



Government of **Western Australia**
Department of **Health**

ABORIGINAL HEALTH COMMUNITY RE-ENTRY PROGRAM

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Closing the Gap on Indigenous Health Outcomes

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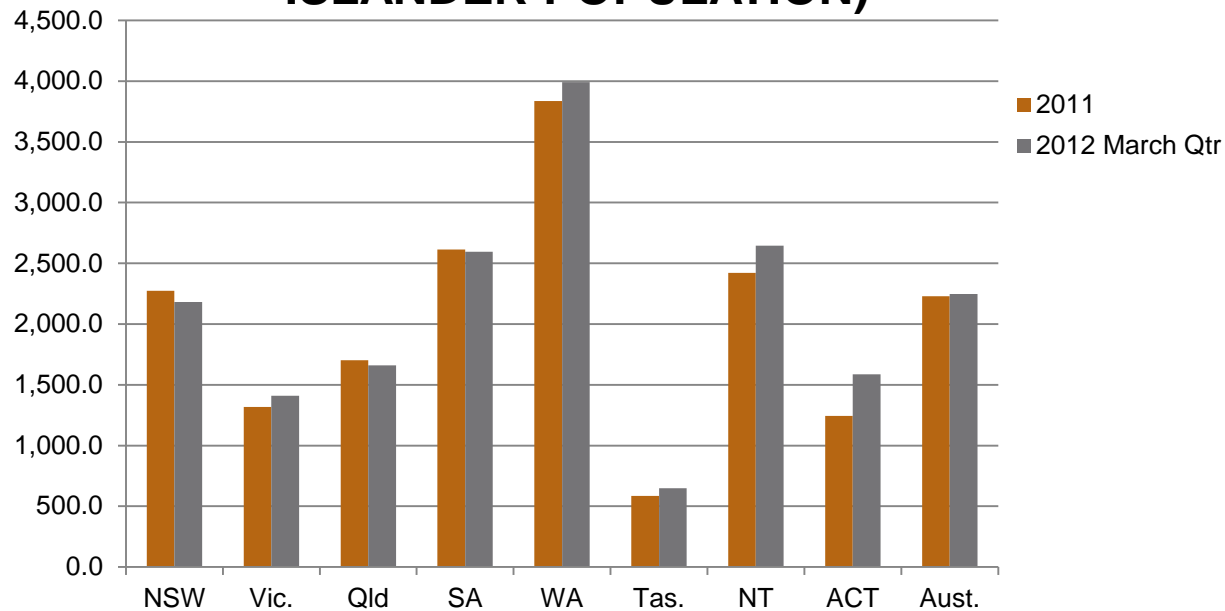
Over-representation in custody

- Ratio of Aboriginal to non-Aboriginal prisoners in WA ~16:1¹

¹ Professor David Preen Director, UWA Centre for Health Services Research

Over-representation in custody

PERSONS (RATE PER 100,000 ADULT ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION) ²



² Source: Table 14: Aboriginal and Torres Strait Islander Imprisonment rates by sex
ABS - Corrective Services Australia 4512 March 2012

Over-representation in custody

- WA Indigenous juveniles are 43 times more likely to be detained than their non-Indigenous counterparts³
- Across Australia in 2007, Indigenous juveniles accounted for 59 per cent of the total juvenile detention population. There is a strong link between juvenile offending and adult offending⁴

³ WA Auditor General 2008, Performance Examination -The Juvenile Justice System: Dealing with the Young Offenders Act1994 http://www.audit.wa.gov.au/reports/pdfreports/report2008_04.pdf

⁴ Senate Inquiry 2010 http://www.aph.gov.au/senate/committee/indig_ctte/Final_RRIC.pdf

Health after custody

- 2008 Review of Prison Health Services by WA Health Department & Corrective Services identified the poor health status of Aboriginal prisoners ⁵
- Greater risk of death and hospitalisation in Indigenous prisoners than the general population of WA ⁶
- Aboriginal and female prisoners (as well as those prisoners released to freedom not on parole) have highest hospitalisation rates in first year after prison⁷

⁵ Health Dept WA 2008, Prison Health Services In WA, Prison Health Services Committee

⁶ Hobbs, M; et al. 2006 Mortality and morbidity in prisoners after release from prison in Western Australia 1995 -2003. Trends and Issues in crime and criminal justice 320: Australian Institute of Criminology

⁷ Alan, Burmas, Preen, Pfaff, 2011 Inpatient hospital use in the first year after release from prison: a Western Australian population - based record linkage study.

Health: Aboriginal People after custody

2012 Queensland study ⁸

Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons

Condition	Indigenous Men (347)	Indigenous Women (72)
Anxiety	20%	51%
Depressive Disorder	11%	29%
Psychotic Disorder	8%	23%
Substance Use Disorder	66%	69%

⁸ Heffernan, Anderson, Dev & Kinner 2012; Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons, Medical Journal of Australia 197 (1): 37-41

<https://www.mja.com.au/journal/2012/197/1/prevalence-mental-illness-among-aboriginal-and-torres-strait-islander-people>

Aboriginal Health Community Re-Entry

- Aboriginal Specific 'Re-Entry' Program to address poor health of Aboriginal people after custody
- Born from the priorities from each of the 9 regional Aboriginal Health Planning Forums
- \$7.2m State funding over 3 years finishing June 30 2013 - hopeful of further 4 year funding
- 23 staff in 9 regions across State
- 11 providers : 4 ACCHOs (Aboriginal Community Controlled Health Organisations), 3 Non-Govt and 4 Government

