



# Researching Correctional Health Care – Better Health for a Brighter Future

**Julie Bond**

Fulham Correctional Centre / GEO Group Australia International  
Fellowship 2014

**An ISS Institute Fellowship sponsored by**

GEO Group Australia



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# i. EXECUTIVE SUMMARY

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It is recognised that prisoners have higher than community rates of chronic health conditions, mental health conditions, substance use disorders and infectious diseases and that these can contribute to recurring criminal behaviour (McDonnell, et al., 2011).

Research also indicates that pre-release programs that include elements on drug abuse and mental health treatment, work training and placement and housing assistance can all aid in reducing recidivism (James, 2015).

Currently in Australia 60 per cent of prisoners have offended at some time in their past, whilst 38 per cent of prisoners have offended within the past two years. This compares with for example the Norwegian prison system that has a recidivism rate of 20 per cent and the USA up to 75 per cent (over a five year period) (Cooper, Durose, & Synder, 2014).

The purpose of this Fellowship was:

1. To improve chronic disease management in the prison population through appropriate planning and health promotional activities
2. To explore the availability of education directed at the primary health care nurse in relation to individual health promotion and chronic disease management.
3. To identify strategies that can be used within the prison system to provide education to prisoners on improving their health through basic lifestyle measures such as diet and nutrition; basic cooking skills; and hygiene and self-care.

The Fellow visited correctional facilities in the Netherlands, Norway and the USA, as well as meeting with Industry leaders in the Netherlands and Norway, to explore health care provision and the interaction between health care and correctional management. It was found that in the Netherlands nursing staff employed in correctional health facilities are required to undertake a specialist two year training program, covering a range of health care topics pertinent to the field. Norway has some very innovative design and cultural elements in their newest prison and a comprehensive training program for their correctional staff.

The facility visited in the USA faces tough challenges due to the transient nature of their prison population and the sheer volume of new prisoners coming in every week; however offered excellent telehealth facilities, and the use of comprehensive systems to ensure continuity of care between nursing shifts.

During the course of the overseas tour, the Fellow came to the realisation that health care in prisons cannot be considered in isolation to the correctional management and overall culture and philosophy of the prison centre. It would appear that the best outcomes for the prisoner would be achieved through an integrated approach involving all aspects of the correctional facility (security, offender behaviour, mental health, physical health, prison infrastructure and environment, culture, and programs). However, opportunities for improvement within health care have been identified and can realistically be achieved with support and encouragement from appropriate government and industry organisations.

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## ii. ABBREVIATIONS/ACRONYMS

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- GHB** Gamma Hydroxybutyric Acid,  
**PPC** Penitentiary Psychiatric Clinic (Netherlands)

## iii. DEFINITIONS

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### **Chronic disease**

A disease or illness that becomes a long term condition, with little or no chance of cure. Examples include diabetes, heart disease, asthma, Multiple Sclerosis, liver cirrhosis etc.

### **Chronic Health Care Plan**

A management plan designed by the health care professional in consultation with the patient, which sets out a range of goals and interventions to best manage a patient's chronic health condition. The aim is to maintain wellness and prevent deterioration.

### **Efficacy**

"The ability to produce a desired or intended result" (Oxford University Press, 2015).

### **Gamma Hydroxybutyric Acid**

An illicit drug which generally comes in a liquid form, which give the user feelings of euphoria, increased sex drive and lowered inhibitions, as well as a number of serious adverse effects. GHB can be addictive, and sudden withdrawal can be dangerous.

### **Handover**

A process that occurs between different shifts of health workers to ensure that good communication occurs, to allow for continuity of care for patients.

### **Primary Health**

The provision of a base level of health care that involves individuals, their families and communities, and incorporates health promotion, illness prevention and community development (Australian Practice Nurse Association, 2012).

### **Psychiatrist**

A specialist doctor in the field of mental illness.

### **Psychotherapies**

A range of therapies aimed at working with the patient with some kind of mental illness or emotional problems.

### **Recidivism**

"Any and all repeated criminal events over the life course" (Payne, 2007). In Australia, recidivism research generally measures those offenders who have committed a further offence within two years.

### **Telehealth**

The delivery of health related services and information via telecommunication strategies.

### **Vocational training**

Training or education that directly relates to getting a job.

# 1. ACKNOWLEDGEMENTS

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Julie Bond thanks the following individuals and organisations that have generously given of their time and their expertise to assist, advise and guide her through this Fellowship program.

## **Awarding Body – International Specialised Skills Institute (ISS Institute)**

The International Specialised Skills Institute (ISS Institute) is an independent, national organisation. In 2015 it is celebrating twenty-five (25) years working with Australian governments, industry education institutions and individuals to enable them to gain enhanced skills, knowledge and experience in traditional trades, professions and leading edge technologies.

At the heart of the ISS Institute are our individual Fellows. Under the Overseas Applied Research Fellowship Program the Fellows travel overseas. Upon their return, they are required to pass on what they have learnt by:

- Preparing a detailed report for distribution to government departments, industry and educational institutions
- Recommending improvements to accredited educational courses
- Delivering training activities including workshops, conferences and forums.

Over 300 Australians have received Fellowships, across many industry sectors. In addition, recognised experts from overseas conduct training activities and events. To date, 25 leaders in their field have shared their expertise in Australia.

According to Skills Australia's 'Australian Workforce Futures: A National Workforce Development Strategy 2010'.

*Australia requires a highly skilled population to maintain and improve our economic position in the face of increasing global competition, and to have the skills to adapt to the introduction of new technology and rapid change. International and Australian research indicates we need a deeper level of skills than currently exists in the Australian labour market to lift productivity. We need a workforce in which more people have skills and knowledge, but also multiple and higher level skills and qualifications. Deepening skills and knowledge across all occupations is crucial to achieving long-term productivity growth. It also reflects the recent trend for jobs to become more complex and the consequent increased demand for higher-level skills. This trend is projected to continue regardless of whether we experience strong or weak economic growth in the future. Future environmental challenges will also create demand for more sustainability related skills and knowledge across a range of industries and occupations.*

In this context, the ISS Institute works with our Fellows, industry and government to identify specific skills and knowledge in Australia that require enhancing, where accredited courses are not available through Australian higher education institutions or other Registered Training Organisations. The Fellows' overseas experience sees them broadening and deepening their own professional knowledge, which they then share with their peers, industry and government upon their return. This is the focus of the ISS Institute's work.

For further information on our Fellows and our work see <http://www.issinstitute.org.au>.

Julie Bond also thanks the CEO (Bella Irlight AO) and staff (Ken Greenhill and Paul Sumner) of ISS Institute for their assistance in planning and development of the Fellowship and completion of this report.

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## 1. ACKNOWLEDGEMENTS

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### Fellowship Sponsor and Supporters

This Fellowship has been sponsored by Fulham Correctional Centre, a minimum to medium security correctional facility managed by The GEO Group Australia Pty Ltd.

The Fulham Correctional Facility is the funding and management body for this Fellowship for the RTO sector of Victoria, Australia. The Fellow would like to thank them for not only providing funding support for this Fellowship, but also for allowing Bond the time and resources to plan her Fellowship, the time to travel overseas and conduct her research and for the support in completing this report.

The GEO Group Australia is a leading provider of outsourced correctional services. Across Australia they manage four correctional facilities and deliver primary health and rehabilitative services to 6,000 prisoners. GEO helps protect the public through the secure and humane containment of prisoners and by intervening to break the cycle of reoffending. Their cost-effective facilities and services ensure value for money for the taxpayer, while their proven ability to design and deliver innovative programs that reduce reoffending helps redirect prisoners to a future free from crime. GEO provides Better Corrections for Safer Communities.

