

National review of First Nations health care in prisons: Literature summary report

First Nations

25 January 2024



Nous Group acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of country throughout Australia. We pay our respect to Elders past, present and emerging, who maintain their culture, country and spiritual connection to the land, sea and community.

This artwork was developed by Marcus Lee Design to reflect Nous Group's Reconciliation Action Plan and our aspirations for respectful and productive engagement with Aboriginal and Torres Strait Islander peoples and communities

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Glossary

This section explains the acronyms and key terms used in this document.

Term	Detail
715 health check	This is a primary health assessment available to Aboriginal and Torres Strait Islander people through Aboriginal Medical Services and bulk-billing clinics.
ACCHO	Aboriginal Community Controlled Health Organisation
Agreement	National Agreement on Closing the Gap (2020)
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
AMC	Alexander Maconochie Centre
AMS	Aboriginal Medical Service
AOD	Alcohol and other drugs
Closing the Gap	The goal of eliminating or significantly reducing the health and socio-economic disparities experienced by First Nations people compared to non-Indigenous people in Australia
CPHS	Correctional Primary Health Services
CRACCS	Cultural Review of the Adult Custodial Corrections System
Custodial setting	Custodial setting refers to any form of detention, imprisonment, or institutionalisation of a person in a public or private institution which that person is not permitted to leave at will, by order or under de facto control of a judicial, administrative, or any other authority.
DCS	Department of Correctional Services
FASD	Foetal Alcohol Spectrum Disorder
FMHS	Forensic Mental Health Service

Term	Detail
First Nations People	People of Aboriginal or Torres Strait Islander descent who identify as an Aboriginal or Torres Strait Islander.
GP	General Practitioner
JHFMHN	Justice Health and Forensic Mental Health Network NSW
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NPHDC	National Prisoner Health Data Collection
PBS	Pharmaceutical Benefits Scheme
PHS	Prison Health Service
RC	Royal Commission
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
SAPHS	SA Prison Health Service
SAHMRI	South Australian Health and Medical Research Institute
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VALS	Victorian Aboriginal Legal Service
Veronica inquest	Veronica Nelson
Winnunga	Winnunga Nimmityjah Aboriginal Health and Community Services

Executive summary

The Department of Health and Aged Care (the Department) has engaged Nous Group (Nous) to deliver an independent review of health care services for First Nations people in adult prisons and youth detention facilities across Australia. The first stage of this project has focused on a desktop review of recent research and evidence to produce a Literature Summary Report (the Report) that provides a system view of First Nations health care in prisons. It forms the evidence base for subsequent stages of the review and the development of practical and implementable recommendations for system reform.

The structure of the Report has been informed by the four key lines of enquiry (KLEs) as outlined in section 2.2.

- The following assumptions have informed the analysis of the extensive literature, including previous recommendations made by Royal Commissions, reviews and custodial inquiries:
- Health and health care in this context is understood as comprehensive primary health care as defined by First Nations people
- Health care services delivered into custodial settings are inevitably operating as a sub-system within the achievement of custodial aims, laws and requirements. This impacts on all aspects of the design, implementation and delivery of the care by these health care services.
- Whilst the delivery of health care services is a matter for the Department, there are clear duties, obligations and roles that custodial and other prison staff play that contribute (positively or negatively) to health outcomes.
- Time in a custodial setting is only part of an individual's journey, and the impact of disruptions to continuity of care, inadequate care or missed health intervention opportunities that extend outside the prison walls.
- Future opportunities for reform, their design and implementation need to be informed by lived experience and be consistent with the Closing the Gap commitments and principles. These extend across the whole prison system, inclusive of the health elements of that system.

Nous conducted this review between December 2023 – January 2024, which is a relatively short timeframe in which to explore such a complex issue. The Report includes evidence from peer reviewed literature, Royal Commissions, coronial inquests, grey literature and other key documents. The findings in this Report will be further explored through a series of stakeholder engagements.

First Nations readers are advised that this document refers to the sensitive issue of death and dying in custodial settings and may contain names of deceased persons.

Emerging themes from the literature

KLE	Emerging findings
<p>What health services are delivered in custodial settings for First Nations people?</p>	<ul style="list-style-type: none"> • Governance and delivery of health services in custodial settings varies across jurisdictions • Culturally safe/competent health care is agreed as best practice in the community but there is little documentation of what is required for successful implementation in custodial settings • Aboriginal community-controlled models of care are provided into custodial settings in the Northern Territory, Victoria, Australian Capital Territory and South Australia.
<p>What inequities exist in the accessibility of health care services offered to First Nations people in custody compared to services available outside of prison?</p>	<ul style="list-style-type: none"> • First Nations people face significant barriers to accessing health care in the community • Accessibility to healthcare services is reduced in a custodial setting • Availability of healthcare services is limited within a custodial setting • Healthcare services delivered within a custodial setting are not culturally appropriate, nor do they meet the needs of the First Nations population • Maintaining continuity of care is a key challenge within a custodial setting.
<p>What barriers exist to effective, culturally safe health care for First Nations people in custody?</p>	<ul style="list-style-type: none"> • Conflicting system philosophies, institutional racism and workloads leading to limited accessibility • Inadequate funding, infrastructure and workforce shortages limiting service offerings. • Cultural barriers across the system – inadequate leadership, workforce, partnerships and training. • Inadequate systems to support continuity of care.
<p>What opportunities exist for innovation and reform nationally, and across states and territories?</p>	<ul style="list-style-type: none"> • Improving health care in prisons has benefits for individuals, and the broader health and prison systems • Royal Commissions and coronial inquiries have provided clear recommendations for system reform • Culturally safe models of care are currently being delivered by Aboriginal Community Controlled Health Organisations (ACCHOs) and could be replicated in other jurisdictions • This Report has identified proposed opportunities for innovation and reform to improve healthcare service delivery, including

KLE	Emerging findings
	strengthening system enablers to support an end-to-end system with health at the centre.

1 Introduction

This section provides an overview of the purpose of the desktop evidence scan within the broader review project, and the approach taken for research and analysis.

1.1 Project overview and purpose of the desktop evidence scan

The Department has engaged Nous to conduct a national, independent review of First Nations health care in prisons. The purpose of the review is to understand how healthcare services provided to First Nations people in custodial settings i.e., adult prisons and/or youth detention facilities, could be improved to make a difference to the outcomes people experience – in prison and more generally in their lives.

The review will be guided by the following key lines of enquiry (KLEs):

1. **What health services are delivered in custodial settings for First Nations people (adults and youth)?**
2. **What inequities exist in the accessibility of health care services offered to First Nations people in custody compared to services available outside of prison?**
3. **What barriers exist to effective, culturally safe health care for First Nations people in custody?**
4. **What opportunities exist for innovation and reform across states, territories and nationally?**

This Literature Summary Report examines recent research and evidence on healthcare in prisons for First Nations people and is guided by the above KLEs. The summary will be used to inform the project's approach to extensive stakeholder consultation, including the roundtables.

1.2 Methodology

To review the evidence, Nous investigated existing published and grey literature on First Nations health care in prisons and related concepts such as equivalence of care and culturally appropriate care. This research was carried out from December 2023 – January 2024 and was guided by the four KLEs established for the review (see above).

Nous reviewed more than 80 publications, including peer-reviewed journal articles, reports and grey literature. The publications examined the experience of First Nations people in the Australian correctional system, the delivery of health care in correctional settings, the ongoing development of culturally appropriate models of care, and the barriers to effective and culturally safe health care.

The opportunities for reform have been drawn from desktop research, literature summary and insights from members of the project Advisory Group, who have expertise in this field. Though

the opportunities outlined in this document aim to be a comprehensive reflection of what was found in through review, these will be further explored and tested through stakeholder engagement and ongoing advice from the Project Advisory Group.

This Report has been informed by the following assumptions:

- Health and health care in this context is understood as comprehensive primary health care as defined by First Nations people
- Health care services delivered into custodial settings are inevitably operating as a sub-system within the achievement of custodial aims, laws and requirements. This impacts all aspects of the design, implementation and delivery of the care by these services.
- Whilst the delivery of health care services is a matter for the Department, there are clear duties, obligations and roles that custodial and other prison staff play that contribute (positively or negatively) to health outcomes.
- Time in a custodial setting is only part of an individual's journey, and the impact of disruptions to continuity of care, inadequate care or missed health intervention opportunities will extend outside the prison walls.
- Future opportunities for reform, their design and implementation need to be informed by lived experience and be consistent with the Closing the Gap commitments and principles. These extend across the whole prison system, inclusive of the health elements of that system.

Limitations of this report

As outlined above, this Literature Summary is based on desktop review of available published and grey literature – constrained by the short timeframes of this review. The findings presented here are based on an understanding developed primarily through the lens of the Royal Commission Into Aboriginal Deaths in Custody (RICIADIC) and various coronial inquest recommendations, which focus on issues from a system perspective.

There are also limitations within the published data, with varying degrees of consistency and quality of information. For example, some surveys referenced in this report rely on self-reported data from a small sample of respondents. While this data has been included, we recognise that it does not provide the whole picture.

There is a wealth of knowledge and understanding that exists in the First Nations community and community-led services that has not been captured here. The findings from this Report will be used to inform the next stage of the project, which includes significant engagement with stakeholders from government, the community-controlled sector, peak bodies and the Project Advisory Group to develop practical and forward-focused recommendations.

2 System overview: Health and health care in custodial settings

This section provides context for the findings of the Literature Summary, exploring:

- An overview of First Nations prison population
 - The existing legislative, regulatory and policy context for the provision of health care for First Nations people in prisons
 - The definition of health for First Nations people
 - The current state of health and wellbeing for First Nations people in Australia and those in custodial settings
-

2.1 Australia's First Nations prison population

First Nations people are over-represented in the prison population

While most First Nations people do not have contact with the criminal justice system, there is an overrepresentation of First Nations people in prison (see detail by jurisdiction in Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 7, Table 8 and Table 9 below).

As at 30 June 2022, First Nations people accounted for 32 per cent of all prisoners,¹ despite representing only 3.8 per cent of the total Australian population.² Ninety-one per cent of the adult First Nations prison population were male and nine per cent were female, however the proportion of First Nations women in prison is increasing.³ The median age of First Nations people was 33 years old compared to 35.9 years old for non-Indigenous people.

In 2022, First Nations males were imprisoned at a rate of 4,303 per 100,000 males in the First Nations adult population, 16 times the rate of non-Indigenous males in Australia. First Nations females were imprisoned at a rate of 412 per 100,000 females in the First Nations adult population, 23 times the rate of non-Indigenous females in the Australian adult population.⁴ Additionally, First Nations young people represented 59 per cent of total young people in detention, despite accounting for only 5.7 per cent of the Australian population aged 10-17.⁵

Australia is not meeting its Closing the Gap target of reducing the rate of First Nations adults held in incarceration by 15 per cent, although the Closing the Gap target rate of First Nations young people in detention has been improving between 2019 and 2022.⁶

¹ Australian Bureau of Statistics (ABS), Prisoners in Australia, ABS, 2023.

² ABS, Estimates of Aboriginal and Torres Strait Islander Australians, ABS, 2023.

³ Committee for Economic Development Australia, Double jeopardy: The economic and social costs of keeping women behind bars, CEDA, 2022.

⁴ Australian Bureau of Statistics (ABS), Prisoners in Australia, ABS, 2023.

⁵ Australian Institute of Health and Welfare (AIHW), Youth detention population in Australia 2023; AIHW, The health of people in Australia's prisons, 2023.

⁶ Productivity Commission, Closing the Gap Information Repository, Australian Government, 2024.

The number and rate of First Nations people in prison varies between states and territories in 2023 - Western Australia and the Northern Territory had the highest rates of First Nations adults in incarceration per 100,000 First Nations people held in incarceration, and Tasmania had the lowest. Similarly, Western Australia and Northern Territory had the highest rates of First Nations young people in detention per 100,000 First Nations young people, and Tasmania had the lowest.

The number of deaths since the RCIADIC was published in 1991 is also increasing. There has been average of 17 deaths per year since in the RCIADIC as opposed to 10 deaths per year over the 10-year period which the Royal Commission investigated deaths.⁷ There is further research to suggest that First Nations people who died in custody were three times more likely to not receive all required medical care.⁸

Table 1 Australia: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	42,364 / 204.4 per 100,000 ⁹	14,328 / 2,526 per 100,000 ¹⁰
Women	3,251 / 31 per 100,000	1,366 / 476 per 100,000
Men	29,113 / 384 per 100,000	12,961 / 4,633 per 100,000
Juvenile¹¹	822 / 16.2 per 10,000	452 / 152.1 per 10,000
Number on remand¹²	14,864	5,004
Average length held	6.3 months	5.4 months
Average length of sentence¹³	5.6 years	4 years

⁷ Australian Institute of Criminology (AIC), Deaths in custody in Australia, AIC, 2024.

⁸ L Allam et al., 'The facts about Australia's rising toll of Indigenous deaths in custody', The Guardian, 9 April 2021, accessed 17 January 2024.

⁹ Australia Bureau of Statistics 2023, Corrective Services, Australia, September Quarter 2023, Table 4; Table 5 (2023), accessed 19 January 2024.

¹⁰ Australia Bureau of Statistics 2023, Corrective Services, Australia, September Quarter 2023, Table 11; Table 12 (2023), accessed 19 January 2024.

¹¹ Australian Institute of Health and Welfare. (2023). Youth justice in Australia 2021-22, supplementary table S83b; supplementary table S82a, 2023. Accessed at <https://www.aihw.gov.au/reports/youth-justice/youth-justice-in-australia-2021-22/contents/data-dashboard>.

¹² Australia Bureau of Statistics 2023, Prisoners in Australia 2023, Table 13 (2023), accessed 19 January 2024.

¹³ Australia Bureau of Statistics 2023, Prisoners in Australia 2023, Table 11 (2023), accessed 19 January 2024.

Table 2 Queensland: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	10,418 / 247.7 per 100,000	3934 / 2507.8 per 100,000
Women	1,002 / 46.7 per 100,000	463 / 578 per 100,000
Men	9,416 / 457.3	3,471 / 4,524 per 100,000
Juvenile	287 / 19 per 10,000	187 / 153.6 per 10,000

Table 3 New South Wales: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	12,356 / 190.1 per 100,000	3,707 / 2,000 per 100,000
Women	821 / 14.9 per 100,000	310 / 328.3 per 100,000
Men	11,535 / 360.4 per 100,000	3,397 / 3,735.2 per 100,000
Juvenile	190 / 15.7 per 10,000	88 / 117.6 per 10,000

Table 4 Australian Capital Territory: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	373 / 101.8 per 100,000	99 / 1,656 per 100,000
Women	22 / 11.7 per 100,000	10 / 352.8 per 100,000
Men	351 / 196.4 per 100,000	89 / 2,863.2 per 100,000
Juvenile	12 / 17.6 per 10,000	50 / 232.1 per 10,000

Table 5 Victoria: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	6,364 / 119.5 per 100,000	798 / 1,866 per 100,000

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Women	306 / 11.2 per 100,000	31 / 146.7 per 100,000
Men	6,058 / 232.4 per 100,000	767 / 3,585.6 per 100,000
Juvenile	120 / 6.4 per 10,000	16 / 56.6 per 10,000

Table 6 Tasmania: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	767 / 167.5 per 100,000	169 / 845 per 100,000
Women	55 / 23.4 per 100,000	11 / 108.7 per 100,000
Men	713 / 317.1 per 100,000	158 / 1599.5 per 100,000
Juvenile	9 / 8.2 per 10,000	5 / 29.9 per 10,000

Table 7 South Australia: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	3,104 / 211.5 per 100,000	760 / 2,559 per 100,000
Women	248 / 33.1 per 100,000	85 / 551.2 per 100,000
Men	2,856 / 397.4 per 100,000	676 / 4703.4 per 100,000
Juvenile	32 / 16.8 per 10,000	15 / 169.5 per 10,000

Table 8 Western Australia: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	6,804 / 307.5 per 100,000	2,939 / 4,067 per 100,000
Women	664 / 59.7 per 100,000	332 / 912.7 per 100,000
Men	6,140 / 557.9 per 100,000	2,607 / 7,269.2 per 100,000
Juvenile	118 / 26.6 per 10,000	88 / 278.1 per 10,000

Table 9 Northern Territory: Total and First Nations population in custodial settings

Category	Number and rate (total population)	Number and rate (First Nations prison population)
Total	2,177 / 1,144.4 per 100,000	1,920 / 3,533 per 100,000
Women	134 / 142 per 100,000	124 / 461.3 per 100,000
Men	2,043 / 2,130.2 per 100,000	1,796 / 6533.7 per 100,000
Juvenile	53 / 106.4 per 10,000	50 / 232.1 per 10,000

First Nations people experience rapid churn through the criminal justice system.

