Australian National University

UNSW AUSTRALIA

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 for the SPRINT Project

Aboriginal Medical Service
WESTERN SYDNEY

University of Western Sydney
Bringing knowledge to life

UNIVERSITY OF TECHNOLOGY SYDNEY

Dr Jane Lloyd, Ms Chandni Joshi, Prof Eileen Baldry, Ms Elizabeth McEntyre, Dr Devon Indig, Prof Mark Harris, Ms Dea Thiele, Ms Kathy Malera Mandjalan, Dr Penny Abbott, Prof Jenny Reath, Prof Juanita Sherwood

ACKNOWLEDGEMENTS

CITATION

The SPRINT Project Team. 2013. How might the primary care system better support Aboriginal people released from the criminal justice system: A systematic literature review. Research Centre for Primary Health Care and Equity, Faculty of Medicine, UNSW 2006.

Centre for Primary Health Care and Equity

School of Public Health and Community Medicine

University of New South Wales

NSW 2052 Australia

T   61 2 9385 1547

F   61 2 9385 1513

E   cphce@unsw.edu.au

W   www.cphce.unsw.edu.au

CONTENTS

Background

POLICY CONTEXT

Whilst Aboriginal[1] people comprise only 2.4% of the Australian population, 26% of all prisoners are Aboriginal (1). This over-representation has been attributed to a number of systemic and structural factors that have operated to exclude Aboriginal people from full participation in mainstream society (2) and that have increased their exposure to the criminal justice system.

Personal barriers such as substance abuse, mental illness, chronic illness and poor life skills can increase the isolation of Aboriginal people from mainstream social networks (3). Entrenched and systemic racism, including racial vilification and stereotyping, that is often faced by Aboriginal people can increase the likelihood of arrest of Aboriginal people for minor offences, and also increase the probability of a prison sentence as a result of an arrest.

Following an initial experience with the criminal justice system, Aboriginal offenders tend to be readmitted to prison sooner and more frequently than non-Aboriginal offenders. This is partly due to the higher likelihood that an Aboriginal offender transitioning from the criminal justice system to the community will return to the same environment and patterns of behaviour that led to the initial incarceration.

Aboriginal Australians transitioning from the criminal justice system to the community are often stigmatised and socially excluded (4), and suffer from emotional stress, with high rates of chronic health issues, mental illness and substance misuse. They are consequently at a higher risk for adverse health outcomes including death following release from prison. 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 (5). This has serious consequences, particularly with respect to health.

Corrective services are responsible for providing social, health and other services to people in custody. In providing these programs, corrective services have adopted an official policy of 'Throughcare'. In theory throughcare ensures that continuous care is delivered in an integrated and seamless manner from the moment a prisoner enters custody and continues once the prisoner is released into the community (3). In order to maximise ex-prisoners' chances of successfully reintegrating to the community, throughcare requires pre-release planning and emotional support from caseworkers, family members or friends, and practical support such as access to stable housing and financial resources. Access to comprehensive health care is also crucial during the transition from prison to the community.

In practice, however, there is a lack of coordinated support for Aboriginal people transitioning from prison to the community. There is no single agency responsible for providing support programs to people released from the criminal justice system (3), which means that Aboriginal people transitioning back into the community have to access each agency themselves and to navigate the requirements of a number of different government and non-government agencies and organisations (6). The level of access to services on release will also vary depending on the custody conditions. If a person has been in prison on remand (as opposed to being sentenced) or is released after serving a finite sentence (rather than on parole) then they have less access to formal post-release programs in the community.

The intention of the review was not to examine the performance of corrective services in their implementation of throughcare. Rather the purpose was to understand what is known about how primary health care services can better meet the needs of Aboriginal people

---

[1] The term Aboriginal is used respectfully to refer to Aboriginal and Torres Strait Islander Australians

released from custody. In particular, how primary health care can both improve access to 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 outcomes and ultimately contribute to a reduction in reoffending rates.

Effective pre and post release programs have been shown to reduce the risk of recidivism, support reintegration into society and improve people's quality of life (7). Given the high and disproportionate rates of Aboriginal incarceration and ill health amongst Aboriginal people who have been in custody, strategies to improve Aboriginal access to effective and culturally appropriate interventions are urgently needed (8). A significant reduction in the incarceration rate of Aboriginal Australians requires recognition of the crucial role in-custody, pre-release and post-release programs play in enabling Aboriginal people to break patterns of criminal behaviour.

This report details the findings from a systematic literature review that examined the:

> physical, mental health and social support needs of Aboriginal people released from custody,

> impact of in-custody, pre and post release programs on Aboriginal people's coordination of care during the transition from prison to the community, and in providing access to primary health care and social support services for Aboriginal people released from the criminal justice system,

> barriers and enablers to implementing these in-custody, pre and post release programs.

For the purposes of this report, primary health care refers to those medical and health services provided in the community either through Aboriginal Community Controlled Health Services or through private general practice. The role of primary health care providers extends beyond medical care to include recognition of the social determinants such as housing and employment needs, and the need to work with other service providers to address these. Further definitions of key terminology can be found in Appendix One.

Methods

We used a systematic approach to this literature review that involved numerous steps.

> We identified the research questions using the PICO method (9).

> We designed search strategies for 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 (10).

IDENTIFYING RESEARCH QUESTIONS

In identifying research questions, it was important to clarify the two distinct parts to the review. The first part of the review was intended to help understand the health and social support needs of Aboriginal people released from custody. We therefore developed the following research question.

1. What are the physical, mental health, substance misuse and social support needs of adult prisoners on release and during transition from the criminal justice system, with particular reference to the needs of Aboriginal people?

The second part of the review was intended to examine the effectiveness of in-custody, pre and post release programs in providing access to primary health care and social support services for Aboriginal people released from the criminal justice system. In addition to the effectiveness of these programs, we also wanted to understand the barriers and enablers to their implementation. With this in mind, we developed the following questions:

2. Which programs that aim to improve access to primary health care and social support and that coordinate care from custody to the community have been evaluated?

3. How effective are these programs in coordinating care from custody to the community and in coordinating care across the community health and social support systems?

4. What are the barriers and enablers to implementing these programs?

SCOPING AND SEARCHING

We used scoping searches to identify key terms relating to Aboriginal and Torres Strait Islanders, health and post release. The initial cluster of search terms that were used to scope the search is included in Appendix Two. An iterative search strategy was used to refine our general search terms. We began by using the initial list of cluster terms to search Medline. We found it necessary to combine the search terms using 'AND' with the term criminal justice system, otherwise the papers did not specifically discuss when people come into contact with the criminal justice system.

The criminology literature was searched via the CINCH database, however the additional general terms 'community' and 'criminogenic' were added to the list. When searching the criminology databases there was no need to use the Aboriginal search terms because the databases used included an 'ATSI subset'. We found that broad terms such as primary health care did not yield many hits, therefore specific terms such as drug and alcohol and blood borne viruses were necessary to yield a greater number of papers. The final list of search terms is included in Appendix Three.

Searches were performed using the following databases:

> Medical and Health – Medline, Embase, PsychINFO and CINAHL

> Criminology/Social Science – CINCH and Criminal Justice Abstracts

> General – Google Scholar.

OBTAINING STUDIES AND DETERMINING ELIGIBILITY FOR THE REVIEW

Papers with research from Australia, New Zealand, US or Canada were included in the review. Papers had to be published in 2001 or later, and either be peer reviewed or from the grey literature (including position papers and reports). The papers needed to focus on Aboriginal people who have been in contact with the criminal justice system, and needed to be based on empirical research, as opposed to opinion pieces.

Papers were excluded if they were from the UK because there are no Aboriginal populations in the UK. Papers were also excluded if they did not refer specifically to Aboriginal people who had been in contact with the criminal justice system and if they only focused on the Juvenile Justice system.

The exclusion process occurred in two stages. Firstly we screened the abstracts of papers identified through the database search according to our inclusion and exclusion criteria discussed in the paragraphs above. A checklist was used to do the first screen, which can be found in Appendix Four. Twenty percent of those excluded were then reviewed and checked by a different reviewer to ensure appropriate papers were not inadvertently excluded. In the second screening stage papers and reports identified from all sources were retrieved and read fully to determine eligibility for inclusion.

From the initial searches 1531 papers were identified, which reduced to 950 after duplicates and papers out of the time frame were removed. The majority of papers were identified in the Embase database. See table one below for details of the final search results.

Table one: final search results

Database	Number of articles
Medline	152
Embase	797
CINAHL	92
CINCH	222
Criminal Justice Abstracts	40
Google Scholar	59
PsycINFO	151
Total	**1531**
Duplicates (search by endnote)	130
Duplicates (handsearching)	52
Total duplicates	182
Articles out of time frame	399
Total (without duplicates)	**950**

The database searches were augmented by snowballing references of included articles and by a hand search of the *Current Issues in Criminal Justice Journal* which was known to include a number of post release articles focusing on the needs of Aboriginal Australians. Personal knowledge and experts were also used to supplement the searching. Sixteen papers were obtained via chief investigators who knew of articles that were relevant to the

review. See Appendix Five for a tree diagram that presents the selection of papers for the systematic review.

After the first screen, 212 articles were included for further review and full text copies of the articles were sought. Of the 827 articles that were excluded, the main reason for exclusion was because they did not discuss Aboriginal people in custody, or due to the country of the study or language of publication. Others were not selected because they related to juvenile justice, rather than adult prisoners or were not empirical research papers.

DATA EXTRACTION

All papers still included after the verification process proceeded to the data extraction stage. The articles were read in full and grouped according to their relevance to our research questions. We used a data extraction template in Microsoft Excel to organise the information. The following columns were used:

> Author and year
> The research questions the study addressed
> Study aim
> Country of Study
> Study type
> Proportion of Aboriginal people in the study
> Focus of research (e.g. gender, stage of life, disease)
> Intervention or program description
> General findings
> Physical, mental and social support needs
> Data on disparities between the health of the indigenous and the non-indigenous populations
> Access to primary care- barriers and enablers
> Description of the services provided to inmates and ex-inmates to support transition to community life
> Accessibility of services provided to inmates and ex-inmates
> Effectiveness of these services in coordinating care
> Any comments from the reviewers

The reference lists of the included papers were examined to see if there were further references that were relevant to our review questions. This snowballing of the reference lists resulted in one paper being identified that was verified and included in the review. If the included paper was an earlier publication and discussed preliminary findings such as the Baldry, McDonnell and Mapletsone paper (2003), we searched the Internet to see if subsequent publications were available and to ensure that we were extracting data from the most up-to-date study results.

OUTCOME MEASURES

Questions three to five involved evaluation of the impact of programs to support Aboriginal people on release from the criminal justice system. We did not predefine outcome measures of interest and accepted measures of these based on service, provider or client assessment using either qualitative or quantitative methods. We found that the outcomes described in the papers were heterogeneous, therefore a narrative synthesis was conducted.

Results

In this section the findings are presented according to each of the questions asked in the review. Forty five studies were included in the review. The majority, 35, described the health and social support needs of prisoners post release. Twelve papers described programs available to adults in contact with the criminal justice system. All of the studies referred in particular to the needs of Aboriginal people who had been in custody. See Appendix Six for a list of the studies discussing the physical, mental and substance misuse health needs, their methods and the percentage of participants who were Aboriginal.

1. THE PHYSICAL, MENTAL HEALTH, SUBSTANCE MISUSE AND SOCIAL SUPPORT NEEDS OF ABORIGINAL PRISONERS ON RELEASE AND DURING TRANSITION FROM THE CRIMINAL JUSTICE SYSTEM

In this section we looked at the health and social support needs of Aboriginal people in custody and during their transition to community.

1a. Physical health needs

In total, 18 studies reported on the physical health needs of people in contact with the criminal justice system (4, 11-27). Eleven of these studies focused on communicable, non-communicable and chronic diseases (4, 12-17, 20, 24, 25, 27). Four studies focused specifically on blood borne diseases (16, 20, 22, 24). Eight studies compared Aboriginal Australians' health needs with those of non-Aboriginal people in custody (4, 11, 12, 17, 21-24). See Appendix Seven for a table indicating the risk factors and common diseases experienced by people in contact with the criminal justice system.

Chronic disease

Chronic disease, its risk factors and self-reported poor health are higher amongst people in custody than the general population (12, 16, 28). A study by Grace et al, in 2011 calculated the prevalence of chronic diseases among inmates of a regional prison in WA using a cross-sectional audit of medical notes (4). The records of 185 predominantly young prisoners were examined; 170 were male, and 84% were Aboriginal. 53% had at least one chronic disease and 19% two or more, with hypertension, psychiatric conditions and diabetes being the most prevalent. In 2010 the Australian Institute of Health and Welfare found that 26% of prison entrants self-reported having a current chronic condition (asthma 12%, arthritis 8%, cardiovascular disease 5%, diabetes 4%, or cancer less than 1%) (12). In this report, Aboriginal prisoners were more likely to take diabetic medication, anti-hypertensive and cholesterol lowering drugs (12). Aboriginal men were also found to be more likely to report high blood pressure, high blood sugar and diabetes compared to their non-Aboriginal fellows (17, 24). Aboriginal women scored lower on their emotional and social functioning than the non-Aboriginal women (17).

The general prison population has an alarmingly high rate of risk factors for chronic disease (12). Aboriginal people in custody in particular are at higher risk of developing many chronic conditions due to higher rates of multiple risk factors compared with non-Aboriginal people. According to the 2009 NSW Inmate Health Survey, two-thirds of the Aboriginal women were overweight or obese and women were twice as likely as men to be physically inactive (24). In a prison-based study by Gilles et al, the majority of Aboriginal inmates smoked (89%), 96% had a history of binge drinking (compared with 58% of the general prison population (29),) and used illicit drugs (62%) prior to incarceration (16). A study of Aboriginal women in custody found that at the time of their offence, 68% of women were on drugs, 14% under the

influence of alcohol and 4% on both drugs and alcohol (27). In the 2010 report by Australian Institute of Health and Welfare (1), almost three-quarters (73%) of Aboriginal inmates previously drank alcohol at levels that placed them at risk of alcohol-related harm, compared with 48% of non-Aboriginal inmates. Aboriginal prisoners had lower educational attainment than non-Aboriginal prisoners.

Communicable diseases

There is a very high rate of Hepatitis C among all inmates. According to the National Prison Entrants BloodBorne Virus study 35% of prison entrants were Hepatitis C positive, 21% were hepatitis B positive and less than 1% were HIV positive (30). Sixty six per cent of prison entrants reported illicit use of drugs during the 12 months prior to their current incarceration (12). A significantly higher proportion of Aboriginal prison inmates tested positive for Hepatitis B and C antibody compared to their non-Aboriginal counterparts, and a very high proportion (75%) of Aboriginal women tested positive for Hepatitis C virus. In overcrowded prisons, there is an elevated risk of transmission of airborne and respiratory infections, which can pose a danger to pregnant women and those who are HIV positive (4).