### Supporters

- GEO Group Australia Inc.
  - » Trevor Craig, General Manager, Fulham Correctional Centre
- GEO Group Australia, Inc.
  - » Alan Scaife, Operational Readiness Coordinator, GEO Group Australia Inc.
- Geo Group Australia, Inc.
  - » Allan Marshall, Contract Compliance Manager, Fulham Correctional Centre
- GEO Group Australia, Inc.
  - » Jan Te Maru, Health Services Manager, Fulham Correctional Centre
- GEO Group Australia, Inc.
  - » Dr Maithri Goonetilleke, Visiting Medical Officer, Fulham Correctional Centre
- GEO Group Australia, Inc.
  - » Jim Sanders, Correctional Supervisor, Fulham Correctional Centre
- Correct Care Australia
  - » John Hoogeveen, General Manager

### Employer Support

Julie Bond would like to acknowledge the support she has received from Fulham Correctional Centre, in both the awarding of this Fellowship and in allowing her the time and resources required to complete the Fellowship.



## 1. ACKNOWLEDGEMENTS

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### Organisations Impacted by the Fellowship

#### Government

- Justice Health, Victoria
- Corrections Victoria

#### Industry

- Fulham Correctional Centre
- GEO Group Australia, Inc.
- Correct Care Australia
- Network for Improving Chronic Care (NICC)

### Further Acknowledgements

The Fellow also expresses her gratitude to all the staff at the various facilities that were visited. Many people took time out of their busy schedules to provide information about the daily operations of their facility. Their experience, input and advice has proven invaluable to the Fellow in compiling this report

## 2. ABOUT THE FELLOW

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**Name:** Julie Bond

**Employment:** Health Services Manager, Fulham Correctional Centre

**Qualifications:**

- Registered Nurse Division 1
- Master's Degree in Mental Health Nursing, University of Newcastle 2011
- Diploma in Management / Impact Leadership, Proteus 2012
- Diploma in Personal Computer Business Management
- Diploma of Health Science (Nursing), University of Newcastle 1991
- Nurse Immunisation Practitioner, Latrobe University 2010
- Pre & Post Test HIV & Hepatitis C Counselling, Latrobe University, 2012
- Certificate in Rural Office Practice, Melbourne University
- First Line Emergency Care Course
- Trauma Nursing Core Course
- Principles of Emergency Care
- Aged Care Managers Course
- Certificate II Justice Services.

**Memberships:**

- Australian Nursing Federation
- Network for Improving Chronic Care
- Contract Compliance Committee
- Equal Employment Opportunity Committee
- Health and Wellbeing Committee
- Australian College of Nurse Practitioners.
- Australia & New Zealand Mental Health Association Inc

**Biography:**

Bond has been practising as a Registered Nurse for 25 years, spending 14 years in remote rural areas. She has continually sought opportunities to increase her knowledge and throughout her career has had a focus on continuous quality improvement.

The Fellow has worked in management roles, managing several aged care facilities and has also spent several years in the role of Quality Manager in the difficult field of aged care.

She has worked in prison health care for a total of eight and a half years and in the current role of Health Services Manager since March 2015. Prior to this she was the Health Promotions Nurse at Fulham Correctional Centre. This is a unique role in the Victorian prison system, with the Fellow currently being the only Registered Nurse employed full time as a Health Promotions Nurse.

In this role the Fellow was responsible for coordinating and planning care for all prisoners who are suffering chronic health conditions, including diabetes, cardiovascular disease, immunosuppression, age greater than 60, Koori patients etc. The Fellow was also responsible for offering counselling and

## 2. ABOUT THE FELLOW

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screening for all prisoners who wish to be tested for sexually transmitted diseases and blood borne viruses and runs a vaccination program for influenza and Hepatitis B. The Fellow's role is continually expanding, with recent additions including providing education to new Correctional Officer recruits and providing education to prisoners completing the Transitional Assistance Program prior to release.

Future plans include running education programs for prisoners on topics such as wellness and illness prevention, blood borne virus harm minimisation, basics of nutrition and fitness for illness prevention and increasing awareness of endemic diseases such as Chronic Hepatitis B in particular populations.

## **3. AIM OF THE FELLOWSHIP PROGRAM**

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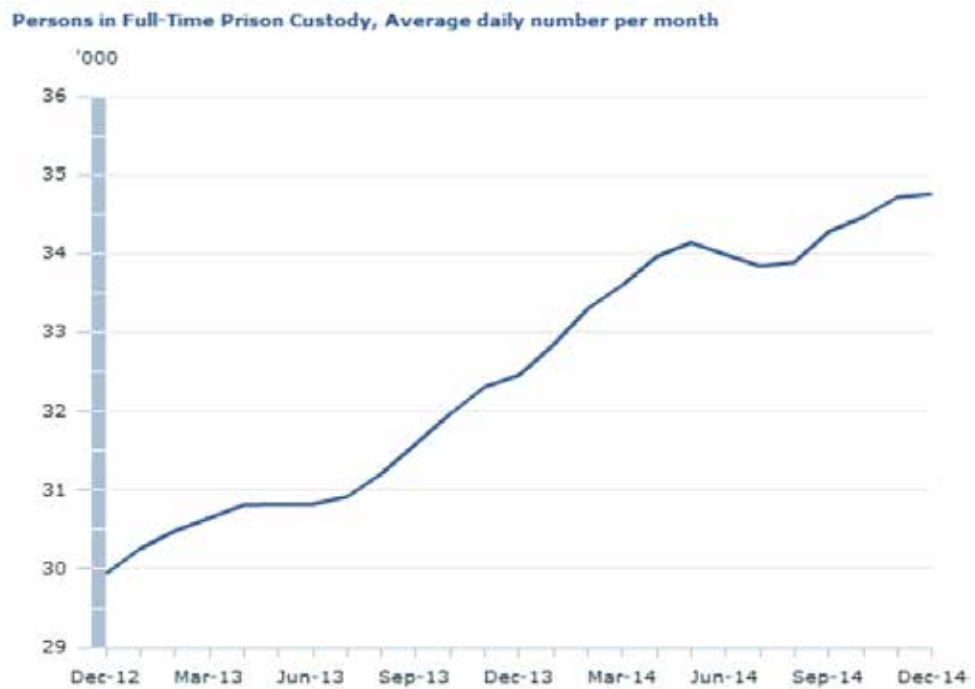
The Fellowship had three objectives:

1. To improve chronic disease management in the prison population through appropriate planning and health promotional activities.
2. To explore the availability of education directed at the primary health care nurse in relation to individual health promotion and chronic disease management.
3. To identify strategies that can be used within the prison system to provide education to prisoners on improving their health through basic lifestyle measures such as diet and nutrition; basic cooking skills; and hygiene and self-care.

## 4. THE AUSTRALIAN CONTEXT

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In Australia there are currently 93 adult correctional centres operating in 6 states and 2 territories. The ministry responsible for the Australian correctional system is the Ministry of Justice. In December 2014, the average daily number of full-time prisoners in Australia was 34,647, an increase of 8% from December 2013 (Australian Bureau of Statistics, 2015).



(Australian Bureau of Statistics, 2015)

Each state and territory of Australia is responsible for managing the facilities within the individual state or territory. Most are comparable with a mixture of Private and Public operation. Victoria has been chosen as the comparison for this Overseas Fellowship.

The Victorian Adult Prison system consists of 11 publicly operated prisons, two privately operated prisons (Fulham Correctional Centre and Port Phillip Prison) and one transitional centre (Judy Lazarus Transition Centre). Two of the prisons are female only – Dame Phyllis Frost and Tarrengower – and the remainder are male only. Correctional Services offered range from maximum security to reparation and treatment programs.