First Nations people in prison experience greater rates of recidivism, are increasingly over-represented in the remand population and are more likely to receive shorter sentences than non-Indigenous people in prison.¹⁴ These high rates of imprisonment, recidivism and shorter sentence length suggest that First Nations people have shorter but more frequent prison stays.¹⁵

Socio-cultural risk factors and historical context contribute to the over-representation of First Nations people in prison.

Risk factors related to offending are more prevalent among First Nations people - such as low socioeconomic status, child maltreatment, unemployment, poor education, cognitive impairment, poor mental health, exposure to violence and family dysfunction, homelessness and substance misuse.¹⁶ These risk factors stem in part from historical policies and practices that have caused trauma, cultural dispossession, and forced displacement and assimilation, impacting First Nations people’s physical, mental, and social wellbeing.¹⁷

2.2 Legislative and regulatory context

Prison healthcare is governed by a combination of international, Commonwealth and state conventions, legislation and guidelines.

International Normative Standards and Human rights obligations.

¹⁴ ABS, Prisoners in Australia, ABS, 2023; Productivity Commission, Australia’s Prisoner Dilemma, Productivity Commission, 2021.

¹⁵ Productivity Commission, Australia’s Prisoner Dilemma, Productivity Commission, 2021.

¹⁶ AIHW, The health of people in Australia’s prisons, 2023; Productivity Commission, Australia’s Prisoner Dilemma, Productivity Commission, 2021.; Royal Commission into Aboriginal Deaths in Custody, Commonwealth Government, 1991.

¹⁷ AIHW, The health of people in Australia’s prisons, 2023; Productivity Commission, Australia’s Prisoner Dilemma, Productivity Commission, 2021.; Royal Commission into Aboriginal Deaths in Custody, Commonwealth Government, 1991.

Australia is a signatory to several international human rights treaties that outline minimum standards to protect the rights of prisoners, including their right to healthcare services. The United Nations Standard Minimum Rules for the Treatment of Prisoners ('Mandela Rules') serve as an international guide that enshrines the right of people in prison to have a provision of care equivalent to that available in the community.¹⁸

Australia has not enacted federal legislation that incorporates these treaties, however Victoria, Queensland and the Australian Capital Territory have human rights legislation in place that outlines the right of prisoners to protect their dignity, including the right to receive adequate healthcare and medical treatment while in custody.¹⁹ State corrections agencies have also endorsed national (non-enforceable) guiding principles for custodial facilities, which affirm the need for equivalence of care.²⁰

Regulation of custodial healthcare.

Management of custodial centres, including the provision of health care, is the responsibility of the states and territories.²¹ Corrective services authorities are also subject to state and territory occupational health and safety legislation for acts that expose people other than employees to risks to their health or safety (i.e. poor health care). Appendix A lists the relevant state and territory legislation across jurisdictions.

Health professionals are regulated by the Health Practitioner Regulation National Law Act 2009, and the Australian Health Practitioner Regulation Agency (AHPRA) may act when the care provided falls below a reasonable standard or is a threat to patient safety. Corrections authorities also owe a duty of care to people in corrective services to take reasonable care for their safety while in custody, and health professionals owe a duty of care to patients to exercise reasonable care and skill in the provision of that care.²²

Governance and funding of prison healthcare.

Health care in prisons across Australia is governed by state and territory governments. These services are managed either by health or justice departments, depending on the jurisdiction (Table 10).²³

Table 10 Responsible jurisdictional office and department

State/territory	Responsible office	Responsible department
Australian Capital Territory	Justice Health Services	ACT Health Services

¹⁸ United Nations Standard Minimum Rules for the Treatment of Prisoners.

¹⁹ Charter of Human Rights and Responsibilities 2006 (Vic); Human Rights Act 2019 (Qld); Human Rights Act 2004 (ACT); *Castles v Secretary to the Department of Justice* [2010] VSC 310.

²⁰ Guiding Principles for Corrections in Australia.

²¹ Australian Constitution, ss 51-52.

²² Royal Commission into Aboriginal Deaths in Custody, 1991.

²³ Royal Australian College of General Practitioners (RACGP), *Custodial health in Australia: Tips for providing healthcare to people in prison*, RACGP, 2019.

State/territory	Responsible office	Responsible department
Northern Territory	-	NT Health
New South Wales	Justice Health & Forensic Mental Health Network	NSW Ministry of Health
Queensland	Office for Prisoner Health and Wellbeing	Queensland Health
South Australia	South Australia Prison Health	South Australia Department of Health and Wellbeing
Tasmania	Correctional Primary Health Services	Department of Health
Victoria	Justice Health	Department of Justice and Community Safety Victoria
Western Australia	Corrective Services Division, Health Services	Department of Justice

A small proportion of prisons (nine of 116) in Australia are operated by private operators through various funding arrangements with state and territory governments. Private operators are contractually obliged to adhere to custodial policies and standards of the respective state or territory in which they operate.²⁴ Health care in these facilities can be delivered by public services, private contractors, or a combination of both, depending on the specific management agreement between the private operator and the relevant state or territory.²⁵

Healthcare services in custodial settings are funded by the relevant state and territory. These custodial health services are excluded from receiving Australian Government funding through the MBS and the associated PBS.

Medicare is governed by the Health Insurance Act and 'guarantees all Australians (and some overseas visitors) access to a wide range of health and hospital services at low or no cost'.²⁶ It subsidises the cost of hospital services, medical services, and tests, imaging and scans. It also provides access to the PBS which subsidises certain medicines and other medicinal products. Section 19(2) of the Health Insurance Act states that a Medicare benefit is not payable for a

²⁴ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, March 2021.

²⁵ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, March 2021.

²⁶ Department of Health and Ageing, About Medicare, Australian Government 2024, accessed January 19 2024. [About Medicare 2024].

professional service rendered by, or on behalf of, a state. However, the Health Minister may make an exemption to this exclusion, if the exclusion were to disadvantage anyone.²⁷

It has been argued that the exclusion of people in custody from MBS and PBS funded services restricts access to many essential health services available to the community.²⁸

Closing the Gap commitments.

The National Agreement on Closing the Gap (2020) (Agreement) is the overarching partnership between all Australian governments and First Nations people, designed to address the inequality experienced by First Nations people and achieve life outcomes equal to all Australians.²⁹ The Agreement sets out 19 national socio-economic targets across 17 outcome areas. Relatedly, the Australian Government and jurisdictions have committed to reducing the rate of First Nations people held in incarceration by at least 15 per cent and reducing the rate of First Nations young people in detention by at least 30 per cent.³⁰

The Agreement sets out four major reform priorities that support achievement of the Closing the Gap targets. Although all reforms are important to this review, the following two have specific relevance:

- **Priority reform 2** focuses on building the community-controlled sector to deliver high quality services to meet the needs of First Nations people across the country.
- **Priority reform 3** focuses on transforming government organisations to ensure they are accountable for Closing the Gap targets and are culturally safe and responsive to the needs of First Nations people, including the services they fund. This includes eliminating racism, embedding and practising meaningful cultural safety, and engaging and delivering services in partnership with First Nations communities and people.

Royal Commissions and Reviews

The RCIADIC highlighted the lack of appropriate health care as a contributor to deaths in custody. The RCIADIC made 339 recommendations, 45 of which related to custodial health and safety. Despite a 2018 review into the implementation of the RCAIDC concluding that the 78 per cent of recommendations had been partly or fully implemented, it has been argued that the review had significant methodological shortcomings, and that in fact, few recommendations have been implemented and many recommendations have been contravened by legislation and policies.³¹

Continued focus of numerous Royal Commissions, reviews and custodial inquiries into the provision of health care in custodial settings suggests that the outcomes the RCAIDIC was aiming

²⁷ R Hunt, Parliamentary Debates 20 May 1976, House of Representatives, Commonwealth Government, 1976.

²⁸ D Linnane, D McNamara, L Toohey, Ensuring universal access: The case for Medicare in prison, *Alternative Law Journal*, 2023; 48(2): 102-109.

²⁹ National Agreement on Closing the Gap, Commonwealth Government, 2020.

³⁰ National Agreement on Closing the Gap, Commonwealth Government, 2020.

³¹ T Anthony et al., 30 years on: Royal Commission into Aboriginal Deaths in Custody remain unimplemented, Centre for Aboriginal Economic Policy Research, Australian National University, 2021.

to achieve have not been met. For instance, the majority of states have conducted reviews focusing, at least in part, on health care in custodial settings in the past five years – many highlighting the inadequate health service provision to First Nations People. The University of Queensland Deaths in Custody Project Database identified at least 40 coronial inquests between 2019-2020 involving a finding of a lack of reasonable medical care for a First Nations person's death in custody.³²

Multiple Royal Commissions, reviews and inquests have considered the provision of health care for people in prison, including for First Nations people. Relevant documents have been captured below.

Royal Commissions

- Royal Commission into Aboriginal Deaths in Custody
- Royal Commission into Institutional Responses to Child Sexual Abuse
- Royal Commission into Protection and Detention of Children in the Northern Territory
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

State and Territory Reviews

- NSW Inspector of Custodial Services Review into Health services in NSW correctional facilities
- VIC Cultural Review of the Adult Custodial Corrections Systems
- QLD Offender Health Services Review
- ACT Healthy Prison Review of the Alexander Maconochie Centre
- WA Directed Review into the Department of Justice's performance in responding to recommendations arising from coronial inquests
- NT Correctional Services Organisational Review
- TAS Prisoner Mental Health Care Taskforce Report

Recent Coronial Inquests

- Veronica Nelson
- Tanya Day
- Kevin Bugmy
- Reuben Button
- Stanley Inman

³² University of Queensland (UQ), Deaths in Custody Project Database, UQ, 2019-2020.

2.2.1 The definition of 'health' differs between the First Nations community and the health and corrections system

The First Nations view of health is a whole-of-life view that refers to the social, emotional and cultural wellbeing of the community

The concept of 'health' is recognised by First Nations Australians as a holistic sense of wellbeing, with links to social, emotional, cultural, mental, physical and spiritual health.³³ This understanding differs from non-Indigenous concepts of health that have historically informed the design of the public health system in Australia. As a result, these public services generally do not provide the comprehensiveness required to meet these health needs.

ACCHOs are health and wellbeing services that are guided by First Nations principles of social and emotional wellbeing to provide a holistic model of care.³⁴ These services typically include multiple health and social services to provide comprehensive primary care to individuals and communities.

Definition of health in the NACCHO Constitution: 'Aboriginal health' means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life'.

2.2.2 Health and wellbeing of First Nations Australians

As a population, First Nations Australians experience poorer health outcomes and shorter life expectancies, but the overall health of First Nations people is improving

First Nations people experience 2.3 times the total burden of disease of non-Indigenous Australians despite making up only 3.3 per cent of the total population.³⁵

Over the last 13 years, the health and wellbeing of First Nations people has been improving. Life expectancies for First Nations people between 2010 and 2020 have increased by almost five years (from 56.5 to 61 years).³⁶ Between 2010 and 2019, rates of smoking and deaths due to cardiovascular disease and kidney disease for First Nations people fell significantly.³⁷ The gap in

³³ Williams, M et al. 2023, A holistic view of health, Yulang Indigenous Evaluation. [Williams M et al. 2023].

³⁴ S Kendall, S Lighton, J Sherwood, E Baldry, EA Sullivan, Incarcerated Aboriginal women's experiences of accessing healthcare and the limitations of the 'equal treatment' principle, *International Journal for Equity in Health*, 19 (48), April, 2020.

³⁵ National Aboriginal Community Controlled Health Organisation (NACCHO), Standards for Health Services in Australian Prisons- Submission to RACGP, August 2022.

³⁶ AIHW, Indigenous health and wellbeing, Australian Government, 2022.

³⁷ AIHW, Aboriginal and Torres Strait Islander Health Performance Framework: summary report, Australian Government, Canberra, July 2023.

life expectancy between First Nations and non-Indigenous people has narrowed but is not on track to meet the Closing the Gap target.³⁸

These health outcomes are based on population-level data. The individual experiences of First Nations people, families and communities will vary. Health outcomes for individuals will also be impacted by social determinants of health such as remoteness and accessibility of services, education levels, income level.³⁹

First Nations people face significant barriers to accessing health care in the community.

In the 2018-2019 National Aboriginal and Torres Strait Islander Health Survey, about 30 per cent of First Nations people reported that they needed to, but did not, see a health care provider in the 12 months prior to the survey. Of this group, the primary reasons for not accessing care were that they were too busy (36 per cent), high cost (34 per cent), they disliked the service, or felt embarrassed or afraid (23 per cent), and waiting times, service availability, transport or distance (21 per cent).

The proportion of First Nations people reporting that service availability and transport/distance prevented them from accessing health care was more pronounced for those that were living remotely. This aligns with more recent research which identified communication between health care services and patients, transport, cost and cultural safety as factors influencing access and utilisation of health care. On the other hand, resilience, cultural appropriateness, empowerment and holistic approaches were factors that positively impacted the experience, access and utilisation of health care.⁴⁰

There has been increased use of health services in the community, however First Nations people still face a significant unmet need for health care.

In 2018-2019, 86 per cent of First Nations people accessed a General Practitioner (GP) or specialist and Medicare claim rate for specialist care increased by 42 per cent between 2003-2004 and 2017-2018.⁴¹ There has also been a general increase in episodes of care provided by First Nations primary health care services. However, First Nations people experience significantly poorer health, and a rate of access of health services two to three times the non-Indigenous rate should be expected to meet the need for healthcare. Despite this, there continues to be an underutilisation of appropriate and timely health care by First Nations people compared with their level of need – for example the rate of Medicare claims for chronic disease management items for First Nations people was only 1.4 times as high as non-Indigenous Australians.⁴²

³⁸ Productivity Commission, Closing the Gap Information Repository, Australian Government, 2024.

³⁹ AIHW, Indigenous health and wellbeing, Australian Government, July 2022.

⁴⁰ D Nolan-Isles et al, Enablers and barriers to accessing healthcare services for Aboriginal people in New South Wales, Australia, International Journal of Environmental Research and Public Health, 2021, 18(6).

⁴¹ AIHW, Aboriginal and Torres Strait Islander Health Performance Framework: summary report, Australian Government, Canberra, July 2023.

⁴² AIHW, Aboriginal and Torres Strait Islander Health Performance Framework: summary report, Australian Government, Canberra, July 2023.

There are 198 Australian Government funded First Nations primary health care organisations providing four million episodes of care.⁴³

In very remote areas, three in four First Nations people usually went to an Aboriginal Medical Service (AMS) or community clinic (often only primary health care option). In major cities, while more than one in three First Nations people would like to go to an AMS, fewer than one in six usually went to these types of services.⁴⁴

Remoteness is linked to underutilisation – there is a general pattern of worsening access to GPs relative to need with increasing remoteness.⁴⁵ Analysis of physical access of First Nations populations to primary health care services (mainstream and Indigenous-specific primary health care services), identified 29 areas with at least 200 Indigenous Australians who had no Indigenous-specific primary health care services within one hour’s drive and relatively poor access to mainstream GP services.⁴⁶

2.2.3 The health of First Nations prisoners

People in prison have more complex health needs than those living in the community.

The mental and physical health of prisoners is markedly poorer than that of the general population due to higher rates of chronic illness, mental ill health and communicable diseases.⁴⁷ Mental illness is highly prevalent in prisons with 51 per cent of prisoners reporting a diagnosed mental health disorder, including drug and alcohol abuse, in 2022.⁴⁸ First Nations people with a known mental health diagnosis have earlier and more frequent police contact, and more frequent instances of custody than non-Indigenous people with a mental health diagnosis.⁴⁹ Similarly, 52 per cent of prison entrants in 2022 reported a history of one or more select chronic health conditions, with females experiencing higher rates than males (61 per cent compared to 50 per cent).⁵⁰

Various socioecological factors contribute to the increased vulnerability and complexity of health needs of people entering prison.⁵¹ These cohorts typically have experiences of homelessness, disability, lower educational attainment, substance use, unemployment and/or exposure to

⁴³ AIHW, Aboriginal and Torres Strait Islander Health Performance Framework: summary report, Australian Government, Canberra, July 2023.

⁴⁴ AIHW, Aboriginal and Torres Strait Islander Health Performance Framework: summary report, Australian Government, Canberra, July 2023.

⁴⁵ AIHW, Access to primary health care relative to need for Indigenous Australians, 2014

⁴⁶ AIHW, Aboriginal and Torres Strait Islander Health Performance Framework: summary report, Australian Government, Canberra, July 2023.

