NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

Standards for Health Services in Australian Prisons

Submission to RACGP

August 2022

ABOUT NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides $4.18 of benefits to society. ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

1. RACGP undertakes a targeted consultation with Aboriginal and Torres Strait Islander Health providers, particularly those that deliver health services in prisons. This will help ensure the Standards better reflect delivery of healthcare to Aboriginal and Torres Strait Islander prisoners and the significant overrepresentation of Aboriginal and Torres Strait Islander people in the Australian prison system.
2. To support the Prison Standards, the RACGP develops comprehensive guidelines on the delivery of prison health services to Aboriginal and Torres Strait Islander prisoners, including clear guidance on the delivery of culturally aware and trauma informed health care.
3. The RACGP introduce a requirement that all surveyor teams undertaking accreditation assessments have at least one Aboriginal and Torres Strait Islander team member.

Introduction

NACCHO welcomes the opportunity to provide a submission on the *Standards for health services in Australian Prisons* (Prison Standards) developed by the RACGP.

NACCHO would like to acknowledge the valuable input received from Danila Dilba Health Service, Winnunga Nimmityjah Aboriginal Health and Community Services, Victorian Aboriginal Health Service and the Aboriginal Health & Medical Research Council of NSW.

NACCHO recognises the valuable input of Aboriginal and Torres Strait Islander medical advisors and Aboriginal Community Controlled Health Organisations (ACCHOs) in the development of the Standards.

Aboriginal and Torres Strait Islander people are significantly overrepresented in the Australian prison system and make up 29% of the adult prison population, although they comprise just 3.3% of the general population. Aboriginal and Torres Strait Islander youth have even higher rates of engagement with the criminal justice system and are 16 times more likely to be under youth justice supervision than non-Indigenous youth[1]. In the Northern Territory, Aboriginal and Torres Strait Islander people make up 85%[2] of the prison population and most of the time 100% of the juvenile prison population[3]. NACCHO notes that the Prison Standards detail this overrepresentation and the need to address the systemic issues and disadvantages faced by Aboriginal and Torres Strait Islander people in the justice system.

Despite input from our sector, and a recognition of the issues facing Aboriginal and Torres Strait Islander people, NACCHO believes that the Prison Standards do not adequately address the issues of delivering healthcare in prisons, nor the significant overrepresentation of Aboriginal and Torres Strait Islander people in the Australian system. In considering these standards NACCHO also has a strong focus on the implementation of the Priority Reforms under the *National Agreement on Closing the Gap* (National Agreement).

Our concerns are outlined below. Additional comments regarding individual Standards and wording are provided at **Attachment A**.

Priority Reform Area 1 – Formal partnerships and shared decision-making
This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector
This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal

[1] Australian Institute of Health and Welfare (2021). *Indigenous Community Safety*. Retrieved from: Indigenous community safety - Australian Institute of Health and Welfare (aihw.gov.au)

[2] Australian Bureau of Statistics (2021). *Prisoners in Australia*. Retrieved from: Prisoners in Australia, 2021 | Australian Bureau of Statistics (abs.gov.au)

[3] Guardian Australia (26 January 2018). *All children in detention in the Northern Territory are Indigenous*. Retrieved from: All children in detention in the Northern Territory are Indigenous | Indigenous incarceration | The Guardian

and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions
This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed. Supports the way corrections delivers health care/population balance

Priority Reform 4 – Sharing data and information to support decision making
This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

Prisoner Access to Health Care

Advice from NACCHO's Member services makes it clear that the Prison Standards do not reflect the current reality for Australian prisoners accessing health care. Contact with prison health services is triaged through custodial staff including requests for appointments, emergency access to care services and access to health care outside core hours. Custodial staff overseeing these referrals do not receive adequate health and/or cultural awareness training to support this responsibility and have a primary focus on safety and security. Some health care services may only be available at a set time and if prisoners miss this opportunity, they cannot access the health service e.g. monthly dentist visits. Referral to health services, including mental health services, often relies on self-reporting from prisoners and may include long wait times. This means prisoners have inadequate access to health services including limited or no choice about where and when they receive services and who they receive them from.

The Prison Standards must better reflect the reality of prisoner access to health care and provide guidance for health providers in how to work with this system to ensure prisoners get the health care they need.

Aboriginal and Torres Strait Islander Prisoners

The Prison Standards are very similar to the RACGP *Standards for general practices* which are designed for the delivery of general practice across Australia where Aboriginal and Torres Strait Islander people only make up a small percentage of the population. Given the significant proportion of Aboriginal and Torres Strait Islander people in prisons, we would expect the Prison Standards to be significantly different to the general practice Standards. There are a range of issues that need to be taken into consideration and these are summarised below.