1b. Mental health needs

Seventeen studies in our review focused on mental health (11-15, 17, 18, 23-25, 27, 31-36) and indicated high levels of mental health problems among the general inmate population. The rates of mental health problems were even higher among Aboriginal people, women generally and Aboriginal women in particular (24).

Mental health problems were discussed in the literature in a way that suggests that mental illness is generally viewed as a disease. There was limited discussion of people's social and emotional wellbeing and there was no mention of the stress of incarceration and the trauma that must be felt in response to incarceration.

None of the studies provided a definition of mental health. The National Mental Health Plan 2003-2008 describes mental health as follows and this is the definition we have adopted for the literature review.

> A state of emotional and social well-being in which the individual can cope with the normal stresses of life and achieve his or her potential. It includes being able to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, inclusively and equitably, with one another and with their environment in ways that promote subjective well-being, and optimise opportunities for development and the use of mental abilities. Mental health is not simply the absence of mental illness (37).

Aboriginal people in contact with the criminal justice system experience high rates of mental illness. Heffernan et al, in a cross-sectional assessment of the prevalence of mental health disorders among Aboriginal people in Queensland prisons, found more than three-quarters of the population suffered from at least one mental health problem and this was higher among women (38). Two-thirds suffered from substance misuse disorder, one-quarter from anxiety disorder, one in seven from a depressive disorder and one in ten from a psychotic disorder. The most common anxiety disorder was post-traumatic stress disorder, the most prevalent depressive disorder was major depression and the most common substance misuse disorder was alcohol and cannabis dependence (36).

Grace et al found that the overrepresentation of Aboriginal people in the criminal justice system could be linked to higher rates of substance misuse and co-existing mental illness in the general Aboriginal population (4). This suggests that instead of accessing support services such as rehabilitation or housing, Aboriginal people are being incarcerated. There were also concerns about whether Aboriginal people in custody are able to access appropriate mental health care because overcrowding in prison results in frequent

movement of prisoners between facilities which makes it difficult to maintain continuity of physical and mental health interventions (4).

Aboriginal women had the highest rates of mental health problems among all prisoners (4, 28, 33, 35, 36). There were differing reports on the most common mental health conditions among Aboriginal women, suggesting that Aboriginal women are more likely to suffer a range of different types of mental illness, rather than just one or two conditions in particular. Indig et al found that Aboriginal women were more likely to have been admitted to a psychiatric hospital, to be taking psychiatric medications and to have attempted suicide (28). They also reported that women were more likely to suffer from depression and that their depression was more likely to be moderate or severe. Around half of the women had moderate to severe depression compared to only one-third of men (24).

Butler et al found that Aboriginal women were more likely than non-Aboriginal women to have affective disorder, high or very high psychological distress and obsessive compulsive disorder (33). Grace et al in their systematic review of the health issues facing Aboriginal offenders found that female Aboriginal prisoners were more likely to have psychosis and higher psychological distress scores (34). Lawrie found a large number of Aboriginal women had been diagnosed with a mental health illness and had been victims of child abuse. The majority (70%) were sexually assaulted as children including 14% who suffered incest, 61% were victims of physical violence, 58% suffered mental abuse and 52% came from a family affected by the stolen generation (27).

Transitioning from prison to the community is a time of high emotional stress (18) and illness. In the linked data analysis of Western Australia in which 44% of the cohort was Aboriginal, mental and behavioural disorders accounted for the most bed days in hospital after being released from prison. The common primary diagnoses were schizophrenia and depressive episode. Aboriginal people and females were most at risk of hospitalisation (11). Risk of death or hospitalisation for mental health issues increased with multiple imprisonments (23).

In addition to having significant mental health needs, many Aboriginal people also face high rates of social adversity, substance misuse, trauma and health problems both prior to and after leaving custody. Social adversity can include for example not having a place to stay, difficulty finding employment, and not having access to social support. Trauma can stem from being the victim of child abuse, being a victim of violence as an adult, and coming from families affected by the 'Stolen Generation' (35). The combination of problems that Aboriginal people with mental health problems are faced with on release can be mitigated with the help of supportive family and friends, a good parole officer or case manager, or proper management of mental health problems while in custody and quality release planning (3).

Access to mental health care

A national survey coordinated by the Australian Institute of Health and Welfare in 2010 found one in ten prisoners visited a clinic for mental health issues and one in five prisoners were taking medications for a mental health disorder (1). Of all repeat medications issued in prison, 18% were for depression/mood stabilisers, 9% for antipsychotics, 2% for anti-anxiety and 1% for sleep disturbance (12). This would suggest that prisoners are accessing mental health care while in custody.

However, Walsh examined the extent to which practice conforms to the existing policy and principles in the Queensland Corrective Services System. He found that prisoners with a mental health problem found it difficult to access individual counselling. Neither the crisis support units nor the observation cells provided distressed or disturbed prisoners with a therapeutic environment in which they could receive care and treatment (7).

Addressing mental health needs is one of the important transitional challenges that ex-prisoners face (39). Binswanger interviewed former inmates to explore their imprisonment

experiences. He found there was inadequate continuity of mental health care in the context of significant emotional distress and anxiety. During the transition period, the inmates were fearful and stressed about their safety and survival on the streets. The mental health needs of these inmates included attention deficit and hyperactivity disorder, anxiety, bipolar disorder, depression, paranoia, post-traumatic stress disorder, schizophrenia and suicide risk. They reported multiple physical and mental co-morbidities. Those with a self-identified mental health disorder reported worsening of their symptoms post-release, with increased paranoia and fear. The study suggested that improved release planning and coordination between the medical, mental health and criminal justice systems might reduce the risk of poor health outcomes for former prisoners (14, 15).

Housing is a major concern for people released from the criminal justice system, particularly for Aboriginal women with a mental illness. Baldry and McClausland's literature review on Aboriginal women's issues on release from prison found that women with a mental illness were more likely to be homeless. The lack of suitable housing, poor access to mental health services and family support are key factors in the unsuccessful transition to outside life for women, especially Aboriginal women (27, 32).

1c. Substance misuse issues

A total of 33 studies reported on substance misuse, with 22 studies describing the extent of the issue (3, 4, 8, 12, 16, 21, 22, 26, 28, 31, 36, 40-48). Substance misuse, including risky alcohol use, injecting drug use and polysubstance misuse, are key to the consideration of the health and wellbeing of Aboriginal people in custody and post release. Substance use disorders are common in people in custody, including Aboriginal people (12, 16, 28, 36). Aboriginal people are more likely to be incarcerated if they have a history of substance misuse (4, 8, 47) and substance misuse is considered to be responsible for a large proportion of offending behaviour which leads to incarceration (4, 8). Substance misuse also increases the risk of poor health, poor social and emotional wellbeing in prison and in the community, and risk of re-incarceration, hospitalisation and death after release (3, 4, 8, 16, 26). Substance misuse within the custodial setting is also common and creates substantial risk for the individual, their family and their community after release (44).

It is crucial to recognise the high mental, physical health and social needs associated with substance misuse among Aboriginal people in custody (16). In a recent cross sectional assessment of the mental health of Aboriginal people in custody in Queensland, mental health disorders, including anxiety, depression and psychosis were present in 72% of men and 86% of women, with 66% of men and 69% of women assessed as also having a substance use disorder. (36). Risky behaviours related to substance misuse impact strongly on physical health, for example by increasing the risk of blood borne viral disease and sexually transmissible disease for people in custody (22, 33). Additionally, substance misuse plays a large role in negative social factors affecting Aboriginal people in custody, including homelessness (42, 48), family disruption (31) and alienation from cultural identity and community .

1d. Complex needs and multi-morbidities

It is clear from the literature that ex-inmates tend to have multi-morbidities and complex health needs rather than simply suffering from one disease. A cohort of incarcerated adults in NSW (35% of whom were Aboriginal Australians) showed that almost three quarters of the population had multiple diagnoses and complex needs. This encompassed dual diagnosis, co-morbidity and multiple mental, physical and cognitive disabilities (49). In another NSW example, 70% of the 829 patients in the Connections project reported existing physical health problems. 51% had experienced at least one head trauma (25).

The complex needs of prisoners post-release are also reflected in the international literature. A study by Binswanger, who interviewed 29 former inmates (10% were Native Americans) within the first two months after their release from prison to Denver, Colorado area, reported

multiple challenges accessing services, poor transitional preparation preceding release and inadequate continuity of mental and physical health care in the context of emotional distress and anxiety. Among former inmates with substance abuse issues, multiple co-morbidities were identified including diabetes, epilepsy, hypertension, chronic pain, anxiety, and depression, combined with limited access to care and medications (14, 15).

1e. Morbidity, mortality and risk of hospitalisation post release

Six studies report on the risk and causes of hospitalisation and death after release from prison (11, 19, 21, 26, 50). Alan et al analysed population linked prison and inpatient data from the Western Australian Data Linkage System. They found that ex-prisoners were 1.7 times more likely to be hospitalised during a year than Western Australia's general adult population of roughly the same age. Aboriginal Australians, females and those released to freedom were most at risk of hospitalisation. The adjusted relative risk of first hospitalisation was 1.6 times higher for women compared with men. Mental health disorders such as schizophrenia and depression, and injuries involving the head or face and/or fractures, accounted for 59% of all bed days. These population-based results confirm that prisoners are particularly vulnerable to adverse health outcomes in the 12-month period following their release from prison (11).

People who have been in contact with the criminal justice system have excess mortality compared to those who have never been in contact with the criminal justice system, and the mortality rates are even higher for Aboriginal ex-offenders and women. Upon release, female Aboriginal prisoners aged 20-40 years are 11 times more likely to die than other female West Australians in the same age group. Male Aboriginal former prisoners age 20-40 years have a nine-fold higher risk of dying than other male West Australians in the same age group (21, 23). Similarly, Kariminia et al studied a cohort of adult prisoners in New South Wales using a data linkage with the Australian National Death Index and found that people released from prison had substantially higher risk of death than the general population. The main causes included mental and behavioural disorders and drug-related problems (50). The risk of death was higher for Aboriginal Australians compared with non-Aboriginal Australians, but the difference was not significant after adjusting for other factors. Aboriginal men and women had lower drug-related mortality rates than non-Aboriginal Australians (51).

Former prisoners are at a significantly increased risk of death following release from custody, especially in the weeks immediately following release. A recent Australian study estimated that among those released from prison in 2007–08, between 449 and 472 died within one year of release— about 10 times the number who died in custody in the same year (19). The risk of mortality decreases exponentially with increasing time in the community (17, 21), but remains elevated for at least a decade after release (45).

There is evidence Aboriginal people have a significantly higher risk of hospitalisation and lower survival rate after release compared to non-Aboriginal people (21, 40). National coronial data demonstrates polysubstance misuse is particularly dangerous. Consequently multifaceted interventions to address substance misuse are needed for people in custody and after release (41).The main causes of death among ex-prisoners, particularly in the first few weeks, are related to drug and alcohol use, suicide and injury (23, 52). The fact that many ex-prisoners are unemployed and homeless on release may also increase the risk of mortality, especially for those with a mental illness (29).

Record linkage studies have demonstrated the high risk of death after release from prison is most often related to substance misuse (21, 45). Stewart et al collated information from the Ministry of Justice records and linked it with the Registrar General's record of deaths. The results showed that suicide was the main cause of death, followed by deaths due to alcohol and drug dependence (particularly opioid-type drugs) and accidental poisoning due to drugs (especially heroin). Deaths due to diseases of the circulatory system were significant in males (21).

1f. Access to health care

Aboriginal Australians' access to health care in custody and on release is complex. Aboriginal prisoners were more likely to access health care in custody than in the community, while the reverse is true for other Australians in contact with the criminal justice system (17, 24). This finding may suggest that Aboriginal Australians generally have poor access to health care while in the community, and therefore care they receive in prison is greater than the care they would access in the community.

Lawrie (2003) conducted 50 interviews with Aboriginal women in custody and examined their access to health care. Approximately 86% of Aboriginal women said they were asked about their health and received a health check-up upon arrival. When asked about their previous access to health care in the community 80% reported using a general medical service, 56% had used a dental service, 30% had used a gynaecological service, 38% had used a psychiatric or psychological service and 12% had used other medical health services. Forty eight per cent of Aboriginal women said they used the Aboriginal Medical Services and 52% used non-Aboriginal health services. According to some interviewees, barriers to accessing health services in custody included the limited number of visits by Aboriginal health workers and the use of such services by non-Aboriginal people. At least 48% of the women surveyed articulated that they had specific health needs, ranging from diabetes, Hepatitis C, mental illness, intellectual disability and asthma. At least 54% of participants stated that they were currently receiving medication, and just over one third (34%) of these women were first prescribed the medication whilst they were in custody or during a previous conviction (27).

Whilst generally Aboriginal Australians had poorer access to health care than non-Aboriginal Australians, there are some exceptions. One study found that Aboriginal men had better immunity to Hepatitis B through vaccination and were more likely to have been tested for a blood borne virus than non-Aboriginal men (24). Another study found that more Aboriginal women prisoners had been screened for cervical cancer than their non-Aboriginal counterparts (4). This may be because certain screening programs have been effective for Aboriginal Australians. Another possible explanation is that Aboriginal people are more likely to have multiple incarcerations, which means that they are also more likely to receive preventive health care while in custody. By contrast, non-Aboriginal women who have been in custody are far less likely to access cervical cancer screening than the general population.

1g. The social support needs of adult prisoners on release and during transition

We are interested in understanding the social support necessary to facilitate ex-prisoners' transition back to community life and also the role of primary health care in increasing access to social support services. Social support is important because of its possible role in the etiology of disease and illness, and also the role it may play in treatment and rehabilitation programs (53).

Social support has been broadly defined as the resources provided by other persons (53). The dynamics of support processes can operate at a number of levels: the psycho-emotional needs of the person; relationships as sources of support; characteristics of the environment; or the interaction of these aspects within the person (54). Pettus-Davis et al (55) describe three types of social resources:

1. Emotional – esteem, trust, concern, listening
2. Informational – advice, suggestions, directives, information
3. Instrumental – aid in kind, money, labour, time and modifying environment.

Fifteen studies reported on the social support needs of adult prisoners on release (6-8, 18, 28, 31, 42, 48, 49, 56-61). All of these needs referred to instrumental and tangible resources such as housing, employment and income. Fourteen of these studies focused on the need for accommodation and housing for prisoners post-release. One study discussed strategies to enhance the employment of Aboriginal ex-offenders (58). None of the papers discussed

the role of primary health care in facilitating access to housing or employment services. Instead the literature highlighted the connection between unstable housing and reincarceration; described the nature of the services provided and the factors influencing access to housing and discussed the particular needs of Aboriginal women with respect to housing.