⁴⁷ AIHW, The health of people in Australia’s prisons 2022, Australian Government, Canberra, 2023.

⁴⁸ AIHW, The health of people in Australia’s prisons 2022, Australian Government, Canberra, 2023.

⁴⁹ E Baldry et al., People with intellectual and other cognitive disability in the criminal justice system. Report for NSW Family and Community Services Ageing, Disability and Home Care, University of New South Wales, Sydney, 2012; E Baldry et al., A predictable and preventable path: Aboriginal people with mental and cognitive disabilities in the criminal justice system, University of NSW, 2015.

⁵⁰ AIHW, The health of people in Australia’s prisons 2022, Australian Government, Canberra, 2023.

⁵¹ AIHW, The health of people in Australia’s prisons 2022, Australian Government, Canberra, 2023.

violence, abuse and neglect.⁵² These social determinants of health are similarly considered to be determinants of incarceration (see [Section 3.1](#)).⁵³

First Nations women and children in prisons.

The rate of incarceration of women has increased significantly over the ten years, by 64 per cent between 2009 and 2019, compared to a 45 per cent increase for men over the same period.⁵⁴ Approximately one in three female prisoners identify as First Nations. First Nations women experience higher rates of prolonged imprisonment on remand and are more likely to have previously been in custody (either on remand or post-sentencing) than non-Indigenous women, and First Nations men.⁵⁵ As there is limited access to health services for prisoners on remand, this disproportionately negatively impacts on women.

In 2021-2022, First Nations children typically entered youth justice supervision at a younger age than non-Indigenous children (36 per cent were under supervision between the ages of 10-13 compared to 14 per cent of non-Indigenous youth).⁵⁶

Data relating to the health of First Nations prisoners is limited and may not accurately reflect the experiences of all First Nations people accessing healthcare in custody.

Much of the information available for this cohort is based on self-reported health data collected through surveys and other qualitative methods, such as the National Prisoner Health Data Collection (NPHDC). Self-reported data is limited in its accuracy due to inherent biases and subjective understandings of what constitutes “good” and “poor” health. For example, high levels of social and emotional distress are considered normal for First Nations women, making it less likely for them to report this as notable experience.⁵⁷

Nationally recognised reports published by Australian Institute of Health and Welfare (AIHW)⁵⁸ highlight the complex picture of health outcomes in relation to interactions with custodial settings. For example:

- Higher rates of improved physical health since entry than non-Indigenous discharges (45 per cent reporting physical health as “very good” or “excellent” compared to 37 per cent),

⁵² TM Plueckhahn, SA Kinner, G Sutherland, TG Butler, Are some more equal than others? Challenging the basis for prisoners’ exclusion from Medicare, *Medical Journal of Australia*, 2015; 203 (9): 359-361.

⁵³ Australian Law Reform Commission (ALRC), *Pathways to Justice: Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples* (ALRC Report 133): Social determinants of incarceration, 2018 (accessed 12.01.2024).

⁵⁴ AIHW, *The health and welfare of women in Australia’s prisons*, Australian Government, Canberra, November, 2020.

⁵⁵ S Kendall, S Lighton, J Sherwood, E Baldry, EA Sullivan, Incarcerated Aboriginal women’s experiences of accessing health care and the limitations of the ‘equal treatment’ principle, *International Journal for Equity in Health*, 19 (48), April, 2020. [Kendall, S et al. 2020].

⁵⁶ AIHW, *Youth justice in Australia 2021-2022*, Australian Government, March, 2023.

⁵⁷ S Kendall, S Lighton, J Sherwood, E Baldry, EA Sullivan, Incarcerated Aboriginal women’s experiences of accessing health care and the limitations of the ‘equal treatment’ principle, *International Journal for Equity in Health*, 19 (48), April, 2020.

⁵⁸ AIHW, *The health of people in Australia’s prisons 2022*, Australian Government, Canberra, 2023.

- More likely than non-Indigenous prisoners to report having some chronic illness on entry to prison, and were more likely than non-Indigenous prisoners to have diabetes (9 per cent compared with 4 per cent) and cardiovascular disease (5 per cent compared with 3 per cent).
- Fewer First Nations prisoners (33 per cent) had been told by a health professional that they had a mental health disorder than non-Indigenous prisoners (40 per cent).

This Report did not specify the security level of the prisons involved, the types of services provided or accessed. This data is also subject to bias and cannot be used to generalise the experiences of all First Nations prisoners across Australia.

A variety of data sources are used to inform our understanding of the current state of First Nations prisoner health.

There are few direct sources that highlight the health and wellbeing of First Nations people in prisons, the primary source of this information was the National Prisoner Health Data Collection. Other datasets provide contextual evidence on the health of First Nations people in the community, as well the whole population of Australian prisoners.

National data collections:

- National Prisoner Health Data Collection 2022
- National Prisoner Census 2021-2022
- Youth Justice National Minimum Data Set 2021-2022
- National Aboriginal and Torres Strait Islander Health Survey 2018-2019
- Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018.

Research publications:

- Australian Productivity Commission, Australia's prison dilemma- Research paper, Australian Government, 2021
- Kendall, S Lighton, J Sherwood, E Baldry, EA Sullivan, Incarcerated Aboriginal women's experiences of accessing health care and the limitations of the 'equal treatment' principle, International Journal for Equity in Health, 19 (48), April, 2020.

2.3 Health care in custodial settings is complex and varies by jurisdiction

2.3.1 Health services in prisons are delivered through several different avenues to people with multiple and complex needs

Health services are provided through prison health centres, community health services or private providers

Health care is primarily provided through a nurse-led clinics where prisoners are triaged and treated as required. GPs are generally available for limited hours or on a visiting basis to prisons.

Psychologists are also available, however their capacity to provide psychological support required to meet the demands of prisoners varies greatly by jurisdiction, given that there are no national standards for the staffing requirements of mental health practitioners to serve people in custody.⁵⁹ Prisoners also have varying levels of access to drug and alcohol counselling services.⁶⁰ Emergency care can be managed within prisons to some extent, however extreme cases require transfer to a nearby emergency department.⁶¹

Specialist care can be arranged where required through in-reach appointments at custodial facilities, or prisoners can be transferred to external appointments at community health services or hospitals. Tertiary care is available through public hospitals or specialist prison facilities, which provide high-security medical and psychiatric care.

Health care needs vary depending on the population in custody.

Prisons across Australia are segregated by gender and age (adult and youth). The specific needs and experiences of different populations in prisons vary, with some common trends to be considered across the whole prison population. While the Australian population of prisoners experience poorer physical and mental health than the wider community overall, there are clear trends across ages and genders that highlight the different experiences and needs of certain subgroups. Table 11 indicates key data points that highlight the different health needs separated by age and gender in prisons.

⁵⁹ D Linnane, D McNamara, L Toohey, Ensuring universal access: The case for Medicare in prison, *Alternative Law Journal*, 2023; 48(2): 102-109.

⁶⁰ Australian Productivity Commission, *Australia's prison dilemma- Research paper*, Australian Government, 2021.

⁶¹ S Hampton, Emergency care of prisoners in Australia, *Emergency Medicine Australasia*, 35(3): 374. May, 2023.

Table 11 Australian prisoner health statistics by age and gender

Gender	<ul style="list-style-type: none"> • Female prisoners require access to reproductive health services, including antenatal care. In 2022, 7 per cent of prisoners were pregnant while incarcerated.⁶² • Female prisoners reported higher rates of chronic conditions than male prisoners (61 per cent compared to 50 per cent).⁶³ • Male prisoners are at higher risk of physical assault while in prison than females (14 per cent compared to 4.1 per cent).⁶⁴ • Female prisoners experience higher rates of mental illness, tobacco and alcohol and illicit drug use.⁶⁵ • Female prisoners are much more likely to have experienced physical and sexual abuse than men.⁶⁶
Age	<ul style="list-style-type: none"> • Adult prisoners report higher rates of chronic conditions such as back problems, asthma, cardiovascular disease and pulmonary disease than the general community.⁶⁷ • Young people in prisons have significant rates of mental illness, drug and alcohol use.⁶⁸ • 89 per cent young people in Western Australian prisons experience severe neurodevelopmental impairment, with 36% young people in prisons diagnosed with foetal alcohol spectrum disorder (FASD).⁶⁹ • A significant proportion of young people in prisons have a history of exposure to trauma and victimisation.⁷⁰

⁶² AIHW, The health of people in Australia’s prisons 2022, Australian Government, Canberra, 2023.

⁶³ AIHW, The health of people in Australia’s prisons 2022, Australian Government, Canberra, 2023.

⁶⁴ AIHW, The health of people in Australia’s prisons 2022, Australian Government, Canberra, 2023.

⁶⁵ AIHW, The health and welfare of women in Australia’s prisons, Australian Government, Canberra, November, 2020.

⁶⁶ S Kendall, S Lighton, J Sherwood, E Baldry, EA Sullivan, Incarcerated Aboriginal women’s experiences of accessing health care and the limitations of the ‘equal treatment’ principle, International Journal for Equity in Health, 19 (48), April, 2020.

⁶⁷ AIHW, The health of people in Australia’s prisons 2022, Australian Government, Canberra, 2023.

⁶⁸ AIHW, National data on the health of justice-involved young people: a feasibility study 2016-17, Australian Government, Canberra, 2018.

⁶⁹ C Bower, RE Watkins, RC Mutch, R Marriott, J Freeman, NR Kippin, B Safe, C Pestell, CS Cheung, H Shield, L Tarratt, A Springall, J Taylor, N Walker, E Argiro, S Leitão, S Hamilton, C Condon, H Passmore, R Giglia. Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia.

⁷⁰ C Bower, RE Watkins, RC Mutch, R Marriott, J Freeman, NR Kippin, B Safe, C Pestell, CS Cheung, H Shield, L Tarratt, A Springall, J Taylor, N Walker, E Argiro, S Leitão, S Hamilton, C Condon, H Passmore, R Giglia. Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia.

2.3.2 Prisoners are highly vulnerable at transition points into and out of custody

Continuity of care for prisoners is impacted by high rates of turnover through the prison system

Continuity of care is essential for improving and maintaining the health of people who are exposed to the prison system.⁷¹ Ongoing care is difficult to maintain across multiple stages of entering and exiting custody and the community, as prisoners interact with different parts of the health and justice systems at various points. People who spend extended periods of time in remand and serve relatively short sentences in custody are often not eligible to access mental health and other rehabilitative supports that may be available for prisoners serving longer sentences.⁷²

First Nations prisoners, particularly female prisoners, experience this disadvantage at higher rates than other populations. This cohort experiences higher incarceration rates for less serious offences and serve, on average, shorter sentences in custody than non-Indigenous offenders.⁷³ At June 2022, 78 per cent First Nations prisoners had prior experience in custody as an adult.⁷⁴ As a result of continued movement between the community and short-term prison sentences, these people experience extremely poor continuity of care and, following re-entry to community, are at higher risk of recidivism, social isolation and re-entry into custody.

Prisoners are most vulnerable when re-entering into the community

Many prisoners exiting custody are likely to be returning to stressful and potentially unsafe environments that they were in prior to incarceration. Following release, prisoners are more likely to experience unemployment, unstable housing, social isolation and disadvantage, which can negatively impact their mental and physical health.⁷⁵ Mental health discharge planning is especially poor in some jurisdictions, and even more so for people with mental illnesses who serve short sentences.⁷⁶

Transition programs are often provided through specific initiatives from relevant state or territory government departments in each jurisdiction as well as in partnership with non-government organisations that support prisoners in their transitions back into the community.⁷⁷ Specific

⁷¹ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, March 2021.

⁷² AIHW, Improving mental health outcomes for Indigenous Australians in the criminal justice system, Australian Government, Canberra, 2021.

⁷³ AIHW, Improving mental health outcomes for Indigenous Australians in the criminal justice system, Australian Government, Canberra, 2021.

⁷⁴ ABS, Prisoners in Australia, ABS, 2023.

⁷⁵ AIHW, Improving mental health outcomes for Indigenous Australians in the criminal justice system, Australian Government, Canberra, 2021.

⁷⁶ CC Browne, D Korobanova, P Chemjong, AWF Harris, N Glozier, J Basson, S Spencer, K Dean. Continuity of mental health care during the transition from prison to the community following brief periods of imprisonment. *Frontiers in Psychiatry*. 13. 2022.

⁷⁷ M Willis, Supported housing for prisoners returning to the community: A review of the literature, Australian Institute of Criminology, 2018.

transitional facilities for prisoners operate at varying levels across jurisdictions, however their purpose is to support prisoners on their transition back into the community by connecting them with appropriate health and social services to support their wellbeing following prison.⁷⁸

There is little evidence available to assess the effectiveness of existing transition programs and the health outcomes of ex-prisoners post-release.

⁷⁸ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

3 Key themes from the literature in response to the KLEs

This section covers:

- An overview of health services that are delivered in custodial settings for First Nations people inclusive of community controlled health care models.
 - Inequities in the delivery and accessibility of health services to First Nations prisoners
 - Barriers to effective and culturally safe health care in prisons
 - Opportunities for reform in prison health care across Australia
-

3.1 An overview of health services that are delivered in custodial settings for First Nations people

RCIADIC Recommendation:

Recommendation 150. That the health care available to persons in correctional institutions should be of an equivalent standard to that available to the general public. Services provided to inmates of correctional institutions should include medical, dental, mental health, drug and alcohol services provided either within the correctional institution or made available by ready access to community facilities and services. Health services provided within correctional institutions should be adequately resourced and be staffed by appropriately qualified and competent personnel. Such services should be both accessible and appropriate to Aboriginal prisoners. Correctional institutions should provide 24 hour a day access to medical practitioners and nursing staff who are either available on the premises, or on call. (3:278) (emphasis added)

3.1.1 Overview of health services in custodial settings across jurisdictions

The summary presented in Table 12 brings together publicly available information on custodial health service delivery. The information will be supplemented through consultation with state and territory government representatives in the following stage of this review.

Table 12 Summary of health service governance and delivery in correctional facilities, by jurisdiction

Jurisdiction	Facilities	Agency responsible for health services	Health service delivery and policy context
ACT	<ul style="list-style-type: none"> • 1 adult facility • 1 youth justice centre 	<ul style="list-style-type: none"> • Canberra Health Services 	<ul style="list-style-type: none"> • ACT Health is implementing the ACT Detainee Health and Wellbeing Strategy 2023-2028 in collaboration with ACT Corrective Services and Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga). • Justice Health Services (Canberra Health Services) Custodial Health team operates from the Hume Health Centre within the prison and is the principal provider of nurse-led medical, dental and mental health care programs and services to adult and youth detainees. Specialist Alcohol & Other Drug nursing services are also provided. • Indigenous-specific holistic primary health services are provided by Winnunga in both facilities. Winnunga delivers the Aboriginal community controlled 'Winnunga Holistic Health Care Prison Model'.
NSW	<ul style="list-style-type: none"> • 36 adult facilities • 6 youth justice centres 	<ul style="list-style-type: none"> • NSW Health 	<ul style="list-style-type: none"> • Justice Health and Forensic Mental Health Network NSW (JHFMHN) is guided by their 10-year strategic plan, <i>Together for Healthier Tomorrows 2022-2032</i>. Strategic outcomes include implementation culturally safe care in partnership with ACCHOs (Strategic Outcomes 1.2, 2.1, 3.5, 3.7). • JHFMHN provides health care to adults and young people involved in forensic mental health and criminal justice systems. This includes primary care, drug and alcohol, forensic mental health, population and public health, women's and midwifery services, oral health and a range of allied health services. • Services are delivered in partnership with NSW Health, Corrective Services NSW, Youth Justice NSW.

