

Queensland Health and
Queensland Corrective Services

**Reducing barriers to health
and wellbeing:** The Queensland
Prisoner Health and Wellbeing
Strategy 2020–2025

**Working together to improve prisoner
and community health and wellbeing**



**Queensland
Government**

Reducing barriers to health and wellbeing: The Queensland Prisoner Health and Wellbeing Strategy 2020–2025

Published by the State of Queensland (Queensland Health),
September 2020



This document is licensed under a Creative Commons
Attribution 3.0 Australia licence. To view a copy of this licence,
visit: creativecommons.org/licenses/by/3.0/au

Copyright

© State of Queensland (Queensland Health) 2020

You are free to copy, communicate and adapt the work,
as long as you attribute the State of Queensland
(Queensland Health).

For more information contact

Office for Prisoner Health and Wellbeing
Clinical Excellence Queensland
Queensland Health
PO BOX 48, Brisbane QLD 4000

Telephone: (07) 3082 0720
Email: offenderhealth@health.qld.gov.au

SC2000471 Sept 2020

Disclaimer

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Acknowledgement of Country

The Department of Health acknowledges the traditional custodians of the lands across the State of Queensland, and pays our respects to the Elders past, present, and emerging. We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander people have contributed to our communities, and recognise our collective responsibility as government, communities, and individuals to ensure equality, recognition and advancement of Aboriginal and Torres Strait Islander Queenslanders in every aspect of our society.

Contents

Introduction: Why a strategy for Prisoner Health and Wellbeing?	6
The importance of prisoner health	7
Our obligations	7
Background	8
Offender Health Services Review	8
Taskforce Flaxton	9
Development of the Prisoner Health and Wellbeing Strategy 2020–2025	11
The Prisoner Health and Wellbeing Strategy 2020-2025	11
Objective 1 – Enable and improve health and wellbeing	15
Objective 2 – Deliver healthcare	17
Objective 3 – Connect through partnerships	19
Objective 4 – Transition successfully	20
Appendix	22
Prisoner Health and Wellbeing Strategy Workshop	22



Director-General, Queensland Health

The *Prisoner Health and Wellbeing Strategy 2020–2025* (the Strategy) represents an important milestone in Queensland Health’s commitment to our vision of Healthier Queenslanders. People in prison are part of our community and improving their health and wellbeing is a critical part of improving the health and wellbeing of all in Queensland.

The strategy was a recommendation of the Offender Health Services Review (the Review) which was a collaborative and consumer driven project led by the Department of Health, in consultation with key stakeholders, to improve the governance of prisoner health services in Queensland.

The Review found that health staff in prison strive to provide quality healthcare equivalent to that which is accessible in the community. However, these efforts have been hampered by a lack of organisational support, inefficiencies in the delivery of care due to the need to focus on day to day care delivery with no capacity to address issues strategically, fragmentation in the delivery of services and significant variability in the nature and availability of services between correctional centres.

In addition, we know that the health needs of people in prison tend to be more complex compared to the rest of the community. These issues mean that the health needs of people in prison were not being met to the standard which I know our health staff seek to uphold.

Significant work has already been undertaken in response to the Review. Governance processes have been established and are already strategically addressing state-wide service delivery issues, a Memorandum of Understanding with Queensland Corrective Services has been finalised, and new Key Performance Indicators have been developed and are being implemented. This strategy, which sets out a five-year vision and actions to achieve the vision, is the next milestone in the work toward improving prisoner health services.

Collaboration is a key theme throughout the strategy and is an indispensable part of improving health and wellbeing of prisoners. We will not achieve the objectives of this strategy without all our partners including prisoner health services, health services delivered in hospitals and the broader community, health consumers and advocates. Importantly, this is not solely a Queensland Health Strategy, it is a joint strategy with Queensland Corrective Services. Our two agencies are committed to continuing to work together to deliver on the vision to improve the health and wellbeing of prisoners. Ultimately the outcomes of this strategy contribute to the goals of both our organisations in improving the health and safety of all Queenslanders.

I look forward to continuing to build on our collaboration.

Dr John Wakefield PSM

Director-General



Commissioner, Queensland Corrective Services

I am pleased to join with Dr John Wakefield PSM, Director-General, Queensland Health, in the endorsement of the *Prisoner Health and Wellbeing Strategy 2020–2025* (the Strategy). The Strategy is the culmination of extensive consultation between Queensland Health, Queensland Corrective Services and key stakeholders to improve the governance and delivery of prisoner health services in Queensland.

The Offender Health Services Review (the Review) was supported by the Crime and Corruption Commission's Taskforce Flaxton, which recommended the Review be jointly implemented by Queensland Health and Queensland Corrective Services. This strategy helps fulfil this recommendation and provides both departments with a shared purpose, direction and objectives—the overarching framework to improve access to health services and provide better prisoner health outcomes.

