication of the state of your prison to Mr SHADDOCK or Dr MARTIN?

20 W If it was an incident that was related to - it was going to be a level 1 or a level 2-

CA Not even just an incident, but just the overall state of the prison, so that the state of the prison can be known to those above you?

W Oh, I report through to Mr SHADDOCK, and I do so almost on a daily basis. I let him know what my numbers are. I let him know what the dynamics are. I let him know what specific cohorts of prisoners that I think may be presenting a risk, even to an individual risk.

30 If I use a recent example, I think it was no later than Thursday last week, I received a woman from Bundaberg, via an ambulance, in a wheelchair, with a significant medical condition that my centre is not equipped to manage.

40 I ended up having to procure the services of an agency nurse on night shift, because I have no Queensland Health nurses on night shift. I have to get in an agency nurse. So I let Mr SHADDOCK know that I have somebody accommodated in the health centre that we are not equipped to look after, that I am engaging an agency nurse to provide care through the night when Queensland Health aren't there.

We have a good relationship with Queensland Health and our local hospital board. That lady went to the PAH secure unit - are you aware of the PAH secure unit?

CA Yes.

50 W So that lady the next day went there and is still there. There are a whole range of dynamics. If we use a recent example of a high-profile case in Toowoomba with six women remanded to custody, of course that puts a significant dent in my accommodation model, when I get six people that need to be segregated somehow. I briefed that up. So I provide regular briefings to Mr SHADDOCK.

CA Experience sharing with the other general managers, what opportunities are there for that?

- W Quite often. Sometimes it might be an industrial issue. Sometimes it might be a unique incident. Mr SHADDOCK will quite often contact me and/or others and he'll say, "Listen, can you walk all the other general managers through that. Can you let them know."
- 10 If I use another recent example, I think it was Alan INGRAM at Maryborough recently identified the prisoners' capability/capacity to reconfigure a TV to use a USB. That type of TV is in a lot of centres. So Alan gets his intelligence section to generate an intelligence bulletin and share that across GMs, and they share that across their centres. So there's a number of mechanisms for sharing.
- CA Is there some structure for experience sharing to occur, or is it at the instance of an individual who may think he or she has something useful to report?
- W I suppose, for me, it could be very well a hybrid of as identified by others or as identified by me. I think Mr SHADDOCK spoke to the general managers Movi. At the end of the Movi, we will trip around the state, and I, as an individual - if I believe that there is something worthy of sharing, I will take the opportunity to share that.
- 20 CA Are reports from the Chief Inspector's office, be it of the healthy prison variety, thematic, or incident related, used as any sort of learning tool by all managers, not just the manager of the centre to whom a report might relate?
- W Other centres' reports, you're talking about?
- 30 CA Yes, yes.
- W No, not as a standard, no. But if I knew what was in them, I would probably check my backyard. The same way - when I see a level 1 incident or a level 2 incident pop up from another centre, my radar goes up, and I go, "If that happened at that centre, how are we tracking? Where are we at with this now?", but that's my nature.
- CA You would be thinking about how you would respond to a similar incident in your own centre, wouldn't you?
- 40 W Have I mitigated that risk? If I haven't, I need to.
- CA Hence the value of knowing the details of problems in other centres?
- W Correct.
- CA Correct?
- W Correct.
- 50 CA And, on the other hand, what good things might be done?
- W I enjoy tripping around the state. I enjoy getting to see how different centres do their business. And often I return from other centres with practices that I put into my centre, shared learnings.

- CA It brings me back to, I guess, the same question: what structural mechanism there might be within QCS at a high level to learn from the experience that each of you managers acquires in the course of your onerous job? I know you have the Tuesday morning meetings. Is there some other forum for managers to share good and bad about what's going on in their centres?
- 10 W I would suggest committees like the safety and security committee, where applications are made, assessed, decided upon. All of the things that go to that committee, I'm not sure if they're all relevant to me. I don't know what I don't know. But I could be in a position where, if I did know, it may or may not be useful. I don't know. But the opportunity is there.
- CA In addition to the range of difficulties evident at your centre, evidence has been given in this inquiry along the lines that over time there has been an increasing proportion of prisoners coming into the correctional system with some cognitive impairment or some other form of mental disability. Is that your experience also?
- 20 W It's my biggest experience at Brisbane Women's, and I've got some data to explain the correlation between some of these things about safety orders, use of force.
- CA Happy to hear it, Mr FLEMING.
- W But can I preface this with the cognitive impairment and CI flag?
- CA Yes.
- 30 W I think it would be remiss if I didn't point out that my understanding - and I'm aware of the conversations yesterday. My understanding of the CI flags is that, yes, the IRNA, the initial risk needs assessment, asks a series of questions for the abbreviated version, if you like, of the HASI. Answering two of those would trigger the HASI, the long version. I believe that the HASI is not a diagnostic tool, that it is not establishing cognitive impairment.
- 40 W So whilst we raise the cognitive impairment flag, my personal opinion is that we haven't established cognitive impairment. We've established the need for further assessment. I find value with it, because we identify prisoners that are vulnerable.
- CA That's the HASI?
- W Yes, yes. It's not a diagnostic tool, and I've had conversations with psychologists who administer the tool, who make a comment and activate a flag along the lines of that we are initiating the cognitive impairment flag after having administered the HASI, which determines that further assessment is required.
- 50 CA I was going to ask you what the object of the HASI is, then?
- W Yes, it's about identifying vulnerability, assistance required.
- CA Of what kind?