Jurisdiction	Facilities	Agency responsible for health services	Health service delivery and policy context
NT	<ul style="list-style-type: none"> • 2 adult facilities • 2 youth justice centres 	<ul style="list-style-type: none"> • NT Health 	<ul style="list-style-type: none"> • This review was unable to identify a strategy for the NT Prison Health Service. Northern Territory Corrective Services published a Strategic Plan 2023-2026, which identifies 'Delivering Person-Centred Services' as one of five key areas, which includes a strategic aim to 'deliver effective and efficient health services in the custodial environment' • The Prison Health Service (PHS) provides medical assistance, while the Forensic Mental Health Service (FMHS) provides at-risk assessments and temporary case management of persons who enter facilities mentally unwell. • Danila Dilba Health Service provides youth support at the Don Dale Youth Detention Centre
QLD	<ul style="list-style-type: none"> • 14 adult facilities • 3 youth detention centres 	<ul style="list-style-type: none"> • QLD Health 	<ul style="list-style-type: none"> • <i>The Queensland Prisoner Health and Wellbeing Strategy 2020–2025</i> is a joint commitment from Queensland Health and Queensland Corrective Services. It includes a strategic action to 'improve the quality of health services and capacity to deliver culturally competent, trauma informed... services' • Queensland Health is responsible for funding the delivery of health services for prisoners. These services include primary health care, specialist outpatient, mental health, oral health, and in-patient services
SA	<ul style="list-style-type: none"> • 9 adult facilities • 1 youth justice centre 	<ul style="list-style-type: none"> • Department of Correctional Services (DCS) 	<ul style="list-style-type: none"> • <i>The Department of Correctional Services Strategic Plan 2022-2026</i> outlines 'Closing the Gap' as one of five priorities, and includes actions strengthen partnerships with and procure services from ACCHOs, and increase DCS' cultural competence. SA Prison Health Service (SAPHS) is responsible for the provision of a range of primary health care services to prisoners. SAPHS is a directorate of Central Adelaide Local Health Network and works in partnership with the Department for Correctional Services.

Jurisdiction	Facilities	Agency responsible for health services	Health service delivery and policy context
			<ul style="list-style-type: none"> • SAPHS implements the Model of Care for Aboriginal Prisoner Health and Wellbeing in South Australia, launched in 2018 and underpinned by research conducted by the Wardliparingga Aboriginal Research Unit at the South Australian Health and Medical Research Institute (SAHMRI). • The SA Health <i>Health and Wellbeing Strategy 2020-2025</i> identifies the improvement of health services for prisoners as an action under its 'targeted' strategic theme.
TAS	<ul style="list-style-type: none"> • 6 adult facilities • 1 juvenile detention centre 	<ul style="list-style-type: none"> • Department of Health 	<ul style="list-style-type: none"> • Correctional Primary Health Services (CPHS) delivers a range of health services including palliative care and end of life care. CPHS functions to provide early diagnosis, suitable treatment, referrals, coordination and oversight of specialist care. • <i>Changing lives creating futures - A Strategic Plan for Corrections in Tasmania 2023</i> was published by the Department of Justice and includes a focus on Closing the Gap that commits to developing a First Nations-led framework on closing the gap in corrections in Tasmania. A key measure of success is establishing strong partnerships with ACCHOs. • The Tasmanian Aboriginal Centre currently works with CPHS for clients with drug and alcohol issues.
VIC	<ul style="list-style-type: none"> • 15 adult prisons • 2 juvenile detention centres 	<ul style="list-style-type: none"> • Department of Justice and Community Safety 	<ul style="list-style-type: none"> • The <i>Healthcare Services Quality Framework for Victorian Prisons 2023</i> was published by the Department of Corrections, Prisons and Parole and outlines the standard of care expected to be delivered by health service providers in prisons. • The <i>Aboriginal Social and Emotional Wellbeing Plan</i> identifies five priority areas that the department will focus on to improve the mental health and wellbeing of First Nations people while incarcerated and upon their release.

Jurisdiction	Facilities	Agency responsible for health services	Health service delivery and policy context
			<ul style="list-style-type: none"> Justice Health is responsible for the delivery of health services in prisons. Health services are contracted out to private, public and community health service providers, including Dhelkaya Health, which provides primary health services at Tarrengower Prison.
WA	<ul style="list-style-type: none"> 18 adult prisons 1 juvenile detention centre 	<ul style="list-style-type: none"> Department of Justice 	<ul style="list-style-type: none"> The WA Department of Justice, Corrective Services Division Health Services provides access to primary health care, mental health and AOD services. The only strategic document identified in this review is a Department of Corrective Services Strategic Plan 2015-2018, which is out of date and only has one mention of 'health' in relation to assessing service delivery options for Offender Health Services.

3.1.2 Culturally appropriate care – concepts and models

There is published agreement on the definition of cultural appropriateness, and elements from current research that can be adapted to this context.

AHPRA & National Boards recognises that cultural safety is determined by First Nations individual, families and communities, and defines cultural safety as “Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive health care, free of racism”.⁷⁹

Additionally, the National Community Controlled Health Organisation (NACCHO) has published the Core Services framework which is developed to underpin culturally safe models of care. These principles identifies the importance of First Nations leadership, the broader determinants that impact health, accessible primary health care and multidisciplinary teams, and a model that engages with and led by ACCHOs.⁸⁰

Review of literature has found that there are recurring elements of culturally appropriate care, often employed by AMS/ACCHOs working in the environment or were found in recommendations, such as RCIADIC. These are summarised and discussed below:

1. **Engaging community based AMS/ACCHOs. Greater involvement of community-based AMS** in the delivery of primary health care in Custodial settings. This is because of the cultural knowledge, greater understanding of the complexity of Aboriginal health, and improved communication skills, in comparison to mainstream health services (See RCIADIC Recommendations 151, 152 and 154b, Inquest into the passing of Veronica Nelson (Veronica inquest) Recommendations 19.2, 25, 26, 30, 34, 38).⁸¹
2. **Embed Aboriginal cultural elements.** Recognise and embed holistic characteristics in accessible health services, such as the inclusion of healing practices, cultural spaces and programs, and place greater emphasis on connection to country and identity (see Veronica inquest recommendation 30; Cultural Review of the Adult Custodial Corrections System [CRACCS] recommendation 5.7).⁸²

⁷⁹Ahpra & National Boards, [The National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#), Ahpra & National Boards, 2020, p.9.

⁸⁰ NACCHO, [Introducing the Core Services and Outcomes Framework](#), 2024.

⁸¹ Poroch et al., [You do the Crime, You do the Time: Best Practice Model of Holistic Health Service Delivery for Aboriginal and Torres Strait Islander Inmates of the ACT Prison](#), Winnunga Nimmityjak Aboriginal Health Service, 2007. [Poroch et al, You do the crime, you do the time, 2007]; Royal Commission into Aboriginal Deaths in Custody, [Royal Commission into Aboriginal Deaths in Custody: National. Report](#), Volume 5, Australian Government, 1991. [RCIADIC Vol 5]; McGregor CS, Inquest into the passing of Veronica Nelson, Coroners Court of Victoria, 2022. [McGregor CS, 2022].

⁸²Justice Health and Corrections Victoria, [Aboriginal Social and Emotional Wellbeing Plan](#), Department of Justice and Regulation, 2015; McGregor CS, 2022; Department of Justice and Community Safety, [Safer prisons, Safer people, Safer communities: Final report of the Cultural Review of the Adult Custodial Corrections System](#), Department of Justice and Community Safety, 2022, pp. 502 – 520 [Safer prisons, Safer people, Safer communities 2022].

3. **Implement appropriate information sharing mechanisms.** Appropriate information sharing mechanisms between police, corrective staff, ACCHO's and the public health system to avoid misdiagnosis, improve knowledge of medications and gain transparent understanding of vulnerabilities/sensitivities of the individual. Also, to avoid relying on the individual in custody to retell information (See RCIADIC Recommendations 127e, 130, 131, 152e, 157 & 166).⁸³
4. **Culturally-safe training for all staff.** All staff should have a prescribed **competence /safety training** the health staff should have some level of an understanding of Aboriginal concepts of health the health complexities and diseases that rural and remote communities face (See RCIADIC Recommendations 133, 154a, 155 and 160; Veronica inquest Recommendations 29.1 and 34).⁸⁴
5. **Implement culturally-safe screening at reception.** Effective culturally safe screening that reduce the likelihood of misdiagnosis, with reduced bias, particularly with mental health illnesses and disabilities. Western medical systems do not consider the differences in First Nation people's primary personality style (see Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability Recommendation 9.3; RCIADIC Recommendations 126, 127 and 156; Veronica inquest Recommendation 26; CRACCS recommendation 5.9, 5.10).⁸⁵

Examples of what this might look like in practice has been described in the Aboriginal Social and Emotional Wellbeing Plan by Justice Health and Corrections Victoria. This plan is born out of the Victorian Aboriginal Justice Agreement to improve the mental health and social and emotional wellbeing of Aboriginal Prisoners. It sets out guiding principles that relate closely to the recommendations from the Royal Commission into Aboriginal Deaths in Custody, including Cultural respect, Partnerships and others. It also outlines five priority areas, refer to Appendix D for more information.

Other pilots and tools are in the development stages to achieve culturally safe practices in custodial settings.⁸⁶

3.1.3 Aboriginal community-controlled models of care in the Northern Territory, Victoria, Australian Capital Territory and South Australia

There are examples of partnerships with community-controlled health organisations in some states and territories. These comprise of ACCHOs being involved in either a partnership capacity or solely running the program themselves. The model in South Australia is still in a framework stage, and is yet to be implemented into practice, however it demonstrates what best practice can look

⁸³ RCIADIC Vol 56.

⁸⁴ Majeed T et al. 2023; RCIADIC Vol 5; McGregor CS, 2022.

⁸⁵ [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability: First Nations people with disability](#), Australian Government 2023, Final Report, Vol. 9, pp. 139-148; RCIADIC Vol 5; McGregor CS, 2022.

⁸⁶ Department of Health and Aged Care [DHAC], [AIMhi Stay Strong App, DHAC](#) 2024; Danila Dilba, [Don Dale Youth Support](#), Danila Dilba Health Service 2024.

like in the initial stages. It should be noted that there is a lack of publicly available data on these models, limiting the analysis of each.

Danila Dilba provides primary health care at Don Dale Youth Detention Centre (Northern Territory)

The mistreatment of young people in juvenile detention was highlighted publicly in a report by Four Corners on Don Dale Youth Detention Centre in the Northern Territory. Following this, the Northern Territory government requested Danila Dilba to provide in-house programs to the young people in the facility, including:⁸⁷

- Therapeutic group work and one-on-one support.
- Sports and recreation activities.
- The Deadly Choices program which aims to empower people to make healthy choices for themselves and their families. This program targets things like smoking, physical activity, drinking, diet and emotional and social well-being.⁸⁸
- It should be noted that since this initial request, Danila Dilba has had a request for Medicare funding rejected.⁸⁹

Dhelkaya Health provides primary health services at Tarrengower Prison (Victoria)

Dhelkaya Health has taken over the contract from a private health service and has commenced delivery of primary healthcare services to women and their accompanying children at Tarrengower Women's Prison in Maldon on 1 July 2023.⁹⁰

Services include a primary care clinic, allied health, medication management, primary mental health care and diagnostic services, as well as referrals and pathways to dental and specialist services.

Winnunga provides health care in Alexander Maconochie Centre (Australian Capital Territory)

Based on extensive research, Winnunga identified and developed a holistic health care service delivery model for Aboriginal people in prison and their families (see Appendix C).⁹¹ It recognises that developing a strong sense of identity is central to the model, and the strategies embedded in the model work towards improving the related factors (safety, community support, physical and psychological wellbeing) through the coordination of Aboriginal and non-Aboriginal health and justice organisations.

In implementing this model, Winnunga provides Indigenous-specific holistic primary health services at Alexander Maconochie Centre (AMC) in the Australian Capital Territory. They deliver stand-alone coordinated health care and outreach services to First Nations people in custody at Bimberi Youth Justice Centre and the AMC.

Currently they are providing GP clinics at the AMC four times a week and a Nurse Practitioner clinic one day a week. Clients are provided services they would receive in the

⁸⁷ Danila Dilba, [Don Dale Youth Support](#), Danila Dilba Health Service, 2024.

⁸⁸ Danila Dilba, [Deadly Choices](#), Danila Dilba Health Service, 2024.

⁸⁹ Thompson, J 'Greg Hunt rejects Danila Dilba's request for Medicare-funded health services in Don Dale', *ABC*, 19 October 2020, accessed 17 January 2024.

⁹⁰ [Dhelkaya Health, Dhelkaya Health 2022 Annual Report, Dhelkaya Health, 2023.](#)

⁹¹ Porocho et al, *You do the crime, you do the time*, 2007.

Danila Dilba provides primary health care at Don Dale Youth Detention Centre (Northern Territory)

community, including the completion of Health Checks, mental health care plans and chronic disease management plans.⁹²

South Australia Model of care for Aboriginal Prisoner Health and Wellbeing

This a framework designed in 2017 to underpin the delivery of culturally appropriate care to first nations people, and ultimately to reduce reoffending by 10per cent by 2020.⁹³ This model focuses on attending to the broad needs of First nations people by being 'holistic, person-centres, and underpinned by the provision of culturally appropriate care' with 8 guiding principles and 8 core elements (see Appendix E for more information).⁹⁴

3.2 What inequities exist in the accessibility of health care services offered to First Nations people in custody compared to services available outside of prison?

Inequities in accessibility of health care services in custodial settings can be understood as a combination of the ability for First Nations people in prison to gain access to health care, the availability of adequate services and the appropriateness of services for cultural contexts.⁹⁵ Health care in prison cannot be viewed in isolation and there must be consideration for how First Nations people access health care as they transition in and out of prison. As discussed, continuity of care across the course of an individual's movement through the prison system has significant impact on a person's health outcomes.

Understanding the state of prison health care is challenging as there is no national approach to setting and monitoring standards of prison healthcare delivery,⁹⁶ and the accessibility, availability and appropriateness of health care is influenced by geographical, social and cultural circumstances.⁹⁷ Individual jurisdictions and prisons deliver differing levels of care, and so generalities have been made to capture broad national trends and there would be exceptions to these norms.

⁹² Winnunga, [Winnunga Annual Report 2023](#), Winnunga Nimmityjah Aboriginal Health and Community Services, 2023.

⁹³ Sivak, L et al., '[Model of Care for Aboriginal Prisoner Health and Wellbeing for South Australia – Final Report](#)', Wardliparingga Aboriginal Health Research Unit: SAHMRI Adelaide, 2017, South Australia. [Sivak, L et al. 2017].

⁹⁴ Sivak, L et al. 2017, p. 9.

⁹⁵ AIHW, Aboriginal and Torres Strait Islander Health Performance Framework: summary report, Australian Government, Canberra, July 2023.

⁹⁶ K Dean, Literature Review: Forensic Mental Health Models of Care, NSW Mental Health Commission, 2020.

⁹⁷ AIHW, Aboriginal and Torres Strait Islander Health Performance Framework: summary report, Australian Government, Canberra, July 2023.

3.2.1 First Nations people face significant barriers to accessing health care in the community.

In the National Aboriginal and Torres Strait Islander Health Survey 2018-2019, First Nations people reported major factors for not accessing medical care in the community as “being busy”, “cost” and “travel supports.” This suggests the potential under-utilisation of health services by First Nations people in the community.⁹⁸

However, a third of First Nations prisoners reported not being able to easily see a medical professional while in prison.⁹⁹ First Nations people in prison face similar issues regarding service availability, cultural safety and appropriateness, but also experience unique factors related to the prison setting specific health needs and discontinuity of care that result in inequities in health care. These factors were identified in numerous reviews, reports and coronial inquests which found that prison health care, particularly for First Nations people, has not been delivered to a standard equivalent to that available in the community.¹⁰⁰

3.2.2 Accessibility to healthcare services is reduced in a custodial setting

The nature of prisons and associated security arrangements inhibit prisoners’ ability to seek help.

There are inherent limitations associated with the deprivation of liberty in prison that means that First Nations people in prison are limited in the location, time and provider of healthcare.¹⁰¹ The controlled movement through correction centres and between facilities often cause delays for appointments which inhibits the ability for prisoners to access health services.¹⁰² This has a strong impact on the timeliness of effective emergency care for prisoners, resulting in slow escalation of acute cases and poor outcomes for prisoners as they undergo several touchpoints and security measures before gaining access to the care they need in an emergency.¹⁰³ Additionally, prison

⁹⁸ AIHW, Health of people in Australia’s prisons, Australian Government, 2023.

⁹⁹ Ibid

¹⁰⁰ Royal Commission into the Protection and Detention of Children in the Northern Territory, Australian Government, 2017; Coroners Court of Victoria, Inquest into the Passing of Veronica Nelson, 2023; Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018; Prisoner Mental Health Care Taskforce, Final Report, Tasmanian Government, 2020; ACT Inspector of Correctional Services, Healthy Prison Review of the Alexander Maconochie Centre, ACT Government, 2022.

¹⁰¹ National Aboriginal Community Controlled Health Organisation (NACCHO), Standards for Health Services in Australian Prisons: Submission to RACGP, NACCHO, 2022.