It is critical to improve the access to health services and facilitate better prisoner health outcomes to build a safer, healthier Queensland; consistent with Our Future State Advancing Queensland's Priorities. Prisoners have far poorer health indicators than the general population, including disproportionately higher rates of problematic alcohol and other drug use, mental illness and chronic conditions. Queensland Corrective Services is committed to strengthening the relationship with Queensland Health to deliver quality healthcare services that will improve the health and wellbeing of prisoners and benefit the health of the wider community.

Importantly, this strategy is consistent with the principles of Corrections 2030, and complements the work currently underway within Queensland Corrective Services to deliver on the strategic vision. The collaborative and committed efforts of both departments will improve prisoner health and wellbeing, according to their individual circumstances, providing an opportunity for early intervention and adequate care. Ultimately, it will guide a coordinated approach to provide better health outcomes to all Queenslanders over the coming years.

Peter Martin APM
Commissioner



Introduction: Why a strategy for Prisoner Health and Wellbeing?

Reducing barriers to health and wellbeing: The Queensland Prisoner Health and Wellbeing Strategy 2020–2025 (the Strategy) has been developed to respond to the challenges and opportunities we face in supporting the health and wellbeing of people in prison. Measurably improving the health and wellbeing of people in prison requires a shared commitment to work together across our health system, corrective services system and with other government agencies.

In 2019–20 the Queensland Government invested an additional \$94 million over 4 years to ensure comprehensive primary healthcare for prisoners, with \$31.4 million ongoing

The Strategy will guide the system improvement which is already underway due to this investment.

The Strategy is a joint commitment from Queensland Health and Queensland Corrective Services (QCS) and aligns with, and supports, the implementation of [Advancing Health 2026](#) and [Corrections 2030](#).

The importance of prisoner health

Healthier Queensland prisoners means a healthier Queensland community.

Improving the health of people in prison is an important public health measure given that around 1000 people are released from correctional centres each month in Queensland and return to living in the general community. Being in prison should not result in reduced access to healthcare, with access to community equivalent healthcare a hallmark of a just society. No one should be sentenced to poorer health.

Our obligations

There are international, national and state obligations regarding the provision of healthcare for people in prison. In May 2015, the United Nations Commission on Crime Prevention and Criminal Justice adopted the updated standard minimum rules for the treatment of prisoners, known as the 'Nelson Mandela Rules'. The Nelson Mandela Rules provide a contemporary blueprint to guide prison management in a way that is both safe and humane. In particular, rule 24 states that "prisoners should enjoy the same standards of health care that are available in the community and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status."²

The Guiding Principles for Corrections in Australia (revised 2018) represent a national intent for each Australian state and territory jurisdiction to continue to develop its own legislation, policies and performance standards in relation to managing prisoners. It is focused on outcomes or goals, rather than a set of absolute standards or laws. Outcome 4 of the Guiding Principles relates to the Health and Wellbeing of prisoners.

The prison population is one of the most stigmatised and socially disadvantaged groups in Australia. Generally, people in prison have lower levels of education, are socially isolated, financially dependent and experience higher rates of mental health conditions, chronic physical diseases, disability, communicable diseases, tobacco smoking, high risk alcohol consumption, illicit drug use and injecting drug use compared to the general population¹. Aboriginal and Torres Strait Islander people make up around one third of people in prison in Queensland. Focusing on the health and wellbeing of Aboriginal and Torres Strait Islander people in prison is critical to closing the gap on health outcomes and reducing over-representation in the justice system.

Other important obligations and strategies include the United Nations Rules for the treatment of women prisoners and offenders (known as the Bangkok Rules), *Queensland's Human Rights Act 2019*, Good Governance for Prison Health in the 21st Century (United Nations Office on Drugs and Crime), the Optional Protocol to the Convention against Torture (OPCAT) and the Royal Australasian College of Physicians Indigenous Strategic Framework. These obligations and strategies have been important in highlighting the need to improve how health services are delivered to prisoners.

Improving the health and wellbeing of people in prison, and supporting them to maintain health improvements after prison, benefits not only the individual but also the broader community. The greatest gains in health can be achieved for those with the poorest level of health.

This is the starting point for 'Reducing barriers to health and wellbeing: The Queensland Prisoner Health and Wellbeing Strategy 2020–2025.

¹AIHW, 2018. The health of Australia's prisoners 2018.

²United Nations Standard Minimum Rules for the Treatment of Prisoners

Background

In 2008 responsibility for health services in prison transitioned from QCS to Queensland Health. In 2012, with the implementation of the national hospital and health reforms, public offender health services in Queensland were devolved to relevant Hospital and Health Services (HHSs).