## 4. THE AUSTRALIAN CONTEXT

A summary of the prisons is below:

PRISON NAME	SECURITY	MAXIMUM CAPACITY	MALE / FEMALE
Barwon Prison	Maximum	423	Male
Beechworth Correctional Centre	Minimum	160	Male
Dame Phyllis Frost Centre	Minimum to Maximum	344	Female
Dhurringile Prison	Minimum	268	Male
Fulham Correctional Centre	Medium	899	Male
Hopkins Correctional Centre	Medium	388	Male
Judy Lazarus Transition Centre	Minimum	25	Male
Langi Kal Kal Prison	Minimum	219	Male
Loddon Prison	Medium	409	Male
Marngoneet Correctional Centre	Medium	394	Male
Melbourne Assessment Prison	Maximum	285	Male
Metropolitan Remand Centre	Maximum security remand	723	Male
Port Phillip Prison	Maximum	934	Male
Tararengower Prison	Minimum	72	Female
		5543 Total	

In addition, there is a new prison being planned at Ravenhall and all prisons are currently undergoing expansion to allow for the increasing prisoner population.

Health Services are provided to the prisons via contracted providers:

- Correct Care provides health services to all the public prisons plus the Judy Lazarus Transition Centre
- Forensicare provides secondary mental health services at all public prisons, including prisoners transferred to Thomas Embling Hospital
- G4S (the operator of Port Phillip Prison) sub-contracts St Vincent's Correctional Health Services to provide primary health services, outpatient mental health services and secondary residential mental health services (through St Paul's Psycho-Social Unit) at Port Phillip Prison. St Thomas's Unit provides outpatient consultation. St Vincent's Correctional Health Services also provides statewide secondary inpatient health services delivered through St John's at Port Phillip Prison and secondary and tertiary inpatient services from St Vincent's Hospital
- GEO Group Australia provides primary health and mental health services at Fulham Correctional Centre
- Caraniche provides Drug & Alcohol Treatment programs at all public prisons.

### SWOT ANALYSIS

#### STRENGTHS

- Established quality improvement monitoring via accreditation with the Australian Council on Health Care Standards and Justice Health monitoring and auditing processes.
- Established guidelines including:
  - » Justice Health Communicable Disease Framework 2012-2014 (Justice Health, 2012)
  - » Standards for health services in Australian Prisons (The Royal Australian College of General Practitioners, 2011)
  - » Health Policy 2011 (Justice Health, 2011)
  - » Quality Framework 2011 (Justice Health, 2011).
- Informed by reports such as:
  - » The Health of Australia's prisons 2012 (Australian Institute of Health and Welfare, 2013).
- A policy commitment to delivering health care standards to prisoners equivalent to that available in the community.
- Robust referral system for primary, secondary and tertiary health care requirements.

#### WEAKNESSES

- Difficulty in maintaining a strong, consistent workforce, due to the stigma of working in a correctional environment (e.g. safety concerns, lack of opportunity for career advancement).
- Lack of setting specific educational programs available for health staff.
- The difficulty involved in offsetting security requirements against health and prisoner privacy rights and requirements.
- Lack of consistent policies and procedures across the various prison health services.
- Lack of funding for prison health services.
- Community and general population perception that prisoners shouldn't have the rights to the same medical care as those who have not committed crimes.

#### OPPORTUNITIES

- There is currently a period of increased development occurring in the Victorian prison system, providing the opportunity to improve health care systems at the same time.
- Increasing focus on providing equivalence of care and continuous quality improvement in prison health care services.
- There are an increasing number of universities and training organisations offering quality education in health fields, which will be able to take on new courses for correctional health care.
- There is an increasing focus in community health services for coordinated care between services, with the opportunity for prison health services to link into these services.

## 4. THE AUSTRALIAN CONTEXT

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### **THREATS**

- Industry reluctance to embrace change.
- Cost of providing and participating in educational opportunities.
- Developing appropriate networks and referral processes in the community.
- Lack of participation by prisoners in programs not made mandatory by parole boards.
- Lack of readiness to change by prisoners.



## 5. IDENTIFYING THE SKILLS AND KNOWLEDGE ENHANCEMENTS REQUIRED

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### Skills Enhancement 1:

A cohesive and consistent approach to chronic disease management across the Victorian prison population would allow for continuity of care across a very mobile prison population. Justice Health has outlined in their Health Policy 2011, "Policy Statement 4: There will be a continuum of healthcare to ensure comprehensive end-to-end care for Patients / Clients" (Justice Health, 2011). Currently there is no formal approach for this to occur.

- Identify and articulate systems that are in place to provide continuity of care in relation to chronic health conditions.
- Assess how these systems may be adapted to the Victorian prison population.
- Disseminate this information to Justice Health and the 14 prisons that provide health care in Victoria.

*Outcome Desired: Improved efficiency in management of chronic health problems, with better health outcomes for the prisoners. This would also result in reduced cost of health provision. This will align with the World Health Organisation's vision for provision of health care in prisons (World Health Organisation Europe, 2007).*

### Skills Enhancement 2:

There is a lack of training for nurses wishing to provide practical patient education in health promotion topics on an individual basis with their clients. The Justice Health Policy 2011 recommends that, "Policy Statement 11: Professional independence of health professionals will be preserved" (Justice Health, 2011).

- Identify and assess educational opportunities suitable for registered nurses, in the area of primary health care and chronic disease management.
- Identify how these can be adapted to the Australian situation and disseminate this information to appropriate Australian Registered Training Organisations.

*Outcome Desired: With improved education, the nurses will be able to provide better health education and care to the prisoners. They will also have improved job satisfaction that may have implications for staff retention.*

### Skills Enhancement 3:

Currently prisoners have access to programs for alcohol and other drugs, parenting skills, educational programs and industry type skills; however they don't receive education in basic life skills such as cooking, basic nutrition and skills of daily living such as hygiene and managing a clean household.

- Identify programs that have been used overseas to provide prisoners with basic healthy lifestyle education.
- Assess the impact these programs may have made on recidivism and successful management of chronic disease issues.
- Research ways in which these programs can be adapted to use in the Victorian prison system.

*Outcome Desired: Empower prisoners to make healthier life style choices, and manage their own chronic disease / health problems more effectively. This in turn may encourage an increased sense of self-worth, and reduce the likelihood of reoffending.*

# 6. THE INTERNATIONAL EXPERIENCE

## OVERVIEW OF EACH COUNTRY VISITED:

### 6.1 STATISTICAL OVERVIEW:

In order to provide a background to compare the different prison health systems, the following demographic facts on the countries visited are tabled.

COUNTRY	GENERAL POPULATION	URBANIZATION	HEALTH EXPENDITURES (GENERAL COMMUNITY)	PER CAPITA PRISON POPULATION	PERCENTAGE FEMALE PRISONERS	GENDER RATIO GENERAL POPULATION
Australia	22,262,501	89%	9% of GDP	143 per 100,000	7.8%	1.01 male / female
Netherlands	16,805,037	83%	12% of GDP	75 per 100,000	5.4%	0.98 male / female
Norway	5,080,000	79%	9.1% of GDP	75 per 100,000	5.1%	0.98 male / female
USA	316,668,567	82%	17.9% of GDP	707 per 100,000	9.0%	0.97 male / female

Source: [www.indexmundi.com](http://www.indexmundi.com) and [www.nationmaster.com](http://www.nationmaster.com) retrieved 23/07/2014

### 6.2 GENERAL OVERVIEW:

#### THE NETHERLANDS

The ministry responsible for the correctional system is the Ministry of Security and Justice, whilst prison administration is the responsibility of the National Agency of Correctional Institutions (NACI). Foreign prisoners make up 23.2 per cent of the total prisoners numbers. Juvenile offenders constitute 1.5 per cent of the prison population, whilst female offenders constitute 5.4 per cent. The Netherlands currently has a policy of leasing out some of their 'spare' prison beds to neighbouring countries that are experiencing over-crowding in their own prisons. The Netherlands currently has 77 correctional facilities. In 2013, prison occupancy stood at 77 per cent (International Centre for Prison Studies, 2014).