¹⁰² J Olds et al., Exploring barriers to and enablers of adequate healthcare for Indigenous Australian prisoners with cancer: a scoping review drawing on evidence from Australia, Canada and the United States, *Health & Justice*, 2016, 4(5); S Pettit et al., Holistic primary health care for Aboriginal and Torres Strait Islander prisoners: exploring the role of Aboriginal Community Controlled Health Organisations, *Australian and New Zealand Journal of Public Health*, 2019, 43(6).

¹⁰³ J Wu, S Boyle, T Cockburn and A Kelly. What can coronial cases tell us about the quality of emergency healthcare for prisoners in Australia?, *Emergency Medicine Australasia*, 2023, 35(3).

operating procedures, the number of custodial staff on shift, unscheduled lockdowns and out-of-cell hours also may impact the number of prisoners that health staff may see.¹⁰⁴

The presence of officers in medical appointments and use of physical restraints inhibits the ability for health staff to build rapport and establish trust with the First Nations person.¹⁰⁵ Custodial staff would also be privy to confidential medical information, impacting how safe or open First Nations people feel in disclosing personal information. While security requirements may be necessary to ensure the safety of staff, these may be excessive with respect to the risk the person poses and disincentivises access.¹⁰⁶

Custodial staff may filter out or disincentivise genuine requests for healthcare.

Custodial staff often act as the triage point or 'gatekeeper' for health requests, which may act as a blocker to accessing health care, particularly as custodial staff often do not have appropriate training to recognise health issues nor engage with First Nations people in a manner that is culturally appropriate and safe.¹⁰⁷ Certain inquests have also highlighted how racism and stigma may impact the interactions that First Nations people in prison have with custodial and health staff,¹⁰⁸ and First Nations prisoners have reported that they experienced stereotyping, prejudice and differential poorer treatment.¹⁰⁹ While First Nations people in the community also face discrimination, the power that custodial staff have over prisoners is unique to the custodial system – First Nations people in prison have to rely on another person that is not necessarily obligated to act in the prisoner's best interests to support their access to health.

Wait times significantly impact accessibility and patient experience

Prisoners struggle to access health care in a timely manner, with waiting times being a frequent limitation found in healthcare reviews.¹¹⁰ This ranges from accessing GPs and primary health nurses to organising specialist appointments and obtaining accommodation in specialist psychiatric facilities.¹¹¹ Certain health services are only available at set times and frequencies, resulting in

¹⁰⁴ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

¹⁰⁵ M Eichelberger et al., Equivalence of care, confidentiality, and professional independence must underpin the hospital care of individuals experiencing incarceration, *BMC Medical Ethics*, 2023, 24.

¹⁰⁶ Office of the Inspector of Custodial Services, Routine restraint of people in custody in Western Australia, Queensland Government, 2020; Cultural review of the adult custodial corrections system, Victorian Government, 2023.

¹⁰⁷ A Capon et al., Prisoners' experience and perceptions of health care in Australian prisons: a qualitative study, *International Journal of Prison Health*, 2020, 16(3); NACCHO, Standards for Health Services in Australian Prisons: Submission to RACGP, NACCHO, 2022.; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; S Kendall et al., Incarcerated Aboriginal women's experiences of accessing healthcare and the limitations of the 'equal treatment' principle, *International Journal for Equity in Health*, 2020, 19(48).

¹⁰⁸ Coroners Court of Victoria, Inquest into the Passing of Veronica Nelson, 2023.

¹⁰⁹ S Kendall et al., Incarcerated Aboriginal women's experiences of accessing healthcare and the limitations of the 'equal treatment' principle, *International Journal for Equity in Health*, 2020, 19(48).

¹¹⁰ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

¹¹¹ Coroners Court of Victoria, Inquest into the Passing of Veronica Nelson, 2023; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018; S

prisoners lacking access if they are indisposed during those set times.¹¹² Prisoners are also often unaware of their appointment times for security reasons, and the volatility of service provision and lockdowns means that appointments are shifted and cancelled on very short notice.¹¹³ Delays are exacerbated with transfers between different institutions or facilities where necessary to access specific types of services.¹¹⁴ However, this review was unable to find evidence to suggest wait times in prison were necessarily longer than that in the community.

3.2.3 Availability of healthcare services is limited within a custodial setting

Limited availability of the clinical workforce is impacting the accessibility and timeliness of services

The accessibility of appropriate services is impacted by limited availability in combination with increasing demand across the growing prison population. Mental health support is heavily impacted by this, with reports suggesting a severe deficiency of psychologists to provide mental health care to prisoners across Australia. Standards from the Sainsbury Centre for Mental Health in the UK standards suggest a ratio of 50 prisoners per one full-time mental health worker.¹¹⁵ Only one Australian jurisdiction achieves this standard, while others have ratios as poor as one psychologist per 2066 prisoners.¹¹⁶ This increasing demand for mental health support is also fuelled by a limited number of mental health inpatient beds in specialised medical and psychiatric facilities, despite a growing need amongst the population. Population groups with heightened mental health needs such as First Nations people, particularly women and youth, are disproportionately impacted by the impact of this demand.¹¹⁷

3.2.4 Healthcare services delivered within a custodial setting are not culturally appropriate, nor do they meet the needs of the First Nations population

A majority of First Nations prisoners are reporting never having accessed culturally appropriate health care in prison.

Kendall et al., Incarcerated Aboriginal women's experiences of accessing healthcare and the limitations of the 'equal treatment' principle, *International Journal for Equity in Health*, 2020, 19(48).

¹¹² NACCHO, Standards for Health Services in Australian Prisons: Submission to RACGP, NACCHO, 2022.

¹¹³ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

¹¹⁴ Ibid.

¹¹⁵ D Linnane et al., Ensuring universal access: The case for Medicare in prison, *Alternative Law Journal* 2023, 48(2).

¹¹⁶ Ibid.

¹¹⁷ AIHW, Improving mental health outcomes for Indigenous Australians in the criminal justice system, Australian Government, Canberra, 2021.

For many prisoners, in most states and territories, health services provided in prisons are not designed to comprehensively meet the needs of First Nations prisoners.¹¹⁸ In 2022, 65 per cent of First Nations discharges reported receiving culturally appropriate care, though only 26 per cent stated they received treatment or consultation in prison from an ACCHO and/or AMS.¹¹⁹

First Nations people in prison also have difficulty in navigating the procedures to request and receive health care. First Nations prisoners reported a lack of orientation of prison health services, finding it difficult to access information.¹²⁰ Literacy challenges and the need for self-diagnosis in submitting request forms also inhibits access as acceptance of the request is dependent on the prisoner being able to identify and articulate their needs and urgency.¹²¹ Certain cultural protocols around sharing personal information may also result in First Nations people not receiving culturally appropriate support or feeling unable to communicate freely about health needs.¹²²

Health services don't reflect the specific needs of different prison populations

Section 2.3.1 highlights the trends in different health needs by gender and age. There is evidence to suggest that certain health needs are not being met for specific groups across the prison population. For example, First Nations women in prisons experience higher rates of mental illness and AOD use than male prisoners, as well as non-Indigenous women in prisons.¹²³ Evidence highlights that this cohort continue to have poorer mental health outcomes when in custody,¹²⁴ suggesting that provision of mental health services does not appropriately reflect the heightened need for these services in female-based facilities.

Similarly, the population within youth detention facilities experience disproportionate rates of FASD and other neurodevelopmental conditions when compared to the general population.¹²⁵ FASD is overrepresented in the First Nations population and people living with FASD are at increased risk of mental health challenges and substance use. Recommendations made in the Royal Commission into the Protection and Children in the Northern Territory (Recommendation 15.1) highlight the need for more focused effort on appropriate diagnosis and assessment for FASD in detained youth, however more recent studies in other jurisdictions suggest that diagnosis and management of

¹¹⁸ Royal Commission into the Protection and Detention of Children in the Northern Territory, Australian Government, 2017; Coroners Court of Victoria, Inquest into the Passing of Veronica Nelson, 2023; Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018.

¹¹⁹ AIHW, Health of people in Australia's prisons, Australian Government, 2023.

¹²⁰ S Kendall et al., Incarcerated Aboriginal women's experiences of accessing healthcare and the limitations of the 'equal treatment' principle, *International Journal for Equity in Health*, 2020, 19(48).

¹²¹ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018.

¹²² Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

¹²³ AIHW, Improving mental health outcomes for Indigenous Australians in the criminal justice system, Australian Government, Canberra, 2021.

¹²⁴ AIHW, The health of people in Australia's prisons 2022, Australian Government, Canberra, 2023.

¹²⁵ RA Pedruzzi, et al., Navigating complexity to support justice-involved youth with FASD and other neurodevelopmental disabilities: needs and challenges of a regional workforce, *Health Justice*, 2021, 9(8).

neurodevelopmental conditions and FASD in prisons is still not appropriately meeting the needs of detainees. This is impacted by factors such as workforce capability and pathways linking diagnosis to service access and the appropriate supports.¹²⁶

3.2.5 Maintaining continuity of care is a key challenge within a custodial setting

Continuity of care is more challenging to maintain for people with multiple and complex needs

Continuity of care is most difficult for people with complex health and social welfare needs. As a highly vulnerable population, prisoners are more susceptible to experience poor continuity of care through their transitions between community and prisons, as well as in the community upon release from prison.¹²⁷

Prisoners who receive regular health care in custody, are at most risk of experiencing poor health upon their return into the community. Moving between community and corrections health services is highly disruptive and relies on adequate communication between care providers, appropriate discharge planning, and a strong understanding from the prisoner of their needs to ensure that they seek the ongoing health services and medications they require.¹²⁸ Prisoners on remand who are released back into the community rarely have adequate notice to appropriately plan for their reintegration.¹²⁹ First Nations people spend disproportionate amounts of time in remand compared to non-Indigenous prisoners, and those who are released without sentencing don't receive the same level of reintegration support that may be received by others.¹³⁰

Upon return to the community, many prisoners will also require access to social supports such as housing, financial and unemployment support, disability services, and domestic and family violence services.¹³¹ This social vulnerability is amplified by stigma and discrimination tied to their history of incarceration and impacts the likelihood of ex-prisoners seeking the appropriate health care that they require.¹³²

¹²⁶ Ibid.

¹²⁷ L Lafferty, S Schroeder, AD Marshall, K Drysdale, P Higgs, M Stoové, E Baldry, P Dietze, C Treloar. Trust and service engagement among people who inject drugs after release from prison. *International Journal of Drug Policy*. 111. 2023.

¹²⁸ AIHW, *The health of people in Australia's prisons 2022*, Australian Government, Canberra, 2023.

¹²⁹ Ibid.

¹³⁰ AIHW, *Improving mental health outcomes for Indigenous Australians in the criminal justice system*, Australian Government, Canberra, 2021.

¹³¹ Ibid.

¹³² AIHW, *Improving mental health outcomes for Indigenous Australians in the criminal justice system*, Australian Government, Canberra, 2021.

3.3 What barriers exist to effective, culturally safe health care for First Nations people in custody?

The barriers to effective, culturally safe health care are the underlying factors contributing to the inequities in First Nations health care in custody – across accessibility, availability, appropriateness and continuity of care.

3.3.1 Conflicting system philosophies, institutional racism and workloads leading to limited accessibility.

There are incompatibilities between the philosophies of the health and justice systems

There is a fundamental tension between the objectives and cultures of the custodial and health systems, affecting how First Nations people work through security protocols and interact with staff. This has been described as there being a ‘cultural conflict between the prison system, which embodies punitive and restrictive norms – and the healthcare system – which embraces caring for all the patients’ needs, individual empowerment, and compassion’.¹³³ This plays out in the inequities discussed above, specifically security requirements and arrangements that inhibit prisoners’ autonomy and free movement, as well as the objectives and attitudes of custodial and health staff.

Systemic racism and stigma influence service delivery to First Nations people

It is commonplace for Aboriginal people to report on experiencing racism and discrimination in custodial settings, negatively affecting their access to healthcare services.¹³⁴ Systemic racist behaviours and policies, stemming from a history of colonisation, has been proven to infiltrate the foundations of which systems, including health and justice, are built on. This has led to the overrepresentation of First Nations people in the justice system, but also means that they are stigmatised and discriminated against whilst participating in the system.¹³⁵

Racism and stigma can manifest in a variety of ways; in some cases it is the experience of First Nations women in the prison system where they have been stereotyped as a ‘drug chaser’, leading them to not receive the adequate access to healthcare they seek, but rather a response from medical practitioners that is based on this assumption. For example, there are cases where First Nations women will not be given the pain relief medication, or health service that a non-Aboriginal woman would.¹³⁶

In another case, it can be as simple as comparing similar situations for a First Nations person and non-indigenous, where the First Nations person will be transferred in maximum security style and

¹³³ Courtwright et al., Shackled: the challenge of caring for an incarcerated patient, *American Journal of Hospice & Palliative Medicine*, 25(4), 315.

¹³⁴ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

¹³⁵ Blagg H et al. 2005.

¹³⁶ S Kendall et al., Incarcerated Aboriginal women’s experiences of accessing healthcare and the limitations of the ‘equal treatment’ principle, *International Journal for Equity in Health*, 2020, 19(48).

travel far, whereas the other might be able to just access the service at a local hospital for the same treatment.¹³⁷

This is also evident in many deaths in custody cases, including the case of Ms. Dhu in which a doctor had dismissed her calls for help and diagnosed her condition as ‘behaviour issues’ and ‘drug withdrawal symptoms’, releasing her back into police custody where she later had passed away because of complications from a previous untreated rib fracture.¹³⁸

As a result of institutionalised and systemic racism throughout the correctional space, First Nations people are reluctant to seek and use health services.¹³⁹

Staff workloads restrict access and increase wait times.

The strain of over-crowding and the rapid churn of prisoners with complex needs through the system impacts the ability for healthcare staff to provide high quality care. Each reception, transfer and discharge requires health staff to conduct health assessments, identify high-risk patients, facilitate medication and maintain continuity of care.¹⁴⁰ The high number of new remandees, prisoners and transfers requiring these services places significant burden upon health staff.¹⁴¹ This has resulted in instances where health assessments have been found to be inadequate based on time and thoroughness, leading to poorer health outcomes and deaths in custody.¹⁴² Medication management has also been identified as a time-consuming task for health staff that could be made more efficient.¹⁴³

3.3.2 Inadequate funding, infrastructure and workforce shortages limiting service offerings.

Inadequate levels of funding put pressure on prison services.

Health care services in prisons are funded by state and territory departments through primarily block funding arrangements. Prisoners are therefore excluded from claiming Medicare subsidies and accessing subsidised pharmaceuticals for those who have access to Medicare.¹⁴⁴ As a result, prisoners only have access to a narrow range of medications than is available in the general community.

¹³⁷ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

¹³⁸ Coroners Court of Victoria, Inquest into the Passing of Veronica Nelson, 2023.; AHPRA & National Boards, *The death of Ms Dhu in police custody*, [media release], Ahpra & National Boards website, 30 April 2021, accessed 19 January 2024.

¹³⁹ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

¹⁴⁰ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

¹⁴¹ Ibid.

¹⁴² Coroners Court of Victoria, Inquest into the Passing of Veronica Nelson, 2023.

¹⁴³ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018.

¹⁴⁴ D Linnane et al., Ensuring universal access: The case for Medicare in prison, *Alternative Law Journal* 2023, 48(2).

Restrictions also extend to the National Disability Insurance Scheme (NDIS), which limits the amount of support that can be provided in prison including day-to-day care and support needs.¹⁴⁵ The literature points to these funding challenges and the impact created to the system due to the exclusion from federal support schemes. This often results in only the most acute conditions being treated, and other medical issues being left in a holding pattern.¹⁴⁶

These exclusions particularly impact First Nations people in prison as prison health clinics and ACCHOs struggle to fund First Nations-specific health services and programs, such as through the Medicare Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715).¹⁴⁷ ACCHOs already experience funding shortages in the provision of services to their communities and would have to take away resources from the community to support First Nations people in prison.¹⁴⁸

Services are constrained by insufficient infrastructure.

Availability of health services is also hampered by the strain on existing infrastructure and unmet demand for new facilities. Prisons are experiencing overcrowding with some facilities operating at above built capacity, which places significant burden on prison health services.¹⁴⁹ Health infrastructure has generally not increased commensurate to the increase in prisoner numbers.¹⁵⁰ In particular, the availability of acute, sub-acute, step-down and mental health screening beds have been identified as a common and urgent gap in health facilities.¹⁵¹ The lack of beds has meant that prisons must resort to isolating individuals in solitary confinement on protective grounds, though solitary confinement has been found to seriously deteriorate mental and physical health and reduce

¹⁴⁵ Ibid.

¹⁴⁶ S Kendall et al., Incarcerated Aboriginal women's experiences of accessing healthcare and the limitations of the 'equal treatment' principle, *International Journal for Equity in Health*, 2020, 19(48).

