



## Department of Justice and Community Safety

Secretary

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Coroner Sarah Gebert  
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By email: [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Coroner Gebert

### **Finding with inquest into the passing of Ms Heather Calgaret – COR 2021 006365**

I refer to your findings and recommendations delivered on 28 July 2025 into the passing of Ms Heather Calgaret at Sunshine Hospital, while undergoing sentence at the Dame Phyllis Frost Centre (**DPFC**), on 27 November 2021.

The Department of Justice and Community Safety (**DJCS**) accepts or accepts in principle all 16 recommendations directed to it or its business units, except for recommendation 12(b).

Actions addressing the intent of recommendations 3(a), 7(b), 7(d), 7(e), 12(c) and 12(d) have already been implemented.

#### **Recommendation 1 – Justice Health investigate and establish appropriate measures to ensure that:**

- a. women who give birth in custody, or proximate to their remand into custody, are adequately screened and monitored for post-natal mental health symptoms and treated with appropriate post-natal care; and**
- b. consider establishing an automatic referral to Forensicare for assessment.**

DJCS accepts this recommendation and notes that enhancements to custodial health service delivery since Heather's passing substantially address the intent of this recommendation.

Justice Health has considered establishing an automatic referral to Forensicare for all women after birth. Justice Health considers that, in line with community practice, the primary health service provider is best placed to assess and monitor women's postnatal mental health and determine if and when a referral to specialist services is appropriate, including whether this should be to Forensicare or an alternative provider with specialist expertise in postnatal mental health.

Justice Health will work with health service providers at women's prisons to review existing policies and procedures to ensure they support the intended outcomes for all women who give birth in custody or proximate to being remanded, including those who have had a child removed from their care. This will be completed by April 2026.

**Recommendation 2 – Justice Health investigate and establish appropriate measures to ensure that:**

- a. women who are refused access to the Living with Mum Program, are adequately supported following the removal of their newborn, and**
- b. consider establishing an automatic referral to Forensicare for assessment.**

DJCS accepts this recommendation.

The Living With Mum (LWM) Program is a Corrections Victoria program. LWM Program staff provide support to women including to those who are refused access to the program. Corrections Victoria is currently reviewing its LWM Program Commissioner's Requirement and will work with Justice Health to ensure that the pathway from LWM Program to primary health services is clearly documented in response to this recommendation.

Enhancements to custodial health service delivery since Heather's passing include a specific requirement for primary health providers to consider a woman's mental health needs following discharge from hospital post birth. Justice Health has considered establishing an automatic referral to Forensicare for assessment; however, for the reasons set out in recommendation 1, this was deemed unnecessary and not in line with community practice. Justice Health will work with health service providers to ensure that appropriate assessments and mental health support are provided to all women who have been refused access to the LWM Program and/or who have had a child removed from their care.

These actions will be completed by April 2026.

**Recommendation 3 – Justice Health make modifications necessary for JCare to allow for the following:**

- a. weights and girths of prisoners to be entered as a specific entry on JCare; and**
- b. an alert for significant weight increases be highlighted on JCare for clinicians.**

DJCS accepts recommendation 3(a), which is already in place.

DJCS accepts recommendation 3(b) in principle and is implementing an alternative to achieve the intent of the recommendation. Justice Health considers it to be best practice for health staff to exercise clinical judgment on each occasion they review a person and measure their weight to determine if the increase or trend is clinically significant, rather than rely on standard prompts or alerts that cannot be tailored to the particular circumstances of the person before them. Justice Health will continue to work with health service providers to ensure that prisoners' weight is regularly monitored and managed in accordance with RACGP clinical practice guidelines for the management of overweight and obesity in adults and changes or issues related to weight are escalated according to clinical need. This will be completed by June 2026.

**Recommendation 4 – Justice Health engage with government and stakeholders to improve access to psychological services for women at the DPFC.**

DJCS accepts this recommendation in principle. Justice Health contracts a range of mental health services for people in custody, which prioritise acute mental health needs, and accepts that the current offering of psychological services to women at DPFC is limited. Further expansion of psychological services in custody settings would require additional funding. Justice Health will continue to explore with government and stakeholders what an appropriate model could look like and how it might be funded to achieve the desired outcomes, given the unique experiences and needs of women in custody.