Interaction with the Health System

Systemic racism and the lack of culturally safe mainstream services are significant barriers for Aboriginal and Torres Strait Islander people seeking care, support, treatment and justice services. Barriers to Aboriginal and Torres Strait Islander people seeking support may include: difficulty

navigating the system, a lack of service providers which may require a person to move away from family and Country, a lack of culturally appropriate and/or trauma informed provision of care, experiences of systemic and interpersonal racism, and distrust of institutional care as a result of both personal and historical experiences. Services must be able to build trust and rapport with Aboriginal and Torres Strait Islander prisoners and provide services that are culturally safe and trauma informed. In line with Priority Reform 3 of the National Agreement, all government organisations should seek to eliminate racism and embed and practice cultural safety.

Consent to medical treatment

Aboriginal and Torres Strait Islander prisoners may refuse medical treatment because they feel uncomfortable with the medical practitioner, have previous negative interactions with the health system and/or because the prison health service is not delivering care in a culturally appropriate way. Prison health services should not assume this means the prisoner does not want any medical treatment and should ensure they explore any refusal and find alternative ways to support the prisoner.

Burden of Disease & Health Conditions

Aboriginal and Torres Strait Islander people have a burden of disease 2.3 times that of non-Indigenous Australians and a significant gap in life expectancy (8.6 years for males and 7.8 years for females)[4]. Prison health services need to be aware that Aboriginal and Torres Strait Islander prisoners are mire likely to present with high rates of chronic disease and multiple co-morbidities and be prepared to diagnose and manage these complex health issues. Prisoners should have their mental health closely monitored and ensure they are not at risk for self-harm, especially young male prisoners.

Aboriginal and Torres Strait Islander people have high rates of undiagnosed conditions including being under-screened for many common cancers and are less likely to receive the hospital procedures they need[5]. Diagnosis for many conditions such as cancer will often happen when the disease is already at an advanced stage. Prison health services need to ensure that prisoners are appropriately screened and assessed for any undiagnosed conditions, especially those that are of particular concern to Aboriginal and Torres Strait Islander prisoners. They also need to be aware of any Aboriginal and Torres Strait Islander screening and health programs in their state or territory that could be accessed by the health service.

Social Determinants

A large part of the disparity in health outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous people is explained by disparities in social determinants, including housing, education, unemployment and job insecurity, socio economic status, food insecurity, early childhood development, social inclusion and discrimination[6]. The social determinants of health account for

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[4] Australian Institute of Health and Welfare (2018). *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018*. Retrieved from: Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018, Summary - Australian Institute of Health and Welfare (aihw.gov.au)

[5] Australian Institute of Health and Welfare (2020). *Aboriginal and Torres Strait Islander Health Performance Framework*. Retrieved from: Aboriginal and Torres Strait Islander Health Performance Framework (HPF) - AIHW Indigenous HPF

[6] Australian Institute of Health and Welfare (2022). *Social determinants of health*. Retrieved from: Social determinants of health - Australian Institute of Health and Welfare (aihw.gov.au)

34% of the total health gap between Aboriginal and Torres Strait Islander and non-Indigenous health outcomes[7]. Prison health services need to be aware of these social determinants and how they intersect with the health of Aboriginal and Torres Strait Islander people.

Juvenile Detention

Given the high proportion of Aboriginal and Torres Strait Islander young people in juvenile detention, it is essential that prison health services in juvenile facilities take into account the unique needs of young Aboriginal and Torres Strait Islander people. Consideration must also be given to the increasing prevalence of young people being housed in adult prisons.

A high proportion of young Aboriginal and Torres Strait Islander people in detention live with cognitive and development issues, which may include Fetal Alcohol Spectrum Disorder (FASD). While there is no comprehensive data on the prevalence of FASD, a study at the Banksia Hill Detention Centre in Western Australia found that 89 per cent of young offenders had a severe neurodevelopmental impairment, and 39 per cent were diagnosed with FASD.[8] This is the highest documented rate of FASD among youth in a justice setting internationally. NACCHO Member, Danila Dilba delivers health services to the residents of Don Dale Youth Detention Centre in Darwin and estimates a similar prevalence of FASD at that facility.

People with FASD are likely to have impaired motor skills, cognition, language, attention, memory and a variety of co-morbid conditions which may include mental and behavioural disorders, visual impairment, chronic otitis media, hearing loss, expressive and receptive language disorders and conduct disorders. Prison health services should also be aware that there is likely to be high rates of FASD among the adult Aboriginal and Torres Strait Islander prison population, with many people undiagnosed. Aboriginal and Torres Strait Islander young people are also at higher risk of self-harm and suicide and need access to appropriate mental health services that support their unique challenges.

Smoking and AOD use

Aboriginal and Torres Strait Islander people experience significantly higher rates of tobacco and drug use and risky alcohol use[9]. For Aboriginal and Torres Strait Islander people smoking and alcohol and other drug (AOD) use make a significant contribution to the burden of disease and also contributes to increased disability, accidents and injury; and higher rates of hospitalisation, suicide and complex mental health conditions. Addiction also significantly contributes to increased interaction with the

[7] Department of Health (2021). *National Aboriginal and Torres Strait Islander Health Plan 2021–2031.* Retrieved from: https://www.health.gov.au/sites/default/files/documents/2022/06/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031.pdf

[8] Carol Bower et al (2018). Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia. *BJM Open*: http://bmjopen.bmj.com/content/8/2/e019605.