Housing

Relationship between housing and community reintegration

A poor housing experience post release was associated with reincarceraton. Baldry, McDonnell, Maplestone and Peeters (2006) interviewed a cohort of 339 inmates in New South Wales and Victoria (42). Interviews were held pre-release and the cohort was followed up at three, six and nine months post release. At the three-month interview 50% of the participants had not moved at all and 50% had moved two or more times, with 16% having moved four times. A high frequency of moves was associated with reincarceration. Of those who moved just once, only 22% had been reincarcerated at nine months; of those who moved twice or more, 59% were back in prison (42).

High mobility was also indicative of homelessness. On the whole, participants said they moved because they had to, rather than because they wanted to. Those who were in unstable housing circumstances were more likely to return to prison at each stage that interviews were undertaken. Homelessness increased from 18% prior to incarceration to 21% post release (42). Staying with parents and other close family appeared to have been associated with stability and staying out of prison. Of the 41% living with their parents, partner or other family members only 23% returned to prison, as opposed to 52% of those living with others such as friends, acquaintances or alone (42).

A study by Willis (2004) which examined homelessness and accommodation issues for ex-prisoners by interviewing staff from community based social support agencies and ex prisoners found a relationship between accommodation instability, offending and illicit drug use. Improvements in accommodation stability were reported as contributing to decreases in offending and drug use. Ex-prisoners indicated that at least some of their offending was due to not having stable accommodation (48).

The conditions of release and access to housing

The literature found that prisoners released to freedom had less prospect of successfully returning to the community than those released under supervision conditions (48). Prisoners released from remand or at the end of a sentence without a parole period were more likely to have to get by without support and this was seen by both staff and clients to be directly related to levels of reoffending (48). Further, prisoners released from prison under supervision conditions were far more likely to be living in stable accommodation than those released to freedom. Ex-prisoners living in stable accommodation, especially with ongoing support, at the time of interview were found to have more positive and well-founded expectations about their future than clients in less stable and less supported situations. Ex-prisoners who were able to move directly into support accommodation, particularly where this had been arranged pre release, were more likely to be in stable accommodation than others who did not have such arrangements in place (48).

Types of accommodation services

Willis described the different ways in which people who had been in custody could access housing services. Some services were provided to disadvantaged populations in general such as emergency accommodation. Other services were provided specifically to prisoners and their families. Services could involve individual case management, while others provided occasional support for specific needs (48).

Types of accommodation services included: short-term, medium term and assistance in moving to long term housing. Other services included assisting clients to access services provided by government and NGOs, budgeting and financial management, living skills and seeking employment, substance misuse programs, and assistance with shopping and recreational activities (48).

In most states and territories, the prime responsibility for post-release housing services lay with the department responsible for corrective services. The clients of these departments are those prisoners who continue to have obligations towards the criminal justice system, such as parolees or offenders who have community based orders to complete upon their release. Those who have completed their sentences are no longer clients of the department of corrective services and therefore were unable to access the housing programs (6).

Factors influencing access to accommodation

Barriers to accessing suitable accommodation post release include:

- The poor availability of public housing (48)
- Unaffordability of private housing and discrimination and stigmatisation preventing access to private housing (48)
- Uncertainly surrounding release dates making planning post-release housing difficult (48)
- A lack of communication regarding services that are available (48)
- Insufficient post release housing programs available generally and particularly for those on remand or serving short sentences (48).
- The lack of coordination and integration among government and non-government organisations on post release matters (42) Providing housing alone is insufficient, financial and budgeting skills are needed along with adequate financial assistance (48). Suitable housing also needs to be linked to other support services such as mental health services and family support (42)

Table two: Access to accommodation and housing post-release

Dimensions of access	Findings
Availability (Services available in prison and in the community)	Poor availability of public housing emerged as a significant issue for many agencies (48).
	Both staff and clients saw levels of assistance and information available within prison to be a problem. On the one hand, there was a perception that there was little in the way of programs available to prisoners, especially those in remand or serving short sentences. Others held the view that prisoners were either not aware of or did not make the necessary efforts to secure the forms of assistance available (48).
Accessibility	Ex-prisoners and service providers expressed frustration at the uncertainties surrounding release dates and the inability to therefore adequately plan accommodation (48).
Affordability	The affordability of private housing emerged as a significant issue for many agencies. Staff said the amount of financial assistance provided by Centrelink at the time of release was not enough, especially for those clients who were not moving into supported accommodation. A number of staff also felt there was a need for a greater amount of individualised assistance with budgeting and financial management skills (48).

Acceptability	Many clients faced stigmatisation and discrimination after release, and were therefore denied access to private rental accommodation. This made it difficult to find stable accommodation and also created self esteem problems, making the transition to community more difficult (48).
Appropriate-ness	Problems arising from institutionalisation created challenges for staff. Depending on the length of their incarceration, ex-prisoners must make a broad range of changes to adjust to living in the community and may need to learn basic living skills. Without support many ex-prisoners returned to previous associations and behaviours which may lead to reoffending (48).
	Those in debt were more likely to return to prison; those who had contact with specialist post release services were less likely to return (42).
	According to staff, prisoners released unconditionally, without parole or other supervision may have less prospect of successfully returning to the community than those released under supervision conditions (48).
	Ex-prisoners' own assessment of the helpfulness of agencies was associated with their return to prison, with only 20% of those who said agencies were helpful returning to prison, compared with 59% of those who said agencies were not helpful. Moving often is associated with returning to prison. Just addressing one problem, such as heroin use, without addressing housing problems was recognised by participants as being unhelpful (42).
	There remains a lack of coordination and integration amongst appropriate government and non-government agencies on post-release matters (42). Studies involving ex-prisoners and those who are reincarcerated, particularly Aboriginal women, point to a lack of suitable housing linked with a lack of services such as mental health and family support, as a key factor in their unsuccessful transition to outside life (42).

Aboriginal women and housing

In the prison system, women are represented in far smaller numbers than males, and far fewer resources are allocated to their welfare. The Social Justice Report in 2004 reported that there is an assumption that the needs of Aboriginal women will be met through services designed for Aboriginal men, or those for women generally. The lack of direct attention to the distinct needs of Aboriginal women marginalises them and entrenches inequalities in service delivery (6).

Having access to adequate and affordable housing is a key determinant for a woman's successful reconnection with her community after release from prison (6, 42). However agencies face difficulties in finding suitable accommodation and other supports for female clients (6, 59). These difficulties are compounded when the women have dependent children. Many women lose custody or access to their children when they are imprisoned, even if they are only imprisoned for short periods of time. They may be required to address drug problems and gain stable accommodation before they regain access to their children (48).

Lawrie interviewed 50 Aboriginal women in custody. She found that 46% of the women were the regular carers of their biological children as single parents. 37% of the women interviewed did not make arrangements for where their children would live until after sentencing. This placed increased pressure on both the women in custody to arrange alternative care, and for family members to provide additional support for the children. Further, Lawrie found that 29% of women interviewed cared for children other than their own on a regular basis. Many of the Aboriginal women in custody expressed their distress at not

being able to provide this regular care, which in some instances exacerbated existing stress levels. This was especially the case for women who were preparing for their release (27).

Baldry and McClausland (59) conducted a critical analysis of what is known about the issues facing Aboriginal women leaving prison, in particular the lack of accessible and appropriate housing and social support. They found that these women experienced:

> higher rates of homelessness, poor housing, mental illness, social isolation and depression. Women with mental illness were particularly susceptible to homelessness.

> difficulties establishing positive social connections post-release

> a greater likelihood of reoffending if they were unable to secure suitable housing

> negative health effects as a result of being homeless. For example, women recently released from prison who died as a result of drug overdose were likely to have been homeless.

> extreme difficulties, if they were mothers, in establishing a home where they could live with their children post-release.

In this analysis, stable and suitable housing in an ordinary community setting was associated with staying out of prison. Such housing was also found to be essential to the recovery of children and the reunification of families as well as providing alternatives for those returning to violent partners post release – but it was very difficult to secure.

Aboriginal women who did not have the support of family and community generally found it difficult to access any kind of housing post release. They encountered long public housing waiting lists, discrimination from the private rental market and, due to low income, were not able to consider home ownership or private rental. Aboriginal women also expressed concerns about the location of public housing in relation to infrastructure and amenities such as transport, health services and Centrelink. Another common theme arising from the consultations was that housing was often not safe enough to protect women from family violence (6).

Accessing housing services was a problem for some Aboriginal women who were reluctant to go to a service that did not have Aboriginal workers, because they feared being misunderstood and judged (6). Generalist accommodation support agencies, it was claimed, were sometimes reluctant to accommodate Aboriginal women – especially those who have been in prison (6).

2. WHICH PROGRAMS THAT AIM TO IMPROVE ACCESS TO HEALTH CARE AND SOCIAL SUPPORT AND THAT COORDINATE CARE FROM CUSTODY TO THE COMMUNITY HAVE BEEN EVALUATED?

In this section we outline the main providers of post-release programs and services and the main aims of these programs.

2a. Service providers

Throughcare is the main policy approach to post release work in Australia, which is intended to provide continuous management of prisoners' needs from reception to release in order to support their successful reintegration into the community. A comprehensive definition of throughcare is provided in Appendix One.

Corrective services and non-government organisations are the main providers of post release services (3). Access to corrective service programs depends on the nature of release. After release, prisoners may continue to be clients of corrective services if they are on parole or under some form of community supervision. Others are released to freedom, which means that corrective services are no longer obliged to provide services to them. Prisoners released to freedom may be able to access services from community based organisations, but services are rarely coordinated by one agency and are not available to all prisoners prior to or on release (3).

2b. Post release services

Borzycki conducted a survey of service providers catering to adults and young people leaving detention. This included both government and non-government organisations (NGOs) in Australia. Sixty four responses were received from individuals within 11 government agencies and 14 NGOs. One hundred and eight five programs were described that could be categorised as post release. The reported characteristics of post release service provision as provided by corrective services included: services tailored to individual clients (64%); integrated throughcare (56%); voluntary participation (50%); compulsory participation (30%); and services developed in conjunction with custodial or community corrections (42%). The majority of services (32%) were delivered at regular intervals, although some services were reported as being delivered on an ad hoc basis (6%) (3).

According to Borzycki's survey, services provided by NGOs had a much wider scope and included for example: advocacy, counselling, social support, family support and contact, family relationships and domestic violence, accommodation and employment, financial advice, legal services, emergency relief and transport. The majority of NGOs provided multiple services. Overall there was great variety in the responses from all agencies. 13 respondents indicated that they had more than five post release programs. While many programs reported a throughcare philosophy – whereby programs are meant to begin on reception and continue during transition to the community - only two per cent of programs actually began at reception. Less than half of all programs included a case management approach and the brokerage or referral of services (3).

Borzycki found that the majority of programs (62%): focused on the offender within his or her socioeconomic context (transitional programs); attempted to change faulty ways of thinking (cognitive), problematic substance abuse (alcohol and other drugs) or behaviours (reoffending or financial management); or acknowledged the social isolation that can accompany returning to the community (social networks, family). Less than 15% of programs explicitly stated a reintegrative aim, whereas nearly 30% aimed to reduce offending or prevent relapse. Over one third of the programs were not evaluated.

In theory the aim of throughcare is to provide seamless and integrated care during custody, on release and during transition to the community. As Borzycki explains '...post release services are merely the latter component of a whole regime of interventions that ideally commence when an individual first enters the custodial system. The process will be streamlined by a case manager or management team that works with offenders throughout custody and following release' (3) p.119. However, in practice separate interventions tend to be provided at three points. Interventions may occur **in-custody** and involve rehabilitation programs such as anger management or substance misuse, or they can involve educational and training courses. **Pre-release programs** may include access to financial assistance, housing and connecting with family and family relationships. **Post release programs** occur in the community and tend to be more comprehensive and multifaceted in nature.

The focus of post release support – whether delivered in-custody, pre or post release – tends to be on former prisoners' social support needs rather than health needs specifically. In our systematic literature review we could find only one study evaluating the impact of interventions on access to health care. The NSW based 'Connections' program aimed to use coordinated release planning to improve continuity of care for adult inmates with histories of

problematic drug use who are being released into the community. Participants reported that the program assisted their transition into the community and facilitated ongoing health care engagement including access to treatment for substance misuse and chronic disease management (25).

There was greater evidence of effective programs providing access to social support as opposed to health care. Twelve of the 42 studies discussed various housing support and transitional programs which have improved access to accommodation (3, 6-8, 48, 56, 57, 60-64). Some of these programs involved case management and some involved the provision of accommodation post-release. A summary of these studies can be found in Appendix Eight.

Despite the existence of these programs, there were numerous barriers to their availability, and accommodation remained one of the main problems facing prisoners on release. The literature found that there remains a strong need for programs within the custodial system, including Aboriginal-specific programs (65, 66) and for the promotion of post release continuity of health care and reconnection to community and family (8).

Overall, there is a lack of rehabilitation programs for Aboriginal prisoners, as reported in the literature, for people on remand and programs preparing prisoners for their release. An exception is some Western Australian prisons that have rehabilitation programs, which provide cognitive skills, and programs addressing violence and substance abuse. Others in WA provide parenting skills training, part-time Aboriginal education workers, discharge planning, and a community re-entry coordination program that refers former prisoners to agencies, accommodation, counselling and Centrelink. These programs appear to meet the needs of their clients, although gaps remain especially for women (56).

3. HOW EFFECTIVE ARE PROGRAMS IN COORDINATING CARE FROM CUSTODY TO THE COMMUNITY AND IN COORDINATING CARE ACROSS THE COMMUNITY HEALTH AND SOCIAL SUPPORT SYSTEMS?

In this section we discuss the effectiveness of programs delivered by corrective services and non-government organisations either in custody, pre or post release, and the extent to which these programs are coordinated across agencies.

3a. General effectiveness of in custody, pre and post release programs

The literature review reveals that in-custody, pre and post release programs, including those linked with parole or with transitional programs like half-way houses, can reduce the risk of recidivism (3, 7, 62, 64). In a US study, people recently released from custody identified structured drug and alcohol counselling and community based resources such as self-help groups as being protective against relapse to drug use (15). Post release substance misuse programs can help prevent relapse to drug use and improve outcomes (60, 67), but they need to be of sufficient length and targeted to the needs of Aboriginal Australians and women if they are to be universally effective (68).

The article by Baldry and McClausland (2009) describes principles for effective support for Aboriginal women in transition and for some time post-release, which include:

> throughcare

> a holistic approach

> healing and

> services based on self-identified needs.

