

Finding the way

Pathways to health and community services for Aboriginal and Torres Strait Islander people recently released from prison or on community corrections orders in Melbourne's west



HealthWest
Partnership

This is funded by Koolin Balit, the Victorian Government's strategic direction for Aboriginal health 2012–2022. Koolin Balit means healthy people in Boonwurrung language.

Introduction

The statistics regarding incarceration rates of Aboriginal and/or Torres Strait Islander people are well documented. Victoria has the fastest rate of increase in Aboriginal and/or Torres Strait Islander imprisonment in the countryⁱ. Aboriginal and/or Torres Strait Islander people represent nearly 8% of prisonersⁱⁱ and are more likely than the general prison population to return to prison.

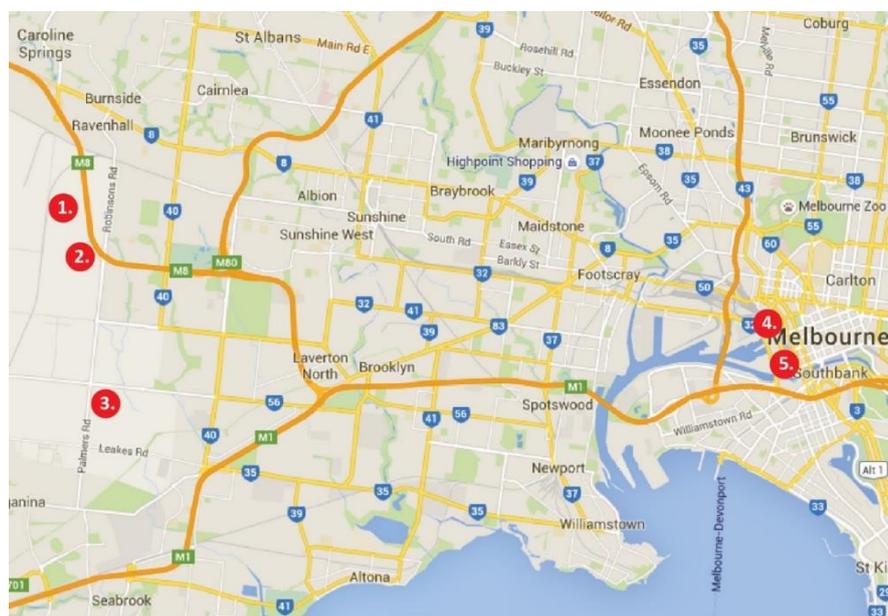
Aboriginal prisoners experience higher rates of diagnosed mental illness, substance use and dependence disorders, as well as life stressors than non-Aboriginal prisonersⁱⁱⁱ. In the weeks following release, Aboriginal people are at increased risk of mental illness, suicide, self-harm, substance misuse, hospitalisation and death.

As identified in the statewide Koolin Balit Strategy, the Department of Health and Human Services (DHHS) and the Department of Justice and Regulation (DJR) are working together to respond to the particularly high needs of Aboriginal people who have been in prison. DJR's Aboriginal Social and Emotional Wellbeing Plan promotes the strengthening of partnerships with community organisations to ensure health and wellbeing are maintained upon release^{iv}.

This report provides a brief insight for community-based health services into the continuum of care for Aboriginal and/or Torres Strait Islander people in Melbourne's western metropolitan region. Improved access and engagement with health and community services will contribute toward wellness, building stability in their lives and decreasing their chances of reoffending.

About the prisons

Across Victoria there are 11 public prisons, five of which are located in Melbourne's west.



1. Dame Phyllis Frost Centre (DPFC) is a maximum/medium security women's prison in Deer Park.
2. Metropolitan Remand Centre (MRC) is a maximum security remand facility for unconvicted, unsentenced and sentenced male prisoners in Ravenhall.
3. Port Phillip Prison (PPP) is a Victoria's largest male maximum security prison in Laverton.
4. Judy Lazarus Transition Centre (JLTC) is a minimum security prison for men, located in West Melbourne. It provides a supervised pathway back into society for selected prisoners nearing the end of their sentence.
5. Melbourne Assessment Prison (MAP) is a maximum-security facility providing statewide assessment and orientation services for all male prisoners received into the prison system.

Prior to release

It is well understood that the continuum of care begins inside the prisons. Throughcare is the current policy approach to post release work in Australia⁹. Throughcare provides continuous care from prison through to post release, supporting successful reintegration into community.

State and Territory governments are responsible for prisoner health as prisoners are not entitled to Medicare funded services. Victoria's prison health service is managed by an independent unit in the Department of Justice, Justice Health. Justice Health contracts the health services in public prisons and Corrections Victoria in private prisons. Justice Health is responsible for clinical governance for both public and private prisons. Below is an overview of services provided.