[9] Australian Institute of Health and Welfare (2022). *Alcohol, tobacco & other drugs in Australia* (Cat. no:PHE 221). Retrieved from: Alcohol, tobacco & other drugs in Australia, Aboriginal and Torres Strait Islander people - Australian Institute of Health and Welfare (aihw.gov.au)

criminal justice system.[10,11] Many Aboriginal and Torres Strait Islander prisoners are likely to present with addiction issues and associated medical conditions. Prison health services should ensure appropriate screening is in place and prisoners are provided with treatment options. Addiction programs and services should be culturally appropriate and based on best practice treatments for Aboriginal and Torres Strait Islander people.

To address the above issues and ensure they are adequately addressed in the Prison Standards, and to align with Priority Reform One of the National Agreement regarding shared decision-making, **NACCHO recommends** that the RACGP undertake targeted consultation with Aboriginal and Torres Strait Islander Health providers, particularly those that deliver health services in prisons. NACCHO would be pleased to provide support to the RACGP in this consultation.

To support the Prison Standards **NACCHO recommends** comprehensive guidelines on the delivery of prison health services to Aboriginal and Torres Strait Islander prisoners. This includes information about what constitutes culturally appropriate and trauma informed care.

Intake/Discharge and Continuing Care

Many Aboriginal and Torres Strait Islander prisoners arrive in prison with incomplete medical records. Health prison services should ensure that records are appropriately updated to reflect the prisoner's current health status and include any medications or treatments they are currently receiving. With patient consent, health professionals may make use of My Heath Record (MHR) for timely updates of health records. To ensure patient confidentiality and safety the focus should be on uploading 'event summaries' outlining what happened at the consult, rather than updating the whole record.

Many Aboriginal and Torres Strait Islander prisoners may cycle through the prison system for years with repeated short sentences and high rates of recidivism. Access to health care is essential as people transition in and out of the prison system as this will have a significant impact on overall health. Where possible, prisoners should have an effective handover to external health services and a timely discharge summary. If this is not possible, regular updating of health records ensures prisoners will exit with records that support their ongoing health care.

Aboriginal and Torres Strait Islander people's health needs are best served if they have access to culturally appropriate healthcare upon release from prison. Prison health services should build relationships with appropriate services, such as ACCHOs, so that Aboriginal and Torres Strait Islander prisoners can be referred to them. This aligns with National Agreement Priority Reform Two which focuses on building the community controlled sector and ensuring that Aboriginal and Torres Strait Aboriginal and Torres Strait Islander people can access the services that best meet their needs.

[10] Australian Institute of Health and Welfare (2022). *Aboriginal and Torre Strait Islander Health Performance Framework: 2.17 Drug and other substance use including inhalants*. Retrieved from: 2.17 Drug and other substance use including inhalants - AIHW Indigenous HPF

[11] Australian Institute of Health and Welfare (2022). *Aboriginal and Torre Strait Islander Health Performance Framework: 2.16 Risky Alcohol consumption.* Retrieved form: 2.16 Risky alcohol consumption - AIHW Indigenous HPF

General Feedback

MUST vs COULD

The draft standards make use of MUST and COULD interchangeably. They are not used consistently throughout the document nor with consideration for which is appropriate for each Standard. These need to be reviewed to ensure they match the requirements of each criteria, especially when dealing with critical matters such as medicines. In **Attachment A,** NACCHO has noted specific instances where changes need to be made.

Staff Training

Given the high number of Aboriginal and Torres Strait Islander prisoners, it is crucial that all health staff are appropriately trained to provide culturally appropriate and trauma informed care to Aboriginal and Torres Strait Islander people. Comprehensive and regular training must be mandatory for all staff. Staff must also understand how to make effective use of Aboriginal and Torres Strait Islander Liaison Officers to ensure both prisoners and health professionals are well supported.

Emerging evidence suggests that levels of literacy among Aboriginal and Torres Strait Islander adults is low. Research from the Literacy for Life Foundation (LFLF) estimates that between 40 and 65 per cent of Aboriginal adults are functionally illiterate in English[12]. Health Professionals must ensure that prisoners can understand the health information, advice and treatment they are receiving, which may require making use of interpreters where available as well as adapting communication to use plain English and lay-terminology.

Assessors

The accreditation cycle is a crucial mechanism for ensuring that prisons meet the Standards and that prisoners have access to the health care they need. It is an opportunity to establish whether prisons are meeting the cultural and health needs of Aboriginal and Torres Strait Islander prisoners. The best way to ensure this is by having an Aboriginal and Torres Strait Islander member of the surveyor team. This is especially critical in juvenile detention given the high rates of young of Aboriginal and Torres Strait Islander prisoners.

NACCHO recommends that the RACGP introduce a requirement that all surveyor teams undertaking accreditation assessments have at least one Aboriginal and Torres Strait Islander team member.

[12] https://www.lflf.org.au/