These principles, especially throughcare and a holistic approach, appear relevant for all in-custody, pre and post release intervention programs. Programs provided in custody and at release must be holistic, support immediate welfare needs and increase opportunities for improved longer term wellbeing, such as supporting housing, money, living skills and employment needs (6, 7, 61). There is a need to consider the multiple dimensions of people's circumstances and to focus on people's capabilities, to build independence, facilitate self determination and support the development of social, employment and life skills (59).

The transition from custody to the community is a time of high vulnerability, during which the logistic problems related to re-establishment within a community are compounded by emotional distress, high medical and mental health needs, and risk of relapse to substance misuse and risky behaviours (14). Therefore in custody, pre and post release support needs to be integrated and should incorporate social and mental health services in addition to substance misuse programs. The need for 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 were identified as key needs in the pre and post release period in focus groups held with Aboriginal women in custody in Western Sydney (31).

3b. Effectiveness of in custody programs

Willis 2008 examined the effectiveness of in-custody rehabilitation programs (8). He interviewed serving male prisoners who were convicted and imprisoned due to a violent offence and who were released between January 2001 and January 2003. 35% of the respondents were Aboriginal. 74% of Aboriginal prisoners had previously served an adult prison sentence compared with 47% of non-Aboriginal prisoners. Half of the Aboriginal prisoners remained in prison until the expiry of their sentence, making post-release support particularly challenging. The interviewees had undertaken a range of violent offending and substance abuse programs, with most feeling that the programs were useful to them. However, efforts to assist prisoners while in custody were often lost at the point of release due to the lack of follow up and support (8). Walsh also found that a lack of throughcare undermined the effectiveness of in-custody programs. For example, without job search assistance, participants felt that vocational training in custody would not benefit prisoners (7).

The main limitation of the programs Willis evaluated was that these programs were not adapted to meet Aboriginal cultural-specific needs. For example whilst the involvement of family and communities in programs and services was seen as essential, it was not evident (8). Other important culturally specific factors that would support Aboriginal reintegration included: addressing the grief and loss that affects many Aboriginal Australians; adequately responding to mental health problems; and achieving reintegration for those serving short sentences and on remand who rarely receive correctional programs and services (8).

For many Aboriginal people in custody maintaining contact with family and friends is exceptionally important. Many Aboriginal people gain spiritual and emotional support from family which will enable them to cope with their incarceration (63). Walsh found that some formal attempts were made in Queensland legislation to address the special needs of Aboriginal prisoners such as allowing them to receive additional visits from elders, ensuring they were accommodated in prisons close to their communities, and allowing them to attend funerals for members of their kin, not just immediate family members. However, in practice Aboriginal elders were no longer paid to visit prisons, nor were their expenses reimbursed (7). Walsh also found that prisoners are often discouraged from maintaining close family contact. Mail could be searched and censored, telephone calls could be monitored and recorded and the prisoners' access to telephone calls could be restricted as a form of

discipline. Visits were permitted only once a week and visits were usually non-contact visits unless a contact visit had been approved. If the contact visit was arranged, the visitor had to submit to a general search and the prisoner was required to submit to a strip search afterwards. Prisoners often refused contact visits due to the stress they cause to both themselves and their family members (7). However, prison life could be more manageable and constructive if family contact was encouraged and supported (63).

The Western Australian (WA) Office of the Inspector of Custodial Services 2011 report on their inspection of Roebourne Regional Prison found that cognitive skills, violence, substance abuse and sex offending programs were only administered to prisoners sentenced for 12 months or more. This left prisoners on remand or serving short sentences without access to in-custody support programs. The programs were developed for Aboriginal prisoners, with two programs targeted to women. Less formal programs and information sessions were available to help prisoners prepare for life in the community in areas such as health, relationships, driver training and accessing services in the community (62). However there was limited reporting on the effectiveness of these programs. At the time of the inspection there were 166 prisoners: 94% were Aboriginal and 18 prisoners were women (62). There is no indication that there was Aboriginal involvement in the inspection and the preparation of the report.

The WA report found that 281 prisoners, including 253 Aboriginal prisoners participated in 1359 units of education or training between 2009 and 2010, of which 804 units were completed. There were limits to participation by Aboriginal women because of cultural rules, which dictate that Aboriginal women cannot mix with men from different families or skin groups. No arrangements were made for women to participate by other means. Women were also excluded from employment opportunities. There were no intervention programs listed for delivery to women on the Total Offender Management System in 2011 (62).

Only half of Roeburne's medium and long-term sentenced prisoners could expect to have their assessed program needs met prior to their earliest release date. Those who had not completed the programs required of them had this recorded in their parole report, regardless of whether the system was at fault by not providing adequate program opportunities (62). One of the strengths of the Roeburne Regional Prison was that it had links with local industry for example major mining companies, which provided a pathway for some prisoners to enter employment on release. However the majority of prisoners were unable to access the program and had little or no access to substantive training within the prison (62).

3c. Effectiveness of pre-release interventions delivered by corrective services

Walsh found that while QLD Department of Corrective Services provided no aftercare services for prisoners to access housing post release, those serving 12 months or more were expected to have an exit plan generated for them. This plan considered the extent to which prisoners had been rehabilitated and made recommendations for further intervention and provided referral when required. Some prisons had made arrangements with their local Department of Housing Office for prisoners to receive assistance in completing public housing application forms while in custody in preparation for release. In addition, the chief executive of the prison could provide a prisoner with money for transportation home. A transitional program was being trialled to provide prisoners with information about post release issues such as housing, income and family relationships (7).

Prisoners' capacity to prepare for release was inhibited by the fact that the majority of prisoners were serving short sentences or on remand and therefore would not have an exit plan generated. The extent to which liaison between Centrelink and the Office of Housing occurred also varied between prisons. Many prisoners were still released without accommodation, finances or appropriate clothing to wear. For those who received an advance payment from Centrelink prior to their release, the amount was seen as inadequate. Some prisoners did not know when they were to be released, and thus may not have been able to organise their accommodation or transport in advance. Phone calls were limited to 10

preapproved numbers, so ringing around for post release services was found to be impossible (7).

In Roebourne Regional Prison in WA, the most significant gap in re-entry services was finding accommodation for released prisoners. The Department's Transitional Accommodation Service was not operating in the Pilbara and rental properties were prohibitively expensive. Further there were no funded addiction agencies that engaged with the prison prior to the release or that provided post release support (62). The re-entry system in Roebourne was partly dependent on the position of Transitional Manager to assess prisoner needs and make referrals to re-entry providers. Difficulties in staffing meant that the position was unfilled at the time of the inspection and had been unfilled for three months (62).

3d. Effectiveness of post release programs delivered by corrective services

Walsh examined the effectiveness of Queensland (QLD) Corrective Services' post-release programs by comparing legislation and policy with best practice principles and by investigating the extent to which actual practice conforms to existing policy and principles. In order to conduct the analysis he drew upon interviews, focus groups and written submissions from 20 ex-prisoners and 18 service providers. He also examined reported judicial review decisions and the Department of Corrective Services statistics. Walsh found that QLD prisoners are generally released directly from high security facilities into a community where they have great difficulty integrating. He suggested that the corrective services system in QLD is not supportive of the reintegration of prisoners and therefore does not adequately ensure community safety (7).

The QLD Department of Corrective Services offered a number of programs to prisoners, including substance abuse education, anger management, cognitive skills and sex offender treatment. These are not strictly post-release programs, but if effective, would support prisoners in their transition back to community life. However, these programs were strongly criticised by the respondents because:

> they were not targeted to individual needs

> they excluded people with mental or cognitive impairment or low literacy (or they would allow them to participate but without support and therefore they often failed because of their disability)

> educational programs tended to exclude prisoners serving short sentences

> long waiting lists made them difficult to access

> prisoners were often only permitted to commence programs towards the end of their sentence

> they were delivered by group work which is inappropriate for prisoners who were reluctant to confide in other prisoners or the correctional officers who also supervise and discipline them (7).

3e. Effectiveness of post release programs in the community: transition support programs delivered by non-government organisations

We found that clients released from prison and support people valued transition programs that aimed to reintegrate prisoners back into community life. However there are insufficient numbers of programs. Those that are currently operating are not sufficiently resourced and face structural barriers to delivering their services. This includes difficulty accessing public and private rental housing, which places additional pressure on transitional programs. These programs were available to Aboriginal people released from custody but were not specifically targeted to this population.

Trotter (2006) interviewed clients and providers from three transitional support programs, including the Prison Network Ministries (PNM), Lives in Transition (LIT) and Melbourne City Mission (MCM). Qualitative interviews with the clients and providers of these programs revealed that clients appreciated the availability of the workers, their reliability and openness, the practical assistance they offered with issues such as housing, bank accounts and filling out forms and the way in which workers helped them to see things differently (64). The major problem identified by the staff was limited resources. The staff felt that the demand for programs was very strong and that they are only able to take about half of those who express interest in the program. Even though MCM has access to a group of transitional houses, all the staff indicated that the lack of public housing and private rental housing remains a big problem for service delivery.

3f. Coordination of programs across agencies

The literature points to the importance of release planning commencing upon reception (8, 20). A model developed by Winnunga Nimityjah, informed by interviews with 78 Aboriginal people in custody or who had previously been in custody, their family members and support people, recommended that release planning should commence as soon as a person enters custody. Release planning should also include a focus on the drug culture leading up to incarceration (20). In practice, however, this rarely occurs. Borzycki's survey that yielded 64 responses from individuals within 11 government agencies and 14 non-government organisations found that only 2% of post release programs began at reception (3).

The NSW based 'Connections' program aimed to use coordinated release planning to improve continuity of care for adult inmates with histories of problematic drug use who are being released into the community. Participants reported that the program assisted their transition into the community and facilitated ongoing health care engagement including access to treatment for substance misuse (25). We found nine additional studies which either described transitional support programs or described the lack of coordination among post release programs (3, 6, 7, 25, 48, 56, 57, 61-63). Five studies found services to be poorly coordinated with little planning of services for prisoners on release especially for prisoners on remand or serving short sentences. This lack of coordination resulted in poor continuity of care before and after release.

There is some evidence of coordination of these services. 72% of NGOs noted some form of input from custodial corrections staff and 79% reported receiving input from community correctional staff. These findings suggest that a degree of interagency coordination exists, but further research is needed to identify the strength of these relations and to identify the optimal form of connectedness necessary to ensure that the chances of reintegration are maximised. It is important to remember these agencies include post release and social support services generally rather than health services or primary health care services specifically (3).

Three types of coordinating care services were evident in the literature. These include the employment of a part-time Aboriginal worker as part of the WA office of custodial services (56); discharge planning; and a community re-entry coordination program which refers inmates to agencies, accommodation, counselling and Centrelink.

There was evidence that a simple referral to community based organisations and programs was useful in supporting reintegration into the community, but that linkages between in-custody and community-based programs were lacking (69). Further there was evidence of the need to maintain access to and communication with community based health services or health practitioners who were involved in the health care of an Aboriginal person prior to incarceration, in order to increase the effectiveness of in-custody interventions (8). For example, communication with health care providers who have managed clients with substance misuse problems prior to incarceration can inform what interventions in custody are more likely to be successful (3). If Aboriginal community controlled health services or drug and alcohol services are available, they can provide an important opportunity for care

both in custody and after release (8, 20). For many Aboriginal people in custody, links with post release support within the community may need to be established and developed (8).

5. BARRIERS AND ENABLERS TO IMPLEMENTING PROGRAMS THAT IMPROVE ACCESS TO AND COORDINATION OF CARE

This section looks at the barriers that prevent Aboriginal people from accessing health and other support programs in custody and during transition to community, as well as discussing the conditions that could improve access to such programs.

Identifying barriers and enablers to programs is important because 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 (40), those on remand, those imprisoned in remote areas (62) and Aboriginal women (6, 70).

5a. Enablers

Borzcki's survey found that NGOs are an invaluable resource for returning prisoners, providing services that would be too expensive for correctional authorities such as transport for families to visit inmates, or emergency relief in times of financial stress. NGOs also provide services that would be inappropriate for government agencies to offer because of potential conflicts with the correctional function. These are services such as providing support for court hearings and trials (3).

The manner in which post release services are delivered can be an important enabler. Essential aspects include:

> individually tailored case management flowing on from risk-assessment

> a case plan outlining programs and access to services as soon as possible after prison reception

> brokerage of services by organisations best equipped to provide services

> a demarcation of staff responsible for supervision and the staff responsible for social and other supports

> involving family and friends in post release programs

> an understanding that individuals may easily become overwhelmed if confronted with a range of reporting requirements following release

> a definition of service success beyond reduced recidivism, incorporating small gains and progress rather than a focus purely on reoffending and

> a genuine engagement by a worker with the individual ex-prisoner (3).

5b. Barriers

Given the high and disproportionate rates of Aboriginal incarceration and ill health amongst Aboriginal people who have been in custody, strategies to improve Aboriginal access to effective and culturally appropriate programs are urgently needed (8). However, a paucity of programs, exacerbated by cultural and geographic barriers and a lack of throughcare, decreases the accessibility of suitable substance misuse, mental health and other programs to Aboriginal people (6, 7, 33).

Despite evidence of the benefits of interventions in custody and post release, significant numbers of people are not able to access them. A high proportion (51%) of programs

excluded offenders who were considered to be incapable of taking part due to illiteracy, limited English skills, mental health or alcohol and other drug issues that were not sufficiently controlled or were considered unable to interact in a group environment (3). This meant that subgroups of prisoners, those at greatest need, were unlikely to have their needs met. These subgroups included people on remand, short sentences, inmates from a minority cultural background (especially Aboriginal Australians), prisoners who pose a risk to community safety and whose offences are especially antisocial, such as sex offenders, prisoners with mental health issues, Aboriginal women, and clients displaying low levels of motivation or failing to admit their need for treatment (3, 8, 56, 62, 70).

Prisoners released to freedom were found to have less prospect of successfully returning to the community than those released under supervision conditions (48). Prisoners released from remand or at the end of a sentence without a parole period were more likely to have to get by without support and this was seen by both staff and clients to be directly related to levels of reoffending (48). Further, prisoners released from prison under supervision conditions were far more likely to be living in stable accommodation than those released to freedom. Ex-prisoners living in stable accommodation, especially with ongoing support, were found to have more positive and well-founded expectations about their future than clients in less stable and less supported situations. Ex-prisoners living in stable accommodation had had support from a community social support agency. Ex-prisoners who were able to leave prison directly into support accommodation, particularly where this had been arranged before release, were more likely to be in stable accommodation than others who did not have such arrangements in place (48).

A study across several states of Aboriginal men in custody for violent crimes, found that half of the men remained in custody until the end of their sentence which makes post-release interventions and support particularly challenging (8). Graduated release programs are only available to a restricted number of people in custody (71). However being released on parole is not without its limitations. Calma found the involuntary nature of some post release programs can create a focus on meeting the conditions of parole rather than the long term reintegration needs of the people leaving custody (6).