**Recommendation 5 – Justice Health collaborate with health service providers to ensure that commitments under the 2023 Quality framework and other applicable health standards are consistent with the following outcomes:**

- a. the scheduling of multi-disciplinary reviews for patients with complex health needs in order to treat and monitor their care holistically;
- b. the scheduling of regular pharmacological reviews for patients who are prescribed multiple medications and/or have complex health presentations;
- c. that health service providers conduct baseline testing of patients, including weight and BMI measurements, before commencing psychotropic medication;
- d. that chronic health care plans are properly documented upon recognition of a patient's eligibility for a chronic health care plan. Proper documentation includes identification of treatment plans, reporting on progress of treatment plans and regular oversight and review of plans; and
- e. identification and intervention to address ongoing deterioration of a patient's physical and/or mental health.

DJCS accepts this recommendation and notes that Justice Health uses a number of mechanisms to monitor health service provider performance and seek assurance that services are delivered consistent with the expectations of the Quality Framework. Justice Health will work with health service providers to determine the most effective method of regularly monitoring outcomes for people in custody with complex health needs in line with this recommendation, which will be completed by June 2026.

**Recommendation 6 – Justice Health:**

- a. continue to explore ways to develop an in-reach model for Aboriginal Community Controlled Health Organisations to provide primary healthcare services to Aboriginal people in custody;
- b. engage with Aboriginal Community Controlled Health Organisations to co-design auditing tools and processes to develop an independent and robust oversight and accountability system for all providers of prison healthcare (both public and private).

DJCS accepts recommendation 6(a). In response to recommendations made in the Cultural Review, Justice Health partnered with VACCHO from October 2024 to July 2025 to design an Aboriginal-led model of custodial healthcare to support the delivery of in-reach prison health services by Aboriginal Community Controlled Health Organisations. Funding to pilot the model was not included in the 2025-26 State Budget. As a result piloting the model in 2025 has been deferred. Justice Health will continue to collaborate with VACCHO, the

Aboriginal community health sector and the Aboriginal Justice Caucus and to explore alternative funding sources to design and implement an Aboriginal-led model of custodial healthcare.

DJCS accepts recommendation 6(b) in principle. In response to recommendation 18 from the coronial inquest into the passing of Veronica Nelson, Justice Health is establishing a new external oversight board to provide transparent, independent and comprehensive scrutiny of all providers of prison healthcare. Proposed membership includes VACCHO or another Aboriginal Health expert, and a representative from the Aboriginal Justice Caucus. The department is currently working towards appointing a chair for the board. Justice Health will work with the board to evaluate and enhance current tools and processes to ensure they support oversight and accountability of healthcare delivery. This is expected to be completed by June 2026.

**Recommendation 7 – Endorsement of recommendations made to DJCS and other key departments in the Ombudsman’s Report made aimed to:**

- a. involve Aboriginal Community-Controlled Organisations in the design and delivery of holistic custodial services that are culturally safe and responsive to Aboriginal people, culture and rights;**
- b. increase Justice Health’s capacity to oversight the delivery of culturally responsive healthcare to Aboriginal people by developing and implementing a capability building plan**
- c. consider ways to vary the current custodial primary health contracts to provide oversight that is more culturally safe and responsive to Aboriginal people**
- d. develop an audit framework to regularly assess the clinical effectiveness and cultural responsiveness of healthcare delivery to Aboriginal people across all Victorian prisons**
- e. invest in education and training to increase the number of Aboriginal health professionals in Victoria and better support their career development.**

DJCS accepts this recommendation. Actions that achieve the intent of recommendations 7(b), 7(d) and 7(e) have already been implemented.

For recommendation 7(a), please refer to the response to recommendation 6(a) above.

In relation to recommendation 7(b), Justice Health in consultation with DJCS Learning & Development has implemented a capability plan for staff to build knowledge in culturally responsive healthcare. This plan leverages the efforts across DJCS to improve cultural understanding in the justice system and supports specific understandings related to custodial health care. Justice Health will review and update the plan each year to ensure continuous growth in staff knowledge and capabilities. As of 30 June 2025, 100% of Justice Health staff have completed the mandatory DJCS e-learn and Aboriginal Cultural Awareness Training. Staff have commenced developing Individual Cultural Capability Learning Plans and will continue to participate in relevant events and training.