¹⁴⁷ S Pettit et al., Holistic primary health care for Aboriginal and Torres Strait Islander prisoners: exploring the role of Aboriginal Community Controlled Health Organisations, *Australian and New Zealand Journal of Public Health*, 2019, 43(6).

¹⁴⁸ S Pettit et al., Holistic primary health care for Aboriginal and Torres Strait Islander prisoners: exploring the role of Aboriginal Community Controlled Health Organisations, *Australian and New Zealand Journal of Public Health*, 2019, 43(6)..

¹⁴⁹ PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018; Office of the Inspector of Custodial Services, Prisoner access to secure mental health treatment, WA Government, 2018.

¹⁵⁰ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; The Office of the Inspector of Custodial Services, Directed Review into the Department of Justice's performance in responding to recommendations arising from coronial inquiries into deaths in custody, WA Government 2023.

¹⁵¹ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018.

rehabilitation prospects.¹⁵² Prisons may also have to release unwell prisoners prematurely to make way for prisoners with more critical conditions.¹⁵³

Workforce shortages constrain what services can be provided to people in prison.

Prisons face workforce shortages due to persistent vacancies and high attrition across healthcare staff.¹⁵⁴ This translates to increased workloads for existing staff and discontinuity of care, affecting the ability for prisoners to access and receive timely and quality healthcare.¹⁵⁵ Staff are having to adapt and apply 'band aid' solutions to address prominent gaps in the system.¹⁵⁶ Shortages are particularly acute for mental health nurses and First Nations health workers, especially in rural and regional areas.¹⁵⁷ For example, when compared to international recommendations, only the Australian Capital Territory was funded to provide services at a level equivalent to that available in the community in 2019.¹⁵⁸ The lack of First Nations workers is also a significant blocker to delivering culturally appropriate and safe healthcare to a standard equivalent to the community.¹⁵⁹

3.3.3 Cultural barriers across the system – inadequate leadership, workforce, partnerships and training.

First Nations people have limited leadership and influence in custodial settings

The lack of cultural safety in custodial health care can be also attributed in part due to the scarcity of First Nations people in operational leadership positions in the custodial system.¹⁶⁰ Promoting First Nations voice in the leadership and management of custodial centres would ensure that First Nation knowledges, experiences and capability are incorporated in the delivery of culturally safe

¹⁵² D Linnane et al., Ensuring universal access: The case for Medicare in prison, *Alternative Law Journal* 2023, 48(2); AIHW, Improving mental health outcomes for Indigenous Australians in the criminal justice system, Australian Government, 2021.

¹⁵³ Office of the Inspector of Custodial Services, Prisoner access to secure mental health treatment, WA Government 2018, C Cumming et al., In Sickness and in Prison: The Case for Removing the Medicare Exclusion for Australian Prisoners, *Journal of Law and Medicine*, 2018, 26(1).

¹⁵⁴ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018.

¹⁵⁵ Ibid.

¹⁵⁶ Office of the Inspector of Custodial Services, Prisoner access to secure mental health treatment, WA Government, 2018.

¹⁵⁷ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; T Anthony et al., 30 years on: Royal Commission into Aboriginal Deaths in Custody remain unimplemented, Centre for Aboriginal Economic Policy Research, Australian National University, 2021.

¹⁵⁸ F Davidson et al., Mapping the prison mental health service workforce in Australia, *Australasian Psychiatry*, 28(4).

¹⁵⁹ Coroners Court of Victoria, Inquest into the Passing of Veronica Nelson, 2023; Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

¹⁶⁰ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

health care.¹⁶¹ This is highlighted in a submission to the Victorian Cultural Review of the Adult Custodial System by an Aboriginal leader from Victoria Legal Aid, stating:

Australian Medical Association (AMA), Position Statement on Cultural Safety:

The system is developed/built in such a way that it excludes our mob continuously, and from the top down. So there are no Aboriginal commissioners, male or female, and we need both. Because the reality for our mob is... if we're going to talk seriously about changing it for our people and making a real difference so we are included, then start at the top.¹⁶²

Staff need training in providing culturally safe and appropriate care.

As previously mentioned, both custodial and health staff do not often have sufficient training in providing culturally appropriate care.¹⁶³ The lack of cultural understanding gives rise to a lack of trust, communication and understanding between First Nations people in prison and prison staff.¹⁶⁴ For instance, custodial staff reported feeling under-prepared for work and received less comprehensive training.¹⁶⁵ A survey of Victorian non-Aboriginal corrections staff showed that only 32 per cent of respondents said they had been mostly or fully trained in meeting the needs of people in custody relating to Aboriginal cultural safety.¹⁶⁶ As the majority of care is provided by non-Indigenous staff, the lack of cultural awareness in mainstream health provision is a significant barrier to effective and culturally safe health care.

Prisons are facing a shortage of First Nations staff.

As identified above, there is a lack of First Nations staff in prisons with high numbers of vacancies and attrition rates, both in health care and other support or liaison roles.¹⁶⁷ Prison staff generally experience high levels of risk, stress and trauma – this burden is heightened for First Nations staff who also face racism, discrimination, high workloads, heavy cultural load and burnout.¹⁶⁸ First Nations staff do not receive sufficient support for their social and emotional wellbeing.¹⁶⁹ The shortage of First Nations staff inhibits the ability to promote engagement with health services and deliver culturally safe health care to First Nations prisoners.¹⁷⁰ However, there is acknowledgement

¹⁶¹ Australian Medical Association (AMA), Position Statement on Cultural Safety, AMA, 2021.

¹⁶² Ibid.

¹⁶³ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

¹⁶⁴ Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Keeping our mob healthy in and out of prison: Exploring Prison Health in Victoria to Improve Quality, Culturally Appropriate Health Care for Aboriginal People, VACCHO, 2015.

¹⁶⁵ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

¹⁶⁶ Ibid.

¹⁶⁷ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

¹⁶⁸ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

¹⁶⁹ Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018.

¹⁷⁰ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; Perdacher, E et al., Well-being and mental health interventions for Indigenous people in prison: systemic

of this and in response the Australian Government has implemented the Workforce Strategy to curb the lack of First Nations employment across the sector.¹⁷¹

There is a lack of ACCHO and AMS services involved in custodial healthcare

There are few established relationships between ACCHOs/AMS and prisons. 76 per cent of participating prisons in AIHW's report into the health of people in Australia's prisons reported never receiving visits from ACCHO and/or AMS health professionals.¹⁷² ACCHOs reported having limited and episodic access to prisoners mainly providing services outside the scope of primary health care.¹⁷³ They detailed how access to prisoners was dependent on developing strong relationships with prison decisionmakers, though this is unreliable. Access could be slow or denied if the prison staff member was unavailable, the prison is locked down, or a staff member did not respect the value of ACCHOs. Racism may also play a part in restricting healthcare access to prisons.¹⁷⁴

Additionally, as previously discussed, limited funding also plays a large part in the ability for ACCHOs provide culturally safe and appropriate healthcare. ACCHOs reported implementing health programs and services for people in prison, though most programs or services were not sustainable due to a lack of funding from the states and territories, and prison health services were not covered by Medicare.¹⁷⁵ For example, an executive manager of an ACCHO stated that "we're actually taking away services that we're funded for from our community to go and deliver services we couldn't claim a 715 [Medicare Health Assessment for Aboriginal and Torres Strait Islander People] for."¹⁷⁶

Limited innovation and support for best-practice culturally appropriate care

Most prison health programs are not tailored to the unique context and circumstances of First Nations people.¹⁷⁷ There is a lack of programs aimed at First Nations women, who have distinct needs and are more likely to enter prison with experiences that may lead to re-traumatisation and recidivism without appropriate care.¹⁷⁸ There are limited culturally appropriate models of care that have been implemented and evaluated. Those models have been described above.

review, *BJPsych Open*, 2019, 5(6); Askew et al, To your door: Factors that influence Aboriginal and Torres Strait Islander peoples seeking care, *Kanyini Qualitative Study Monograph Series: No.1*, 2014.

¹⁷¹ Australian Government, [Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020-24](#), Australian Government 2020.

¹⁷² AIHW, *The health of people in Australia's prisons 2022*, Australian Government, Canberra, 2023; Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023.

¹⁷³ S Pettit et al., Holistic primary health care for Aboriginal and Torres Strait Islander prisoners: exploring the role of Aboriginal Community Controlled Health Organisations, *Australian and New Zealand Journal of Public Health*, 2019, 43(6).

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

¹⁷⁶ Ibid.

¹⁷⁷ Coroners Court of Victoria, *Inquest into the Passing of Veronica Nelson*, 2023; Cultural Review of the Adult Custodial Corrections System, Victorian Government, 2023..

¹⁷⁸ Victorian Aboriginal Legal Service (VALS), *Submission to the Cultural Review of the Adult Custodial Corrections System*, VALS, 2021.

3.3.4 Inadequate systems to support continuity of care.

Information sharing between the health and justice systems is challenging and systems do not support seamless transitions for prisoners moving between custody and community.

Limited information-sharing is a common theme that continuity of care. The use of manual forms leads to significant inefficiencies, particularly when records need to be transferred to other facilities.¹⁷⁹ These delays result in staff conducting duplicative assessments and breaking up continuity of care.¹⁸⁰ The use of different electronic information and record-keeping systems across correctional centres and health services further entrenches the communication barriers between facilities.¹⁸¹ Lack of information-sharing may also occur at a staff level, where health and custodial staff may not communicate among themselves, in part due to the tensions in the differing cultures of the corrections and health systems.¹⁸² There is also a disconnect between prison and the broader community, as information systems are not linked with the broader public health system and there is limited communication with community service providers.¹⁸³ This results in medical record gaps when prisoners come in and a lack of notifications of release and discharge summaries as prisoners return to the community.¹⁸⁴

3.4 Opportunities for innovation and reform nationally, and across states and territories?

This section is an initial summary of the opportunities for reform identified in the reviewed literature. Further information and reform opportunities will be gathered through the consultation phase of the project and prioritised for consideration by the Department.

3.4.1 Improving health care in prisons has benefits for individuals, and the broader health and prison systems

Prison provides an opportunity to reach a vulnerable population that may not have access to health care in their communities

As discussed in Section 2, people in prison are some of the most vulnerable people in society who have often come from disadvantaged backgrounds¹⁸⁵. As custodial responsibilities require correctional facilities to provide healthcare services, prisons become a vital setting for addressing

¹⁷⁹ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

¹⁸⁰ Ibid.

¹⁸¹ Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021; Audit Office of New South Wales, Access to health services in custody, NSW Government, 2021; PwC and Department of Health, Clinical Excellence Division, Offender Health Services Review, Queensland Government, 2018.

¹⁸² A Capon et al., Prisoners' experience and perceptions of health care in Australian prisons: a qualitative study, *International Journal of Prison Health*, 2020, 16(3).

¹⁸³ AIHW, The health of people in Australia's prisons 2022, Australian Government, Canberra, 2023; Inspector of Custodial Services, Health services in NSW correctional facilities, NSW Government, 2021.

¹⁸⁴ AIHW, The health of people in Australia's prisons 2022, Australian Government, Canberra, 2023.

¹⁸⁵ AIHW, The health of people in Australia's prisons 2022, Australian Government, Canberra, 2023.

the healthcare needs of First Nations people. By offering comprehensive and culturally appropriate healthcare services within prisons, First Nations people, like the general population, may have improved access to healthcare that may be lacking in their communities.¹⁸⁶ For example, health assessments carried out during entry to prison may be the first time someone is assessed for many health conditions or disabilities.¹⁸⁷

Investment in prison healthcare reform may provide significant benefits, including impacts outside of the custodial setting

Prisoner health is public health¹⁸⁸ and as such, improving health care within custodial settings may have positive impacts for individuals and communities outside of the corrections system. A prison healthcare system that implements a holistic approach to health and wellbeing that addresses the underlying issues contributing to incarceration, such as trauma and substance abuse, can contribute not only to improved health outcomes but also to reducing recidivism rates and supporting the successful reintegration of these individuals into community¹⁸⁹. For example:

- **Closing the Gap:** enhancing culturally appropriate and holistic prison health care can directly improve the health outcomes for First Nations prisoners while in custodial settings, as well as address the underlying determinants of health that may also contribute to strengthened equity of socio-economic outcomes for First Nations people.
- **Improving public health outcomes and reducing burden on community services:** improved health care in prisons increases the chance of a prisoner being healthy at their time of release into the community. Similarly, health-related discharge planning supports the continuity of health care between prison and the community, ensuring medications, health services, and other support services are accessible, and that complex health needs are managed. This reduces the burden on community services through unplanned visits or urgent response.
- **Reducing recidivism:** investment in culturally safe and holistic healthcare programs for First Nations people including counselling, substance abuse programs, and transitional support, can enhance the chances of successful reintegration into society, leading to lower recidivism rates and safer communities.¹⁹⁰
- **Increasing safety within custodial settings:** A healthier prison population can lead to a more peaceful and stable environment for both inmates and staff.
- **Increasing efficiency across the health, justice and correctional systems:** effective primary health care and prevention increases efficiency across the health and correctional systems by promoting preventive measures, improving coordination, reducing emergency care use, supporting continuity of care, and facilitating evidence-based decision-making.

¹⁸⁶ Australian Institute of Health and Welfare. (2019). The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2019.

¹⁸⁷ [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability: Executive Summary, Our vision for an inclusive Australia and Recommendations](#), 2023, accessed on 23 January 2024.

¹⁸⁸ WHO 2012. The new European policy for health – Health 2020: policy framework and strategy. Copenhagen: WHO.

¹⁸⁹ AIHW 2018.

¹⁹⁰ Ibid.

3.4.2 Royal Commissions and coronial inquests have provided clear recommendations for system reform

This review has examined four Royal Commissions and four coronial inquests that provide clear recommendations related to the delivery of culturally safe health care to First Nations people in custodial settings. These are summarised in detail in Appendix F. Implementation of previously recommended system improvements will inform the priorities and reform opportunities identified through this project.

3.4.3 Culturally safe models of care are currently being delivered by ACCHOs and could be replicated in other jurisdictions

There is little documented consensus on what best-practice culturally safe principles are for prison programs.

Published information and research has limited agreement on the key elements of culturally appropriate health care for First Nations people in a correctional setting. However, while there is little published consensus in the academic world on what constituted “best practice” in this context, it is recognised that this is not representative of knowledge held in community.

The implementation of tailored programs and services within a correctional setting is relatively new, both nationally and globally. Each jurisdiction is developing their own policies and culturally appropriate programs, creating misalignment. The lack of a standardised definition for these programs means that there is room for discussion on appropriate funding, governance, monitoring and evaluation, delivery and design.¹⁹¹

In recognition of this limitation, there is work underway to develop and establish a list of agreed best-practice statements that address the needs of First Nations people in prison.¹⁹²

There is opportunity for there to be greater collaboration with First Nations bodies and organisations to design and deliver culturally safe and appropriate programs, aligning with the Agreement and self-determination.¹⁹³

There is opportunity to learn from the existing models of care delivered by community-controlled organisations

As discussed in Section 3.1.3, there are community-controlled organisations in the Northern Territory, Australian Capital Territory, Victoria and South Australia that are currently delivering healthcare services to First Nations people (both adults and young people) in custodial facilities. There is limited publicly available information on these programs, and this desktop review did not identify any evaluations or assessments of the effectiveness of these models. This is not to say that

¹⁹¹ Majeed T et al., Developing best practice principles for the provision of programs and services to people transitioning from custody to the community: the study protocol for a modified Delphi consensus exercise, 2023, *BMJ Open*. [Majeed T et al. 2023].

¹⁹² Majeed T et al. 2023.

¹⁹³ Closing the Gap, *National Agreement on Closing the Gap*, Australian Government, 2024.

this knowledge does not exist, rather that it requires further exploration in the latter stages of this review through in-depth engagement with the identified ACCHOs.

There needs to be improved and publicly available evaluations of these models of care to truly understand the effect it is having on First Nations Australians inside of prisons. Other literature has also highlighted the need for further research to better understand the feasibility of ACCHOs delivering primary health care within prisons.¹⁹⁴

3.4.4 Strengthening service delivery and system enablers to support an end-to-end system with health at the centre

Improved service delivery is rooted in the implementation of culturally safe healthcare practices

Culturally safe healthcare practices are essential in delivering appropriate care to First Nations people in custodial settings, as discussed in Section 2. There is opportunity to improve the cultural safety of health service delivery through the following mechanisms:

- Providing comprehensive and ongoing training for healthcare staff on cultural sensitivity, diversity, and awareness is crucial for delivering culturally appropriate care.¹⁹⁵
- Designing and implementing culturally appropriate health promotion initiatives within prisons can address the unique healthcare needs of First Nations people. These programs could be developed in collaboration with ACCHOs and cultural leaders.¹⁹⁶
- Increasing the representation of First Nations health workers within prisons to enhance cultural understanding and communication.

