



Daily Operations Case Management

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Custodial Operations Practice Directive

Process Owner: Custodial Operations and Specialist Operations	Security Classification: Official/Public
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Version: 08	Implementation date: 20/06/2024	Review date: 2025
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Scope
<ol style="list-style-type: none"> 1. Human Rights 2. Limitation of Human Rights 3. Prisoner Management 4. Case Management 5. Case Notes 6. Release of Case Notes and Case Reports 7. [REDACTED] 8. Prisoners Prohibited from Carrying on Business

PUBLIC VERSION



Official/Public



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1. Human Rights

To ensure corrective services officers act or make decisions in a way that is compatible with human rights, officers must give proper consideration to human rights relevant to the decision including but not limited to:

- a) recognition and equality before the law, including the right to equal and effective protection against discrimination;
- b) freedom of thought, conscience, religion and belief;
- c) freedom of expression;
- d) freedom of association;
- e) the right to privacy and to reputation;
- f) cultural rights – generally and for Aboriginal peoples and Torres Strait Islander peoples; and
- g) the right to have access, based on the person's abilities, to further vocational education and training that is equally accessible to all.

2. Limitation of Human Rights

Human rights can be limited if certain conditions are present:

- a) the limit must be provided under law;
- b) the limit must be reasonable; and
- c) any imposition on the human rights must be demonstrably justified in a free and democratic society based on human dignity, equality and freedom.

A person's human rights should only be limited to the extent that is reasonably and demonstrably justified.

3. Prisoner Management

The Chief Superintendent of a corrective services facility must provide for the day to day management of prisoners in a way that provides a structure in which prisoners can be positively engaged in their imprisonment, encouraged to take responsibility for their behaviour through pro-social modelling assisted by an incentives and enhancements privileges program and active case management.

The role of a corrective services officer is to promote the safety, security and good order of a corrective services facility through effective prisoner management.

A prisoner's progress towards addressing their individual risks and needs does not only occur via structured interventions. The way in which a prisoner copes and interacts/engages on a day to day basis provides opportunity to evaluate any consolidation of learning gained through rehabilitation activities. Accurate case noting and reporting on progress provides feedback which is essential to the prisoner management process. Refer to section 5.1, Principles of case noting/case reporting, of this COPD.

Corrective services officers should consider the following factors as part of their prisoner management approach:

- a) behaviour:
 - i. positive or negative changes to patterns/routine;
 - ii. withdrawal/enrolment in activity;
 - iii. decrease/increase in motivation; and
 - iv. focused interest in a particular activity.





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- b) hygiene and cleanliness:
 - i. personal cleanliness or lack thereof;
 - ii. cell presentation/cleanliness; and
 - iii. personal presentation.
- c) participation in employment:
 - i. enthusiasm to engage in employment;
 - ii. willingness/unwillingness to work; and
 - iii. level of responsibility or initiative taken.
- d) participation in intervention programs, education/vocational training, meaningful activity:
 - i. current attitude toward learning;
 - ii. taking steps to address offending behaviour;
 - iii. attendance – regular or irregular; and
 - iv. attitude to attendance at programs/education.
- e) relationship with others:
 - i. participation in prison visits;
 - ii. regular telephone contact with members of their support network;
 - iii. presence/absence of a professional support network; and
 - iv. appropriate/inappropriate interaction with other prisoners or staff.
- f) individual considerations (where relevant):
 - i. participation in prisoner visits;
 - ii. management/response to an Intensive Management Plan (IMP);
 - iii. medication compliance;
 - iv. input/response to Prison Mental Health Services; and
 - v. aged/infirm issues (inclusive of involvement with allied health initiatives).

3.1 Psychology and Allied Health Services

Psychologists, Occupational Therapists and/or Social Workers appointed to the following positions are approved to conduct duties and assessments, as outlined in this COPD, relating to prisoner management:

- a) Allied Health Clinician;
- b) Senior Allied Health Clinician;
- c) Team Leader, Allied Health Services; and
- d) Manager, Allied Health.

