



# POLICY OPTIONS

## The effectiveness of primary health care and social support services in meeting the needs of Aboriginal people released from the criminal justice system: a systematic literature review

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### Policy context

Aboriginal Australians transitioning from the criminal justice system to the community have multiple, long standing health issues, and are at high risk of illness and injury in the 12 months post release. Whilst their need for social support and health interventions is high, Aboriginal people re-entering the community from prison are likely to face many barriers in accessing the essential services required to settle back into community life. This has serious consequences, particularly with respect to health. A lack of support for prisoners during transition has also been shown to increase the likelihood of reoffending. This systematic literature review examined the physical, mental health and social support needs of Aboriginal people released from custody and the impact of pre and post release programs on Aboriginal people's access to primary health care once released from custody, as well as the barriers to accessing these programs.

### Policy options

#### THROUGH CARE

The implementation of throughcare, that is plans to assist an offender address the whole range of needs he or she experiences from court appearance to after release from prison, is good in theory but has been shown to be fragmented and limited in practice. Further research could indicate how to implement throughcare effectively across the criminal justice system, and to explore how primary health care can assist in delivering throughcare to Aboriginal people in custody. Existing programs for Aboriginal people being released need to be evaluated, and should be required to incorporate a stronger focus on connection and integration with the community from reception.

#### IMPROVING ACCESS TO PRIMARY HEALTH CARE

Aboriginal Community Controlled Health Services are well placed to provide wide-ranging services for Aboriginal people after release, a role which could be expanded with appropriate support and resourcing. Primary health care could provide 'in-reach', contribute to release planning, support in-custody, pre and post release programs and service delivery.

#### RECEPTION AND DISCHARGE PLANNING

Planning for reintegration needs to commence as soon as a person enters custody. In practice this rarely occurs. Medicare EPC discharge items are currently available to patients in hospital for discharge planning case conferencing. The development of a similar Medicare discharge item is needed for Aboriginal people in custody who have multiple morbidities to support the continuity of their care as they transition from custody to the community. This is made difficult by the suspension of access to Medicare for all prisoners. Further research is needed to identify which patients would

be eligible for this item number and which health care professionals need to be involved in the development of a discharge plan.

## SINGLE COORDINATING AGENCY

There is not one agency solely responsible for the post release needs of Aboriginal people released from custody. Community agencies (like CRC) need to be expanded to support people in custody, to coordinate and facilitate release planning and continue that support post-release.

## Key findings

### HEALTH NEEDS

Aboriginal people who have been in contact with the criminal justice system are likely to have multiple, long standing health issues, including those linked to substance misuse. Rates of mental health problems are higher among Aboriginal people and Aboriginal women in particular than non-Aboriginal prisoners. Despite the over representation of Aboriginal people in the criminal justice system and the high rates of illness and death among Aboriginal Australians released from the criminal justice system, the review found little research evaluating the impact of programs providing access to primary health care. Even less research was available on the programs that specifically target Aboriginal people and the responsibility of corrective services, health services and NGOs in meeting their needs. The focus of post-release services – whether delivered in custody, pre or post-release – tends to address social support needs rather than health concerns specifically.

### SOCIAL SUPPORT NEEDS

Aboriginal Australians released from prison are at risk of homelessness, frequent and unwanted moves and disruption. The lack of secure and appropriate housing is connected to high levels of stress, difficulty advancing other aspects of life and places people at greater risk of repeat incarceration. Lack of suitable housing, poor access to mental health services and family support are key factors in the unsuccessful transition to outside life for Aboriginal women in particular.

### LIMITED ACCESS TO ONGOING SERVICES

In most cases Aboriginal prisoners had not had safe or secure housing, physical or mental health or disability services. prior to imprisonment.

Existing prison programs are rarely systematically available to all people in contact with the criminal justice system, are rarely targeted to individual needs or connected to programs in the community. Few provide ongoing or continuous support. Many important programs have conditions that exclude those most in need for example those with a mental illness, cognitive disability or literacy problems and those on remand and short sentences.

Corrective services and non-government organisations are the main providers of post release services. However, access to corrective service programs depends on the nature of release. If a person has been in prison on remand or is released after serving a finite sentence (not on parole) then they have less access to formal post release programs in the community.

Groups of people who miss out on post release support have worse health outcomes after release including those who are released to freedom after completion of sentence, those on remand and Aboriginal women. These remand, short sentence and highly disadvantaged prisoners are far more likely to return to prison than longer-term prisoners.

### THROUGH CARE

Whilst throughcare is corrective services' official policy, in practice, programs are not continuous, coordinated or evaluated. There is a lack of awareness of potentially suitable programs amongst Aboriginal people who are in custody or who are recently released. Similarly, community based service providers are not fully aware of the range of programs available. There is lack of

communication between prisons, government agencies and community service providers, which further decreases access and effectiveness for Aboriginal prisoners.

The literature revealed that the essential components of throughcare include:

- > Coordinated programs: currently, there is no single coordinating agency that has responsibility to support or assist individuals released from jail, unless they are on parole. This lack of coordinated support means that people released from prison must access each agency separately and negotiate multiple steps to access the services they need (e.g. Centrelink, housing, Medicare), which ultimately makes the transition back into the community more difficult for former prisoners.
- > Reception planning: planning for reintegration needs to commence as soon as a person enters custody and should be available to those serving short sentences and on remand. Planning for reintegration needs to continue after a prisoner's release.
- > Case management: coordination of in custody, pre and post release programs needs to occur across services and providers and to be managed from the client's perspective. This requires individually tailored case management - where a worker or a team acts as a single point of coordination, ensuring that the client can access necessary services and treatments.
- > Holistic programs: post release programs need to support the prisoner's immediate welfare needs, including housing, money, living skills and employment needs, as well as longer term social, mental health and substance misuse programs.
- > Culturally appropriate programs: increasing the involvement of Aboriginal facilitators, elders, family and community in the development and delivery of programs, and incorporating an Aboriginal world view into programs is likely to improve Aboriginal participation in pre and post release programs and increase their effectiveness.
- > Transitional programs: more programs that focus on Aboriginal people who have been in custody could be developed, especially for people serving short sentences, on remand, for Aboriginal women and for people with a mental illness or cognitive disability. Accessing appropriate housing needs to be a core component of these transition programs. A proportion of these programs need to target Aboriginal women with dependent children specifically. There is also a need for more transitional or half-way housing, specifically planned and allocated for prisoners on release and a greater amount of individualised assistance with budgeting and financial management.
- > Mental health support: There is limited evidence about the effectiveness of interventions to support Aboriginal people with a mental illness in custody or during their transition back to community life. Research is required into these areas to improve service delivery to this population.
- > Programs targeted to Aboriginal women: Culturally appropriate drug and alcohol counselling and case management support to address issues such as housing, access to children and getting out of destructive relationships are key needs for Aboriginal women.

## Methods

A systematic review of the published and grey literature examined how primary health care can improve access to primary health care for Aboriginal people released from custody and also offer greater access to and coordination of social support services for former inmates in order to improve health and well-being outcomes and ultimately contribute to a reduction in reoffending rates. We identified the research questions using the PICO method. We searched the electronic databases in the criminal justice and health literature and searched key websites and clearinghouses for unpublished literature. We selected articles based on their relevance to the research question and their quality. We extracted and synthesised data according to each of the research questions. Forty five studies were included in the review.