



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

No. 305

WRITTEN QUESTION

J Davis to the Minister for Corrections, Hon Gerard Maley MLA:

Women's Prison Health

1. In 2025–26, what was the median and average waiting time for women in custody to see:
 - a. a primary healthcare practitioner; and
 - b. a psychiatrist?
 - c. If waiting times are not recorded from referral to appointment, in which system are appointments recorded, and in what format?

This question does not fall within the responsibilities of the Minister for Corrections.

2. Please describe the process by which a woman in custody accesses a primary healthcare practitioner and a psychiatrist, including referral pathways, triage processes, practical access, and any clinical prioritisation criteria.

This question does not fall within the responsibilities of the Minister for Corrections.

3. Does each correctional facility that accommodates women have a dedicated clinical space for healthcare consultations that ensures privacy, confidentiality, and culturally safe care?

Yes. All correctional facilities that accommodate women have dedicated clinical spaces suitable for the provision of healthcare services in their design or under development. All women's facilities have been designed to support private, confidential, and culturally safe healthcare consultations, ensuring women in custody have access to appropriate clinical care in a safe and respectful environment. Women in custody are currently accommodated at the Darwin Correctional Centre (DCC) in both Sector 4 and Sector 11, and at the Alice Springs Women's Correctional Centre (ASWCC).

a. If not, what alternative arrangements are used?

Where healthcare services are temporarily restricted or cannot be delivered within an accommodation area due to infrastructure development or the implementation of revised Models of Care, alternative arrangements are in place.

Health services continue to be provided through dedicated clinics within DCC and ASWCC medical centre, or through external appointments where clinically required.

4. What barriers has the Department identified that affect timely access to healthcare for women in custody, including clinical workforce shortages, escort or security availability, infrastructure limitations, lockdowns or movement restrictions, and other operational constraints?

Timely access to healthcare for women in custody may be affected by operational constraints, including movement restrictions, officer availability, infrastructure limitations and the delivery of services within a mixed-gender correctional environment.

The Department of Corrections and NT Health are working collaboratively to develop revised Models of Care for these areas, with a focus on improving timely and appropriate access to healthcare for women in custody. It is envisaged that the combination of new infrastructure and a revised model of care will rectify these barriers.

5. What actions are being taken in 2026–27 to address these barriers and improve timely access to healthcare for women in custody?

During 2026–27, the Department of Corrections will bring into full operation infrastructure delivered under the Corrections Infrastructure Master Plan to address identified barriers and improve timely access to healthcare for women in custody. Sector 11 at DCC and ASWCC have been developed and commissioned and are expected to be fully operational during the financial year. In parallel, planning for the longer-term development of a new women's correctional facility will progress, with the design phase expected to commence shortly.

These infrastructure initiatives will be complemented by strengthened governance arrangements between the Department of Corrections and NT Health, together with revised performance measures and reporting mechanisms to monitor access across cohorts and locations, identify service gaps and strengthen operational responses. This work has commenced and will continue throughout 2026-27 with the implementation of revised Models of Care designed to provide an evidence base to measure accessibility and continuity of healthcare services for women in custody.