All allied health professionals listed above must hold relevant qualifications, registration and/or accreditation with the relevant national board/professional association to practice.

3.2 Prisoner engagement

Active prisoner engagement is an integral component of dynamic security and prisoner management within a correctional environment. It relies on regular observation, interactions and documenting of behaviours in an attempt to promote the safety and good order of the facility. Information relating to the day to day activities of prisoners is vital in determining the level of risk a prisoner poses and promotes a collective understanding of a prisoner's compliance with their Progression Plan (PP) and corrective services facility rules.

Corrective services officers are best positioned to monitor the behaviour of prisoners and motivate/encourage participation in employment/education/vocational training and to challenge inappropriate behaviour.





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Details of a corrective services officer's observations are to be included in case notes which are documented in IOMS to ensure all Queensland Corrective Services' (QCS) staff have access to a prisoner's progress, attitude, risks and level of participation in activities within the facility. Refer to section 5.1, Principles of case noting/case reporting, of this COPD.

When a prisoner is new to an accommodation unit or the corrective services facility the responsible corrective services officers should commence writing adequate descriptions to indicate what standard behaviour is for that prisoner. *For example, prisoner Bloggs is out of bed prior to morning headcount, upon unlock he/she attends work in the kitchen, then attends an intervention program or Vocational Educational and Training courses.* Behavioural descriptions should become lengthier, until a pattern of behaviour has been established. This will assist staff to determine:

- a) compliance with facility regulations (refer to the Prisoner Information Booklet);
- b) changes in behaviours related to intervention needs, for example, motivation and attendance at programs/intervention;
- c) changes in behaviour related to stress or the identification of situations that will increase a prisoner's risk of harm to self, others or risk from others. For example, if a prisoner had a concerning telephone conversation information of this nature would be significant to record via a case note to make other staff and the offender development team aware that the prisoner may exhibit a change in their behaviour. In these circumstances verbal follow up confirmation with the offender development team would be appropriate. Refer to the COPD At Risk Management: At Risk; and
- d) acquisition of work and life skills obtained while in custody (through care).

Once adequate descriptions are recorded to indicate a normal behaviour pattern for a prisoner it will assist to determine and/or highlight a change in behaviour which would initiate a certain course of action in relation to the overall management of the prisoner. For example, if the change was observed as:

- a) an improvement (positive), the case note may state - (e.g. prisoner Smith became more open to attending an intervention program);
- b) negative (e.g. prisoner Smith has engaged in threatening behaviour towards two prisoners, shaking his fists and saying he will take them out) – in such instances more frequent case notes may be required. Refer to section 5, Case Noting, section 5.9, Behavioural Case Reporting, and section 5.10, Employment Case Reporting, of this COPD;
- c) in addition, for those prisoners subject to an order under the provisions of the *Dangerous Prisoners (Sexual Offenders) Act 2003* staff must record the following:
 - i. whether the prisoner has exhibited any inappropriate sexual behaviour towards staff or other prisoners within the corrective services facility;
 - ii. emergent risk factors (e.g. threatening behaviour); or
 - iii. in possession of pornographic material.

At times prisoners may require some support and assistance to attain and maintain motivation to engage in established goals and actions. Corrective services officers who have regular contact with prisoners are required to encourage participation in programs and other pro-social activities in order to maximise a prisoner's opportunities for rehabilitation.

Prisoners involved in unacceptable behaviour towards others must be appropriately and consistently challenged and given support to improve their behaviour as part of the overall prisoner management process.

Corrective services officers and those supervising prisoners during scheduled activities are to encourage prisoners to achieve their goals.





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In those instances where a prisoner is unwilling to engage or whose attitude is inconsistent with their planned goals, staff are encouraged to meet with the prisoner to engage or re-engage the prisoner with the activities outlined in their PP.

A corrective services officer may refer the prisoner to the relevant member of the Offender Management team to ensure that staff are aware of the prisoner's change in presentation.

Sentence Management Services (SMS) staff will make a determination based on the information provided to them regarding the need for an event-based review of the PP in an attempt to respond to potential risk relating to the prisoner's inability to comply. Refer to the COPD Sentence Management: Assessment and Planning.