There are many barriers to accessing services post release. According to Willis 2004, the prominent barriers include the following (48):

> the lack of a coordinating agency in the community and therefore the need for former inmates to access multiple services (eg Centrelink, housing, mental health services) to meet basic needs.

> difficulty planning release due to uncertainty regarding prisoner release dates.

> a lack of available public housing and affordable private housing, with only limited information and assistance available in the prison system to support prisoners' accommodation on release. There is an understanding among prisoners and staff from community agencies that there is little in the way of programs, advice, information or support available to prisoners, especially to those on remand or serving short sentences.

> problems arising from institutionalisation: ex-prisoners must make a broad range of changes to adjust to living in the community and may need to learn many basic living skills.

> being in custody in a rural or remote area: in some parts of Australia, former prisoners may have to go without important post release services.

In remote areas, difficulty recruiting staff can mean that re-entry programs are hampered. In Roebourne at the time of inspection the Transition Manager position had been vacant for three months (62). Accommodation programs not extending to rural areas also meant that there was no supported accommodation for released prisoners. Also there were no funded

programs engaging with prisoners pre or post release in rural areas (62). Community relations were a stated priority for the administration at Roebourne Regional Prison and many of the employment programs required input from the Shire, Aboriginal organisations, government agencies, corporations and community representatives. However in practice there were difficulties with consistent representation from many of the agencies (62).

Discussion

Aboriginal people who have been in contact with the criminal justice system were found to have multiple, long standing health issues, including those linked to substance misuse (23). Mental health needs were most commonly reported and included psychological distress, self harm and suicide, anxiety, depression, affective disorders and psychosis. Chronic disease such as diabetes and cardiovascular disease were also common, as were blood borne viruses such as Hepatitis C and B. Ex-inmates are at particularly high risk of illness, injury and death in the 12 months post release from prison. All of these health needs are greater among Aboriginal people in custody than non-Aboriginal inmates. **The high rates of complex needs and multi-morbidities among Aboriginal people released from custody as found in the literature reinforce that access to comprehensive and coordinated health care is essential for prisoners while in custody and post release.**

As well as causing incarceration and death, substance misuse is a key factor in reoffending and subsequent reincarceration (4, 42). Post release substance misuse programs can help prevent relapse to drug use and improve outcomes (60, 67), but they need to be of sufficient length and targeted to the needs of Aboriginal Australians and women if they are to be universally effective (68). The literature suggests that continued contact with the community corrections health system following release from prison may have some protective effects. **Strategies around substance misuse are clearly needed to decrease the high and disproportionate incarceration rates of Aboriginal people.**

The evidence suggests that Aboriginal people are more likely to access health care while they are in prison than when they are in the community (12, 52) however access is limited by the lack of culturally appropriate health services and the patterns of incarceration, which include high rates of remand and short sentences (63). One of the barriers to effective mental health care is inadequate numbers of qualified mental health practitioners to ensure holistic and quality mental health care in custody and to ensure continuity of mental health care from custody to the community (72).**New strategies around increasing access to diversion programs are crucial as Aboriginal offenders' access to these programs is affected by multiple factors, including the increased likelihood of mental health issues, previous convictions for violent crime and use of substances such as alcohol and inhalants not covered by diversion programs (44).**

More can be done to improve access to comprehensive health care and other services in custody and during the transition to the community among Aboriginal prisoners. The focus of post release support – whether delivered in-custody, pre or post release – tends to be on social support needs rather than health needs specifically. In our systematic literature review we could find only one study evaluating the impact of interventions on access to health care. There were some other effective transition support programs, but these focused on social support such as access to employment and accommodation. These transition programs were also not specifically focused on the needs of Aboriginal people, and did not always focus on people who had been in custody; for example, programs that provided mainstream housing support for all people at risk.

We found that Aboriginal Australians released from prison are at risk of homelessness, frequent and unwanted moves and disruption. Our findings indicate the high stress associated with having to move is likely to have flow on effects to other social supports such as employment, health and relationships, and places people at greater risk of incarceration. Those who have insecure housing are also less likely to be able to access health care services. This is likely to be especially problematic for former inmates who have mental health and drug and alcohol problems. Access to continuous treatment for conditions such as TB, HIV and Hepatitis C is more difficult if clients do not have stable housing (73). **Doing much more to support people in unstable housing is likely to improve the health and quality of life of ex-inmates and to reduce reincarceration rates.**

Aboriginal people did not tend to suffer from one condition or risk factor, but rather had multiple disadvantages, such as poor access to housing, mental health problems and a chronic disease. As Borzcki states, 'The complexity of the disadvantages confronting prisoners pre and post release means that individual offenders' issues cannot be addressed with a single generic program or intervention' (3) p xvi. **This points to the need for services to provide holistic support, as opposed to targeting individual conditions.**

In theory, throughcare should be an effective policy for reintegrating prisoners into the community. As explained by Borzcki, 'Effective throughcare requires coordinated actions by government agencies, non-government service providers, and the community to ensure that returning prisoners do not fall through the service gaps between agencies' (3) p xv. For throughcare to work effectively, services need to be culturally appropriate, holistic, seamless and patient-centred. Seamless care requires pre-release planning and emotional support from caseworkers, family members or friends, and practical support such as access to stable housing and financial resources. Staff should commence planning for post release services upon reception, or at least well before the prisoner is released.

However, the literature suggests that the essential components of throughcare are commonly absent from in custody, pre and post release programs. Whilst some quality services are available and helpful, on the whole social services to ex-inmates tend to be ad hoc and patchy, rarely coordinated by one agency and are not available to all prisoners prior to or on release (3). There is a lack of intersectoral collaboration which means that upon release Aboriginal Australians and women in particular are left wanting for care that is respectful, planned, coordinated and realistic (70).

More work is needed to examine how to overcome the barriers to implementing throughcare in prisons. Borzycki recommends a model where relevant authorities develop a range of programs that can be drawn upon as needed, with the types of services delivered dictated by a frequently reviewed case plan. In instances where in-house programs do not cater to a prisoner's needs, correctional authorities could tap into collaborations with external service providers to facilitate access to necessary supports (3). However, this approach in itself would not necessarily ensure that the programs are culturally accessible for Aboriginal Australians.

Further research is also needed to implement throughcare for Aboriginal Australians in custody and to explore how primary health care can contribute to release planning and provide in reach care to Aboriginal people in custody. We found the literature on release programs lacks a strong theoretical base and Aboriginal perspective, and tends to focus on specific conditions rather than offering an integrated, holistic and culturally appropriate approach to health. A number of Aboriginal Community Controlled Health Services provide in-reach services but these have not been adequately evaluated or supported to date. **Suggested strategies for improving Aboriginal participation in pre and post release programs and increasing their effectiveness include 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 (8). Aboriginal Community Controlled Health Services are particularly well placed to provide wide-ranging services for Aboriginal people in-custody and after release, a role which could be expanded with appropriate support and resourcing** (20, 32). **Primary health care can provide in reach, contribute to release planning, support in-custody, pre and post release programs and service delivery.**

One of the major barriers to developing and evaluating transition programs is that there is no single agency responsible for supporting transition. Whilst corrective services are responsible for providing social, health and other services to people in custody, there is no single agency responsible for providing similar programs to people released from the criminal justice system - particularly those released to freedom, rather than released on parole (3). At a minimum, Aboriginal people released to freedom will need to access

Centrelink for financial assistance, a shelter for emergency accommodation, the housing department for housing assistance, and a health service for their health care needs. **To improve coordination, either the duty of care of corrective services needs to be expanded to cover a transition program, or community agencies need to be established to support people in custody and to facilitate release planning.** Programs need to be responsive and well coordinated. Coordination needs to occur across services and providers and must be managed from the patient perspective. The coordinated working of relevant organisations is necessary to ensure that agencies that provide post-release services act in concert so as to avoid costly service duplication and also to ensure that prisoners' needs are met (3).

The literature tends to focus on the problems affecting Aboriginal people in custody rather than the limitations of the ethos of the corrective system in dealing with those problems. The literature suggests that **increased efforts are needed to improve the receptivity and effectiveness of mainstream services such as housing, Centrelink and primary health care providers in meeting the needs of Aboriginal people who have been in contact with the criminal justice system.**

Borzycki discusses the influence of the corrective ethos on the post release experience and emphasises the importance of the aim of post release services in supporting former prisoners' transition to community. At present, the aim of post release services is largely focused on supporting individual issues or aiming to prevent reoffending, as opposed to aiming to successfully reintegrate former prisoners into the community. The difference between these two aims is that offender reintegration encompasses active and productive community participation by ex offenders (3). Maguire and Raynor argue that a multi-causal explanation of offending is needed, and that the culture and ethos of corrections and of community service providers will have an impact on an offender's ability to take control of their life (74). **Further work is therefore needed to support primary health care providers to examine their own assumptions about why people offend and how the services provided to them may influence offending patterns.**

Resilience is an important concept that might further develop thinking about how to support Aboriginal people released from the criminal justice system. Resilience can be defined as a 'long process of interactions between an individual and his or her environment to face adversity, and lead to the emergence of moral strength and a sense of optimism' (75) p 49. Currently most Aboriginal people released from the criminal justice system are faced with harsh environments and discrimination. **In order to harness the resilience of many people who have been in custody we need to create release environments that are supportive and encouraging, rather than difficult and isolating.**

The literature reveals that in custody, pre and post release programs – including those linked with parole or with transitional programs like half-way houses - can reduce the risk of recidivism, support reintegration into society and improve people's quality of life (3, 7, 62, 64). More transition programs with a specific focus on Aboriginal people who have been in custody are needed, especially for people serving short sentences, on remand, for Aboriginal women and for people with a mental illness or cognitive disability. A proportion of these programs need to specifically target Aboriginal women with dependent children whose needs are different to those of Aboriginal men. As unstable housing is correlated with re-incarceration, accessing appropriate housing needs to be a core component of these transition programs. There is also a need for more transitional or half-way housing, specifically planned and allocated for prisoners on release and former prisoners need a greater amount of individualised assistance with budgeting and financial management skills (8).

Conclusion

Transitioning from prison to the community is a time of high emotional stress for Aboriginal people, and it is especially important to support people's access to health care during this period. Yet we found that there was inadequate continuity of comprehensive health care in the context of significant emotional distress and anxiety. 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, we also found little research evaluating the impact of programs on Aboriginal people's access to primary health care in custody and during transition to the community.

According to the literature, essential aspects of services provided to Aboriginal people on release should ultimately incorporate:

> coordination by one agency to reduce barriers to access for Aboriginal prisoners. This may need to involve a demarcation of staff responsible for supervision and staff responsible for social and other supports. Coordinating staff may need to broker services from organisations best equipped to provide services.

> individually tailored case management. This would involve a worker or a team acting as a single point of coordination for a prisoner, ensuring that the client is able to access services and treatments necessary to address particular challenges, and that programs commenced in prison are continued after release.

> a holistic and targeted approach. Programs should consider the multiple dimensions of people's circumstances. They should be responsive to prisoners' immediate welfare needs as well as increase opportunities for improved longer term wellbeing, such as supporting housing, money, life skills and employment needs (6, 7, 61).

> culturally appropriate programs, involving family and friends

> using reliable and valid instruments to assess patient needs (3)

> planning that commences upon reception and that continue after release.

The current paucity of dedicated programs, exacerbated by cultural and geographic barriers, and a lack of continuity of care, decreases the accessibility of suitable substance misuse, mental health and other interventions for Aboriginal people, and are likely contributing factors to their demise and risk of re-entering the criminal justice system (6, 7, 33). In practice interventions are rarely systematically available to all people in contact with the criminal justice system. They are rarely targeted to individual needs or provide ongoing or continuous support. The paucity of these programs means that the majority of Aboriginal Australians released from prison are not able to access support services. Aboriginal women in particular need support accessing housing and establishing positive social connections post-release, particular if they have dependent children. The primary health care setting is well placed to contribute to the need for coordination and tailored support.

Appendices

Appendix One: Definitions

Appendix Two: Initial cluster of search terms used to scope the search

Appendix Three: Final list of search terms

Appendix Four: Verification checklist

Appendix Five: Selection of papers for review

Appendix Six: Studies included in the review that discuss physical, mental and
                     substance abuse health issues

Appendix Seven: Common risk factors and diseases among people in contact with
                     the criminal justice system

Appendix Eight: Impact of strategies on access

Appendix Nine –   Impact of strategies on coordination

Appendix Ten -   References

Appendix one - Definitions used in the systematic literature review on the primary health care needs of Aboriginal Australians in contact with the criminal justice system

Term	Definition
Aboriginal definition of health	Aboriginal understanding of health is seen as holistic and connected to emotional cultural wellbeing. The Aboriginal Definition of Health as defined by the National Aboriginal Health Strategy (1989) has been adopted for this project. Health does not simply mean the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community. For Aboriginal people this is seen in terms of the whole-of-life view incorporating the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and thereby bring about the total well-being of their community (76)
Primary health care	The Alma Ata definition of primary health care (1978) is adopted for this review. Health is a fundamental human right and the attainment of the highest possible level of health is an important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector. Primary health care is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. For the purposes of this project primary health care refers to those medical and health services provided in the community either through Aboriginal Community Controlled Health Services or through private general practice. The role of primary health care providers extends beyond medical care to include recognition of the social determinants such as housing and employment needs and to work with others to address these.
Throughcare	Throughcare is a process of delivering continuous care in an integrated and seamless manner throughout a prisoners sentence and on release to the community. In theory throughcare policies will address prisoner needs from their first contact with prison and will focus on reintegration needs. Interventions need to comment in prison and continue after release. Reintegration requires close working among multiple agencies, not just correctional services. A throughcare approach also recognises that interwoven, long-term problems often require long-term solutions. The likelihood that interventions will produce positive outcomes can be increased by initiating services earlier in the custodial term. Throughcare is sometimes seen as involving a three stage process: custody (the institutional phase) – transition (placement in some sort of secure transitional facility or other preparation for release) and community release (3).
Access to services	Access is the opportunity or ease with which consumers or communities are able to use appropriate services in proportion to their need [66]. As such it is influenced by both provider and consumer characteristics. Andersen described a model in which health care utilisation was determined by population and health systems characteristics and being influenced by patient satisfaction and outcomes [67]. The characteristics of PHC which determine their accessibility have been described by

	Pechansky (1981)[68] and more recently by Rogers et al [69] and Gulliford et al [70] as:- • Availability of a sufficient volume of services (including professionals, facilities and programmes) to match the needs of the population and the location of services close to those needing them • Affordability (cost versus consumers ability to pay, impact of health care costs on socio-economic circumstances of patients); • Accommodation – the delivery of services in such a manner that those in need of them can use them without difficulty (e.g. appropriate hours of opening, accessible buildings) • Appropriateness to socio-economic, educational, cultural and linguistic needs of patients; • Acceptability in terms of consumer attitudes and demands.
Continuity of care	Describes a philosophical commitment to providing consistent services and support to prisoners within and beyond prison. A holistic program of reintegration might commence at first contact between the offender and the justice system to allow the establishment of a comprehensive array of supports. Terms related to prisoner release are described in figure one below (3).
Coordination of care	This involves coordination of care between multiple providers and services with the aim of achieving improved quality of care and common goals for patients. It may involve • Case management • Care planning • Informal communication between workers or services • Team meeting, case conferences, interagency meetings • Shared assessments and records • Coordination with non-health services including language services (interpreters, translated health information), formal settlement services, torture and trauma services. • Referral pathways and inter-service agreements (3).