In response to recommendation 7(c), Justice Health will develop outcome measures in 2026 that indicate the effectiveness of health service provider performance in:

- Health outcomes for Aboriginal people receiving services

- Delivery and impact of trauma-informed services
- Delivery and impact of culturally safe services.

Justice Health will assess and negotiate the implementation of these outcome measures as Key Performance Measures under the health service provider contracts, once they are developed and reliable reporting can be provided. This is likely to have funding implications.

Regarding recommendation 7(d), Justice Health has completed the development of cultural safety audit tools for adult custodial settings. These include a self-assessment toolkit for health service providers and a site visit toolkit for use by the Justice Health Aboriginal Health Unit. Both toolkits support ongoing improvement efforts by health service providers.

Regarding recommendation 7(e), DJCS has collaborated with health service providers to find new ways to increase the number of Aboriginal Health Workers and Aboriginal Health Practitioners. GEO Healthcare offers traineeships for new Aboriginal Health Workers and provides support for existing workers to upgrade their qualifications.

**Recommendation 8 – DJCS investigate ways to ensure that the parole application process, including the availability of required treatment programs, is consistent with,**

- a. the Commissioner’s Requirement 2.6.1 – Parole Application Process, which requires that the parole application process must occur in a timely manner and not prevent or delay the Adult Parole Board’s (APB) consideration of a prisoner for parole;**
- b. the commitment to reduce over-representation of Aboriginal and Torres Strait Islander people in Victorian custodial settings;**
- c. the principles of Aboriginal self-determination in the custodial setting;**
- d. recommendation 119 of the Royal Commission into Aboriginal Deaths in Custody (RCIADC); and**
- e. the right to equality under the Charter of Human Rights of Responsibilities, particularly with respect to access to required treatment programs for women.**

DJCS accepts this recommendation.

Corrections Victoria, in conjunction with Justice Services, will review the *Commissioner’s Requirement 2.6.1 – Parole Application Process*. This review will not be confined to the Parole Application in which a parole applicant submits to the Adult Parole Board but the broader parole suitability assessment process. This will include strengthening communication between Forensic Intervention Services, Corrections Victoria and Community Correctional Services staff members to better support program planning, and training for relevant practitioners and staff members. The review process will consider compliance with the Commissioner’s Requirement and if amendments are necessary.

**Recommendation 9 – DJCS explores ways to ensure that Aboriginal and Torres Strait Islander parole applicants are assigned an Aboriginal Case Manager.**

DJCS accepts this recommendation. Community Correctional Services practice guidance requires that an Aboriginal or Torres Strait Islander parole applicant is prioritised for allocation to an Aboriginal Parole Officer where possible. Justice Services will explore

additional options for parole applications submitted by Aboriginal and Torres Strait Islander people to be allocated to, or have oversight by, culturally prioritised and designated positions, where it is feasible to do so.

**Recommendation 10 – DJCS, in consultation with the Naalamba Ganbu Nerrlinggu Yilam (the Yilam), explore ways to improve support for Aboriginal and Torres Strait Islander parole applicants to help navigate the parole application process, and improve justice outcomes for those prisoners.**

DJCS accepts this recommendation. Naalamba Ganbu Nerrlinggu Yilam (the Yilam) is a team within Corrections Victoria and as such part of DJCS. DJCS will explore ways to enhance the support for Aboriginal and Torres Strait Islander parole applicants. Some relevant work has already commenced which is comprised of amendments to parole application templates identifying cultural considerations and connections, encouraging engagement with culturally designated positions in custodial locations and training.

**Recommendation 11 – DJCS, in consultation with the Yilam, give consideration to raising through the Aboriginal Justice Forum, concerns about the potential for the parole application process to undermine the integrity of sentences, and potentially reduce the availability of a period of supervision while on parole, which is an essential component to the management of community safety and the rehabilitation of a prisoner.**

DJCS accepts this recommendation in principle. Concerns relating to sentencing integrity and supervision on parole were discussed at the Aboriginal Justice Forum in September 2025 and will continue to be progressed.