Corrective services officers should have consideration for the individual risks and needs of the prisoner and therefore may make referrals to the Offender Management team and Queensland Health staff regarding welfare, rehabilitation, health and community reintegration needs of prisoners, including:

- a) at-risk management;
- b) health and medical needs;
- c) family welfare arrangements/leaves of absence (LOAs); and
- d) throughcare and transitional support for re-entry including accommodation needs upon release and contact with employment agencies.

If a prisoner is identified as being at risk of self-harm or suicide, a corrective services officer must immediately report these observations to the correctional supervisor and complete an Administrative Form 53 Notification of Concern, as soon as practicable. Refer to the COPD At-Risk Management: At-Risk.

There are some prisoners who present with a higher pre-disposition for risk of self-harm or suicidal behaviour and require greater levels of support. The Elevated Baseline Risk (EBLR) procedure is to ensure prisoners with a chronic risk of suicide and/or self-harm are managed in accordance with their presenting risks and needs. A prisoner with chronic or an elevated baseline risk will present with ongoing risk factors that contribute to higher rates of suicide or self-harm in comparison to the general prison population, however these prisoners are not currently acutely at risk and do not require crisis interventions such as observations. If a prisoner presents with ongoing risk factors that place them at an elevated risk of suicide and/or self-harm, the senior psychologist/Team Leader, Allied Health Services and correctional supervisor must be notified and the relevant information is to be recorded in IOMS as a case note. Refer to the COPD At-Risk Management: Elevated Baseline Risk.

If it is identified during case management that a prisoner presents with any significant vulnerability factors that indicate the need for special care, support or monitoring, the officer must make a referral for consideration under the COPD Prisoner of Concern (PoC). Prisoners requiring management as per the centre's PoC process may include prisoners who:

- a) have a specific need relating to a severe or profound cognitive impairment or intellectual disability that significantly impacts on their personal interactions or ability to undertake daily living activities;
- b) have a mental health condition or diagnosis that significantly impairs their functioning or substantially disadvantages them;
- c) have a specific need relating to a severe or profound physical impairment or medical condition that significantly impacts on staff and peer interactions and/or ability to undertake daily living activities;





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- d) are elderly or aged and infirmed and have age related factors that significantly impact on staff and peer interactions and/or ability to undertake daily living activities; or
- e) have other significant vulnerabilities.

This information is to be communicated with the senior psychologist/Team Leader, Allied Health Services and correctional supervisor and recorded in IOMS as a case note. Refer to the COPD Prisoners of Concern.

4. Case Management

The purpose of case management is to reinforce and support the PP and to provide timely and accurate information that contributes to the review of a PP and a prisoner's classification and placement. Refer to the COPD Sentence Management: Assessment and Planning and Classification and Placement.

Case management will endeavour to provide support and encouragement to the prisoner to assume responsibility for their own actions to adhere to their individual PP. Additionally case management requires that the individual risks and needs of a prisoner are appropriately identified and managed.

Case management will provide the structure for relevant staff to contribute to the timely compilation of relevant information and/or reports.

A case management process may also be initiated for a prisoner serving 12 months or less who does not have a PP if they have identified special needs including at risk, dysfunctional and intellectual disability. This is to be determined on a case by case basis.

4.1 Initiate case management process

In corrective services facilities case management must be initiated as part of prisoner planning following verification of the prisoner's PP.

4.2 Nominate responsible case officers

The case management process requires each corrective services facility to nominate a staff member to allocate relevant staff members as case officers. The allocation of case workers is to be completed in accordance with the requirements of the individual prisoner's PP.

The case management of prisoners is to be shared between case officers drawn from nominated intervention specialists and corrective services officers from the prisoner's accommodation area whose combined efforts will contribute to the overall case management of the individual prisoner. Information in respect of the staff nominated as case workers for each prisoner must be readily accessible to all relevant personnel.

The allocation of case officers seeks to ensure record keeping is initiated early in a prisoner's correctional episode and provides for a regular reporting structure throughout the episode.