- W Cognitive ability, learning ability. It doesn't mean that it's an impairment. But it certainly means that it's not the norm, if you like. I'm not the expert, but I understand the process. I certainly understand the intention.
- CA Has that measure of screening, then, become inadequate?
- W I won't say that the measure - I won't say that I believe the measure has become inadequate. I will say that I just don't think that identifying a prisoner with a flag, that's a cognitive impairment flag, is a true representation of the assessment that was conducted, if you like, because
10 the assessment that was conducted, to my understanding, means that we've identified something here that needs further assessment of a diagnostic nature. What we have established is a need of vulnerability.
- CA Is that assessment of a diagnostic nature available?
- W I'm not sure.
- CA Well, in terms of the screening, though, you would know what happens
20 when a prisoner arrives and what tests are administered. We've discussed the HASI and you've referred to it as an indicator that some further assessment might be required. You would know whether that further assessment takes place, wouldn't you?
- W Well, I will say no, Mr RICE, I don't know, because I have a suspicion - and it's only a suspicion - that the assessment that we're talking about that's required, following the HASI, may very well be a specialised assessment that we don't conduct in QCS.
- 30 CA We had better explore that a little. Are you saying there may be some further assessment take place, and you, in QCS, would not be aware of it or aware of the outcome of it?
- W What I'm saying is that I don't believe any further assessment is conducted after the HASI. That's what I'm saying.
- CA Okay.
- W Mmm. Essentially my understanding is that the HASI is administered.
40 Not being diagnostic, it indicates vulnerability and need. It indicates further assessment required. The activation, for me, of the cognitive impairment flag is presumptive without that further assessment, if that makes sense.
- CA So the processes that apply really don't get to the analysis, or don't get to the diagnostic stage to analyse what the source problem is?
- W Not to my understanding and not to the diagnostic stage. I wasn't part of
50 the development of the model. I understand the intention. I understand the need to capture vulnerable prisoners, prisoners with needs. It's not my area of expertise, but my take is that we have a model that has identified a vulnerability, a need. We use the cognitive impairment flag, but I believe that it's not in its true essence a diagnostic model of identifying a cognitive impairment flag.
- CA Is there, then, a proportion of prisoners who have undiagnosed cognitive

impairment or some other form of mental impairment?

W Is there, sorry?

CA Is there a proportion of prisoners, then, within the system who have undiagnosed cognitive impairment or some other mental impairment?

10 W I would probably separate the two, because we undertake different activities. If we stick with the cognitive impairment, I am suggesting that the prisoners that are in the system, with a cognitive impairment flag, haven't had the further assessment.

CA Why do you distinguish that from other conditions?

W I just distinguish it because I believe that we've identified a prisoner with a cognitive impairment that I don't think that we've diagnostically established. I just make it as a point.

20 In a perfect world, if the further assessment was conducted, we may end up with a better picture and a better opportunity to manage or respond to the individual needs.

CA Do staff have any particular training in dealing with prisoners with cognitive impairment or other forms of disability?

W Limited. Dealing with mental illness, learning difficulties, forms part of COEP, I believe.

30 CA Pre-service, yes.

W Correct. There has been some, not routinely scheduled, but I believe that Brisbane Women's has delivered some sessions on mental health training to try to equip staff with the skills.

If I can land in my utopian view of the world, in S4, in my safety unit, I will have a higher-level engagement with Prison Mental Health staff delivering training to our custodial staff who will work the new rosters so that they have a better understanding.