While the delivery of offender health services was devolved, the coordinated central governance arrangement established to address state-wide or systemic issues was also abolished.

The lack of coordinated central governance meant that there has been a limited system level response to a range of challenges, including the significant growth in the prisoner population across Queensland in recent years.



Offender Health Services Review

In April 2018, the Department of Health, in consultation with key stakeholders, implemented a project to improve the governance of offender health services in Queensland. As a part of this project the Department of Health engaged PricewaterhouseCoopers Australia (PwC) to conduct an independent state-wide review of offender health services. Health Consumers Queensland conducted consultation with prisoners across the State, meeting with Prisoner Advisory Committees. Seventy-six prisoners provided input to the Review via the Health Consumers Queensland consultation.

The review report contained a range of recommendations across the following broad themes:

- relationships and governance
- workforce
- access
- service standards and models
- the correctional environment
- interfaces with Queensland Corrective Services.

All recommendations were accepted, accepted in principle or supported by the Department of Health. One accepted recommendation was to develop a prisoner health and wellbeing strategy that establishes a common purpose, direction and objectives that reinforce the need for collaborative effort between the Department of Health, HHSs and QCS. The rationale being that that health and wellbeing is a combination of physical, mental, emotional and social factors which goes beyond the treatment of illness and disease only.

Taskforce Flaxton

The Crime and Corruption Commission (CCC)'s Taskforce Flaxton was established to examine corruption and corruption risks in QCS facilities. Taskforce Flaxton examined possible systemic issues with a view to raising standards of integrity relevant to detecting, managing and preventing corruption risks.



In relation to prisoner health services and responding to prisoner health needs, the CCC noted:

Queensland Health is not solely responsible for prisoner health. The way custodial services are delivered affects prisoner health. QCS must do more to ensure custodial services are delivered in a way that does not exacerbate the health issues or disability challenges that prisoners experience. Currently, there is no overarching offender health strategy or governance model in Queensland. Consequently, health services are delivered through a variety of arrangements and there is significant variability in the nature and availability of health services for prisoners. Greater collaboration and information exchange between QCS and Queensland Health is necessary to support improved access to health services and prisoner health outcomes³

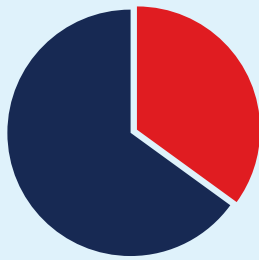
The CCC recommended:

Recommendation 10

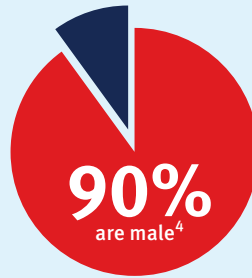
- Queensland Health implement the recommendations of the Offender Health Services Review.
- QCS support the implementation of the recommendations in the Review.
- QCS and Queensland Health jointly identify aspects of the QCS operating model (systems, policies, and practices) that undermine the delivery of prisoner health services and QCS where feasible, change systems, policies or practices to facilitate better prisoner health outcomes.

³Queensland Crime and Corruption Commission (2019) Taskforce Flaxton: An examination of corruption and corruption risks in Queensland Prisons, p.9 & p.30.

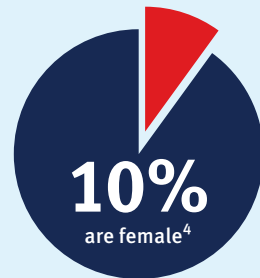
Prisoners in Queensland and Australia: A snapshot



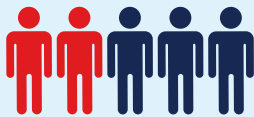
33%
of the prison population are Aboriginal and Torres Strait Islander people



90%
are male⁴



10%
are female⁴




2 in 5
prison entrants reported a previous diagnosis of a mental health condition, including substance use disorders



1 in 5
reported a history of self-harm⁵



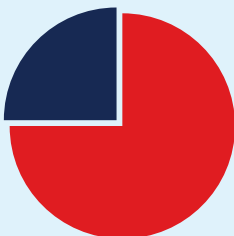
The median age of prisoners in Queensland is
34 years

 around 10% aged over 50⁴

Almost
1 in 3



prison entrants reported a history of one or more chronic conditions; and 30% of prisoners were dispensed prescription medication on a typical day⁵

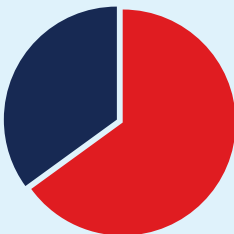


75%
of people entering prison reported they were current tobacco smokers with 41% wanting to quit⁵