Case management for prisoners at a work camp will be the responsibility of the Work Program Coordinator or equivalent at the adjoining custodial facility in conjunction with supervisors.





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4.3 Case management process

The case officers nominated should be involved in the day to day management and supervision of the prisoner or in the case of an intervention specialist must facilitate an identified intervention or be involved in the supervision of an identified intervention (e.g. an education officer who may supervise external facilitators or prisoner peers in the delivery of an intervention).

A case officer must:

- a) manage prisoner behaviour consistent with the PP and any specialist intervention strategies and provide feedback to the prisoner as required;
- b) ensure the individual risks and needs of the prisoner are managed and documented;
- c) participate in program presentation where relevant;
- d) coordinate, arrange, encourage or facilitate the prisoner's attendance at interventions, vocational/educational courses and recreational activities identified in the PP for the prisoner;
- e) liaise with other relevant staff and/or case workers to ensure the implementation of the PP;
- f) document behaviour and significant emotional states in the prisoner's IOMS case file;
- g) contribute to the overall management of the prisoner by the provision of written and verbal reports and where relevant attendance at the prisoner's reviews;
- h) advise on the progress of specialist interventions and provide reports as required;
- i) facilitate referral to an intervention specialist in response to significant behavioural changes;
- j) provide a summary for review when required; and
- k) act as a positive role model for the prisoner.

The Corrective Services Officer nominated as one of the case officers must:

- a) attend to the welfare needs and provide personal support to an assigned prisoner; and
- b) manage a prisoner's daily living requirements including trust account, internal buy-up, telephone requests and visits.

5. Case Notes

A case note is a record of information that will assist in the management/intervention of a prisoner and is a record of any noteworthy interaction or observation. All case notes must be entered in IOMS.

Case notes may be entered by any corrective services officer who has an interaction or observation of a prisoner. Case notes will be approved and reviewed by a corrective services supervisor.

5.1 Principles of case noting/case reporting

Quality case notes and case reports enhance prisoner management practices and decision making including assigning security classifications which appropriately reflect the prisoner's level of risk. This in turn will support the safety and security of a corrective service facility.

All staff in a corrective services facility are responsible for case noting and case reporting. The Chief Superintendent of a corrective services facility must ensure that all staff receive training on case noting and case reporting and ensure a schedule of case notes and case reports are completed for all prisoners including remand only and sentenced prisoners.





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The following should be documented when developing case notes and case reports relating to a prisoner:

- information that will assist in the management/intervention of a prisoner;
- communication relating to a prisoner's management;
- information relating to changes in behaviour; and
- referrals/directions given by a corrective services officer to perform any required action and follow up needed.

Case notes and case reports should:

- be professional, relevant, accurate, objective, clear of bias, consistent, comprehensive, accountable and of a professional tone;
- NOT contain any gratuitous or derogatory remarks;
- only include common abbreviations (e.g. Urinalysis Test - UT); and
- not make reference to names other than that of the prisoner.

5.2 Guidelines for case noting

When reporting on a prisoner's behaviour all staff must complete case notes in IOMS under the relevant subject categories (where applicable) as per the following standards:

- any relevant communication, interaction or behaviour that is observed must be recorded at the earliest opportunity after it occurs including observation/interaction with prisoners not under the staff member's direct supervision;
- if a staff member observes a change in a prisoner's behaviour whether it is negative or positive the case note must include a description of the reason/s why the case note has been made. The case note must include the action taken by the staff member to address the issue and the outcome achieved. For example, a case note for a prisoner exhibiting a pattern of poor behaviour should recommend a case conference by the relevant corrective services supervisor to address the concerning behaviour or if it is observed that there is a deterioration in a prisoner's mental health, the case note should indicate that the information has been case conferenced with a Team Leader, Allied Health Services or a Senior Psychologist/psychological services;
- a case note must be entered where a prisoner presents with apparent significant signs and/or concerns regarding health changes and as a result a referral is made to Queensland Health staff;
- when recording case notes, each statement must be explained and validated by descriptive information. For example, if the statement was that the prisoner demonstrated anti-social behaviour then it is necessary to detail the specific behaviours – was the prisoner angry, with whom and in what context; and
- when writing a prisoner's name in a case note, the name should be in capital letters, for ease of reference and reading at a later date.