40 Staff don't know, to a large extent, how best to manage prisoners, because they simply don't have the skills, they're not trained, and they don't have the information.

I will talk shortly about some data about the number of mental health cases we have in the centre and the correlation with safety orders and use of force. But what is of interest to me, significantly of interest to me - and I haven't had this in any gaol I've been in in all of my time across the state - the concentration at Brisbane Women's is very unique.

50 Last week, on 23 May, we had nine prisoners in our centre who had been assessed as being needed to be transferred to a mental health facility outside of Brisbane Women's Correctional Centre, so I know that. Those nine people, they are a very difficult, complex, challenge. My interest, my concern, is that we haven't trained our staff. We're not differentiating, as a prisoner population, with how we apply legislation, how we make decisions.

My concern is that if I know I have a cohort of prisoners, who, given different infrastructure availability by Queensland Health, would not be there - now, when I go back to the prisoners and the staff and the staff don't know them, when staff give prisoners a direct order, and the prisoner doesn't comply, this prisoner may not have the capacity. I don't use the word "capacity" in the legal or the medical term, that's not my expertise-

- 10 CA Comprehension?
- W But when a staff member who doesn't know this prisoner gives them a lawful order, and the prisoner doesn't comply, and then the prisoner may end up breached and segregated, I just think that there may be an opportunity for a conversation about training, management of prisoners, management of this cohort. These numbers are growing.
- CA That probably takes us to safety orders. You said you had some data you want to offer. Do you want to do that now?
- 20 W Certainly. Context is always important to me. So the use of safety orders is high, but high for a reason. I haven't included temporary safety orders in my data. They are a minor number that doesn't affect the overall correlation that I have here.
- CA Before you go on, can I suggest to you that what is high is not only the rate of issue of safety orders - you can explain the reasons for that soon; but the other feature that's notable is the high number of consecutive safety orders.
- 30 W I have that.
- CA Do you want to give us your perspective on that?
- W To make a decision going forward to get a better outcome, for me, I need to look at our history. As I say, history is written backwards, but it's lived forwards. They're not my words. They're actually the words of Madeleine ALBRIGHT, former US Secretary of State. But the history tells me the story that we cannot continue to go forward.
- 40 W If I look at the use of, first of all, safety orders and I separate safety orders for safety, at-risk, and then safety and security-
- CA For good order, you mean?
- W Good order.
- CA Yes.
- 50 W I look at a three-year trend. Safety orders for prisoners' safety, 2016, 189; 2017, 170; 2018, year current, is trending towards 200. Now, that will be an increase for the at-risk safety of 18 per cent on last year.

If I look at the good order safety orders, they are trending down. They will reduce by 8 per cent this year. Despite record high numbers, despite record high average daily state, the good work that the staff do in managing a very difficult and challenging environment, we are trending

down with good order safety orders, but we are trending up with at-risk safety orders.

CA What about the consecutive safety orders, then? Have they been analysed for those that may relate to good order-

W I guess.

CA -as opposed to health-related reasons?

10

W Same. The same. When I look at the consecutive safety orders, for prisoners' safety, this year or over the last two years, they are trending up by 42 per cent. Good order is trending down by 11 per cent.

So, in simple terms, consecutive orders and safety orders for good order are trending down. Safety orders and consecutive safety orders for prisoners at risk are trending up significantly.

20

CA I suppose that gives rise to a question - you can assist, if you can - why there would be a relatively higher proportion of at-risk prisoners warranting or requiring a safety order at Brisbane Women's compared to the average? By "the average", I mean across the state.

W First of all, one of the anomalies, one of the uniquenesses of Brisbane Women's that I find, after having travelled the state - if you look at the male system, you will find reception centres, placement centres, mainstream centres, program centres, industrial centres, regional centres, centres that have maximum-security units, centres that have at-risk units, safety units. I don't have anywhere. I have everything. They stay there.

30

So when you look at centres, moving risk, moving prisoners around, sharing the load, so to speak, that would distort the figures if you left them all in one area as opposed to the other, if that makes sense. I don't have anywhere that I can manage a transfer, pretty much, of my prisoners. So the prisoners stay there. The prisoners are stressed. The prisoners are fighting to the top. The prisoners are fighting for their food.

40

So then I've got the prisoners that are at risk. Progression is extremely important to me. When a prisoner who has vulnerabilities, who is at risk - and we can manage them in the male system - sometimes we look for the opportunity for the progression to another centre, another supportive model. Women don't get that, so they stay at Brisbane Women's and they stay in a concentration.