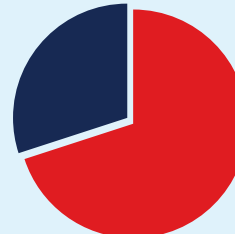
Almost
1 in 5



people entering prison admitted to sharing injecting equipment in the month prior to entering prison⁵



65%
of people entering prison had used illicit drugs in the previous year⁵



70%
of patient-initiated clinic visits in prison were for dental care

There are greater incidences of communicable diseases, including sexually transmitted infections and Hepatitis, compared with the general population⁵

⁴Australian Bureau of Statistics, 4517.0 - Prisoners in Australia, Queensland, 2019

⁵Australian Institute of Health and Welfare, 2018, The health of Australia's prisoners



Development of the Prisoner Health and Wellbeing Strategy 2020–2025

The Strategy came together with participation from clinical and non-clinical representatives of Queensland Health, QCS officers, other Queensland government departments, unions, consumers and other key stakeholder groups. All these groups were invited to attend a workshop held on the 20 November 2019 with 56 representatives participating. A summary of the workshop is in the Appendix.

In addition, prisoners at all correctional centres were provided with an opportunity to give feedback on a draft of the Strategy, with a consultation running from 29 May to 3 July 2020. A video, in partnership between Health Consumers Queensland and the Office for Prisoner Health and Wellbeing, was produced and screened by QCS on the prisoners' in-cell televisions. The video explained the Strategy and consultation process. Feedback forms and a Strategy overview was made available by Prisoner Health Services staff. In total 41 prisoners provided feedback and some of their comments are included as quotes throughout the Strategy.

The objectives and actions throughout this document summarise key themes from the workshop and the feedback provided by prisoners.

The Queensland Prisoner Health and Wellbeing Strategy 2020–2025

Vision: By 2026 the health and wellbeing of people in prison has measurably improved, which contributes to the health, wellbeing and safety of the Queensland community.

Implementation and Monitoring

Governance	The implementation of the Strategy will be overseen by the Prisoner Health and Wellbeing Leadership Group comprised of senior representatives of Queensland Health, QCS and other stakeholders.
Planning	Business groups across Queensland Health, QCS and other key stakeholder agencies will use the Strategy to inform annual business planning processes and investment decisions. This includes business continuity planning and evacuation planning which ensures the healthcare needs of prisoners can continue to be met in the eventuality of a disaster (such as pandemic) or emergency event. Content of the planning relevant to the Strategy will be coordinated by the Office for Prisoner Health and Wellbeing.
Reporting	The performance against the plans will be reported to the Prisoner Health and Wellbeing Leadership Group.
Communication	Regular communication and progress updates will be provided to key stakeholders on the implementation of the Strategy. This will also support the sharing of information from stakeholders that can inform actions and strategies implemented by Queensland Health and QCS as part of the Strategy.
Review and measures	<p>Implementation of the Strategy will be managed through robust performance reporting; evaluation of service improvements, benefits and impact on prisoner health; and be subject to quality reviews and continuous improvement strategies.</p> <p>Key performance indicators developed for prisoner health services will provide a basis for measuring the following health service attributes:</p> <ul style="list-style-type: none"> • Access • Effectiveness • Efficiency • Quality and safety • Patient satisfaction <p>The Australian Institute of Health and Welfare report on the health of prisoners will also be used as measure of progress.</p> <p>The Queensland Prisoner Health and Wellbeing Strategy 2020-2025 will be reviewed by 2023.</p>

Objectives

1. Enable and improve health and wellbeing	2. Deliver healthcare services	3. Connect through partnerships	4. Transition successfully
To implement policies and strategies which enable people in prison to manage their own health and contribute to their own wellbeing.	To deliver healthcare equivalent to that available in the broader Queensland community and reduce barriers that prevent access to health services.	To build strong and respectful partnerships and collaboration between Queensland Health, Queensland Corrective Services and other key stakeholders focused on the health and wellbeing of people in prison.	To give people in prison the best opportunity to succeed in prison and post release by connecting services in prison with those in the community to provide continuity of care.