5.3 Event based case notes

Event based case notes should be entered by relevant staff at each corrective service facility on an as needs basis or as directed by a senior officer.

A more intensive case note practice is required for the following as determined by relevant managers:

- prisoners subject to an Intensive Management Plan;
- youthful prisoners;
- transgender prisoners; and





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- d) prisoners subject to an order under the provisions of the *Dangerous Prisoners (Sexual Offenders) Act 2003*.

Event based case notes must document interactions with a prisoner and/or actions and outcomes related to events (refer to the Appendix DO3 Case Noting Categories). Information entered under the case note categories must include but is not limited to:

- a) placement on a Safety Order;
- b) placement in a Detention Unit;
- c) placement on "at-risk" observations;
- d) shared cell accommodation assessments;
- e) event based review protection needs assessment;
- f) where a prisoner does not receive their minimum out of cell time while subject to a safety order or separate confinement order, including the reason for such;
- g) where a prisoner refuses or declines their minimum out of cell time or requests to cease the out of cell time early, while subject to a safety order or separate confinement order;
- h) recording when documents are provided to prisoners such as Sentence Management Decision Making Record Information Notices regarding Security Classification and/or Placement decisions;
- i) when a prisoner is returned from low custody to secure custody for safety, security and/or behavioural management reasons;
- j) deterioration in behaviour/emotional state;
- k) special phone calls;
- l) record of counselling;
- m) meeting with professional or SMS staff;
- n) report to Child Safety or other government agency (refer to the COPD Community Engagement: Child Safety); and
- o) system, facility, accommodation and employment inductions.

In the event that a safety (spit) hood is utilised by a compliant prisoner and is not recorded as a use of force in an incident report, there must be a case note added under the 'Safety Hood' category in IOMS.

The case note should include the following information:

- a) time the safety hood was utilised,
- b) reason for the utilisation of the safety hood,
- c) location of the prisoner when the safety hood was utilised, and
- d) time the safety hood was removed.

A Chief Superintendent may also identify an individual prisoner or particular cohort of prisoners who will require regular case notes to be completed.

A Corrective services officer may be directed to complete a case note by a senior officer.

5.4 Prisoner of Concern (PoC) case notes

A PoC must have regular case notes entered on IOMS on at least a fortnightly basis by a nominated corrective services officer. The focus of the case notes will be on the prisoners overall institutional conduct and behaviour, any changes in behaviour and/or presentation (either positive or negative), any apparent signs and/or concerns regarding health or mental health changes, engagement in activities and/or employment, and interactions with and attitudes towards staff and other prisoners.





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5.5 Elevated Base Line Risk (EBLR) case notes

EBLR prisoners must have regular case notes entered on IOMS on at least a fortnightly basis by a nominated corrective services officer. The focus of the case notes will be on the prisoners overall institutional conduct and behaviour, any changes in behaviour and/or presentation (either positive or negative), any apparent signs and/or concerns regarding health or mental health changes, engagement in activities and/or employment, and interactions with and attitudes towards staff and other prisoners. Staff undertaking these case notes should be familiar with the factors identified as contributing to their EBLR status.

5.6 Transgender prisoner case notes

A transgender prisoner must have regular case notes entered on IOMS on at least a fortnightly basis by a nominated corrective services officer. The focus of the case notes will be on the prisoners overall institutional conduct and behaviour, any changes in behaviour and/or presentation (either positive or negative), any concerns regarding health changes, engagement in activities and/or employment, and interactions with and attitudes towards staff and other prisoners.