## 6. THE INTERNATIONAL EXPERIENCE

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### **NORWAY**

The ministry responsible for the correctional system is the Ministry of Justice and Public Security, whilst prison administration is the responsibility of the Department of Corrections. Foreign prisoners make up 33 per cent of the total numbers. Juvenile prisoners constitute 0.1 per cent of the prison population, whilst female offenders constitute 5.1 per cent. Norway has a system in place whereby sentenced offenders may go on a 'waiting list' to serve their time in jail. They will be sent a letter in the mail to attend a correctional facility on a certain date in order to serve their sentence. Thus it may be several years between when they are sentenced and when they actually commence their prison sentence. Norway currently has 42 correctional facilities. In 2013, prison occupancy stood at 94.1 per cent (International Centre for Prison Studies, 2014).

### **UNITED STATES OF AMERICA**

The ministry responsible for the correctional system is the Department of Justice. Administration of the prisons is the responsibility of the Federal Bureau of Prisons, as well as state and local correctional authorities. Foreign prisoners make up 6.8 per cent of the total numbers. Juveniles constitute 0.4 per cent of the prison population, whilst females constitute 9.0 per cent. The USA has a system of Federal and State prisons and local jails. The USA has the second highest incarceration rate in the world. There are currently 4575 correctional facilities in the USA. In 2013 prison occupancy stood at 99 per cent (International Centre for Prison Studies, 2014).

### **6.3 COMPARISON OVERVIEW – AUSTRALIA:**

The ministry responsible for the correctional system is the Ministry of Justice and Health. In Victoria, administration of the correctional facilities is the responsibility of Corrections Victoria. Foreigners make up 19.7 per cent of total prisoner numbers. Juveniles constitute 0.1 per cent of the prison population, whilst females constitute 7.8 per cent. There are currently 93 correctional facilities in Australia. In 2013, prison occupancy stood at 96 per cent (International Centre for Prison Studies, 2014).

### **6.4 VISIT SUMMARY:**

#### **NETHERLANDS – Health Care Department Of DJI (Custodial Institutions Agency)**

**Contact:** Dr Annet Slijkhuist, Head of Health Care Department of DJI

The Health Care Department of DJI is responsible for overseeing health care provision in the correctional system. The Fellow had the opportunity to meet with members of the department for a round table discussion of healthcare in the Netherlands correctional environment.

#### **Objectives:**

- Discuss the similarities and differences in the health care systems in the correctional environment
- Discuss the similarities and differences in mental health care in the correctional environment
- Discuss opportunities for education for health care professionals in the correctional environment.

#### **Skills, Knowledge and Insights:**

There is a much higher ratio of nursing staff to prisoners in the Netherlands prison health system. In the Netherlands, there is a very low waiting time for the prisoners to see a doctor and in fact for most health services. All residents in the Netherlands are required to have private health insurance and if a

## 6. THE INTERNATIONAL EXPERIENCE

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prisoner comes in without this, a social worker will help them to get insurance before they go home so they can access good medical care.

Victorian prisons (in particular the prison at which the Fellow is employed), have a much lower rate of prisoners committing / attempting suicide or self-harm than those in the Netherlands. This may be attributed to the fact that in Victoria, it is a contractual obligation to minimise the number of suicide / self-harm events and a correctional facility can be fined for exceeding the limits set. Thus, there are very strict policies and procedures in place.

In the Netherlands there is a high security mental hospital called Oostvaarderskliniek. If a person commits a crime that is proven to be because of a mental illness, the judge when passing sentence can mandate a period of admission to this mental hospital (generally the final third of the sentence). During this period the offender must receive treatment for his / her illness. This facility is not classified as a prison and many patients have leave opportunities. There is also outreach accommodation where patients can trial living in the community (for example living outside the facility Monday to Friday and returning for the weekends). However, these patients have to pass strict guidelines such as drug and alcohol testing. The patients cannot be discharged from this facility until the psychiatrists are satisfied the patients are no longer at risk of reoffending due to their mental illness. Thus their imprisonment can be extended by many years until they are well enough to be released.

In the Netherlands, all nursing staff are required to complete a two year degree course in prison health nursing. Education includes infectious diseases, drug and alcohol, mental illness, and chronic health issues.

### **Outcome:**

The department members were very interested in the policies and processes used in Victoria to reduce the incidence of self-harm and suicide attempts. There is an opportunity to share with our international partners information for them to consider for use in their own systems.

The Netherlands has a very robust education program for nurses working in the correctional environment, as well as mandatory education for their doctors. Information on these training programs has been supplied (see Appendix 1) with the view that it may be possible to have an Australian training provider develop similar training programs.

## 6. THE INTERNATIONAL EXPERIENCE

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### NETHERLANDS - Oostvaarderskliniek, Amdere



**Contacts:** Dr Annet Slijkhuist, Hoofd Afdeling Gezondheidszorg, Directie Bestuursondersteuning, Head of Healthcare Department of Dutch Prison Service

Oostvaarderskliniek is a high security mental hospital located in Amdere, Netherlands. It has a total capacity of 174, plus some external housing. It is a very modern facility, with large garden areas. Patients are housed in large units, in which they have to cook for themselves, with food bought out of their daily allowance of five Euros.

**Objectives:**

- Explore the systems in place to treat mental illness and reduce reoffending
- Discuss systems in place to monitor chronic physical health conditions.

**Skills, Knowledge and Insights:**

Patients must attend mandated treatments or therapies, including a full range of psychotherapies and medications. They are reviewed by a psychiatrist once a month to monitor their progress. There is also a comprehensive physical health program, as it is recognised it is not effective to treat mental health in isolation from physical health and vice versa. There is extensive random urine drug screening and

## 6. THE INTERNATIONAL EXPERIENCE

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patients can suffer a range of sanctions, including loss of leave privileges, if they fail a screen. There is currently one female patient living in the same accommodation as the men. Many of the patients are recognised as still being quite dangerous, having committed such violent crimes as murder, rape, paedophilia and arson. Within the centre patients have access to a range of allied health services such as podiatrists, physiotherapists, doctors and dentists.

### **Outcomes:**

Chronic disease management: Each nurse is assigned a particular chronic disease that he or she is in charge of managing. For example, the nurse in charge of diabetic patients will ensure that they are all reviewed according to their protocol for reviews and assessments. There is a comprehensive range of protocols for reviews and assessments required for each illness area and a schedule of when patients should be booked for these. Each Saturday, the nurse on duty will check the schedule and book all patients in the next week who are due for review. In addition, all patients, regardless of their physical health, must have an annual complete physical check up by the doctor. These protocols could be adapted for use in the Australian context.

At this centre there are few specific health related patient education programs; however they do have a range of sports that are played and fitness instructors available to patients. They do run a program called 'In Shape', in which patients receive instructions on health diet and lifestyle and are weighed on a regular basis. They are given points for the amount of weight lost and receive incentives based on the points accrued. This might include a special meal, etc. A similar program could be developed locally, with special time allocated in the gym for those on the program. It is often difficult or embarrassing for the very overweight prisoner to attend the gym.