Actions

1. Enable and improve health and wellbeing	2. Deliver healthcare services	3. Connect through partnerships	4. Transition successfully
Identify, analyse and provide information on key health indicators to stakeholders to inform clinical practice, drive service improvement and investment priorities.	Improve processes for prisoners to request and access health services and mechanisms to appropriately address complaints about health services quickly and efficiently.	Develop and maintain strong collaborative governance arrangements, both at the state and local correctional centre levels.	Deliver an information technology solution to better enable continuity of care and improve efficiency and clinical safety.
Increase understanding, promote and support greater access to healthy choices for prisoners through the provision of practical resources and health promoting interventions.	Improve the quality of health services and capacity to deliver culturally competent, trauma informed, gender specific services in response to the health needs of all prisoners, including Aboriginal and Torres Strait Islander peoples, women, older people and people with disability.	Implement joint forums and professional networks for health and corrections clinicians and custodial staff to improve their skills, solve problems and work more cohesively.	Develop and implement state-wide processes for assessment, transfer and discharge, that recognises the need for variation due to different local environments and service differences.
Drive excellence through research and service innovation and improvement opportunities.	Increase the number and range of in-prison and telehealth services, including access to specialist health services, along with prevention initiatives.	Work in partnership to provide timely resolution to complex cross agency issues, such as personal care for prisoners with high care needs.	Reduce barriers to appropriate and timely information sharing between health, human services and justice agencies, whilst recognising patient confidentiality.
Support prisoners to identify and holistically address the social, psychological, physical, cultural, spiritual and other health factors which may be related to their offending.	Enable and empower prison health clinicians to work to their full scope of practice.	Provide opportunities for people in prison and key stakeholders, including prisoner advocates and unions, to inform policy and service delivery.	Identify and address barriers to continuity of care and service access post release.

Five principles underpin this vision, directions and strategic agenda. They guide decision making and how service delivery agencies work together.

Respectful and humane

We recognise that all people deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person.

Equality

We recognise that all people deprived of liberty have a right to access health services without discrimination, equivalent to the services provided in the community.

Accessible

We recognise the specific needs and backgrounds of people in prison and the unique challenges of the prison environment and will ensure our services meet their needs and can be accessed by them.

Responsive

We are timely and effective in responding to the health and wellbeing needs of people in prison, both at the individual and prisoner population level.

Excellence

We will deliver appropriate, timely and evidence-based care and services.



Objective 1 – Enable and improve health and wellbeing

Enabling and improving the health and wellbeing of prisoners is the first objective of the Strategy. This is also a critical part of improving the health, wellbeing and safety of people in the wider Queensland community. As noted by the Australian Institute of Health and Welfare (AIHW), most people in prison are there for short periods of time, and many move between prison and the community multiple times. Therefore, improving the health of prisoners should be seen as a contributor to public health.⁶

Prisoners are more likely to have come from disadvantaged backgrounds, to have experienced homelessness and unemployment than people in the general community. Many of the social and health issues experienced by prisoners are directly correlated with the offences they have committed. Compared to the general population, prisoners have higher rates of mental health conditions, disability, high risk alcohol consumption, illicit and injecting drug use, chronic physical disease and communicable diseases.

There are a growing number of prisoners with high care needs, for example, aged people and people living with intellectual and/or physical disabilities. While being in prison can exacerbate these issues, it also presents an opportunity to improve the health and prospects of prisoners on release as they may have been less likely or able to access health care services in the community prior to entering prison. The improved health of prisoners following release also improves the health and safety of their families and the wider community.

“There needs to be more proactive measures in regards to healthcare to prevent sickness and health issues”

⁶AIHW 2018, p. 4

“70-80% of our buy-up is junk food with very little healthy options”

Actions to achieve Objective 1

1.1 Identify, analyse and provide information on key health indicators to stakeholders to inform clinical practice, drive service improvement and investment priorities.

The identification and analysis of key health indicators of people in prison and health service provision is crucial to informing clinical practice, driving service improvement and investment priorities. Key performance indicators focusing on timeliness, efficiency, effectiveness, safety and quality of prisoner health and prisoner health service delivery will inform frontline and management staff, support decision making, guide investment decisions and the development of evidence-based policies and strategies. The reporting of key health indicators and establishment of meaningful performance measures helps to monitor, manage and improve performance, but also highlights areas of good practice to assist in continuous improvement.

1.2 Increase understanding, promote and support greater access to healthy choices for prisoners through the provision of practical resources and health promoting interventions.

Considerable benefits can be achieved when prison services (both corrective services and health) work in a complimentary manner to promote healthy lifestyle choices in relation to diet, physical activity, mental health and general wellbeing. For example, enabling all prisoners to have access to sufficient, nutritious food underpinned by evidenced-based nutrition standards and guidelines regardless of their chosen diet is important to their overall health, wellbeing and quality of life. Promoting the benefits of a healthy diet and empowering prisoners to adopt healthy food and active lifestyle choices is not only good for the individual while they are in prison but has a positive flow on effect on their families and communities upon release. Increased access to primary mental healthcare, including through greater collaboration between primary healthcare clinicians and QCS clinicians should also be explored.