50

The other thing that goes with it is that a lot of women are already predisposed, from the trauma, their history, their upbringing, their backgrounds, and when we look at - I don't want to get too far off track, but I think it's relevant. When we look at the penalties and sentences and we look at the process that women go through in the legal system before they get to court and considerations that are made, I'm looking at a different point on the continuum for women. So by the time they come to gaol, they are high risk, they are high need, they are complex.

When Prison Mental Health also struggle to provide assistance with referrals and placement and the like, and indeed the resourcing model, that just adds, that exacerbates the issues of my poor staff, who aren't

trained as mental health workers, who aren't trained to diagnose and get the best outcomes. So it's a compounding model on top of each other.

It is a very sad environment, if you like, to walk into a safety unit, with very complex individuals on top of each other competing for their own attention-

CA Are they likely to be doubled up there?

10 W No. No, there are no double-ups. The level of risk is too high and the level of need is too great.

CA But you don't have the capacity, do you, in the safety unit to house the number of people on safety orders?

20 W No. My problem for Brisbane Women's is - if we look at it in an ideological world of S4 at Brisbane Women's being the therapeutic, at-risk, safety progression model, once it's at capacity - and it is always at capacity, and I trend that - I go to the detention unit. That is more austere, with less engagement. Once I am at capacity - and I am always at capacity - I am into a unit somewhere, segregated.

CA Like a secure unit?

W Like a secure unit, the S1 area.

CA Being used for segregation?

30 W Correct. If I can draw the correlation between the decrease for good order but the increase for at risk, and if I can draw the correlation, if you please, for mental health numbers, and the difficulty and the increase, what I find at Brisbane Women's is - and I took a point in time here, 23 May 2016 - the number of open clients, 86; awaiting referral, 27. 23 May 2017, open clients, 88; referral, 36.

CA I'm sorry, what are open clients?

40 W Open clients. These are prisoners that are already known to mental health, either community or prison. These are prisoners who have come into the system or are in the system that are engaged with mental health.

So 2017 had 88, and 36 referrals. At the same point this year, we moved from 88 open clients to 157 open clients; 34 are waiting referral. I had nine prisoners awaiting transfer. That is significant. And these prisoners are significantly contributing to those areas where the use of force segregation is.

50 CA What, then, is the availability of Prison Mental Health Service or other services to meet the needs of that rather large contingent that you identified?

W We rely on Prison Mental Health, because, as you can appreciate, they are a separate stakeholder. So Prison Mental Health workers come in and conduct the assessments and, through their process, determine that the assessment requires a transfer to a mental health facility. In 2016, 23 May, we had five prisoners accommodated outside the centre in

a mental health facility. In 2017, we had four. This year, we had 12. So this year, we had 12 prisoners on an order at a mental health facility, 9 awaiting - that is 21. That's 5 per cent of the cohort straightaway that actually shouldn't be there or aren't there. Then we had the 187 cases.

CA Do you have at Brisbane Women's also a fairly high rate of breach proceedings, am I right, compared to, say, the state average?

10 W I'll be honest, Mr RICE, I'm not sure in comparison to the state average, but it is high.

CA I'm told that more than half of breaches result in separate confinement, that is to say, more than half of those breached are found guilty and the result is separate confinement for a period. Does that sound right to you?

20 W I'm not sure of the difference between the breaches actioned at a local level within the centre or the incidents returned from CSIU for breach. I am aware that in the Brisbane Women's data, breaches returned for consideration sits at 35 per cent.

CA What does that 35 per cent represent - breach proceedings taken?

W That's 35 per cent actioned. Of course, there's a number of reasons why the other 65 per cent aren't actioned.

CA You might tell us, since other people have been asked similarly.

30 W A number of prisoners are discharged by the time they come back. Some prisoners might be at a mental health facility. And if we get back a number of incidents returned by the CSIU - we refer to them as a batch, if you like. If we get a batch that has 20 incidents in it for consideration, we have no capacity to get through that volume and take action and make decisions.

CA You don't have anything similar to Mr COLLINS' centre, where he has a general manager's response regime?

W No, no.

40 CA Are you familiar with that?

W Yes. With the exception - pardon me, but with the exception of, I'm currently reviewing a local drug sanction model that if a prisoner has returned a positive result to a urinalysis, they will be placed on to non-contact visits. That's determined on the positive result.

CA Since you raise that, Brisbane Women's also has a higher rate of positive responses to drug testing; am I right?

50 W Mmm, yes.

CA Do you have a view on why that is?