## 6. THE INTERNATIONAL EXPERIENCE

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### NETHERLANDS – Penitentiary Psychiatric Clinic, Haaglanden, Scheveningen



**Contacts:** Richard Geense, Ministry of Justice and Security, International Liaison  
Tom Child, Psychologist and Managing Director  
Dr Walter Domenicus, Medical Director and Psychiatrist  
Leesa, Quality Controller, Penitentiary Psychiatric Clinic  
Phillipina, Medical Head, International Controller.

**Objective:**

To discuss mental health care, both within this facility and the overall Netherlands correctional system.

**Skills, Knowledge and Insights:**

Within the Netherlands, there are 29 prisons and four Penitentiary Psychiatric Clinics (PPC). Haaglanden has a capacity of 156. At Haaglanden there are four physical trainers, 11 psychologists, four psychiatrists working a total of 100 hours per week and four doctors.

Medications are dispensed by correctional staff via individually packed bags from the pharmacy. Nursing staff are notified of refused medications, who then inform the psychiatrist of persistent refusals.

Normal prisons have a ratio of one psychologist per 180 prisoners and one doctor per 300 prisoners. All prisoners who are on antipsychotics undergo initial and ongoing screening for metabolic syndrome.

## 6. THE INTERNATIONAL EXPERIENCE

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Each PPC also have a wide range of activities for the prisoners to participate in, including woodwork, art, music, sports and extensive gym (that staff use in conjunction with the prisoners).

Haaglanden also has a wing that contains the International Tribunal – this houses high profile criminals from other countries, including war criminals. The Fellow was not permitted to visit this section.

### **Outcomes:**

Whilst there is no specific health education program for the patients at Scheveningen, the Fellow did discuss the nationwide 'Health for You' program that is teaching people about healthy lifestyles.

Staff were also able to suggest a very good text Medical illness and Schizophrenia, by Jonathon M. Myer, Henry A. Nasrallah from Dainippen Pharma and published by American Psychiatric Publishing.

The nursing staff are required to undergo education that includes infectious diseases, drug and alcohol, mental illness and chronic health issues. The opportunity exists to design an industry specific education program for nurses in Victorian custodial settings, informed by the Netherlands program.



*Some of the craftwork by patients in Scheveningen and the exercise yard.*



## 6. THE INTERNATIONAL EXPERIENCE

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### NETHERLANDS – Prison Nieuwersluis, In Nieuwersluis



**Contact:** Caroline Kraxner, Coördinerend Adviseur, Ministerie van Veiligheid en Justitie

Prison Nieuwersluis is a women's correctional facility with a capacity of 240. The facility was originally built in 1877 as a military barracks and the architecture reflects this grand history.

**Objectives:**

- To discuss the particular challenges experienced in a women's correctional facility
- To discuss orientation process and staff education.

**Skills, Knowledge and Insights:**

One of the major health concerns experienced here is GHB withdrawal. Detoxification must be commenced immediately on admission, or withdrawal symptoms for the heavy addict can quickly be fatal. Caution is also needed for those only there for a few days, as the detox process also reduces tolerance.

The prison has an extremely comprehensive orientation process for all new staff. This includes a checklist that covers all processes and procedures. Each new staff member is assigned a mentor and must be confident with all items on the checklist before they are considered to have completed the orientation.

There is also a 'step-up' facility that is external to the main fences, where women who are close to the end of their sentence can start reintegrating into society through work and education. There are facilities for women to give birth and raise their babies to a young age. The preferred age is nine months, but this can vary up to seven years depending on the individual circumstances.

**Outcome:**

The staff at Nieuwersluis were happy to share their orientation processes with the Fellow.

These can be used to design improved orientation processes in Victorian prisons. New staff orientation is a very important step to ensure patient and staff safety and ongoing quality of care and performance.

### NORWAY: Bastøy Prison, Bastøy



*Image credit en.wikipedia.org/wiki/Bastoy\_Prison*

**Contact:** Gerhard Ploeg, Senior Advisor, Directorate for Correctional Services  
Tom Eberhard, Warden Bastøy Prison

Bastøy Prison is situated on a 2.23km<sup>2</sup> island in the Oslo Fjord, across from Horten. It is a low security prison for those with long terms, with the average sentence being eight years. The recidivism rate from Bastøy is 15 per cent, compared with the national average of 20 per cent (compared with Australia, where approximately 60 per cent of prisoners have been in prison at some time in their life before, or 38 per cent have been in prison within the past two years) (Payne, 2007). Bastøy has a capacity of 190, with 115 being there at the time of the Fellow's visit.

**Objectives:**

- To discuss the philosophy and principles that give Bastøy such a low recidivism rate
- To learn how Bastøy differs from mainstream Victorian prisons
- To identify lessons which may be used to inform prisoner management in mainstream prisons.

**Skills, Knowledge and Insights:**

Norwegian criminal law concentrates on punishment via lack of freedom without the element of revenge, defined as physical discomfort and intentional psychological suffering.

The philosophy of Bastøy is that of Humane Ecological Principle (the interaction between human beings and their surroundings and nature itself). As a consequence of this, food production on the island is conducted in an ecological manner and the primary heating source is from wood harvested from the island's own forests. All food produced on the island is consumed by the inmates. The inmates take responsibility for and plan for their own lives. They learn consideration and respect towards fellow human beings through socialisation resulting from their housing and workplace (Inmate, 2013).

## 6. THE INTERNATIONAL EXPERIENCE

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*Cattle Barn*



*Mare and foal*



*The pride of the island dolahest horse  
(Norwegian native breed)*

The inmates run a number of farming industries, including cattle, sheep and horses, hay and crops and vegetable crops in greenhouses. They are responsible for all aspects of care and husbandry, including getting up in the middle of the night to attend to birthing animals. During the Fellow's visit they had a two week-old foal, whose birth had been attended by the inmate responsible for care of the horses. The horses are used for various horse drawn carts and implements, including transport around the island and pulling logs out of the forest for the milling operation. The most notable fact when speaking to the inmates about their work was the pride each took in what they were doing. Many had no exposure to farming before coming to Bastøy and had learned many valuable skills and ideals. These inmates were happy and confident and communicated easily with the strangers in their midst. Inmates also operated the ferry that ran on a regular schedule across to the mainland.

One of the most telling comments made by a prisoner during the Fellow's visit was one man's response to the question of why Bastøy worked – he said, "We learn not to hate". Staff and inmates work on a principle of respect for each other. There is zero tolerance for drugs, alcohol and violence, and any infraction results in immediate transfer to a high security prison. Prisoners can come to Bastøy straight from high security prisons and any previous behavioural difficulties are usually resolved very quickly.

Staff feel safe and are required to operate in a culture of respect and rehabilitation for the inmates. In other words, they are not there to punish, they are there to guide the prisoner on achieving his goals for his or her sentence plan. Each staff member has a caseload of up to five prisoners that he or she works with on an individual basis to monitor their progress.

Prisoners learn valuable life skills such as budgeting, managing resources and job skills, through the operational philosophies of the island. Each inmate must work or complete full time education, for which they are given a small wage. From that wage they must purchase all their groceries (apart from the evening meals). They are only paid once per month,

encouraging them to learn to manage their money effectively. They keep fit and active through their daily work and there are ample sporting facilities available to encourage a healthy lifestyle.

There is also a beautiful church with a full time chaplain, as well as a prayer room for those from a non-Christian religion. There is a full time nurse, a doctor once per week, a physiotherapist one day a week and a dentist one day a week. There are also psychologists working in the drug treatment unit.

## 6. THE INTERNATIONAL EXPERIENCE



*Island transportation (driven by a staff member)*



*Inside the church*

*Musical centre with view over the Fjord*



The distribution of sentence types in Bastøy are approximately 13 per cent financial, 13 per cent murder, 30 per cent narcotics, 20 per cent sex crimes, 25 per cent violence. (Inmate, 2013) This makes the high success rate and low incident rate even more remarkable.