1.3 Drive excellence through research and service innovation and improvement opportunities.

An increasing prisoner population, with complex physical and psychological health needs, in a constrained resource environment means we need to actively pursue innovation and implement contemporary practices to drive safety, and to improve the efficiency and effectiveness of services. Clinicians and frontline staff working in our correctional system are vital to efforts to find new and different ways to deliver health care services. Providing tools and skills to identify and embed new evidence-based practices into day to day care will lead to better, more effective and sustainable outcomes for prisoners, the broader public health system and the community.

1.4 Support prisoners to identify and holistically address the social, psychological, physical, cultural, spiritual and other health factors which may be related to their offending.

There is a strong correlation between offending, poor health and other social factors. While prison is not the ideal location to improve health and wellbeing it does present an opportunity to holistically address inequality in social and health factors by providing specific interventions within the correctional environment. This may involve applying a person-centred, trauma-informed care lens to programs and adapting them to the correctional setting. There is also the opportunity to improve health literacy to allow prisoners to advocate for and/or understand their health needs both inside and outside the correctional environment. Improving prisoner's skills and knowledge to live a healthy life both in prison and in the community reduces the risk and likelihood of reoffending.

“For the delivery of healthcare services, it would be ideal if there could be a form of preventative dentistry available as long term prisoners more often than not have to have their pulled out, when if seen earlier, could have saved their teeth”



Objective 2 – Deliver healthcare

This objective aims to reduce barriers to accessing health care by recognising the right of prisoners to humane treatment and health services, with the goal of delivering healthcare equivalent to that accessible in the broader Queensland community.

International, national and state obligations stipulate that prisoners should be provided with health services equivalent to those provided in the community. These rules also require that prisoners have access to necessary healthcare services free of charge without discrimination on the grounds of their legal status. State, national and international expectations for the provision of health services for prisoners include the:

- Nelson Mandela Rules – Revised Standard Minimum Rules on the Treatment of Prisoners
- The Bangkok Rules – the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders

- World Health Organization’s (2003) Declaration on Prison Health as part of Public Health
- *Human Rights Act 2019* (Qld)
- Guiding Principles for Corrections in Australia (revised 2018)
- Good governance for prison health in the 21st century

It is acknowledged that prison is a unique environment that complicates health service delivery. The infrastructure and security requirements of the prison environment are just some of the challenges faced in delivering community equivalent care.

“Delivery of healthcare services is important to prisoners. A lack of control over the process can be stressful”

“A state-wide approach may need to be tailored to different facilities, for example in north Queensland, prisons with more Indigenous prisoners will have different needs to southern facilities”.



Actions to achieve Objective 2

2.1 Improve processes for prisoners to request and access health services and mechanisms to appropriately address complaints about health services quickly and efficiently.

The current processes to request health services can vary among correctional centres and the health service being requested. Triaging of requests is based on what is communicated (usually in writing) by the prisoner, which can be problematic given the generally lower levels of literacy experienced by many prisoners. Improving the process for prisoners to request and access health services and promptly and effectively responding to these requests is key to reducing the barriers in accessing services and ensuring that prisoners receive the care needed in a timely manner. This includes prompt communication and feedback on requests received to improve patient satisfaction and reduce complaints. An accessible internal complaints mechanism should also be supported to enable prisoners to have their complaints resolved efficiently and effectively. This mechanism should ensure prisoners, with lower literacy levels or other potential barriers, are appropriately supported to make a request or complaint.

2.2 Improve the quality of health services and capacity to deliver culturally competent, trauma informed, gender specific services in response to the health needs of all prisoners, including Aboriginal and Torres Strait Islander peoples, women, older people and people with disability.

Addressing the needs of specific population groups in correctional settings is complex and challenging. Each population group has unique issues that need to be understood and responded to appropriately, whether due to gender, culture, age or disability. The continued over representation of Aboriginal and Torres Strait Islander people within the criminal justice system requires services for this group to encompass mental and physical health; cultural and spiritual health; and recognise how connection to country, ancestry, family and community affect the individual. It will be a priority for services to ensure services have sufficient workforce capacity to meet the current needs of the population and provide a high quality and culturally capable health service. Ensuring appropriate access to gender

specific health services (for example breast screening) and implementing initiatives to improve the health and wellbeing of women and the children who may reside in custody with them is important for promoting intergenerational health and crime prevention outcomes.

2.3 Increase the number and range of in-prison and telehealth services, including access to specialist health services, along with prevention initiatives.