To support these activities, there is opportunity for ACCHOs and AMS to be more closely involved in the design and delivery of health services.

Maintaining the continuity of care for people on their journey through the custodial system supports improved outcomes

This review of the evidence has considered the complete journey of prisoners through the custodial system and identified the points within the system where good, consistent practices would support health outcomes. These are summarised in Appendix G. These include:

- **On entering a custodial setting** where there is opportunity to conduct First Nations health assessments and identify the needs of an individual, referring them to ACCHO-delivered services if available.

¹⁹⁴ Pettit S et al. 2019; Sivak, L et al. 2017; Perdacher E, et al., '[Well-being and mental health interventions for indigenous people in prison: systematic review](#)', BJPsych Open, 2019.

¹⁹⁵ Australian Government. (2014). Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026.

¹⁹⁶ AIHW 2019

- **During incarceration within a custodial facility** where there is opportunity to ensure that culturally safe care is delivered to an individual when they need it, and there are appropriate programs available to address the broader determinants of good health.
- **Upon release into the community**, there are opportunities to ensure discharge and transitional planning is complete and culturally safe, including connecting with community-controlled services for aftercare.

Strengthening system enablers ensures culturally safe and effective healthcare delivery

There are key enablers that support the culturally safe and effective delivery of health care to First Nations people in prisons. These are the individual, organisations and system supports to health care services and include but are not limited to governance, workforce capability, policies and procedures, funding, partnerships, improved infrastructure, and information and systems. Opportunities to strengthen each of these enabling elements is discussed below in Table 13 | Opportunities to strengthen enablers of health care delivery in custodial settings.

Table 13 Opportunities to strengthen enablers of health care delivery in custodial settings

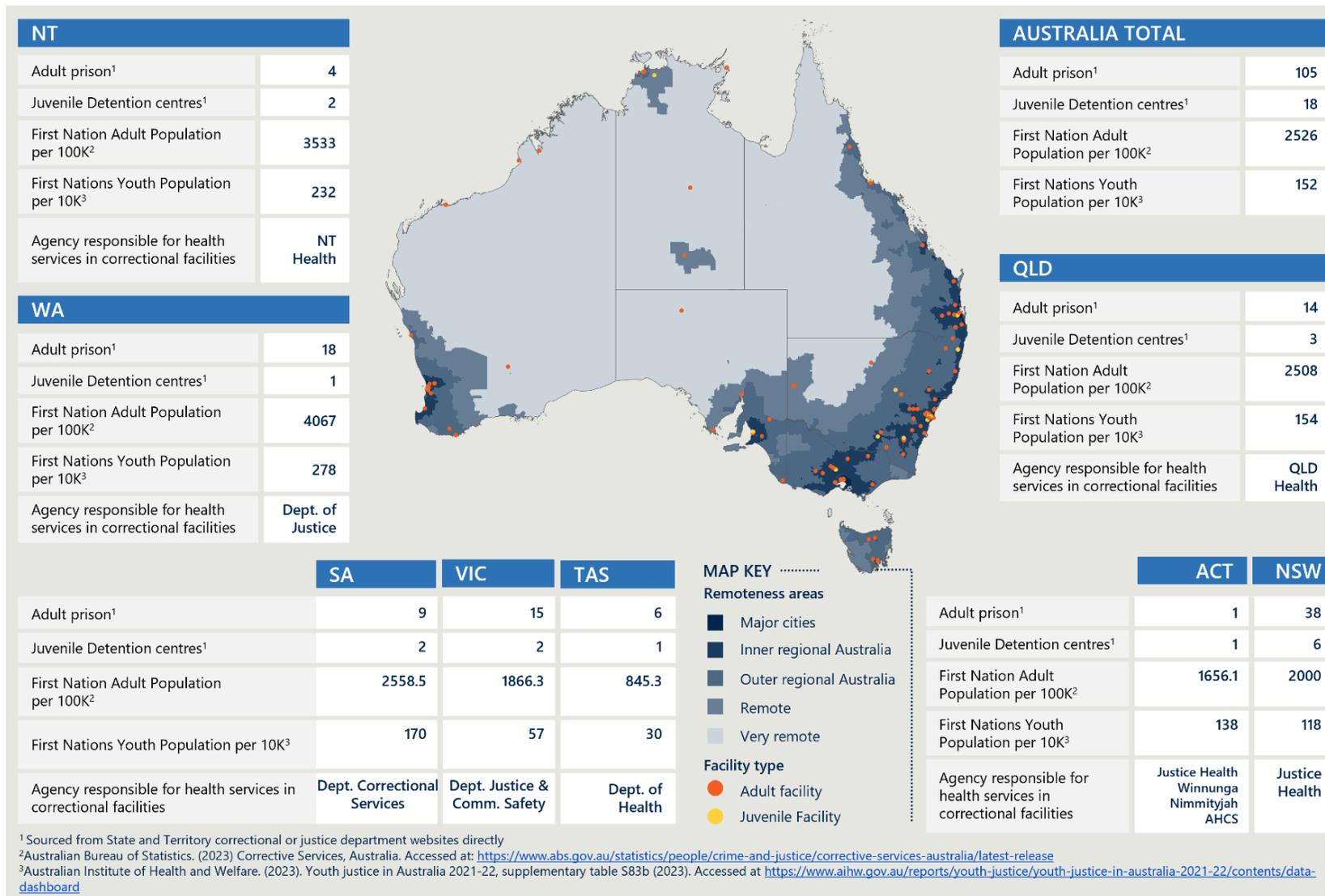
Enabler	Identified opportunities
<p>Governance: Robust and effective framework for overseeing the health care services provided to prisoners. This includes clear accountability for healthcare service delivery, enforcing minimum standards, and transparency in decision-making.</p>	<ul style="list-style-type: none"> • Transfer responsibilities to state health departments • Promote collaboration and communication between health and custodial staff, and departments through formal governance mechanisms
<p>Workforce capability: The knowledge, skills, competencies, and capacity of healthcare professionals to effectively and efficiently meet the needs of First Nations patients and provide high-quality, culturally safe health care.</p>	<ul style="list-style-type: none"> • Implementation of cultural awareness and safety training for health and custodial staff
<p>Policies and procedures: Appropriate policy directives, operational and clinical guidelines, and procedures to support facility staff, ensure patient safety and maintain regulatory and legislative compliance.</p>	<ul style="list-style-type: none"> • Undertake a statewide review of existing strategies to ensure cultural safety of First Nations prisoners
<p>Funding: Access to adequate funding arrangements to support the delivery of safe and effective, comprehensive health care in custodial facilities.</p>	<ul style="list-style-type: none"> • Access to PBS / MBS for health services and medications delivered within prisons in the context of Australian Government /state/territory responsibilities

Enabler	Identified opportunities
	<ul style="list-style-type: none"> Facilitate access to NDIS support for inmates and those on remand Funding for ACCHOs to deliver community-controlled models of care in custodial facilities
<p>Partnerships: Strengthening existing collaborative relationships between correctional facilities, healthcare providers, government agencies and the community-controlled sector. This includes formal partnerships with community-controlled organisations to support the delivery of effective and culturally safe health care services.</p>	<ul style="list-style-type: none"> Working with ACCHOs, AMS and other community-controlled organisations for training, and design of models of care
<p>Improved infrastructure: Quality and availability of facilities and resources within correctional facilities to enhance the delivery of healthcare to prisoners. This involves creating an environment that supports the provision of safe, efficient, and high-quality healthcare services.</p>	<ul style="list-style-type: none"> Improve in-patient facilities and ensure adequate space for health service delivery and privacy Increase the number of dedicated mental health beds
<p>Information and systems: Management and utilisation of data, records and technology to support the delivery of health services and the continuity of care for prisoners. Including the collection, storage, analysis, and sharing of health-related information within the correctional system.</p>	<ul style="list-style-type: none"> Improved information sharing between community health services and prison healthcare services, while ensuring patient privacy and consent is maintained Access to My Health Record for consistent medical records

Appendix A Legislative Framework

State/territory	Legislation
NSW	<ul style="list-style-type: none"> • Health Services Act 1997 • Crimes (Administration of Sentences) Act 1999 No 93 • Children (Detention Centres) Act 1987 No 57 • Mental Health Act 2007 • Mental Health and Cognitive Impairment Forensic Provisions Act 2020
VIC	<ul style="list-style-type: none"> • Corrections Act 1986 • Drugs, Poisons and Controlled Substances Act 1981 • Mental Health and Wellbeing Act 2022 • Charter of Human Rights and Responsibilities Act 2006
QLD	<ul style="list-style-type: none"> • Corrective Services Act 2006 • Corrective Services Regulation 2017 • Hospital and Health Boards Act 2011 • Human Rights Act 2019
SA	<ul style="list-style-type: none"> • Correctional Services Act 1982 • Mental Health Act 2009
WA	<ul style="list-style-type: none"> • Prisons Act 1981 • Young Offenders Act 1994 • Health Act 1911 • Mental Health Act 2014
TAS	<ul style="list-style-type: none"> • Corrections Act 1997
NT	<ul style="list-style-type: none"> • Correctional Services Act • Youth Justice Act • Mental Health and Related Services Act • Part 2A NT Criminal Code • Health Practitioners Act • Disability Services Act
ACT	<ul style="list-style-type: none"> • Corrections Management Act 2007 • Human Rights Act 2004

Appendix B Breakdown of state and territory custodial statistics

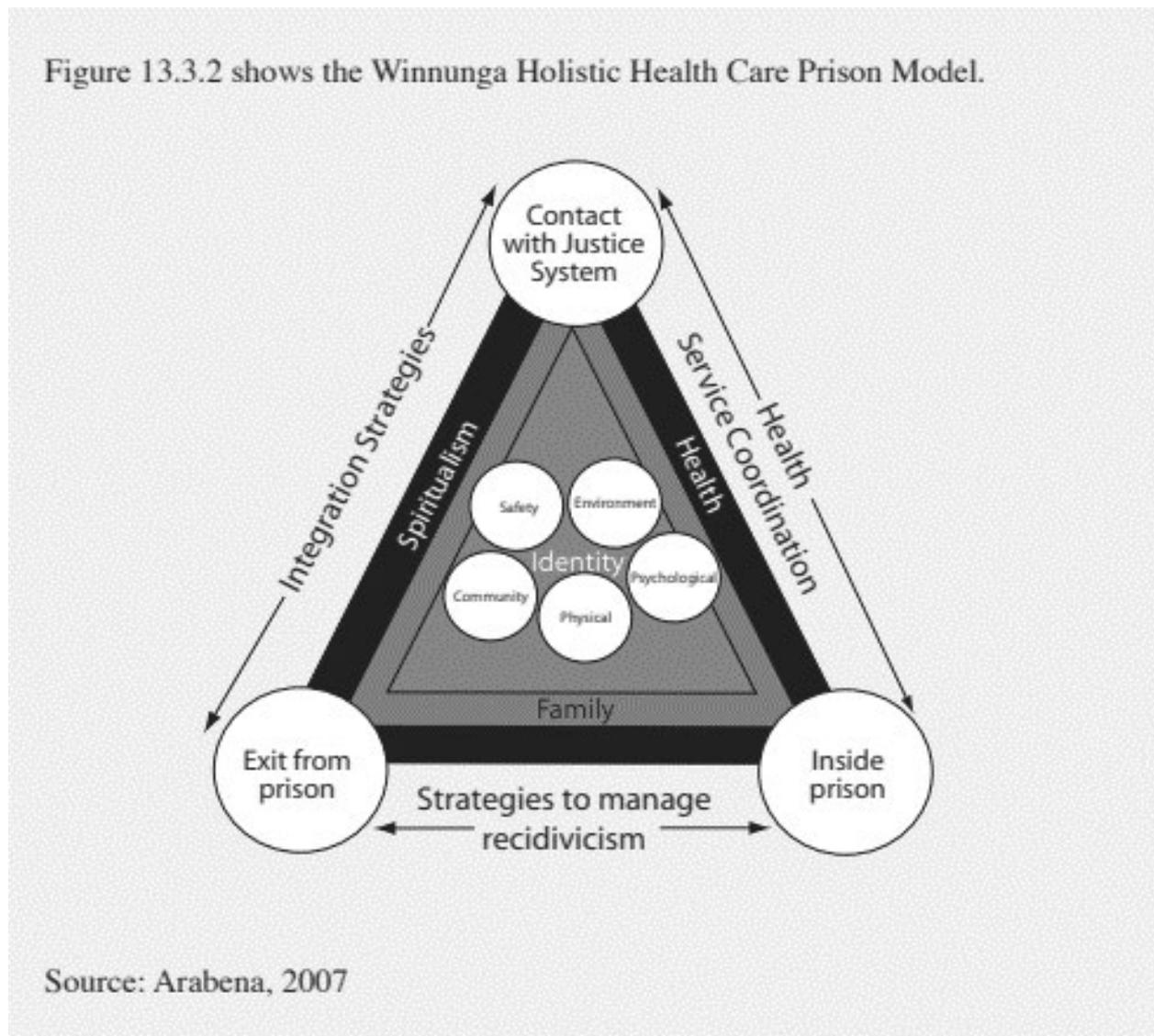


Appendix C Winnunga Holistic Health Care Prison Model

The Winnunga Holistic Health Care Prison Model has three parts:

- **Part 1: Incarceration** – the Model provides holistic health care during incarceration and planning for release.
- **Part 2: Release from Prison** – the Model provides post release health service coordination, and family and community reintegration strategies.
- **Part 3: Managing the Cycle of Incarceration** – the Model provides early family, and other intervention strategies. Figure 13.3.2 shows the Winnunga Holistic Health Care Prison Model.

Figure 1 Winnunga Holistic Health Care Prison model



The Model (described in detail in section 3.1.3 shows that health, family and spirituality are the three supporting components of those incarcerated and upon their release into the community. At

the centre of the Model is the need to develop a strong sense of identity which is crucial in coping with prison and community life. The ability to do this is dependent on the environment, safety, physical, psychological, and community support. Finally, health service coordination, and reintegration strategies into the community combine to manage the cycle of incarceration.