5.7 DPSOA prisoners

When completing behavioural case reports on prisoners subject to an order under the provisions of the *Dangerous Prisoners (Sexual Offenders) Act 2003* (DPSOA) the following must be considered:

- a. behavioural case reports must record details about the prisoner's general conduct as well as in areas linked to criminogenic needs. For example, behaviours such as if a child sex prisoner removes pictures of children from magazines and keeps them in their cell this behaviour must be reported; and
- b) corrective services officers will need to work closely with staff who have been involved in assessing the prisoner's criminogenic needs and developing and reviewing plans to ensure that corrective services officers have a clear understanding of the types of behaviours that should be observed and recorded.

5.8 Case noting categories

Case noting categories promote more efficient storage and retrieval of any communication, interaction, significant event or behaviour that is observed relating to a prisoner.

All case notes must be recorded in IOMS at the earliest opportunity after it occurs and entered under the relevant subject category (where applicable). Refer to the Appendix DO3 Case Noting Categories.

5.9 Behavioural case reporting

A behavioural case report is a summary of case notes to provide information relevant to the prisoner's supervision, behaviour, interaction and attitude.

Behavioural case reports (summary) will be completed on a 12 monthly basis. Summary behavioural case reports are to be completed by a corrective services officer at least one week prior to the scheduled PP review, with approval and review by a corrective services supervisor. These reports are a summary of all information obtained from case notes.

At a minimum, information in a behavioural case report must be provided on:

- a) the prisoner's institutional conduct and behaviour;
- b) the prisoner's attitude towards staff and other prisoners;
- c) changes that the prisoner is required to make or progress that has been made in terms of conduct, behaviour, attitude towards staff and other prisoners;





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- d) employment and pre-release/transitional activities (if relevant);
- e) the prisoner's compliance with other requirements of the plan.

All behavioural case reports must be entered in IOMS.

5.10 Employment case reporting

An employment case report is a summary of case notes to provide information relevant to the prisoner's supervision, behaviour, interaction and attitude while undertaking employment within a correctional environment. Employment case reports will be completed on a three monthly basis.

Work area supervisors will complete employment reports in IOMS for all prisoners employed within their area including corrective services officers who supervise prisoners employed within non-prison industries areas, e.g. accommodation units/program areas.

At a minimum, information in an employment case report must be provided on:

- a) the prisoner's conduct, and behaviour in the workplace;
- b) the prisoner's attitude towards staff and other prisoners in the workplace;
- c) the prisoner's motivation, work ethic and progress in the position;
- d) changes the prisoner is required to make or progress that has been made in terms of conduct, behaviour, attitude towards staff and other prisoners in the workplace; and
- e) viable linkages with employment (if relevant).

At a minimum one employment report is to be completed quarterly.

Additional employment reports will be submitted in the following situations:

- a) ceasing employment;
- b) change of employment; and
- c) significant changes in behaviour, attendance or attention to duties. Information of this nature would also be significant to record via a case note to make other staff aware of the prisoner's change in their behaviour.

A summary employment case report will be requested by SMS and must be completed at least one week prior to the scheduled review of the PP for those prisoner's subject to the PP process. Approval and review of summary employment case reports will be conducted by a corrective services supervisor.

5.11 Guidelines for behavioural and employment case reporting

Care must be taken to ensure that the date/s of contact with the prisoner is recorded in all documents.

The recording of information will assist in determining:

- a) goals and milestones including pre-release planning for the next review period (to be established or confirmed from the plan);
- b) the prisoner's classification; and
- c) the prisoner's placement.

A detailed statement and/or reasons must be included in each box selected in IOMS. Each statement must be explained and validated by descriptive information.

Corrective Services Supervisors will monitor and audit the completion of case notes on a monthly basis and record a case note identifying that an audit has been conducted.





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5.12 Continuity in supervisory oversight of at risk prisoners' case notes

As part of the monthly case note auditing process, prisoners who are identified as being at EBLR are to be allocated a supervisor or manager who will assume the responsibility for regularly reviewing case notes, where practicable. This nominated supervisor or manager will provide ongoing review of those prisoners' case notes on a monthly basis. This requires the nominated supervisor or manager to review the case notes recorded for the prisoner over the preceding month and give consideration to the prisoner's stability and self-regulation. The nominated supervisor or manager must record the results of the case note review in a case note.