W I have a view, but I'm not sure I've formed it yet from an evidentiary point. I have a suspicion, if you like, that prisoners in custody, women tend to lean toward drugs to manage the trauma, the environment, the difficulty.

Whether or not having a drug replacement therapy program inside my gaol increases that risk, I'm yet to establish that.

CA Are there programs that can be utilised to try to reduce demand?

W Yes, yes. It has the highest level, if you like, of a prisoner's ability to engage in one-on-one counselling than I've seen in any other centre. We're rolling out a number of short-course substance abuse programs. See, the thing for corrections is - I'm not sure I've got the figure right, but upwards towards 90 per cent of prisoners don't have a plan, because they do such short sentences. So there's not a lot of referrals. So we have to try to capture who's in, how quick are they there? What are the quick programs? What can we deliver?

20 We've recently recruited two program delivery officers to expand the delivery of our programs to capture that very need. We know that prisoners come in, we know they're coming in for a short time, we know they have substance abuse issues, so we are on the cusp of rolling out an increased number of programs for prisoners to participate in.

CA Are you aware of the average duration of stay in Brisbane Women's? It's a very raw figure.

W No, but I think I might be close. Reverting back to - if I turn my gaol over three times, and people stay even shorter than that, it may be around the four-month mark.

30 CA Does that create its own difficulties in terms of - we've heard about other centres which have long-term prisoners creating some kind of ownership of their own surroundings. Is that a feature that's missing at Brisbane Women's, if there is such a turnover?

W Not to my knowledge. Brisbane Women's, I think, have done very well to hang on to their last bastion of an incentives and earned privileges program by leaving cluster 2 in its residential environment for the longer-term prisoners, the ones that have stayed in the system, worked their way through the system, present with low risk but have positively spent their time in custody.

40 CA Are incentives and privileges not of great utility for prisoners serving short sentences?

W Correct. Correct.

CA Does the rate of positive drug testing within Brisbane Women's suggest a problem with inflow of contraband?

W Absolutely.

50 CA Presumably you have such strategies as you can deploy to deal with that?

W I do. I've been in a number of centres, large and small, and I've probably seen more drugs detected being carried on the person by the prisoner entering custody than I have in any other gaol I've been in. I put that point of entry as the biggest exposed risk we have of drugs entering the centre.

- CA Prisoners just introduced to the centre?
- W Correct.
- CA Perhaps that takes us to another subject - removal of clothing searches. We've heard earlier in this inquiry a statistic, a figure of removal of clothing searches in female prisons in Queensland. There are only two. The figure is very high. It's something like 16,000. What policy is in application at Brisbane Women's on the subject of when removal of clothing searches will be conducted?
- 10 W I guess the essence of it is, you know, we have the default position of persons entering custody, exiting custody, entering the detention unit, undergoing at risk - all of those occasions will require. Outside of that, it is the model of who has the authority and what is the legal reason why we are going to conduct the removal of clothing search? That is the one that records who is the prisoner, what is the reason, what is the authority and who approved it.
- 20 CA Who is the lowest-level delegate at Brisbane Women's to authorise a removal of clothing search?
- W A manager, I believe.
- CA Could you give us some idea of where the manager fits in to the hierarchy of the management of the prison?
- W Officers, supervisors, and then outside of that, we hit the management stream.
- 30 CA A manager might be a business manager, accommodation manager - at that level?
- W Correct. A middle resource manager.
- CA Middle management - does that describe it?
- W Correct.
- 40 CA Is the level of delegation an issue?
- W No, I don't believe it is. I actually think we need a high threshold that conducts the assessment of the requirement to conduct the activity.
- CA Is the threshold described in some document so that the delegate knows in what circumstances he or she ought to consider authorising such a search?
- W Yes, yes.
- 50 CA Where would it be described? Is it in a practice direction?
- W A practice direction and the legislation. If we reasonably believe that a person has a prohibited item secreted on their person, we can conduct a removal of clothing search.