Appendix D Victorian Aboriginal Social and Emotional Wellbeing Plan

Priority Areas	Objectives	Initiatives (lead agency/ies)
1. Prevention and health promotion	<p>1.1 Improve access for Aboriginal prisoners to community support agencies and programs that focus on strengthening connection to culture, building resilience and healing trauma</p> <p>1.2 Increase opportunities for Aboriginal prisoners to connect to Country and strengthen their spirituality</p> <p>1.3 Increase understanding and awareness of mental health through culturally appropriate prevention, promotion and early intervention information</p>	<ul style="list-style-type: none"> • Commit to the continuation of the Statewide Indigenous Arts in Prisons and Community Program across Victoria's Prisons (immediate) (Corrections Victoria) • Commit to the ongoing enhancement of cultural programs for Aboriginal prisoners through regular scoping and expressions of interest to the Aboriginal community for new cultural programs (future) (Corrections Victoria) • Commit to the introduction of cultural programs that focus on addressing trauma, resilience and kinship connections (future) (Corrections Victoria) • Consider operational practices with a view to increasing current opportunities for Aboriginal prisoners to connect to Country and practise their spirituality (future) (Corrections Victoria) • Support future opportunities for Aboriginal prisoners to connect to Country and practise their spirituality (future) (Corrections Victoria) • Actively promote, engage in and support annual NAIDOC week and other events that celebrate Aboriginal culture (immediate) (Corrections Victoria, Justice Health)

Priority Areas	Objectives	Initiatives (lead agency/ies)
<p>2. Culturally capable workforce</p>	<p>2.1 Increase the cultural capacity of all staff working in the Victorian prison system</p> <p>2.2 Increase the number of Aboriginal health professionals working in the prison system</p>	<ul style="list-style-type: none"> • Include cultural awareness training as part of induction and professional development activities for all Corrections Officers and health staff (immediate) (Corrections Victoria, Justice Health) • Provide health staff with regular access to cultural safety training that increases understanding of Aboriginal social and emotional wellbeing concepts of health (immediate) (Justice Health) • Recruit a Clinical Aboriginal Consultant to provide a secondary consultation service and advice to health staff working with Aboriginal prisoners (immediate) (Justice Health) • Fund tertiary scholarships for Aboriginal students in a health or mental health related field and structure placements in Victorian prison health services (immediate) (Justice Health, Koori Employment) • Increase opportunities for Aboriginal students enrolled in a health related field to take up work placements in prison health (future) (Justice Health, Koori Employment)

Priority Areas	Objectives	Initiatives (lead agency/ies)
<p>3. Culturally safe and responsive services</p>	<p>3.1 Reflect and embed Aboriginal cultural values in the design and delivery of programs and health services</p> <p>3.2 Improve communication and support for prisoners on reception to prepare and encourage prisoners to engage with health staff</p> <p>3.3 Improve mental health outcomes for Aboriginal prisoners through early and accurate assessment of needs and service and program responses</p>	<ul style="list-style-type: none"> • In partnership with Aboriginal health specialists, develop and implement guidelines for culturally appropriate mental health assessment and treatment processes (future) (Justice Health) • Identify and deliver training for mental health clinicians in the mental health assessment of Aboriginal prisoners (immediate) (Justice Health) • Implement the Cultural Wrap Around Model to ensure a culturally supported approach to the delivery of mainstream programs (future) (Corrections Victoria) • Explore options to improve the identification of Aboriginal women with mental illness (future) (Justice Health) • Review information, fact sheets and forms to ensure material is written in a culturally appropriate language and targeted to the literacy levels of prisoners (immediate) (Corrections Victoria, Justice Health)

Priority Areas	Objectives	Initiatives (lead agency/ies)
<p>4. Continuity of care</p>	<p>4.1 Build partnerships with Aboriginal community organisations to improve the continuity of health care for Aboriginal prisoners as they transition through the prison system</p> <p>4.2 Improve the cultural inclusiveness of mainstream transition programs for Aboriginal prisoners</p> <p>4.3 Improve the responsiveness of cultural transition programs and services to address Aboriginal social and emotional wellbeing needs</p>	<ul style="list-style-type: none"> • Develop partnerships with Aboriginal community agencies and services to facilitate connections between Aboriginal prisoners and support services post release (immediate) (Corrections Victoria, Justice Health) • Pilot an in-reach transitional health service for Aboriginal prisoners to support continuity of health care (future) (Justice Health) • Ensure the cultural responsiveness and competence of Corrections Victoria’s new pre and post release transitional support programs by engaging key Aboriginal stakeholders in the evaluation of potential service providers to ensure alignment with Aboriginal service commitments and objectives (immediate) (Corrections Victoria)
<p>5. Working from and building an evidence base</p>	<p>5.1 Improve the identification of Aboriginal prisoners</p> <p>5.2 Improve data collection and reporting capability of health services and prison programs to inform future service planning</p>	<ul style="list-style-type: none"> • Develop an evaluation framework for the Aboriginal Social and Emotional Wellbeing Plan (immediate) (Corrections Victoria, Justice Health) • Ensure the electronic health record has capability to collect data and report on health trends by Aboriginal status (immediate) (Justice Health) • Collect, monitor and report on Aboriginal participation in mainstream and Aboriginal cultural programs (immediate) (Corrections Victoria) • Identify opportunities to partner with Aboriginal community organisations and research agencies to continue to build an evidence base relating to the social and emotional wellbeing of Aboriginal prisoners through research and evaluation partnerships (immediate) (Corrections Victoria, Justice Health)

Appendix E South Australia Aboriginal Prisoner Health and Wellbeing Model of Care

The Model of Care for Aboriginal Prisoner Health and Wellbeing has the following components:

- Overarching design
- Theoretical basis with principles
- Evidence base
- Standards
- Core elements
- Key considerations

The Model of Care for Aboriginal Prisoner Health and Wellbeing is holistic, person-centred, and underpinned by the provision of culturally appropriate care. It recognises that Aboriginal prisoners are members of communities both inside and outside of prison, and that release into the community at the completion of their sentences needs consideration. It notes the unique needs of remanded and sentenced prisoners and differing needs by gender.

The South Australian Aboriginal Prisoner Health and Wellbeing Model of Care draws on the theoretical framework of the Winnunga Holistic Health Care Prison Model (Winnunga Model). It also draws on the key principles of the Northern-Midland Region Prison Model of Care.

The principles that guide the Model are in the areas of: (1) human rights and treatment of prisoners; (2) anti-racist prison cultures; (3) people-centred and responsive to family; (4) compulsory mental health care; (5) treatment and recovery paradigm; (6) community equivalence of care; (7) social and emotional wellbeing in prisons; and (8) reducing recidivism.

The model has eight core elements: (1) pre-release planning begins at entry to prison; (2) culture, spirit and identity; (3) communication; (4) access and continuity; (5) family; (6) flexible pathways; (7) recovery, rehabilitation, therapy; and (8) prisoner is linked to community-based services pre-release.

Figure 2 South Australia Aboriginal Prisoner Health and Wellbeing Model of Care

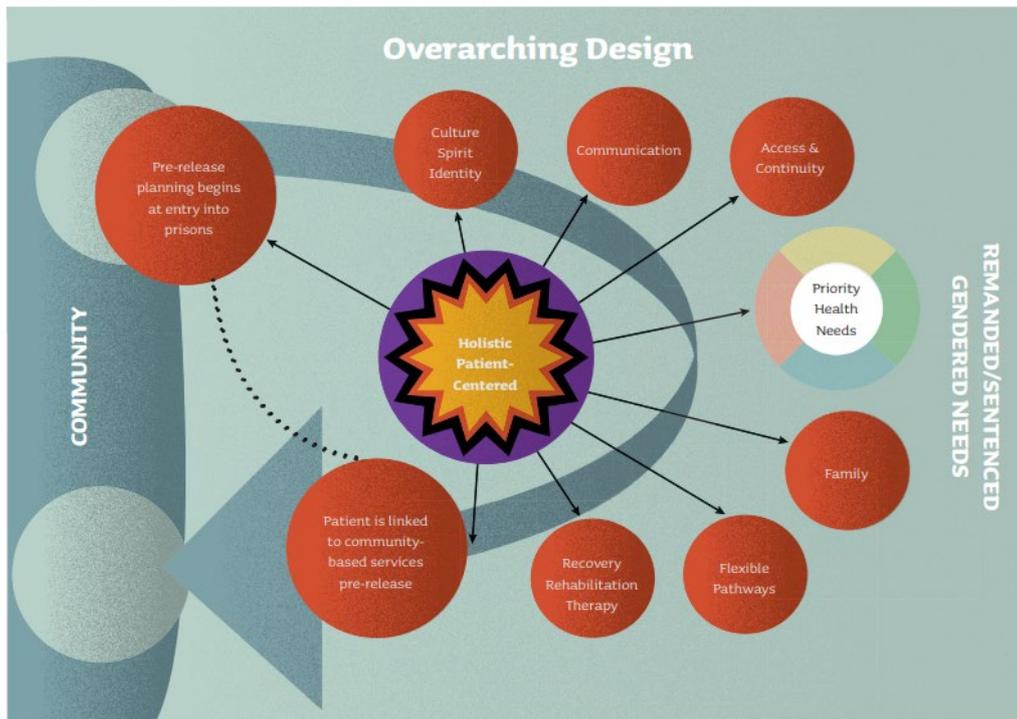


Figure 1 The SA Aboriginal Prisoner Health and Wellbeing Model of Care

Appendix F Summary of Royal Commission and coronial inquest recommendations

Category	Description	Recommendation code and detail
Service delivery	Enable tailored service delivery that embeds culturally safe practices and elements throughout	<ul style="list-style-type: none"> • RCIADIC Rec. 156¹⁹⁷: That upon initial reception at a prison all Aboriginal prisoners should be subject to a thorough medical assessment with a view to determining whether prisoner is at risk of injury, illness or self-harm. Such assessment on initial reception should be provided, wherever possible, by a medical practitioner. • RC into Person with Disability Rec. 8.16¹⁹⁸: State and territory corrective service and youth justice agencies and justice health agencies should engage First Nations organisations, including Aboriginal Community Controlled Health organisations, to provide culturally safe disability screening and assessment services for First Nations prisoners and detainees. • RC into Child Sexual Abuse Rec. 15.4.c¹⁹⁹: The Commonwealth Minister for Health: c. direct that if an initial questionnaire for Fetal Alcohol Spectrum Disorder indicates that a full assessment is required, that assessment be funded through Medicare or the NDIS as appropriate.
Information and systems	Improved information sharing between community health services and prison healthcare services.	<ul style="list-style-type: none"> • RCIADIC Rec. 166: The machinery should be put in place for the exchange, between Police and Corrective Services authorities, or information relating to the care of prisoners. • Ms. Dhu Coronial Inquest Rec. 5²⁰⁰: I recommend that Parliament consider whether legislative change is required in order to allow medical clinicians to provide the Western Australia Police Service with sufficient medical information to manage a detainee's care whilst in police custody. Allied to this is a consideration of the safeguards concerning that information.

¹⁹⁷ RCIADIC 1991

¹⁹⁸ [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability: Executive Summary, Our vision for an inclusive Australia and Recommendations](#), 2023, accessed on 23 January 2024.

¹⁹⁹ [Royal Commission into the Protection and Detention of Children in the Northern Territory: Findings and Recommendations](#), 2017, accessed 23 January 2024.

²⁰⁰ [Inquest into the death of Julieka Ivanna DHU \(11020-14\)](#), accessed 23 January 2024

Category	Description	Recommendation code and detail
Partnerships	Working with ACCHOs, AMS and other community-controlled organisations for training, and design of Models of Care.	<ul style="list-style-type: none"> • RCIADIC Rec. 127c: That Police Services should move immediately in negotiation with Aboriginal Health Services and government health and medical agencies to examine the delivery of medical services to persons in police custody. Such examination should include, but not be limited to, the following: The involvement of Aboriginal Health Services in the provision of health and medical advice, assistance and care with respect to Aboriginal detainees and the funding arrangements necessary for them to facilitate their greater involvement. • V. Nelson Coronial Inquest Rec 25²⁰¹: I recommend that the Department of Justice and Community Safety and/or Justice Health, in partnership with the VACCHO, take concrete steps to build the capacity of VACCHO to provide in-reach health services in prisons • K. Bugmy Coronial Inquest Rec. G²⁰²: That Justice Health and Forensic Mental Health Network (JFMHN) should continue to explore and promote partnerships with Aboriginal Community Controlled Health Organisations to support the provision of culturally safe primary health care to Aboriginal patients and, in this context, should explore options for developing funding models that enable partnerships of this kind to be developed and sustained in the long term.
Workforce capability	Implement cultural awareness and safety training for health and custodial staff.	<ul style="list-style-type: none"> • RCIADIC Rec. 154a: All staff of Prison Medical Services should receive training to ensure that they have an understanding and appreciation of those issues which relate to Aboriginal health, including Aboriginal history, culture and lifestyle so as to assist them in their dealings with Aboriginal people. • RC into Child Sexual Abuse Rec. 15.5.d²⁰³: Employing, training and professionally developing culturally competent staff who understand the particular needs and experiences of Aboriginal and Torres Strait Islander children, including

²⁰¹ [Finding into the passing of Veronica Nelson](#), 2023, accessed 23 January 2024.

²⁰² [Inquest into the death of Kevin Francis Bugmy](#), 2022, Coroners Court of New South Wales (2019/120612), accessed 23 January 2024.

²⁰³ [Royal Commission into Institutional Responses to Child Sexual Abuse: Final Report Recommendations](#), 2021, accessed 23 January 2024

Category	Description	Recommendation code and detail
		<p>the specific barriers that Aboriginal and Torres Strait Islander children face in disclosing sexual abuse.</p> <ul style="list-style-type: none"> • V. Nelson Coronial Inquest Rec 29.1: Engage with Victoria's Aboriginal and Torres Strait Islander communities to learn how culturally safe and culturally appropriate principles can be embedded into their delivery of health services to Victorian prisoners. This process should be ongoing, guided by Victoria's Aboriginal and/or Torres Strait Islander communities and be conducted in the manner determined by these communities.
Funding	Ensuring the availability of PBS / MBS items for prisoners; access to NDIS support.	<ul style="list-style-type: none"> • K. Bugmy Coronial Inquest Rec. H.: That JHFMHN should continue its work advocating for a trial for access to Medicare for Aboriginal inmates. In this context, JHFMHN should consider liaising with its equivalent or counterpart bodies in other States to coordinate and advocate for a trial process involving Medicare being made available by the Commonwealth to Aboriginal inmates. <p>RC into Child Sexual Abuse Rec. 15.4: The commonwealth Minister for health:</p> <ul style="list-style-type: none"> • a. make the necessary directions under section 19(2) of the Health Insurance Act 1973 (Cth) to enable the • payment of Medicare benefits for medical services provided to children and young people in detention in the Northern Territory • b. take all necessary steps to ensure that supply of pharmaceuticals to children and young people in detention in the Northern Territory is provided under the Pharmaceutical Benefits Scheme, and • R. Button Coronial Inquest Recommendation²⁰⁴: That Justice Health continue to advocate for a trial for access to Medicare for Aboriginal inmates.
Policies and guidelines	Policies and guidelines to ensure cultural safety and appropriate	<ul style="list-style-type: none"> • RCIADIC Rec. 123: That Police and Corrective Services establish clear policies in relation to breaches of departmental instructions. Instructions relating to the care of persons in custody should be in mandatory terms and be both enforceable and enforced. Procedures should be put

²⁰⁴ [Inquest into the death of Reuben Button](#), 2023, Coroners Court of New South Wales, (2020/00257665) accessed 23 January 2024.

Category	Description	Recommendation code and detail
	care of First Nations prisoners	<p>in place to ensure that such instructions are brought to the attention of and are understood by all officers and that those officers are made aware that the instructions will be enforced. Such instructions should be available to the public.</p> <ul style="list-style-type: none"> • RC into Child Protection in NT Rec 2.a.1: On the admission of a child or young person to a detention centre: ensure sufficient medical staff are made available at youth detention centres to: undertake a comprehensive medical and health assessment in accordance with regulation 57.
Improved infrastructure	Any in-patient facilities, including types of services and the physical spaces and treatment centres available.	<ul style="list-style-type: none"> • RC into Child Sexual Abuse 15.2: While in detention: regular, at least monthly, medical checks including dental checks are implemented for detainees • V. Nelson Coronial Inquest Rec 22: I recommend that the Victorian Government establish a subacute unit at the Medical/Health Centre at Dame Phylis Frost Centre available to all prisoners who require it, and that includes oversight by a specialist who has completed Advanced Training in Addiction Medicine.

Appendix G Summary of reform opportunities along a person’s journey through the custodial system

Table 14 summarises the current state and opportunities for service and system-level reform along an individual's journey through the custodial system. Opportunities for reform also include service enablers which reach all stages of reception and intake, incarceration and release from prison. These include:

- Policies and guidelines: statewide review of existing strategies to ensure cultural safety of First Nations prisoners.
- Funding: ensuring the availability of PBS/MBS items for prisoners, access to NDIS support.
- Improved infrastructure: i.e. in-patient facilities and dedicated mental health beds
- Partnerships: working with ACCHOs, AMS and other community controlled organisations for training, and design of models of care
- Workforce capability: implement cultural awareness and safety training for health and custodial staff
- Information and systems: improved information sharing between community health services and prison healthcare services.

Table 14 Summary of opportunities

	Reception and intake	Incarceration	Release
Current service delivery	<ul style="list-style-type: none"> • Comprehensive health assessment upon entry into facility, including physical and mental health. • This initial assessment aims to identify any immediate healthcare needs and provide appropriate interventions. 	<ul style="list-style-type: none"> • Ongoing health care services: <ul style="list-style-type: none"> • Primary care • Mental health care • Dental care • Specialist health care as required • Routine health checks and screening <ul style="list-style-type: none"> • BBV/STI screening 	<ul style="list-style-type: none"> • Transitional care planning, including a health assessment, to address any immediate health needs, ensure the continuation of necessary medications or treatment, and provide appropriate referrals for community-based health care services.

	Reception and intake	Incarceration	Release
		<ul style="list-style-type: none"> • Tuberculosis • Chronic conditions • Health promotion and education • Emergency health services 	<ul style="list-style-type: none"> • Mental health assessment and referral. • Referrals for community-based substance abuse treatment services.
Opportunities for reform	<ul style="list-style-type: none"> • Culturally safe service provision and availability of First Nations staff to conduct intake assessment 	<ul style="list-style-type: none"> • Culturally safe service provision • Increase numbers of First Nations health workers • Increase clinic hours • Provision of telehealth 	<ul style="list-style-type: none"> • Culturally safe service provision • Comprehensive and consistent release procedures and transitional care planning. • Transitional care planning delivered by ACCHO and other community organisations.