### **Outcome:**

The physical and mental health of prisoners on Bastøy appears to be a product of the environment, lifestyle and philosophy of the prison. Inmates are relaxed and happy and keep physically fit through appropriate work and leisure activity. This is not to say they don't have any mental health diagnoses – there are many who are prescribed medications to treat mental health issues; however, these issues are assisted in their management through the environment in which they live.

The type of work culture of correctional facilities in Norway is one to be encouraged in all countries: to foster a more positive outcome for prisoners, as well as to improve health and safety for both staff and prisoners.

Although it would not be possible to recreate the total Bastøy experience in Australian prisons, there are certain elements that could be used to inform future planning. A culture of respect and rehabilitation will have a very positive effect on prisoner mental and physical health and improve morale for both prisoners and staff. Prisoners who are able to take pride in what they do and who they are will be more likely to have improved outcomes on release and less health difficulties. "It has been found that a strong sense of personal efficacy is related to better health, higher achievement, and more social integration" (Schwarzer & Fuchs, 1995).

## 6. THE INTERNATIONAL EXPERIENCE

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*Officer's block*



*Visits centre*



*Accommodation units*



*Administration block*



*Horse stables*



*Education block*

### NORWAY: Halden Prison, Ostfold, Norway



**Contact:** Mr Gerhard Ploeg, Senior Advisor, Directorate for Correctional Services, Norway

Halden is a maximum security prison that was opened in 2010. It has a capacity of 258 men, holding 255 at the time of the visit. Halden is famous for the painting of the prisoner throwing the ball and chain and is also commonly cited as the most humane prison in the world. The layout, interior design and external landscaping all reflect the Norwegian correctional tenet of rehabilitation of the prisoner to reduce recidivism (Leung, 2014).

**Objectives:**

- To explore the effect environment has on prisoner wellbeing and behaviour
- To discuss the health services offered to prisoners, as an example of what is generally offered in the Norwegian correctional system
- To discuss any difficulties that may be experienced in the health system used in the Norwegian correctional system.

**Skills, Knowledge and Insights:**

The first thing that strikes the visitor once through the security walls is the clean, bright interior, with ample natural light and views into gardens and treed areas. Much of the furniture is more reminiscent of a display room than a prison and the prisoner cells appear as modern versions of a university dorm room, with bed, flat screen television, small ensuite bathroom and cupboard space.

Halden contains one small unit within the prison for sex offenders, whom are kept segregated from the rest of the prisoners. There is also a 'halfway house' external to the prison, where prisoners who are at the end of their sentence serve the remainder of their time. They are working in the community, but have to attend curfews etc.

Within the prison there is a large activities building, containing such areas as indoor sports room, concert hall and spiritual room where prisoners can attend services from various denominations.

There are generally six to seven concerts per year, as well as indoor hockey tournaments. There is a fully equipped and functional recording studio that most professional musicians would be happy to have access to. On the day of the visit, the Fellow was



*View from a window*

## 6. THE INTERNATIONAL EXPERIENCE

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*Prisoner cell*



*Recreation hall*



*Recording studio*

very lucky to attend a performance given by a famous Swedish vocalist, that was held in the spiritual room specifically for the prisoners from the segregated unit.

Whilst Halden is a high security prison, inmates have access to a wide range of educational and vocational training opportunities. There is a well-stocked library, computer and general education training room, print shop, wood working, metal working and car maintenance workshops. There was also a strong art program led by an officer with a high standard of artistic talent. The prisoners produced sculptures, paintings, toys and various other craft and furniture that are then sold.



*Some of the craft work by the prisoners*



*Paintings by prisoners*

## 6. THE INTERNATIONAL EXPERIENCE



*Metal working machinery*



*Woodworking area*

All prisoners are expected to remain outside their cells during the designated work hours (0800 – 1430hrs) and occupied either in training, education or employment.

Whilst the overall atmosphere was somewhat less light hearted than at Bastoy, there was still a reasonably relaxed feel when walking around. Officers were cheerful and respectful to both visitors and prisoners and prisoners were also respectful.

Halden is equipped with an isolation room that contains a full restraint bed; however it has never been required to be used since Halden opened. Indicative of the general wellbeing of the prisoners is the low rates of prisoner on prisoner and prisoner on staff assaults.



*Solitary confinement*



*Restraint bed*



*Dentist treatment room*

Health services are provided via the Import Model, in which health staff are employed by the local municipality health services and contracted to the prison. Health staff are answerable to and use the policies of their local municipality health service. This does lead to some difficulty, particularly in respect to confidentiality and security issues. The health staff also acknowledge that many of the assessment tools etc they use in the community health setting are not ideal in the prison setting.



## 6. THE INTERNATIONAL EXPERIENCE

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### Outcome:

Halden Prison seems to be an example of how a well-designed and decorated prison can affect prisoner behaviour and wellbeing. The calming atmosphere, coupled with the trademark Norwegian culture of respectful and rehabilitative correctional officers, results in a high security prison with far less of the mental health and behavioural issues seen at high security facilities elsewhere.

Health services in Norwegian prisons are offered via the Import Model. Whilst the advantages with this may include continuity of care for the prisoner returning to the community on release, there are some concerns also. There are both physical and mental health issues that are uniquely affected by the prison settings and community health policies and procedures aren't always best able to manage

these. There is also the issue of the isolation of the health staff from the correctional staff. Prisoner health may be best served by a collaborative arrangement between health and correctional staff. For example, in the Fellow's own facility, reports from a correctional officer that a prisoner is exhibiting aberrant behaviour may alert the team to an impending mental health crisis. This requires a certain amount of teamwork and open lines of communication, whilst still respecting boundaries of patient confidentiality and consideration of security issues.



*Outdoor sports area*



*Visits room painted by a talented staff member*



*Corridor*



*Exercise yard*



*Pre-release house*

### NORWAY: Oslo

**Contacts:** Gerhard Ploeg, Senior Advisor, Directorate for Correctional Services  
Dr Andreas Skulberg, Deputy Director General, Ministry of Justice and Public Security

**Objective:**

- To discuss issues of health care in the prison setting and in the international context.

**Skills, Knowledge and Insights:**

The Fellow held a general discussion on the issues surrounding health in the prison setting and the international context. As in other correctional settings the Fellow visited, there are few prisoner education programs aimed specifically at primary health care measures.

There is a women's health program targeted specifically at women's particular health needs. There is also a Better Daddy program, as it is recognised that one third of prisoners have parents and / or grandparents who are or have been criminals. This program aims to break that cycle and includes measures such as fathers reading stories to their children on camera and the recording being sent to the children.

**Outcome:**

Health issues in prisons are similar all over the world. Prisoners suffer similar mental and physical health issues and there are similar systematic issues causing difficulty in managing these issues. Healthcare and education in Norwegian prisons are provided by the same organisations that provide these services in the community, allowing the prisoners to remain connected to society. One of the difficulties in successful rehabilitation for prisoners is re-connecting them with their communities and with society.

## 6. THE INTERNATIONAL EXPERIENCE

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### NORWAY: Krus Staff Training Academy, Oslo

**Contacts:** Gerhard Ploeg, Senior Advisor, Directorate for Correctional Services  
Kari Undheim, Head of Studies, KRUS Staff Training Academy

**Objective:**

- To discuss correctional staff training and the ways that influences the success of the Norwegian correctional system.

**Skills, Knowledge and Insights:**

All correctional staff in Norway undertake a two year course, followed by a one year mandatory service period. This course includes several semesters of theory work, as well as on the job training at supervised training prisons.