Appendix two: initial cluster of search terms used to scope the search

Major terms	Categories
Aboriginal and Torres Strait Islanders	Indigenous
Criminal justice system	Custody, prison, Aboriginal offenders, Aboriginal over-representation, restorative justice, women prisoners, criminogenic needs, recidivism
Health	mental health (schizophrenia, depression, anxiety, anger), prisoner heath, social and emotional wellbeing, primary health care, offender health
	drug and alcohol, substance abuse, blood born viruses (hepatitis C, HIV), anger management
	healing, resilience, cultur*, disability
	social support (housing, transport, employment)
Transition	prisoner re-entry, reintegration, post-release, post-prison, throughcare, care planning, discharge planning, communication, continuity of patient care, integrated delivery of care
Health services	access, barriers, enablers
	primary care, Aboriginal health service
	organization/organisation, health service delivery
	primary mental health care
	cultural mentorship, Aboriginal Health Worker, Aboriginal Mental Health Worker
	disparities, human rights

Appendix three: final list of search terms

Database	Heading	Mesh terms	Other terms	Combined with
Medline	Aboriginal and Torres Strait Islander	Indians, North American/	(aboriginals and torres strait islanders).mp./ aborigin*.mp./ indigenous.mp./ koori.mp./ native american*.mp./ indian american*.mp./ Maori/	criminal justice.mp. using "AND"
	Health	Mental Health/ Primary Health Care/	prisoner* health.mp./ offender* health.mp./ (social and emotional well being).mp./	criminal justice.mp. using "AND"
	Transition	Rehabilitation/ Patient Discharge/ communication/ or communication barriers/ or language/"Continuity of Patient Care"/"Continuity of Patient Care"/	prison* re-entry.mp./ reintegration.mp./ post-release*.mp./ post-prison.mp./ "care plan*".mp./ patient care management/ or patient care planning/ or advance care planning or case management/	criminal justice.mp. using "AND".
Embase	Aboriginal and Torres Strait Islander	exp indigenous people/ or exp Aborigine/ or exp American Indian/	(aboriginals and torres strait islanders).mp./ Maori/	"criminal justice" using "AND"
	Health	exp mental health/ exp primary health care/	prison* health.mp./ (social and emotional well being).mp./ offender* health.mp./	"criminal justice" using "AND"
	Transition	reintegrat*.mp. or exp community reintegration/ patient care/ or patient care planning/	prisoner* re-entry.mp./ post-release*.mp./ post-prison.mp./ throughcare.mp./ discharge plan*.mp./ communication.mp./ continuity of care.mp./ integrated delivery of care.mp./	"criminal justice" using "AND"
PsychINFO	Aboriginal and Torres Strait Islander		indigenous.mp./ aborigin*.mp. / (aboriginals and torres strait islanders).mp. / native american*.mp. / maori.mp. / koori.mp. / indian american*.mp. / american indian.mp.	"criminal justice.mp." using "AND"
	Health		mental health.mp. / primary	"criminal

			health care.mp. / offender* health.mp. / (social and emotional well being).mp. / prison* health.mp.	justice.mp." using "AND"
	Transition		rehabilitation.mp. / patient discharge.mp. / communication.mp. / communication barrier*.mp./ continuity of care.mp. / prison* reentry.mp./ reintegrat*.mp./ postrelease.mp. / postprison.mp./ care plan.mp./ discharge plan.mp./ community reintegration.mp./ integrated health care delivery.mp./ throughcare.mp.	"criminal justice.mp." using "AND"
CINAHL	Aboriginal and Torres Strait Islander		(MH "Aborigines") OR (MH "Indigenous Peoples") OR (MH "Maori")/(MH "Native Americans")	"criminal justice" using "AND"
	Health		(MH "Mental Health") / (MH "Primary Health Care") / (MH "Psychological Well-Being") OR (MH "Psychological Well-Being (Iowa NOC) (Non-Cinahl)") OR (MH "Spiritual Well-Being (Iowa NOC)") / (MH "Correctional Health Services")	"criminal justice" using "AND"
	Transition		(MH "Patient Discharge") OR (MH "Transfer, Discharge") OR (MH "Discharge Planning") / (Communication Barriers) / (MH "Continuity of Patient Care") / (MH "Patient Care Plans") OR (MH "Advance Care Planning") / post-release / post-prison/ (MH "Community Reintegration") / throughcare / (MH "Health Care Delivery, Integrated")	"criminal justice" using "AND"
Criminal Justice	Aboriginal and		(ZU "indigenous peoples") or (ZU "indigenous peoples	Aboriginal and Torres

Abstracts	Torres Strait Islander		-- australia") or (ZU "indigenous peoples -- canada") / (ZU "aboriginal australians") or (ZU "aboriginal australians -- australia") or (ZU "aboriginal australians -- criminal justice system")	Strait Islanders and Health and (Transition OR Health Services)
	Health		(ZU "mental health") / (ZU "substance abuse") / drug and alcohol	
	Transition OR Health Services		reintegration / postrelease / care plan* / community /access / barrier*	
CINCH		Health	SUBJECT=("HEALTH" OR "MENTAL")	Health and (Transition or Health Services)
		Transition	SUBJECT="Reintegration" OR "Postrelease" OR "Care" OR "Plan" OR "Community"	
		Health Services	SUBJECT="Access" OR "Barriers"	
Google Scholar			Indigenous OR Aboriginal	AND
			criminal justice system	AND
			primary health care	AND
			throughcare	AND
			post release	

Appendix four – verification checklist

PHC and CJS Rapid Review – Verification Checklist

Endnote record number
Author and year
Reviewer

Published or grey literature (please circle)

Please tick the appropriate box(es) to determine paper relevance

Published in English: Yes ☐   No ☐ →Do not continue
Published in 2001 or later   Yes ☐   No ☐ →Do not continue
Research conducted in: Australia   ☐
                               New Zealand   ☐   You should answer "Yes" to
                               USA   ☐   one of these. If not,
                               Canada   ☐   please do not continue

Research focuses on Aboriginal Australians   Yes ☐   No ☐ →Do not continue

Research refers to the criminal justice system   Yes ☐   No ☐ →Do not continue

Empirical research that focuses on Aboriginal people who have been in contact with the criminal justice system AND discusses either

Their health or social support needs   ☐   If none of these

Groups that have special needs e.g. women, Hep C   ☐   do not continue

Accessing primary health care on release or during transition   ☐

Specific primary health care services, strategies or interventions   ☐

Appendix five: Selection of papers for review

| Criminal Justice Abstracts: 40 | | | | | | Snowballing: 1 | |

| Medline: 152 | CINAHL: 92 | Embase: 797 | CINCH: 222 | Google Schola... | Hand searching: 4 | PsycINFO: 151 | Personal knowledge/contacts: 18 |

Total: 1536

Duplicates: 581

Total: 955

Removed on screening Title and Abstract: 827

Grey literature: 87

Retrieved full article: 128

Removed on assessment of full paper: 102

Removed on assessment of full paper: 68

Included Studies: 26

Included Studies: 19

Total Included Studies: 45

Q1 : 34

Q2 : 9

Q3 : 15

Q4 : 14

Q5 : 10
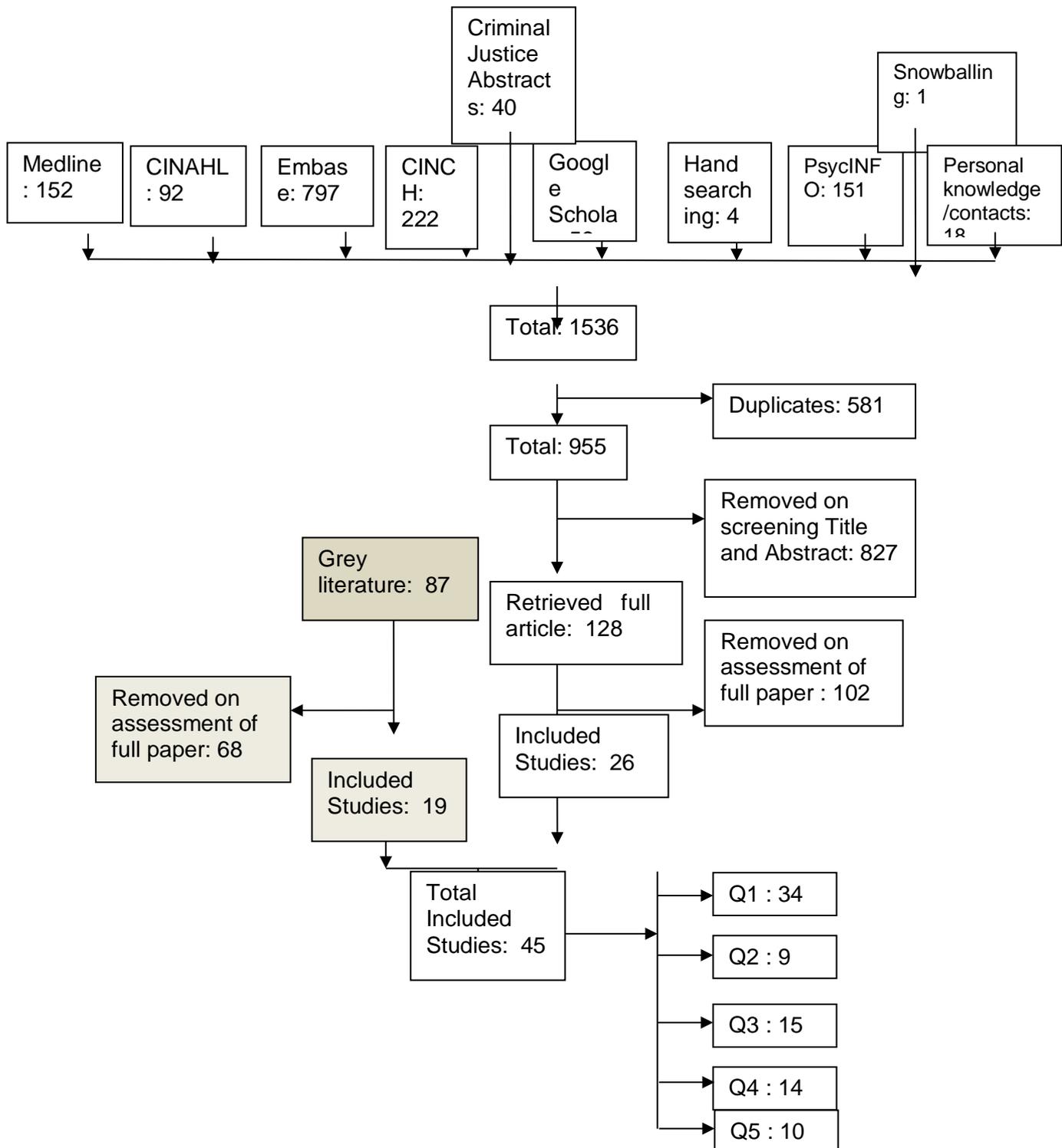
Appendix six: The studies included in the review that discuss the physical, mental and substance misuse health needs, their methods and the percentage of participants who were Aboriginal

Physical health

Study	Method	% Aboriginal out of total population in the study
Alan, Burmas, Preen, & Pfaff, 2011	Population linked data analysis	44%
Australian Institute of Health and Welfare, 2011	Secondary data analysis of National Prisoner Health Census and National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey	43%
Baldry, Dowse, & Clarence, 2012	Qualitative study using case studies	35%
Binswanger et al., 2011	Qualitative study using interviews	10%
Binswanger et al., 2012	Qualitative study using interviews	10%
Binswanger et al., 2007	Qualitative retrospective cohort study	3%
Day, Ross, & Dolan, 2004	Secondary data analysis of three cross sectional studies	NA
Gilles, Swingler, Craven, & Larson, 2008	Quantitative: Cross-sectional audit of all paper-based and electronic medical notes of inmates	84%
Grace, Krom, Maling, Butler, & Midford, 2011	Literature review	NA
Hobbs M et al., 2006	Data linkage study	36%
Indig D et al., 2010	a survey completed by computer-assisted telephone interview, a physical health exam and blood and urine testing	31%
Kariminia, Butler, & Levy, 2007	Qualitative study using interviews	28% (89% Male and 11% female out of the total Indigenous participants)
Kinner, 2006	Prospective cohort study	23%
Kinner et al., 2011	Descriptive study on state-based record-linkage studies	23%
Lawrie, 2003	Qualitative study using interviews	100%

Martire & Howard, 2009	Evaluation based on assessment interviews, post participation questionnaires, archival re/incarceration data and community Opioid Treatment Program data	27%
Poroch N et al., 2011	Qualitative study using interviews	100%
Stewart, Henderson, Hobbs, Ridout, & Knuiman, 2004	Data linkage study	26% (78% Male and 22% Female of the Indigenous participants)

Mental health

The proportion of Aboriginal people in the fifteen studies that focused on mental health ranged from 19% to 100% with a median of 40% Aboriginal people out of the total study participants. Two studies (14, 15) did not specifically include an Aboriginal perspective.