Please note: Aboriginal Specific services are highlighted in red.

<p>On remand <i>(Does not or cannot get released on bail)</i></p>	<p>Assessment - Upon arrival (within 24 hours) all prisoners are assessed by a nurse and mental health professional.</p>
	<p>Alcohol and Other Drugs (AOD) Programs - Short term AOD programs are offered with a focus on harm reduction and relapse prevention.</p>
	<p>Koori Liaison Officers (KLOs) and cultural programs may be offered.</p>
<p>Post-release <i>(on CCO or for time served)</i></p>	<p>Remand Release Assistance Program (RRAP) - Provides information about Centrelink, crisis accommodation, health services, AOD harm minimisation and information about CISP. No appointments or direct support is provided.</p>
	<p>Court Integrated Services Program (CISP) - A 4 month program for high risk offenders. Assessment and referral to support services such as such as AOD, crisis accommodation, disability and mental health services. KLOs can also act as the case manager for CISP. <i>(Also available to people on bail)</i></p>
<p>Entering a prison</p>	<p>Assessment - Upon arrival (within 24 hours) all prisoners are assessed by a nurse and mental health professional (at MAP or DPFC).</p>
	<p>AWO or ALO - Upon arrival (within 24 hours) prisoners are visited (to assist with referrals, liaise with family and provide info about cultural programs).</p>
	<p>Case management - Prisoners are assigned a case manager (within 2 weeks) and a care plan developed (within 6 weeks).</p>
	<p>Chronic disease care plan - Prisoners are offered a plan (within 29 days).</p>
<p>Inside the prison</p>	<p>Justice Health contracts the health services in public prisons and Corrections Victoria in private prisons.</p>
	<p>Cultural programs are offered:</p> <ul style="list-style-type: none">• Aboriginal Cultural Immersion program (reconnecting with culture)• Marumali (cultural healing for men and women)• Koori Faces (family strengthening from VACCA)• Dardi Munwurro (Men only)• Men's Yarning Circle & Torch program (arts)

<p>Preparing for release <i>(straight release or parole)</i></p>	<p>ReGroup (Corrections Victoria) - Up to 18 months prior to release ReGroup provide general information (health and mental health information sessions & AOD harm minimisation sessions) and referral to services.</p> <p>ReLink (VACRO) – Up to 12 months prior to release, ReLink provide: group sessions of up to 8hrs (finances, living skills, family & managing parole); and individual sessions (if approved) of up to 4hrs (including intensive flexible support i.e. housing applications, case conferencing).</p> <p>Health discharge planning – Approx. 2 weeks prior to release discharge summaries are prepared. Appointments for services can be made and a copy of the discharge summary can be forwarded to a community-based health provider. Up to seven days of medication is provided. An AWO or ALO* will provide support preparing for social/family contacts and finances.</p> <p>Opioid Substitution Therapy Program (OSTP) – Methadone therapy can be paid for up to 30 days post release for those on the OSTP in prison.</p>
<p>Transition</p>	<p>ReConnect (Corrections Victoria) - post release support that provides reintegration outreach services via two services streams: Targeted - up to four weeks post release, Extended - up to 12 months post release. Support is provided through a regional model and delivered by Jesuit Social Services, VACRO, ACSO and VALS.</p> <p>Mandated AOD treatments (for people on parole) - ACSO broker AOD services from a consortium of providers in the west called WIDAN (Western Health, Djerriwarrh, ISIS, cohealth, Odyssey House). Treatment commences 3 months prior to release.</p> <p>Step Out (for people on straight release) – Up to 4 weeks prior to release, assistance to access AOD counselling in the community.</p>

*AWO – Aboriginal Wellbeing Officer ALO – Aboriginal Liaison Officer

Transition and post-release

A number of system-level challenges and service coordination issues are evident in the prisoner journey whilst transitioning from the prison system to community-based services. Below is an overview of key challenges.

Identification and consent

Many services and programs available throughout the prisoner journey are voluntary and access to Aboriginal-specific programs is dependent upon identification of a prisoner as Aboriginal and/or Torres Strait Islander. Appropriate services and programs may be underutilised due to poor identification practices or perceived barriers to access. Furthermore, refer to appropriate post-release support may not be possible if prisoners are not identified.

Direct court discharge

People who are discharged directly from court are not provided with any support to access appropriate community-based services. Prior to a court hearing the Remand Release Assistance Program (RRAP) has no prior knowledge if people are going to be released or not, therefore are

restricted in their ability to plan for post-release support. No assistance is provided for essential services such as Centrelink, no discharge summary is provided and there is no requirement for treatment services such as AOD. Court-based outreach support services and mandated treatments could assist in the transition to community and prevention of re-offending.