Theory instruction includes law, psychology, health and safety and a pharmacology unit. Every year about 1500 people apply and 175 are recruited. To enter, recruits have to successfully pass a recruitment day that includes a written assignment, physical fitness test (which also examines their team work and social attitudes) and an interview.

Correctional staff are taught a culture of treating prisoners in a humane and respectful manner and working with them to achieve rehabilitation. They receive a thorough theoretical knowledge of the issues that affect the prisoners, as well as instruction on helping them through these issues.

**Outcome:**

Norway fosters a rehabilitative correctional system through extensive training for correctional staff and the development of a culture of humane treatment and respect, rather than punishment and revenge. This overall ethos has impact on the prisoner's mental and physical health, through the holistic management of each individual's needs. There are lessons that could be learnt in the Australian system, that has a much shorter initial training period for correctional staff (although with the opportunity to keep on with further learning modules).



## 6. THE INTERNATIONAL EXPERIENCE

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### **NORWAY: Norwegian University Of Science And Technology, Trondheim**

**Contact:** Lidia Santora, Department of Social Work and Health Science, Norwegian University of Science and Technology.

**Objectives:**

- To discuss research that has been published on health care in the prison system.

**Skills, Knowledge and Insights:**

Lidia Santora has co-authored an article on health promotion in the prison system (Santora, Geir, & Lillefjell, 2014), and has also conducted various other research activities in the field. Ms Santora has provided the writer with a large number of research articles and publications on the Norwegian prison health field.

**Outcome:**

The information provided by Ms Santora will prove valuable in informing future improvements and change within the health facility at Fulham Correctional Centre, and may be extended to the wider prison system.

## 6. THE INTERNATIONAL EXPERIENCE

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### UNITED STATES OF AMERICA: Joe Corley Detention Centre, Conroe, Texas

**Contact:** Scott Spaw, Health Service Administrator

The Joe Corley Detention Facility has a capacity of 1517 and was housing 1200 during our visit. Approximately two thirds of those are illegal immigrants, with the remainder being remand prisoners. There are both men and women, with some women being pregnant and close to delivery. Inmates are usually there only up to three months. Prisoners are housed in dorms of eight to twenty-four, with twenty-three hours in cell and one hour out of the cell each day.

**Objectives:**

- To discuss the problematic nature of managing chronic health care within a transient population
- To examine documents and processes that may be of help in the local Victorian situation
- To explore the ways in which specialist health care may be provided in a safe and secure manner.

**Skills, Knowledge and Insights:**

The health staff at Joe Corley detention Centre have a very comprehensive handover document, which may have elements that are useful to Fulham Correctional Facility. Effective handover between shifts is an important element in continuity of care.

There is a very well-equipped telehealth set up in the medical centre. There is a television and webcam, as well as remote stethoscope / otoscope ophthalmoscope etc. These mean that a specialist can examine a patient whilst remaining in their office. This improves access and reduces costs, as the specialist doesn't waste as much time travelling etc. It also improves security for staff and prisoner. The psychologist and psychiatrist practice almost exclusively via telehealth and on occasions doctors from other facilities are used to consult with patients there. Telehealth is certainly an opportunity to improve access to specialist care that would normally be quite difficult for prisoners, especially those in regional prisons that can be several hours from a main city.

Chronic disease management is somewhat problematic due to the transient nature of their population; however there is a dedicated chronic disease nurse who tracks routine follow ups and reviews whilst prisoners are there. The Federal Bureau of Prisons also has a number of Clinical Practice Guidelines that inform the management of chronic disease, to promote consistency of care across prisons. Staff have a patient educational teaching plan that maps out educational opportunities for prisoners suffering chronic diseases.

**Outcome:**

There is an opportunity to develop an improved handover system based on the document used at Joe Corley. Telehealth also offers enormous potential to improve care offered to prisoners, in an efficient and secure format. Currently prisoners in Victoria may have to temporarily transfer to another prison for a simple ten-minute consultation. Certain treatment programs (such as interferon treatment for Hepatitis C) are also limited to a very small number of prisoners, due to difficulty accessing supervising specialists. There may be scope to expand these programs if telehealth becomes standard in all prisons.

## 6. THE INTERNATIONAL EXPERIENCE

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*8 bed dorm room*



*Main entrance*



*Corridor*



*Exercise yard*



*Telehealth room*



*Telehealth examination equipment*

## 7. KNOWLEDGE TRANSFER: APPLYING THE OUTCOMES

The Fellow plans a series of forums and workshops to disseminate the information and ideas found during this Fellowship. These presentations will aim:

- To encourage industry development of education programs for correctional health staff
- To develop chronic disease management protocols in the local prison setting, which may then be adapted to the other Victorian prison health care facilities
- To explore development of a health and fitness education program for prisoners
- To develop more comprehensive shift handover documents to improve continuity of care
- To discuss how prison design, environment and culture affects prisoner health, behaviour and recidivism
- To work on ways to improve continuity of health care for prisoners on their release to the community.

Type of Activity: Forum	
Role of the Fellow:	Facilitator: Overview of Fellowship activities and outcomes
Aim of the activity:	Share with the sponsoring organisation the outcomes and learnings from the Fellowship
Target Industry sectors and occupations:	Correctional Industry
	Health and allied health staff
	Correctional staff
	Education and counselling staff
	Activities / gym staff
When:	To be confirmed
Where:	Fulham Correctional Centre

Type of Activity: Forum	
Role of the Fellow:	Presenter: Overview of the outcomes and recommendations from the Fellowship
Aim of the activity:	To explore the ways in which networks to community organisations can be developed, in order to improve access for prisoners on their release
Target Industry sectors and occupations:	Network for Improving Chronic Care (NICC)
When:	May 2015
Where:	Moe Community Health Centre

## 7. KNOWLEDGE TRANSFER: APPLYING THE OUTCOMES

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<b>Type of Activity: Forum</b>	
Role of the Fellow:	Presenter: Presentation of Fellowship aims and outcomes
Aim of activity:	To raise industry awareness of international prison health care and opportunities for improvement in the Australian context
Target Industry sectors and occupations:	Justice Health
	Health Service Managers of Victorian prison health care facilities
When	To be confirmed
Where:	Justice Health, Melbourne

<b>Type of Activity: Conference</b>	
Role of the Fellow:	Presenter: Presentation of Fellowship activities and outcomes
Aim of Activity:	To raise awareness in the Australian Correctional Health industry of opportunities for improvement
Target Industry sectors and occupations:	Australian Correctional Health annual summit
When:	To be confirmed
Where:	To be confirmed

It is anticipated that there will be further opportunities to present and discuss the outcomes of the Fellowship as a result of the planned activities. It is hoped that with the involvement of Justice Health (the governing body for health care in Victorian prison health care facilities), meetings may be planned with registered training organisations to discuss training opportunities.



## 8. RECOMMENDATIONS

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The international experience allowed the Fellow to identify a specific range of recommendations that align to the aims of the Fellowship and the opportunities for the prison system.

### **Government / Industry**

- To encourage a holistic care model, in which all the needs of the prisoner are considered in the plan to reduce recidivism. That is, to consider the following elements which will effect outcomes for the prisoner: prison environment and culture; physical and mental health and well-being; continuity of care and communication throughout the prison system and out into the community on release; professional development of health staff to improve delivery of outcomes; education of prisoners to improve self-management of their health and wellbeing.
- Expanded definitions in the Justice Health Quality Framework to encourage a cohesive and consistent approach to chronic disease management across the Victorian prison system.

### **Education**

There is currently no comprehensive training package in Victoria for health professionals specialising in the correctional industry.