**Recommendation 12 – Endorsement of the Justice Review recommendations that Corrections and Justice Services update relevant Practice Guidelines to:**

- a. **require Parole Officers to engage with Forensic Intervention Services to ensure they have up to date information about program availability both in custody and the community prior to the prisoners Earliest Discharge Date**
- b. **clarify that, in circumstances where a prisoner has requested to complete treatment programs in the community and Forensic Intervention Services has advised that the treatment is available, a Parole Officer can progress the Parole Suitability Assessment to the Adult Parole Board for consideration.**
- c. **require Parole Officers to engage with their Principal Practitioner on prisoner requests relating to a parole application (including an application for a Parole Suitability Assessment) and document the rationale and outcome of such requests within the Offender Management File.**
- d. **require Parole Officers to promptly respond to prisoner requests made in relation to a parole application (including an application for a Parole Suitability Assessment) and explain the outcome to the prisoner.**

DJCS accepts recommendation 12(a) in principle. Community Correctional Services is already required to liaise with custodial locations and Forensic Intervention Services to support the preparation of a Parole Suitability Assessment (PSA), including in respect to the availability of recommended treatment programs. Work is underway exploring strategies to



enhance the existing communication between Forensic Intervention Services and Community Correctional Services.

Recommendation 12(b) is not accepted. It does not align with current Government policy requiring that Serious Violent Offenders and Sex Offenders (SVOSOs) applying for parole must complete available recommended treatment programs in custody to be considered suitable for parole.

Recommendation 12(c) and 12(d) are complete. These changes were implemented in April 2024. Community Correctional Services practice guidance was updated introducing mandatory requirements that Community Correctional Services must respond to and document any request by a person applying for parole received by Community Correctional Services relating to PSA within set timeframes.

**Recommendation 13 – Justice Health continue to work with health service providers to ensure that all staff, including all agency staff, are adequately trained in all relevant prison processes, including responses to a Code Black and the use of emergency equipment on site, prior to the commencement of employment and that regular refresher training is undertaken.**

DJCS accepts this recommendation, which aligns with recommendation 5(a) in the DJCS Review into Heather's passing and is well progressed. Justice Health will also work with health service providers and Corrections Victoria's Emergency Management Unit to ensure that health service staff are involved in regular practical exercises scheduled to maintain ongoing capabilities in responding to emergency situations in a custodial setting. This will be completed by April 2026.

**Recommendation 14 – Justice Health audit all health service providers to identify that emergency medical equipment is regularly checked and maintained in good working order to ensure functionality and reliability during incident responses.**

DJCS accepts this recommendation, which aligns with recommendation 6 in the DJCS Review into Heather's passing and is well progressed. It will be completed by April 2026.

**Recommendation 15 – Justice Health work with health service providers to ensure that all staff, including all agency staff, and officers receive training in drug overdoses and the administration of naloxone.**

DJCS accepts this recommendation in principle.

Justice Health expects that, as part of the requirement for emergency response preparedness (see Recommendation 13) all relevant health staff are trained and competent to respond to drug overdoses.

The Australian and New Zealand Committee on Resuscitation has recently updated its guidelines to ensure that all first aid training includes intranasal naloxone training. Corrections Victoria will work with its first aid training provider to ensure relevant staff will receive this component moving forward. Note, Corrections Victoria takes a risk-based

approach in determining the volume of staff who receive first aid training and in assessing this risk, consideration is given to the availability of healthcare staff onsite.

**Recommendation 16 – Justice Health work with health service providers to provide and reinforce clear practical training to all staff on basic life support processes, escalating care and emergency management in the prison environment. Practical resources, such as lanyards, and posters, should be developed and disseminated throughout prisons.**

DJCS accepts this recommendation. Justice Health will engage with health service providers to determine if further practical resources would be helpful to staff in responding to emergency health incidents. This will complete this by April 2026.

Should you require any further information, please contact Susannah Robinson, Executive Director, Justice Health [REDACTED] or Melissa Westin, Deputy Commissioner, Custodial Operations Division, Corrections Victoria [REDACTED]

Yours sincerely



**Emma Cassar PSM**  
Secretary

27/10/2025