Pre-release support

Emerging best-practice suggested pre-release support is critical to the prisoner journey. The months prior to release are an invaluable opportunity to introduce community-based services to prisoners. Service providers can begin to orientate prisoners to the available services, build rapport, trust and enhance accessibility. Increasingly transition programs are engaging with prisoners earlier, providing evidence that earlier intervention is more effective.

Timeliness of referrals to transition programs is also critical to access. Untimely referrals to transition support programs are sometimes made, with short-notice preventing prisoners from accessing adequate support prior to release.

Continuity of Aboriginal Health Care Pilot:

The Pilot is an initiative under the Aboriginal Social and Emotional Wellbeing Plan to support continuity of health care for sentenced Aboriginal prisoners on release back to the community.

The Pilot is designed to strengthen existing health discharge planning processes for Aboriginal prisoners in recognition of the significant risks facing Aboriginal ex-prisoners in the first weeks after release. Consistent with best practice, it involves community-based health services visiting prisoners pre-release and providing post-release follow-up and support.

The objectives of the Pilot are to:

- create stronger links between prison health services and culturally safe health service providers, including those in other regions
- increase Aboriginal prisoners' engagement in prison health discharge planning and
- encourage and support Aboriginal prisoners to engage with health services on release, with the aim of improving their health outcomes.

Referrals to culturally safe and responsive care post-release

Transition programs report limited knowledge of culturally appropriate service providers across the region. Referral networks tend to be informal and there is limited uptake of service directories, service coordination tools, e-referral and secure messaging. There is limited knowledge of *Closing the Gap* General Practice Clinics in the region. Every two months a co-ordinated Aboriginal Integrated Case Management Review meeting is arranged with representatives from various Department and community-based service providers. Whilst these meetings are reportedly useful, there are a limited number of services engaged. Further networking and knowledge of appropriate services throughout the region would enhance the prisoner journey.

Prisoners who identify as Aboriginal and/or Torres Strait Islander are commonly referred to Aboriginal community-based services. For example, VAHS is commonly perceived as a 'one stop shop' which provides culturally safe and responsive care. However, in the western metropolitan region of Melbourne there are currently no Aboriginal Community Controlled Health Organisations (ACCHOs). Therefore, some prisoners are referred to ACCHOs in other areas which may be geographically prohibitive. Knowledge of appropriate local services is needed.

Culturally safe and responsive service providers are increasingly emerging throughout the western region. For example, Aboriginal health teams exist at cohealth and Western Health. Many services providers are making efforts to improve access, for example providing cultural awareness training to staff, enhancing identification practices and providing priority of access. However, few agencies currently employ Aboriginal and/or Torres Strait Islander staff members. Mainstream services providers require ongoing support to enhance access and improve practices.

Valuing and supporting post release cultural support programs

There currently seems to be little acknowledgement of supporting Aboriginal clients into cultural strengthening programs post release. Cultural programs are offered inside the prisons, however those programs cease when offenders are released. While such cultural programs options are limited in the Western Metro area, there is much documentation and support for the value and power of Aboriginal people connecting to such programs. It improves self-awareness, sense of identity, confidence, capacity and helps to build stronger links with Country and the local community. This can help support them through a process of reconnecting back into society and work towards stability. Programs such as Wayapa Wuurrk and the TORCH are such examples.

Discharge and sharing of information

Discharge summaries are not frequently shared with community-based providers. Additionally, electronic records are not able to be shared easily due the interoperability of the various electronic platforms. Enhanced consent and an information sharing practices would enable a more seamless continuum of care for prisoners, reducing duplication of effort on behalf of both the providers and the prisoners.

Access to local pharmacotherapy services

Across the region there are not enough General Practitioners (GPs) or pharmacies that provide pharmacotherapy services. Therefore, access to local pharmacotherapy services is often difficult and may require people to travel long distances. Additionally, some GPs only provide a prescribing service and may overlook associated health issues such as HIV, Hepatitis C and wounds.

The North West Metropolitan Region Pharmacotherapy network aims to support more GP's to become prescribers. Additional and sustained efforts are required regionally to address the stigma attached to these services and enhance access across the region.

ⁱ Victorian Ombudsman, *Investigation into the rehabilitation and reintegration of prisoners in Victoria* (2015).

ⁱⁱ Australian Bureau of Statistics, *Prisoners in Australia* (2015).

ⁱⁱⁱ Ogloff, J. et al, *Koori Prisoner Mental Health and Cognitive Function Study* (2013).

^{iv} Department of Justice & Regulation, *Aboriginal Social and Emotional Wellbeing Plan* (2015). Which can be accessed at: <http://www.justice.vic.gov.au/home/your+rights/>

^v Lloyd, J. et al, *Primary health care services better meeting the health needs of Aboriginal Australians transitioning from prison to community* (2013).

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