Studies	Study Method	% Aboriginal population in the study	Types of Diseases
Baldry 2009	Qualitative study using interviews	100% Aboriginal women	not stated
Indig et al 2009	Prison survey	31% (83% Male and 17% Female)	Depression, anxiety, drug dependence, suicide
Lawrie, 2003	Qualitative study using interviews	100% Aboriginal women	Alcohol and drug dependence, intellectual disability
Martire & Howard 2009	Mixed study: interviews and secondary data analysis	27% ATSI	Alcohol and drug dependence, suicide
Alan et al 2011	Data linkage study	44%	Schizophrenia, depression, alcohol and drug related disorders
Australian Institute of Health and Welfare 2011	Prison survey	43%	Self-harm, depression, psychosis, anxiety, sleep disturbance
Baldry et al 2012	Qualitative study with case studies	35% ATSI	Anxiety, affective disorder, psychosis, cognitive disability, substance use disorder, personality disorder
Baldry and McCausland 2009	Literature review	100% Aboriginal women	Depression
Binswanger et	Qualitative study	The 2007	Addiction, attention deficit and

al 2011	using interviews	study by Binswanger included 10% Native Americans, not this study of 2011	hyperactivity disorder, paranoia, post-traumatic stress disorder, schizophrenia, self-harm
Binswanger et al 2012	Qualitative study using interviews	-	Anxiety, depression
Butler et al 2007	Qualitative study using interviews	19% (82% Male and 18% Female)	Psychosis, affective disorder, psychological distress, obsessive compulsive disorder
Grace et al 2011	Literature review	100%	Depression, psychosis, psychological distress
Heffernan et al 2009	Systematic review	100%	Anxiety disorder, pyschosis, psychological distress, post traumatic stress disorder, schizophrenia, suicidal thoughts and self-harm
Heffernan et al 2012	Cross-sectional study using interviews	100%	Post-traumatic stress disorder, alcohol and cannabis dependence and major depression
Hobbs et al 2006	Data linkage study	36%	Drug dependence
Kariminia et al 2007	Qualitative study using interviews	28% (89% Male and 11% Female)	Suicidal thoughts
Kinner 2006	Prospective cohort study using interviews	23%	Psychological distress

Substance misuse

	Paper	Method	Type of Drug used	Type of Intervention	Impact on Access
1	Alan et al. 2011	Population linked data analysis	Alcohol and other drugs	-	-
2	Andrews et al. 2012	Secondary data analysis of Australian National Coroners Information System	Heroin, poly substance including opioids, benzodiazepines and alcohol.	-	-
3	AIHW 2010	Secondary data analysis of National Prisoner Health Census and National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey	Cannabis, meth/amphetamines, heroin, ecstasy	Opioid pharmacotherapy treatment: Methadone Maintenance Treatment, Buprenorphine/naloxone Maintenance Treatment	-
4	Baldry, 2009	Qualitative study using interviews with post-release Aboriginal women and staff	Alcohol, marijuana and other drugs	-	-
5	Baldry & McCausland, 2009	Literature review	"drug and alcohol"	-	-
6	Baldry et al., 2006	Qualitative study using	alcohol, heroin, speed and other	-	-

		interveiws	drugs (marijuana, cocaine, pills		
7	Bartholomew et al., 2004	qualitative and quantitative data analysis using in-depth and semi-structured interviews	"drug and alcohol"	Drug and alcohol support services	87% of participants were supported with drug and alcohol needs and 4% of participants had unmet need for drug and alcohol.
8	Binswanger et al., 2012	Qualitative study using interviews	cocaine/crack, heroin, methamphetamine, marijuana, opioid-containing pain medications, benzodiazepines, alcohol, and tobacco	-	-
9	Binswanger et al., 2011	Qualitative study using interviews	-	-	-
10	Binswanger et al., 2007	Quantitative: retrospective cohort study	Cocaine, pyschostimulants, heroin, methadone, alcohol, antidepressants, multiple drugs		
11	Borzycki, 2005	Survey using questionnaire	-	-	-

12	Butler et al, 2007	Quantitative: mental health screening	-	-	-
13	Butler et al 2008	National survey on on prevalence of blood-borne viruses (HIV, hepatitis B, hepatitis C)	Amphetamine, anabolic steroids, heroin, cocaine, methadone, morphine,	Methadone maintenance treatment, other pharmacotherapy treatment	-
14	Calma, 2004	Qualitative: focus groups, public forums as well as individual meetings with some organisations and government departments	-	-	-
15	Day et al 2004	Secondary data analysis of three cross sectional studies	heroin	Treatment for heroin dependence	Around 40% of the participants faced barriers to access and treatment
16	Gilles et al 2008	Quantitative: Cross-sectional audit of all paper based and electronic medical notes of inmates	Smoking, hazardous drinking, illicit drugs including IV drugs	-	-
17	Grace et al, 2011	Literature review	Cannabis, heroin, amphetamines, alcohol,	Alcohol and other drug intervention programs	-
18	Griffiths et al 2007	Literature review	Drug and alcohol	reduced presence of drugs and alcohol through increased searching	In Canada, participants who complete the substance abuse programs have been found to have rates of recidivism decrease by up to fifty percent, and there has been a decline in the overall rate of misconduct.

				and drug testing, Methadone Maintenance Treatment, Intensive Supervision Units	
19	Heffernan et al 2012	Systematic review	Drug and alcohol	-	-
20 ~~1~~	Howells, 2004	Qualitative using interviews	Alcohol and illicit drugs	Alcohol and Driving Education, Education on Benzodiazepine, Cannabis and other illicit programs, Women's substance use programs	Programs were too brief to result in reduction of recidivism, there were a lack of programs specific to Indigenous people. The differing needs of women offenders, while acknowledged, are yet to be comprehensively addressed through specific offender rehabilitation programs. There are only a few examples of programs that directly addressed the relationship between substance use and crime in any significant manner. Moreover, given the high levels of poly-substance use and dependence in offending populations, it is of concern that these programs are generally of low intensity and poorly integrated with other offender rehabilitation programs.
2~~2~~ 1	Indig et al 2011	A survey completed by computer-assisted telephone interview, a physical health exam and blood and urine testing	Alcohol, cannabis, amphetamine, heroin, cocaine, ecstasy	-	-
2~~3~~ 2	Joudo, 2008	Literature review	Alcohol and illicit drugs	Queensland Indigenous Alcohol	There are few Indigenous-specific diversionary programs available at the court level and even

				Diversion Program, drug diversion program, Volatile Substance Abuse Program	fewer at the police level. The Indigenous-specific diversion programs operating are almost exclusively targeted towards offenders who have committed drug offences, or those whose offending has been clearly linked with their substance use behaviour. Efforts had been made to ensure that they were culturally relevant and appropriate. Several issues around Indigenous participation and access to diversion programs emerged during the consultation phase. Indigenous people were found to be less likely to be referred to the programs and were often less likely to complete them. The issues of referral, acceptance and completion were raised as important areas of concern in the diversion of Indigenous offenders. Program accessibility for Indigenous offenders was highlighted as the primary concern, as was the fact that many programs under Illicit Drug Diversion Initiative (IDDI) had criteria that excluded people with a history of violent or drug offences and those with alcohol dependence issues – all offenders could benefit greatly from the programs
23 4	Kariminia 2007	Qualitative study using interviews	-	-	-
24 5	Kinner et al 2011	Descriptive study on state-based record-linkage studies	-	-	-
25 6	Kinner et al 2006	Prospective cohort study	Alcohol, cannabis, tobacco, heroin,	substance abuse education and	Only 15% reported completing any of the substance-related programs perhaps due to

			morphine and benzodiazepines	awareness program, substance abuse relapse prevention program, substance abuse preventing managing relapse program	the fact that many participants were serving short sentences
26	Lawrie, 2003	Qualitative study using interviews	Drugs and alcohol	-	-
27 8	Martire and Howard, 2009	This evaluation draws on assessment interviews, post participation questionnaires, archival re/incarceration data and community Opioid Treatment Program data	Opioid, alcohol and other illicit drugs	state-wide coordinated release planning for patients in custody with problematic drug use	98.2% reported having been assisted by Connections project. . 89.5% of patients were 'better-prepared' for their return to the community post-Connections than they had been previously. 86.3% reported that their transition was easier this time than it had been before.
28	Poroch et al 2011	Qualitative using interviews	-	-	-
29	Stewart et al 2004	Quantitative secondary data analysis	Opioid, heroin, alcohol	-	-
30	Walsh, 2006	Qualitative study using interviews, focus groups and written submissions	-	-	-
31	Weatherburn 2006	Qualitative using interviews	Alcohol and illicit drugs	-	-

32	Willis, 2004	Qualitative using interviews	Alcohol and illicit drugs	-	-
33	Willis 2008	Qualitative using interviews	Alcohol, inhalants, heroin	Drug and Alcohol, Methadone programs	All but one interviewee reported completing the substance abuse program. Prisoners who had been involved in some form of drug or alcohol treatment program while incarcerated reported being satisfied with the interventions delivered. Most of the prisoners (20 out of 26) reported that the treatment they received helped reduce their use of substances. Similarly, 21 out of 26 prisoners felt that the substance abuse treatment would be useful in avoiding drugs and alcohol upon release. The respondents felt that involving the perspectives of women will make them understand more about the impact of men's drug use on their female partners. The involvement of elders and indigenous people will make the program more acceptable as young people listen to old people's advice.

Appendix seven: Health needs of people who have been in custody. The ticks represent the number of papers in which the disease or risk factor were discussed

	Risk factors	Diabetes/ CVD	Other chronic conditions eg asthma, arthritis, pain	Cancer	Women's health	Hep C/Hep B	STI/HIV	Injury (including brain injury)	AOD	Mental health	Other e.g. digestive diseases (often alcohol related) dental influenza
Alan et al 2010								✓	✓	✓✓✓	✓
AIHW, 2011		✓✓	✓✓	✓	✓	✓✓	✓✓	✓		✓✓✓	
Baldry, Dowse and Clarence 2012								✓	✓	✓✓✓	
Binswanger et al 2011	✓	✓✓✓	✓✓		✓	✓	✓	✓	✓	✓✓✓	✓
Day, Ross, Dolan 2004						✓					
Gilles et al 2008		✓				✓	✓				✓
Grace et al 2011	✓	✓✓	✓✓	✓	✓	✓✓	✓			✓✓✓	
Hobbs et al 2006		✓	✓					✓	✓	✓	✓

	Risk factors	Diabetes/ CVD	Other chronic conditions eg asthma, arthritis, pain	Cancer	Women's health	Hep C/Hep B	STI/HIV	Injury (including brain injury)	AOD	Mental health	Other e.g. digestive diseases (often alcohol related) dental inlfuenza
Indig et al 2010						✓					
Kariminia, Butler & Levy 2007	✓	✓								✓	
Kinner 2006						✓					
Kinner et al 2011									✓		
Lawrie, 2003		✓	✓			✓			✓	✓	
Martire & Howard 2009									✓	✓	
Poroch et al 2011						✓	✓				
Stewart et al 204		✓								✓	
Total	3	11	7	2	3	10	6	5	7	16	4

Appendix eight – The impact of strategies on access to primary health care for adults in contact with the criminal justice system

Paper	Study	Intervention or service	Impact on access
Willis 2004 (36)	Qualitative interviews about Accommodation	Case-management, arrange short and medium term accommodation, daily living support	Many prisoners are not aware of assistance that is available. Gap in emergency accommodation for women.
WA offic e of custodial service 2011	Qual observations and interview	Cognitive skills, violence, substance abuse programs, also life skills 281 prisoners including 253 Aboriginal prisoners participated in 1359 units of education or training in 2009–2010, of which 804 units were completed.	for women, there are limits to participation due to cultural rules which dictate that Aboriginal women cannot mix with men from different families or skin groups. In practice this means that if an 'inappropriate' male is in the education centre, the women will not attend. The most significant gap in re-entry services is in finding accommodation for released prisoners, with the Department's Transitional Accommodation Service (TAS) not operating in the Pilbara and rental properties prohibitively expensive. Another gap appears to be in the addictions area, in particular there does not appear to be any funded addictions agencies engaging with prisoners prior to their release and providing post-release support.
WA office of custodial service 2006	Surveys and focus groups of staff, prisoners	Parenting skills, part time Aboriginal education worker, discharge planning, community re-entry coordination program refers to agencies, accommodation, counselling and Centrelink.	Program is accessible to prisoner's family members. Access to crisis accommodation but still insufficient.
Walsh 2006	Secondary data analysis of Justice records linked to deaths	Current practice in Queensland	No post release supported accommodation. Mental health care is poorly provided for.
Pooch et al 2011	Qual interview with ex prisoners, family members, justice and community org	Centre has a transitional release centre	Lack of Aboriginal rehab programs. Remand prisoners not eligible for rehab. For these groups especially females reduces access to work, living arrangements. Delays in access to doctors.

| Borczycki 2005 | Survey of service providers | Post release programs. Thirty-four per cent of all programs clustered in the areas long assumed to foster rehabilitation: employment, housing, vocational guidance and training, health and general welfare. However, the majority (62%) of all interventions addressed the whole offender and his or her socio-economic context (transitional programs), attempted to change faulty ways of thinking (cognitive) or problematic substance use (alcohol and other drug; AOD) or behaviours (reoffending, financial management), or acknowledged the social isolation that can accompany community return (social networks, family). Less than 15 per cent of programs explicitly stated a reintegrative aim (reintegration itself, for example), whereas nearly 30 per cent aimed to reduce offending or prevent relapse with interventions. | high proportion of programs (51%) excluded offenders who were incapable of taking part due to illiteracy, limited English skills, had mental health or alcohol and other drug issues that were not sufficiently controlled or were unable to interact in a group environment.
subgroups of prisoners whose post-release needs may be inadequately met. These include:
• remand inmates
• inmates from a minority ethnic or cultural background, especially Indigenous Australians
• women
• prisoners whose pose a risk to community safety and whose offences are especially antisocial, such as sex offenders
• imprisoned individuals with mental health issues, and
• clients displaying low levels of motivation or failing to admit their need for treatment.
More positively, a number of programs explicitly targeted the families of offenders, |

Trotter 2006	Qual interviews with clients and providers	3 transitional support programs: Prison Network Ministries (PNM), Lives in Transition (LIT) and Melbourne Citymission (MCM) PNM serves a number of Victorian Women's prisons providing counselling, mentoring, family work, financial assistance and emotional and practical support. LIT works in male prisons and provides a series of group educational/counselling sessions for prisoners focussing on topics such as budgeting, decision-making, reflection, relationships, character-building and goal setting. It also offers employment related programs and mentors that support the men after they leave prison. MCM supports women exiting prisons offering a number of programs, predominantly government funded, including a transitional support and housing program, employment and family support programs. On-going case management assists women released from prison to stabilise their accommodation, reunite with their children and families and resettle back into the community. It has programs that deal with their isolation and provide pre and post release employment support for women. It has family support services offering advocacy and support to mothers to maintain contact with their children whilst they are in custody.	Clients appreciated the availability of the workers, their reliability and openness, the practical assistance they offered with issues such as housing, bank accounts and filling out forms and the way in which workers helped them to see things differently. The major problem identified by the staff was limited resources. The staf feel that the demand for programs was very strong and that they are only able to take about half of those who express interest in the program. Even though MCM has access to a group of transitional houses, all the staff indicated that the lack of public housing and private rental housing remains a big problem for service delivery.
Hamilton 2011	Qual	Over sighting service	Improved access to accommodation, health, social connectedness, welling,
Martire 2009	Interviews and incarceration data	Connections project?	Improved accommodation, employment and 70 continued physical and mental health treatment
Bartholomew 2004	Qualitative interviews with inmates, staff	Transitional housing program	Improved access to stable and crisis accommodation

Willis 2008	Qual interviews	Rehabilitative programs	Early release and on remand is a barrier to access. lack of indigenous specific programs
Calma 2004	Qual consultations	Support programs for indigenous women on release	Limited provided by corrections services for those where corrections has continuing responsibility.
Lawrie, 2003	Qualitative interviews	Reception screening and induction program: on-arrival health check-up	86% were asked about their health and received a health check-up. 34% were first prescribed medication whilst they were in custody.