- CA Is that the predominant reason?
- W That's the predominant reason.
- CA Would that be intelligence based, typically?
- W It might be direct observation as well.
- 10 CA What, someone acting furtively or-
- W I'm confident that they are the minor number of removal of clothing searches that the centre conducts.
- CA Such a large figure of, say, 16,000 - how could that be accounted for? Why is it so large?
- 20 W Prisoner turnover, people coming into the gaol, going out of the gaol, people going out on medical escorts, people leaving the gaol for all different sorts of reasons, people undergoing a period of separate confinement, people undergoing at risk, people leaving areas or going back to areas that haven't been maintained under direct supervision.
- CA And visits, after visits?
- W Visits, yes, yes.
- CA Movements to and from detention areas, you mentioned?
- 30 W Correct.
- CA You accepted, I think, earlier in your evidence that a high proportion of women - I think you may have even mentioned a figure of 80 per cent or so - come into the prison system having previously suffered some kind of trauma, probably sexual trauma. Do you accept that the conduct of removal of clothing searches can be a retraumatising exercise for women?
- W Oh, I accept it's a very real possibility.
- 40 CA Does the removal of clothing search serve a real purpose in detecting or deterring the carrying of contraband?
- W I believe it does. I believe it-
- CA Is it justified at the rate at which it's being done for that reason?
- W I know the levels of contraband that we detect. However, I also know the strength of the intelligence. I also know that not detecting it doesn't mean it's not there.
- 50 CA Presumably there is a deterrence component to the strategy?
- W It is a significant deterrence component.
- CA Just a couple of things. One goes back to dealing with the returns of breaches from CSIU. You mentioned that if you get a batch of, say, 20, I think was your figure, you don't have the capacity to deal with them.

Why is that so?

W Because there is a time frame allocated before the breach expires.

CA Fourteen days, isn't it?

W Correct. That, then, requires - a breach process is a very labour-intensive process, and it's more labour intensive than I would like it to be. Now, that said, we have to find the availability of the staff to conduct the activity. Then we have to have capacity to manage any decisions that are made thereof. And, in simple terms, we don't have that capacity in the centre at this time.

CA One other thing I want to ask you about is the functioning of unit 2A, secure unit 2A.

W Yes.

CA Do I understand correctly that it's an accommodation placement for a category of vulnerable prisoners?

W Correct.

CA I just want to understand what kind of prisoner goes to that unit and how that unit functions?

W Depending on the prisoner dynamics at any given time, and they may change month by month, but if we take the 2A model: a safety unit, acutely at risk, high need, high risk; detention unit, high risk, high need.

In my progression model, or in a progression model, we don't want to keep prisoners in that environment any longer than we need. However, for a significant number of prisoners, it is a step too far to go from that environment to a doubled-up, overstate secure unit. So the 2A unit provides a level of a smaller unit, a more engaging unit, with a higher level of interaction and support with the staff, a transition, if you like, from the most austere, to supported, to let's see if we can get back here.

CA What kind of vulnerability would be represented by prisoners in that unit? Are we talking about mental health or physical, or what?

W It could be physical. It could be compatibility issues. It might be a model of still at risk but not acute. It might be mental health, where it's too much stimulation in a big unit. It could be a variety. They will all be individual assessments.

CA Who makes the assessment of suitability to go to that unit?

W More often than not, it will be the risk assessment team, the multidisciplinary team managing prisoners, either through the at-risk process as part of that process, or it might be a process where we engage Prison Mental Health workers with our Prison Mental Health weekly meetings and we talk about the best accommodation model, and it might be an accommodation model between the supervisor, the manager and the staff.

CA What work, in general terms, does the risk assessment group do? Is that the correct term that you just used?

W Risk assessment team.

CA Team, sorry.

W Yes. That's primarily driven through the at-risk process. So when we know we have a prisoner being managed through the at risk of deliberate self-harm/suicide model and we put them under observation routines, then we have to go and review, are we progressing, can we reduce or do we need to increase the level of obs? Part of that team - their about discussion is about the accommodation of the prisoner.

10

CA Thanks, Mr FLEMING. Thank you, Commissioner.

PO Mr FLEMING, just one matter. You mentioned earlier that you had redesigned the roster and had some significant success in reducing the number of assaults prisoners on staff. Did you have the cooperation of the union in that process?

20

W Absolutely. I have a very good relationship with the union at Brisbane Women's Correctional Centre, and I actually tabled the idea at what we call the LWCC. That's the local workplace consultative committee. I broached it with the committee. I included by email the whole centre. I did some briefings, if you like.

I go in early. I attend the staff briefings. I explain the process to the staff. I give them the future world. I tell them where we're at, where we want to be, what the benefits are. So it was actually wider than the union delegates, if you like. It was actually the staff and the briefings as well.

30

PO Thank you.

Ms CLOHESSY.

PC I have no questions, thank you.

PO Thanks, Mr FLEMING. Thanks for coming. You are excused.

40

CA We'll take the morning break, Commissioner?

PO Thank you. We will come back at midday.

END OF SESSION