THE DREAM

To improve the health of Aboriginal people exiting prison in W.A. who experience;

- ✧ Chronic Disease
- ✧ Drug and Alcohol Issues
- ✧ Mental Health Issues

GOALS

- To increase the rate of first presentations at health services post release
- To increase the involvement in health services over time

Strategies

- Build relationships with prisoners up to 6 months prior to release
- In culturally appropriate ways - motivate an interest in health that will continue after release
- Liaise closely with prison clinic staff re identified conditions and post-release follow up
- Link clients into health services post-release
- Support up to 12 months after release to maintain involvement with health services

Early Outcomes

- In one prison, in six months a dozen Aboriginal prisoners who were not engaged with the prison clinic commenced attending after being encouraged and supported to do so
- Clients are being supported in the community to engage with health services
- Services receiving referrals directly from community members (sign of acceptance by community)

Challenges

- Finding staff ready willing and able to work in prisons has been a challenge - all positions currently filled
- Re-Entry is new work for health agencies – some Indigenous staff feel like the ‘meat in the sandwich’ and intimidated working in prisons and with ex-prisoners
- Working within the strict confines of the custodial setting has highlighted the difficulty of working flexibly to achieve common outcomes

The Double Burden for Indigenous Programs

- Current poor health outcomes demonstrate that business as usual = continued poor health for Indigenous people
- The Status Quo must change

The Double Burden for Indigenous Programs

- By default Indigenous programs/initiatives become responsible not just for the outcomes of the specific program, but also *organisational change*
- Indigenous programs are the *diagnostic tools* that highlight the blockages in the system
- Therefore, expectations of Indigenous programs must be *realistic*

The Messenger/s

- Highlighting the blockages is uncomfortable for 'the system' as it challenges accepted ways of doing things
- The issues can be personalised leading to staff becoming labelled
- The messenger – workers/program can be seen as 'troublesome', 'problem obsessed', 'negative'
- There are often very good reasons for keeping the status quo – but creative solutions must be co-created if situation is to improve

Cultural Safety

- Seeks to create an environment where Indigenous clients feel their cultural needs are supported in all aspects of service delivery
- The service adapts to the needs of Indigenous clients
- The community is invested in the service
- Culturally Safe programs/services increase access, take up and retention
- Achieving Cultural Safety should be a goal and strategy of all Indigenous programs

Listen, Dialogue, ACT

The challenge to staff and managers of prisons – indeed any agency trying to support Aboriginal staff or programs

- **Build relationships** (with Aboriginal program staff)
- **Listen to Aboriginal programs/staff** problems
- **Interrogate current practices - even sacred cows** is it really non-negotiable in this situation or just the way we've always done it.
- **Remain solution focused and *open to change***
- **Managers have a responsibility to use their knowledge and expertise of the system to smooth the way**
- **Discuss non-negotiables AND possible work arounds** – be upfront with non-negotiables but remain solution focussed re alternative solutions
- **Remember change is essential** status quo is the enemy of improving health of Aboriginal people upon release

Responsibilities of Indigenous Program Staff

1. Assert that culturally safe ways of working is the key to successfully engaging Indigenous people
2. Respectfully but fearlessly - highlight system issues (policy and procedures)
3. Don't personalise the issues!
4. Highlight downstream effects on program and Indigenous clients of problematic policies & procedures
5. Build trust by delivering professional service
6. Be patient! And remain solution focused

The way forward?

- To summarise and suggest a way forward, the following is a 10 step guide for staff – particularly managers on how to support Indigenous programs.

10 ESSENTIAL STEPS TO SUPPORT INDIGENOUS PROGRAMS

1. REMEMBER - CHANGE IS ESSENTIAL

Business as usual = continued poor health for Indigenous people.

2. REALISTIC EXPECTATIONS

Expectations may need to be narrower than mainstream programs
e.g. One program won't reduce recidivism

3. BUILD RELATIONSHIPS WITH PROGRAM STAFF

Staff need to work in culturally safe ways with each other i.e. *the means creates the end*. Working with Indigenous staff/programs requires taking time to build a personal connection

4. LISTEN TO INDIGENOUS PROGRAM STAFF

They are the diagnostic tools for the ways the organisation is failing

10 ESSENTIAL STEPS TO SUPPORT INDIGENOUS PROGRAMS

5. DON'T PERSONALISE THE ISSUES

Don't get annoyed with the messenger

6. REMAIN OUTCOME FOCUSSED

Progress and success is constantly judged against the outcomes for Indigenous clients

7. QUESTION SACRED COWS

Very few things cannot be changed. Read point 1 again and critically review policies and practices to assist smoother processes. If something really is a non-negotiable – what alternative solution can be found to achieve the same outcome.

8. USE YOUR SPHERE OF INFLUENCE TO REMOVE HURDLES

You are the expert on your area – look for ways to smooth the path, don't expect or wait for the Aboriginal program/staff member to come up with the perfect solution before acting. Remember Indigenous programs need EXTRA support.

10 ESSENTIAL STEPS TO SUPPORT INDIGENOUS PROGRAMS

9. COMMIT TO ONGOING SUPPORT

Indigenous issues are complex - it will take time and a sustained effort.

10. ACKNOWLEDGE AND CELEBRATE SMALL ACHIEVEMENTS

Every achievement deserves to be celebrated – *facilitate* the positive voices and stories- this builds motivation and momentum. Working to improve Indigenous health can sometimes feel pointless as change is not noticeable. We need to encourage each other by noticing and highlighting small improvements.