To address the health needs of the prison population, comprehensive primary and specialist health care services are needed to proactively manage the health of prisoners and improve their wellbeing and prospects on release. Increased and consistent use of in-prison services and telehealth access for specialist, community and preventative health services needs to utilise the skills of our health workforce to deliver holistic care. For example, the delivery of integrated services will support greater efficiency in the use of resources including in primary care, hospital inpatient, outpatient and emergency services and mental health services. Increased telehealth access also reduces unnecessary hospital transfers, which will reduce patient transport and escort costs for QCS. Better integration with existing health services available to other members of the community will also be pursued.

2.4 Enable and empower prison health clinicians to work to their full scope of practice.

Stronger, multidisciplinary healthcare teams that enable staff to work within their full scope of practice are needed to meet prisoner healthcare needs. Some HHSs have reported difficulties with attraction and retention of clinicians to work in prison health services, in part due to the challenges faced in providing comprehensive primary care in correctional centres and not being able to work to their full scope of practice. The capacity to provide quality care and ensure patient safety into the future is dependent on the availability of a skilled workforce. Empowering and enabling staff to work to their full scope of practice requires appropriate training, resourcing models, sufficient infrastructure, improved processes and suitable on-site diagnostic capability and equipment.

“I believe if you increase transparency in the healthcare process, prisoners will be more likely to seek the help they need”

Objective 3 – Connect through partnerships

Delivering excellence in prisoner health and wellbeing services will require strong partnerships and collaboration between Queensland Health, QCS, other key agencies and stakeholders. These informal and formal partnerships are essential for the delivery of effective quality health services.

Effective prisoner health service delivery in Queensland, with health services delivered by Queensland Health and prison services delivered by QCS, requires close collaboration between the two agencies. Increasingly, it is recognised both nationally and internationally that this model provides the best outcomes for patient care. It will require working in partnership and collaboration, while respecting each other's roles and responsibilities, and at times will require new ways of working and sharing information.

Actions to achieve Objective 3

3.1 Develop and maintain strong collaborative governance arrangements, both at the state and local correctional centre levels.

Since 2011, Queensland has had no system-wide governance mechanism in place to provide oversight of health provision in correctional centres. The Office for Prisoner Health and Wellbeing, established in 2019 has since implemented a state-wide approach to governance of prisoner health, to ensure there is strong accountability and a means to resolve issues both at a state and local level. An ongoing commitment from all agencies to maintain the collaborative arrangements is required to ensure systemic issues can be identified and addressed and opportunities for service improvement developed and implemented.



“It will be important to follow through with the Strategy and its objectives”

3.2 Implement joint forums and professional networks for health and corrections clinicians and custodial staff to improve their skills, solve problems and work more cohesively.

A network of Queensland Health and QCS clinicians and officers will support the resolution of state-wide clinical issues (including for example the management of high-risk behaviour by prisoners) and provide a forum for professional development, networking and dissemination of contemporary practices. This network should include appropriate representation of different professions and regions and provide input into the strategic planning process, monitor systemic clinical risks and issues escalated to the network, analyse data and suggest appropriate mitigation actions. This will assist in the development and review of clinical practice guidelines as they relate to prisoner health service delivery.

3.3 Work in partnership to provide timely resolution to complex cross agency issues, such as personal care for prisoners with high care needs.

The exploration and resolution of complex policy issues where there may be multi agency responsibility (for example prison public health initiatives, disability, aged care and personal care) requires close

cooperation and collaboration between Queensland Health, QCS and other agencies and non-government organisations. Working together as equal partners and consulting within their organisation and respective networks on state-wide policies and processes to improve the efficiency, effectiveness and access to health services for prisoners will be essential.

3.4 Provide opportunities for people in prison and key stakeholders, including prisoner advocates and unions, to inform policy and service delivery.

The active involvement of prisoners and their advocates is extremely valuable to the development of policy and service delivery improvement in prisoner health services. Consumer perspectives on all aspects relating to the health and wellbeing of prisoners offers invaluable insight. This is formally recognised in Standard 2 of the *National Safety and Quality Health Service Standards*, which involves consumers in the organisational and strategic processes that guide planning, design and evaluation of health services. Equally, the active involvement of representatives of health and corrective services staff is critical to ensuring that system changes are safe, supported and effectively implemented.

Objective 4 – Transition successfully

This objective aims to give prisoners the best opportunity to succeed in prison and post release by better articulating and connecting services across agencies and between prison and the community, to ensure continuity of support.

The prison population is very fluid, with a large number of prisoners entering, re-entering or exiting prison, often after short stays in custody. This can make continuity of care challenging. Continuity of care, or ‘throughcare’, is supported by developing clear and consistent policies, procedures, practices and pathways to support service delivery and minimise the risks associated with fragmented care.

It is the role of both QCS and Queensland Health to ensure that, by the time prisoners leave custody or supervision, the skills they have gained as well as their improved health will enable them to lead more productive, crime free lives.