- Encourage meetings between industry governing authorities and registered training organisations / universities, as well as appropriate professional organisations, in order to develop appropriate training and education.
- Work with Fulham Correctional Centre education, activities and programs staff to develop and education program for prisoners in relation to health and wellbeing self-care. This may then act as a pilot for programs that could be used across the industry.

### **Community**

- Further develop networks and ties in the community to improve continuity of care for prisoners being released from prison with chronic health conditions.

### **International Specialised Skills Institute**

- The Fellow will work with ISS Institute to identify further knowledge transfer opportunities, including the facilitation of presentations to relevant government departments, training organisations and industry associations, both within Victoria and interstate.

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# 10. APPENDICES

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*Translated from the Dutch document using online translation services.*



## **Postgraduate training Correctional Nursing**

You will be trained to become a Specialist Correctional nurse who independently, can efficiently and effectively work within the context of correctional institutions. You develop additional and in-depth skills in your field. Upon successful completion of the training you have specific competencies in the field of correctional nursing. You can take ownership in your position and associated roles.

The training is based on the competencies of the profession profile of the correctional nurse and the core qualities and profiles of the care professional (job classification Empire)

You can see the appeal part profile on the website of V & VN JV (<http://justitieel.venvn.nl/Documenten.aspx>)

The core profile and quality care Professional is available via intranet DJI. ([Http://intranet.dji.minjus.nl/2011/10/functiegebouw-rijk-bij-dji.aspx#paragraph3](http://intranet.dji.minjus.nl/2011/10/functiegebouw-rijk-bij-dji.aspx#paragraph3) (profile version)

## **Entry Requirements**

You are directly admissible if you:

- are in possession of an HBO-V diploma.
- At the start of training you must be working at least 18 hours in the DJI.
- Established computer and Internet skills.
- Have knowledge of the English language (reading).

You are not directly admissible if you are in possession of an MBO-V or in-service diploma. In this case we ask you to fill in a digital intake assessment to show your HBO working and thinking level.

During the training there is:

- an experienced Correctional nurse who accompanies you during the practical training period (mentor);
- a physician with whom you can debrief during office hours;

Before the start of training a training agreement is signed (see format).

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### **Study**

You should count on about 20 hours of study per contact day: studying literature, making assignments in the context of Action Learning (practical learning), professional tasks and knowledge tests and keeping a digital portfolio.

### **Certificate**

Outflow level of the course is postgraduate. Upon successful completion of this course you will receive a certificate of University Utrecht Julius Center. This certificate gives access to the area of expertise within the Correctional nursing quality register V & UN.

### **Didactic principles**

“What I learn today, I can use tomorrow.”

HU has opted for a competency-based education model. A competence is a personal skill which is formed by a combination of knowledge, skills and attitudes required for a given task / work situation appropriately, effectively and efficiently act “(FG Casco 2005).

### **Action Learning**

The principle of learning from experience in the workplace is denoted by the term “Action Learning”. Learning by doing is a form of learning and research that is either real life situations as a starting point, or placed directly in the workplace. Keywords in action learning are: community and reflection. Communitality is aimed at all those involved in the situation. It is jointly responsible for analyzing work-related problems and to implement chosen solutions. Students learn their expectations and principles adequately going forward. Reflection is necessary to determine what became else, which was a hit and why, what did not work and why. May be a new method to be tested on the basis thereof. Basic conditions for Action Learning are reflective and investigative skills.

The structure of the curriculum and the specific offer of education is a constant interplay between what the student is doing in practice and will be doing and the training structure and training content. That means that questions are the focus from the field.

### **Training**

The didactics of the course is devoted to competence-based learning and action learning. The aim is to achieve an optimal balance between contact hours, in-depth theoretical and practical.

The structure of the curriculum and the specific offer of education is a constant connection between what you do in practice and will be doing and the training structure and contents. That means that questions are the focused from the field. This is based on a dynamic health care with changing functions. There is a close relationship between the function domain, the roles and duties involved, and the skills being worked on. If something changes in practice, the program also changes.

### **Main themes and modules**

Key themes during the training are defined leadership, positioning and profiling the Correctional nurse to function optimally as a partner - within the medical service in a correctional institution.

### **Legislation Module: Three sessions of three hours.**

Working within a judicial organization is different than working within a healthcare facility. After this module you have sufficient knowledge of the WGBO, BOPZ and PBW to provide appropriate (nursing) care in a correctional institution. After this module you have knowledge of this organization and the existing multidisciplinary consultation forms. Using case meetings to learn about the judicial organization and the different forms of consultation. Thematically be ethical dilemmas, death in detention, hunger and thirst strike and your role in relation to the various officials discussed within your organization.

### **Module Personal Effectiveness including Intervision: seven meetings of three hours and seven meetings (peer) for two hours.**

This module works with your personal qualities and motivations, letting you learn to think from your personal and professional vision care. The goal is the (further) development / strengthening of personal competencies that belong to the professional functioning. Areas covered include: learning to learn, increase self-awareness, conflict, cooperation, negotiation and presentation skills, team dynamics and debate, treatment LSES (low socioeconomic status) and LVG (mildly mentally handicapped).

In the peer review focuses on your professional performance.

### **Module Communication skills: five sessions of three hours**

For each consultation is to build a trust basis for the conversation. Proximity maintaining distance. From motivational interviewing (MI) are regular conversation techniques - skills practiced. Attention is also paid to GVO.

### **Module Nursing Expert mental health: five sessions of three hours**

Within this module nurses gain more insight into the most common psychiatric disorders in detention. Attention is paid to the proper shape of care and support for prisoners with a psychiatric disorder. Attention is also paid to personality disorders and suicide risk.

Within this module, the addiction problem is a separate topic. Attention is spent on uppers, downers, hallucinogens, cannabis, GHB and poly-drug use.

### **Module Nursing Expert AGZ: seven meetings of three hours**

The pathophysiology of the most common disorders in the correctional system will be addressed. Furthermore, within this module attention is paid to the most common infectious diseases, including the musculoskeletal the most common back problems. Part of this module is the triage in emergency situations. There is room for topics that are relevant to their own work situation.

### **Module Clinical Decision Making for Nurses: five sessions of three hours and eight sessions of one hour clinical reasoning in favour of the defined leadership**

Clinical decision making and clinical reasoning are an indispensable part of the methodical behaviour of nurses. It refers to the rational considerations that underlie the thinking and action process of nurses. About those considerations you should be able to communicate and reflect in relation to the total administered leadership process of a patient / client.

This module is also a specific focus on evaluating, selecting, and applying scientific research results in various care areas within the judiciary. You learn how to search through scientific literature search strategies and search terms relevant databases. It looks at the need and relevance of EBP for your professional practice management.

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Clinical reasoning serving the defined leadership: In these sessions you will learn by using their own submitted case histories to apply the theory in practice.

### **Module Integrated Care and Innovation: four sessions of three hours**

Good coordination between different professionals is of great importance for the quality of care. You will contribute to the quality of care provided by your organization to reflect on the role of the Correctional Nurse in the chain. Key concepts as self-practice management, negotiation, collaboration and quality of care are a recurring theme.

Innovation supports the Correctional Nurse in acquiring skills to participate in the design of quality assurance at micro, meso and macro levels of care in the organization. Attention is paid to innovation in organizations, setting changes and the skills of a project manager.

### **Module Practical Learning**

During practice you learn working skills related to the different roles / job areas identified in the professional Correctional Nurse standing. Compulsory practical (including three multidisciplinary patient discussions and briefing and debriefing of the assessment) are translated by the student in the context of their professional practice and in consultation with the practice supervisor / mentor air conditions. The practical need to fit in your personal education plan (PDP) and get alongside other professional products, a place in your portfolio.