Should risk indicators or patterns of risk behaviour be revealed through the case note review process, a Notification of Concern should be initiated and discussed with the senior psychologist/Team Leader, Allied Health Services. The nominated supervisor or manager is to record their consultation and any action taken in the monthly case note.

For example, a prisoner may:

- a) have received a distressing telephone call from a family member;
- b) have a parole board application rejected; or
- c) start isolating themselves from others.

Refer to the COPD At-Risk Management: At Risk, Appendix AR1 Indicators of At Risk Behaviour and Appendix AR2 Periods of Critical Risk.

6. Release of Case Notes and Case Reports

6.1 Release to prisoners

A Chief Superintendent of a corrective services facility may release information to a prisoner. Information that is released to a prisoner is not to be censored. Alternatively, a Chief Superintendent of a corrective services facility may refuse to release information.

If a Chief Superintendent of a corrective services facility refuses to release a document, the document may still be subject to release under relevant legislation. Refer to the *Right to Information Act 2009*, *Information Privacy Act 2009* and Right to Information and Information Privacy Application.

Corrective Services Officers should advise prisoners making requests for information that they may apply directly to the Right to Information and Privacy Group. Refer to the Queensland Government Right to Information and Information Privacy Access Application.

6.2 Release to Queensland Health

Information from case notes and case reports required by Queensland Health to assist with the delivery of health services to a prisoner will be provided in accordance with section 341 of the *Corrective Services Act 2006* (CSA).

6.3 Release in consideration of the *Domestic and Family Violence Protection Act 2012*

QCS is a prescribed entity under section 169C(1)(a)(i) of the *Domestic and Family Violence Protection Act 2012* (DFVP Act). Section 169D(1) of the *DFVP Act* allows QCS to give information to another prescribed entity or specialist DFV service provider, where a corrective services officer reasonably believes a person fears or is experiencing domestic violence and the information may help the entity receiving the information assess whether there is a serious threat to the person's life, health or safety because of the domestic violence.





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Where the Chief Superintendent becomes aware of such information, they must consider disclosing it to another prescribed entity detailed in section 169D of the *DFVP Act*, for example the chief executive of a department mainly responsible for child protection services, community services, disability services, or the police commissioner.

Section 169E of the *DFVP Act* also provides that QCS may give information to another prescribed entity or specialist DFV service provider, where a corrective services officer reasonably believes a person fears or is experiencing domestic violence and the information may help the entity receiving the information lessen or prevent a serious threat to the person's life, health or safety because of the domestic violence.

The release of information in these circumstances must be in accordance with section 341 of the CSA and the COPD Confidential Information: Disclosure of Confidential Information.

PUBLIC VERSION





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8. Prisoners Prohibited from Carrying on Businesses

Prisoners are prohibited from conducting a business while in custody. The prisoner must, within 21 days after being sentenced:

- a) stop carrying on the pre-sentence business; or
- b) stop participating in the carrying on of the pre-sentence business.

Prisoners must make their own arrangements for another person to operate a business while they are in custody.

Refer to section 28 of the CSA.

8.1 Monitoring of suspected prisoner business

Corrective services officers may become aware that a prisoner may be operating a business from:

- a) monitoring prisoner mail – a corrective services officer who is authorised to search a prisoner's ordinary mail may find evidence that a prisoner is conducting a business including company papers sent in the mail to a prisoner for signature;
- b) monitoring visits – during visits a corrective services officer may observe a prisoner signing a cheque book; or
- c) monitoring telephone calls – while monitoring telephone calls a corrective services officer may hear a prisoner giving instructions in relation to business related activities.

8.2 Notification of suspected prisoner business

If a corrective services officer suspects a prisoner is involved in carrying on or operating a business from custody the Chief Superintendent of the corrective services facility must be advised as soon as practicable. The Chief Superintendent of the corrective services facility must refer the matter to the Corrective Services Investigation Unit (CSU) for investigation.

PUBLIC OVERSIGHT