“We know more about our own health than anyone, but our input is frequently dismissed”

Actions to achieve Objective 4

4.1 Deliver an information technology solution to better enable continuity of care and improve efficiency and clinical safety.

Queensland Health prisoner health services currently rely on manual processes, including paper-based medical files. The lack of electronic medical records impacts on efficient access to, delivery, and storage of confidential patient information, especially during cases of patient relocation across sites and services. Paper based medical files and manual processes also impact the time spent by staff accessing and documenting patient information.

Work is underway to transfer current processes to an electronic medical record. This requires input and engagement from clinicians to ensure that the solution meets key requirements and interfaces effectively and efficiently with other Queensland Health, community health and QCS information technology systems. A state-wide prisoner electronic medical record will better enable continuity of care, medication management, improved patient safety and enhanced outcomes through more timely access to accurate information, regardless of the location of a prisoner within Queensland.

4.2 Develop and implement state-wide processes for assessment, transfer and discharge, that recognises the need for variation due to different local environments and service differences.

Common and consistent processes for assessment, transfer and discharge between prisoner health services reduce duplication and inefficiency, which supports continuity of care. Effective planning and management of a prisoner's reintegration back into the community, including continuity of health services, benefits the prisoner and increases community safety. Opportunities will also be explored to join-up, as appropriate, common assessment processes between QCS and Queensland Health.

4.3 Reduce barriers to appropriate and timely information sharing between health, human services and justice agencies, whilst recognising patient confidentiality.

Prisoners often have complex and interrelated needs which challenge the criminal justice system and health services to respond effectively and cooperatively. Consequently, interagency collaboration and appropriate sharing of information between health and justice stakeholders, including Community Corrections, facilitates integrated end-to-end case management of prisoners and enables the provision of a coordinated system of care leading up to their release and during their transition back to the community. At the same time, consistent with healthcare provided in the community, it is important to recognise the right of prisoners to confidentiality of their health information with the principle that information be shared with the consent of the prisoner wherever possible.

4.4 Identify and address barriers to continuity of care and service access post release.

Prisoners exiting custody and returning to mainstream society are confronted with a range of personal, economic and social challenges. These challenges can reduce the likelihood of a successful and crime-free reintegration to the community. A lack of support in accessing health care and disability support (for example through the NDIS) is a significant challenge facing former prisoners following release, making this transition period a particularly high-risk time. Systematically identifying a prisoner's risks and needs prior to release is important to matching in-prison services with post-release services and will contribute to success post release.

Appendix

Prisoner Health and Wellbeing Strategy Workshop

Session 1: Scene setting

The opening session set the scene with conversations with Queensland Government leaders from the Department of the Premier and Cabinet, Queensland Health and QCS. They spoke about the importance of prisoners' health and wellbeing; the tangible improvements which could be evident by 2025; and the challenges ahead. Culture change, leadership, improved processes and consistency, and investment in people were themes of the discussion, which became the objectives of this Strategy.

Following this, three former prisoners provided a personal scene setting by discussing their experience of prison and health care, and what issues were particularly important to them. Dental care, access to medical records, palliative care, and the importance of targeted transition programs were highlighted. Participants were asked to reflect on the question – “what did you hear?”

Session 2 and 3: Vision and Principles

Following an introduction on ‘what makes a good vision’, participants were invited to write, draw and develop a vision statement for this new strategy. Participants were then presented with a list of 10 principles drawn from various sources including the Queensland Government, national frameworks, WHO and the United Nations. The top five selected were: enable and improve health and wellbeing; deliver healthcare services; connect through partnerships and transition successfully.

Session 4: Challenges and Opportunities

The session began with staff representatives from QCS and Queensland Health from Capricornia, Wolston and Maryborough Correctional Centres, discussing some of the challenging operational issues associated with delivering prisoner health services. They also spoke about the opportunities to leverage off in the development of the Strategy, and the elements of good team-work. The discussion highlighted some of the challenges of infrastructure; medication administration and management; continuity of care; complex needs; access to medical records and also information-sharing, within and across settings. Following this, tables were asked to nominate the top three opportunities and challenges.

Session 5: Priorities

A set of four draft objectives were presented to serve as the framework for this session, with groups invited to work on the four areas, nominating strategies within a two-year time-frame. At the end of this session, useful observations were made about the scope and title of the objectives and ideas for improvement.

Following the review of workshop outputs and development of a first draft “strategy on a page”, stakeholders were provided an opportunity to review and submit feedback. Stakeholder feedback was collated and incorporated within the Strategy and further developed. The Strategy was then circulated to stakeholders for further input and refinement.

“I think after prison services are important just as much as in prison services”



Queensland
Government