Appendix nine – the impact of strategies on the coordination of care across health and social support systems

Paper	Study	Intervention or service	Impact on coordination
Willis 2004 (36)	Qualitative interviews about Accommodation	Case-management, arrange short and medium term accommodation, daily living support	For those agencies which did provide case management, there was little coordination and potential for abuse of the system and duplication.
WA offic e of custodial service 2011	Qual observations and interview	Cognitive skills, violence, substance abuse programs, also life skills 281 prisoners including 253 Aboriginal prisoners participated in 1359 units of education or training in 2009–2010, of which 804 units were completed.	
WA offic e of custodial service 2006	Surveys and focus groups of staff, prisoners	Parenting skills, part time Aboriginal education worker, discharge planning, community re-entry coordination program refers to agencies, accommodation, counselling and Centrelink.	Paucity of case management with little planning to help address offending behaviour.
Walsh 2006	Secondary data analysis of Justice records linked to deaths	Current practice in Queensland	Lack of post release plans especially for those on short sentences. Poor liaison with Centrelink and Housing.
Poroch et al 2011	Qual interview with ex prisoners, family members, justice and community org	Centre has a transitional release centre	The Winnunga Holistic Health Care Prison model planned release with the prospect of employment and accommodation. It advocates through car for remainders as well as sentenced prisoners. It aims to develop Identity through connection with the spirituality of Aboriginal culture

Borczycki 2005	Survey of service providers	Post release programs. Thirty-four per cent of all programs clustered in the areas long assumed to foster rehabilitation: employment, housing, vocational guidance and training, health and general welfare. However, the majority (62%) of all interventions addressed the whole offender and his or her socio-economic context (transitional programs), attempted to change faulty ways of thinking (cognitive) or problematic substance use (alcohol and other drug; AOD) or behaviours (reoffending, financial management), or acknowledged the social isolation that can accompany community return (social networks, family). Less than 15 per cent of programs explicitly stated a reintegrative aim (reintegration itself, for example), whereas nearly 30 per cent aimed to reduce offending or prevent relapse with interventions.	Most NGOs reported input from community correctional staff and there was evidence of interagency working. However some NGOs operate outside the network of agencies working with Correctional staff with the possibility that some services are duplicated.
Hamilton 2011	Qual	Over sighting service	Achieving cooperation and coordination most difficult. Services are concerned about the risk to reputation especially in the eyes of government - their main source of program funds.
Matire 2009	Interviews and incarceration data	Connections project?	Provides coordinated release planning for these with drug use problems. Impact on coordination between services not clear.
Bartholomew 2004	Qualitative interviews with inmates, staff	Transitional housing program	Coordination provided by ISP worker especially for drug and alcohol problems, health problems, parole and general counselling.
Calma 2004	Qual consultations	Support programs for indigenous women on release	Lack of coordination and communication between prisons, community corrections, housing and other government and non government agencies for Aboriginal women after release. This resulted in lack of awareness of the involvement of other agencies, continuity before and after release.

Appendix ten: References

1. Australian Institute of Health and Welfare. The health of Australia's prisoners 2009. Canberra: Australian Institute of Health and Welfare, 2010.

2. Blagg H, Morgan N, Cunneen C, Ferrante A. Systemic racism as a factor in the over-representation of Aboriginal people in the Victorian Criminal Justice System. Melbourne: Victorian Equal Opportunity Commissioner of Victoria and the Crime Research Centre in Western Australia, 2005.

3. Borzycki M. Interventions for prisoners returning to the community. Canberra: Attorney-General's Department, 2005.

4. Grace J, Krom I, Maling C, Butler T, Midford R. Review of Indigenous offender health. Australian Indigenous Health Reviews. 2011;8.

5. Scott M. Evaluation of Walgan Tilly Project. NSW Health Chronic Care for Aboriginal People Program. . Sydney: NSW Health, 2011.

6. Calma T. Walking with the Women - Addressing the needs of Indigenous women exiting prison. Social Justice Report 2004. Sydney: Human Rights and Equal Opportunity Commission; 2004. p. 11-66.

7. Walsh T. Is corrections correcting? An examination of prisoner rehabilitation policy and practice in Queensland. Australian & New Zealand Journal of Criminology. 2006;39(1):109-33.

8. Willis M. Reintegration of Indigenous prisoners: key findings. Trends and Issues in Crime and Criminal Justice. 2008;364:1-6.

9. Counsell C. Formulating questions and locating primary studies for inclusion in systematic reviews. Ann Intern Med. 1997;127:380-7.

10. Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Medicine. 2009;6.

11. Alan J, Burmas M, Preen D, Pfaff J. Inpatient hospital use in the first year after release from prison: a Western Australian population‐based record linkage study. Australian and New Zealand Journal of Public Health. 2011;35(3):264-9.

12. Australian Institute of Health and Welfare. The health of Australia's prisoners 2010 / Australian Institute of Health and Welfare: Canberra: Australian Institute of Health and Welfare, 2011.; 2011. xiv, 191 p p.

13. Baldry E, Dowse L, Clarence M. People with intellectual and other cognitive disability in the criminal justice system. Report for NSW Family and Community Services Ageing, Disability and Home Care. 2012.

14. Binswanger IA, Long J, Steiner J, Nowels C, Corsi K, Booth R, et al. From the prison door right to the sidewalk, everything went downhill, a qualitative study of the health of former inmates. Journal of General Internal Medicine. 2011 June;Conference: 33rd Annual Meeting of the Society of General Internal Medicine Minneapolis, MN United States. Conference Start: 20100428 Conference End: 20100501. Conference Publication: (var.pagings). 25:S282. PubMed PMID: 70314953.

15. Binswanger IA, Nowels C, Corsi KF, Glanz J, Long J, Booth RE, et al. Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors. Addiction Science & Clinical Practice. 2012;7(3).

16. Gilles M, Swingler E, Craven C, Larson A. Prison health and public health responses at a regional prison in Western Australia. . Australian and New Zealand Journal of Public Health. 2008; 32(6):549-53.

17. Kariminia A, Butler T, Levy M. Aboriginal and non-Aboriginal health differentials in Australian prisoners. Australian and New Zealand Journal of Public Health. 2007;31(4):366-71.

18. Kinner SA. The post-release experience of prisoners in Queensland. Trends and Issues in Crime and Criminal Justice. 2006;325:1-6.

19. Kinner SA, Preen DB, Kariminia A, Butler T, Andrews JY, Stoové M, et al. Counting the cost: estimating the number of deaths among recently released prisoners in Australia. MJA. 2011;195(2).

20. Poroch N, Boyd K, Tongs J, Sharp P, Longford E, Keed S. We're struggling in here! The phase 2 study into the needs of Aboriginal and Torres Strait Islander People in the ACT Alexander Maconochie Centre and the needs of their families. Winnunga Nimmityjah Aboriginal Health Service, Narrabundah, ACT. 2011.

21. Stewart LM, Henderson CJ, Hobbs MST, Ridout SC, Knuiman MW. Risk of death in prisoners after release from jail. Australian and New Zealand Journal of Public Health. 2004;28(1).

22. Day C, Ross J, Dolan K. Characteristics of Aboriginal injecting drug users in Sydney, Australia: prison history, hepatitis C status and drug treatment experiences. Journal of Ethnicity in Substance Abuse. 2004;2(3):51-8.

23. Hobbs M, Krazlan K, Ridout S, Mai Q, Knuiman M, Chapman R. Mortality and morbidity in prisoners after release from prison in Western Australia 1995-2003. Trends and Issues in Crime and Criminal Justice. 2006;320:1-6.

24. Indig D, Topp L, Ross B, Mamoon H, Border B, Kumar S, et al. 2009 Inmate Health Survey: Key Findings Report. Sydney: Justice Health, 2010.

25. Martire K, Howard D. Connections Project Evaluation: Final Report. Report to NSW Health. . National Drug and Alcohol Research Centre, University of New South Wales. 2009.

26. Binswanger I, Stern M, Deyo R, Heagerty P, Cheadle A, Elmore J, et al. Release from prison - a high risk of death for former inmates. The New England Journal of Medicine. 2007;356:157-65.

27. Lawrie R. Speak out speak strong: researching the needs of Aboriginal women in custody. Sydney: Aboriginal Justice Advisory Council. 2003.

28. Indig D, McEntyre E, Page J, Ross B. 2009 Inmate health survey: Aboriginal health report. Sydney: Justice Health, 2011.

29. Australian Institute of Health and Welfare. The health of Australia's prisoners 2010 / Australian Institute of Health and Welfare, Canberra. 2011.

30. ButlerT PC. National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004 & 2007. National Drug Research Institute, Curtin University & National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, 2008.

31. Baldry E. Home safely: Aboriginal women post-prison and their children. Indigenous Law Bulletin. 2009;7(15):14-7.

32. Baldry E, McCausland R. Mother Seeking Safe Home: Aboriginal Women Post-Release. CURRENT ISSUES IN CRIMINAL JUSTICE. 2009;21(2).

33. Butler T, Allnutt S, Kariminia A, Cain D. Mental health status of Aboriginal and non-Aboriginal Australian prisoners. Australasian Psychiatry. 2007;41(5):429-35.

34. Grace J, Krom I, Maling C, Butler T, Midford R. Review of Indigenous offender health. 2011.

35. Heffernan E, Andersen K, Kinner S. The insidious problem inside: mental health problems of Aboriginal and Torres Strait Islander People in custody. Australian Psychiatry. 2009;17:s41-s6.

36. Heffernan EB, Andersen KC, Dev A, Kinner S. Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons. Med J Aust. 2012;197(1):37-41.

37. Australian Health Ministers. National Mental Health Plan 2003-2008. Canberra: Australian Government, 2003.

38. Heffernan EB, Andersen KC, Dev A, Kinner S, . Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons. Med J Aust. 2012;197(1):37-41.

39. Binswanger IA, Long J, Steiner J, Nowels C, Corsi K, Booth R, et al. From the prison door right to the sidewalk, everything went downhill, a qualitative study of the health of former inmates. Conference: 33rd Annual Meeting of the Society of General Internal Medicine Minneapolis, MN United States. Journal of General Internal Medicine. 2011;25(June).

40. Alan J, Burmas M, Preen D, Pfaff J. Inpatient hospital use in the first year after release from prison: a Western Australian population-based record linkage study. Australian and New Zealand Journal of Public Health. 2011;35(3):264-9.

41. Andrews JY, Kinner SA. Understanding drug-related mortality in released prisoners: A review of national coronial records. BMC Public Health. 2012;12(1):270.

42. Baldry E, McDonnell D, Maplestone P, Peeters M. Ex-prisoners, homelessness and the state in Australia. The Australian and New Zealand Journal of Criminology. 2006;39(1):20-33.

43. Butler T, Papanastasiou C. National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey Report 2004 & 2007. National Drug Research Institute (Curtin University) & National Centre in HIV Epidemiology and Clinical Research (University of New South Wales). 2008.

44. Joudo J. Responding to substance abuse and offending in Indigenous communities: review of diversion programs. Australian Institute of Criminology. 2008.

45. Kinner S, Preen D, Kariminia A, Butler T, Andrews J, Stoove M, et al. Counting the cost: estimating the number of deaths among recently released prisoners in Australia. Medical Journal of Australia. 2011;195(2):64-8.

46. Kinner S. The post-release experience of prisoners in Queensland. Canberra: Australian Institute of Criminology, 2006 Contract No.: 325.

47. Weatherburn D, Snowball L, Hunter B. The economic and social factors underpinning Indigenous contact with the justice system: Results from the 2002 NATSISS survey. Crime and Justice Bulletin NSW Bureau of Crime Statistics and Research. 2006;104.

48. Willis M. Ex-Prisoners, SAAP, Housing and Homelessness in Australia. Australian Institute of Criminology, final report to the National SAAP Coordination and Development Committee. 2004:136-7.

49. Baldry E, Dowse L, Clarence M. People with intellectual and other cognitive disability in the criminal justice system. Report for NSW Family and Community Services Ageing, Disability and Home Care. 2012.

50. Kariminia A, Law MG, Butler TG, Corben SP, Levy MH, Kaldor JM, et al. Factors associated with mortality in a cohort of Australian prisoners. European journal of epidemiology. 2007;22(7):417-28.

51. Kariminia A, Butler TG, Corben SP, Levy MH, Grant L, Kaldor J, et al. Extreme cause-specific mortality in a cohort of adult prisoners—1988 to 2002: a data-linkage study. International journal of Epidemiology. 2007;36(2):310-6.

52. Kariminia A, Butler T, Levy M. Aboriginal and non-Aboriginal health differentials in Australian prisoners. Australian and New Zealand Journal of Public Health. 2007;31(4):366-71.

53. Cohen S, Syme SL. Issues in the study and application of social support. Social support and health. San Francisco: Academic Press. 1985.

54. Kaplan B, Cassel J, Gore S. Social support and health. Med Care. 1977;15(5):47-58.

55. Pettus-Davis C, Scheyett AM, Hailey D, Golin C, Wohl D. From the "Streets" To "Normal Life": Assessing the Role of Social Support in Release Planning for HIV-Positive and Substance-Involved Prisoners. Journal of Offender Rehabilitation. 2009;48(5):367-87.

56. Western Australia Office of the Inspector of Custodial Services. Report of an announced inspection of Bandyup Women's Prison / Office of the Inspector of Custodial Services. Perth: Office of the Inspector of Custodial Services, 2006.; 2006. p. v, 107 p.

57. Hamilton M. People with Complex Needs and the Criminal Justice System. Current Issues Crim Just. 2011;22:307.

58. Graffam J, Shinkfield A. Strategies to enhance employment of Indigenous ex-offenders after release from correctional institutions. Closing the gap. Clearinghouse. . Australian Government, Australian Institute of Health and Welfare, Australian Institute of Family Studies. 2012;Resource sheet no. 11.

59. Baldry E, McCausland R. Mother seeking safe home: Aboriginal women post-release. Current Issues in Criminal Justice. 2009;21(2):287-301.

60. Martire K, Howard D. Connections Project Evaluation: Final Report. Report to NSW Health. National Drug and Alcohol Research Centre, University of New South Wales. 2009.

61. Bartholomew T, Patton S, Balkin S, Stock L. Final Report of the implementation of Victoria's pilot Transitional Housing Management-Corrections Housing Pathways Initiative (THM-CHPI) A Joined-Up Initiative of Corrections Victoria and the Office of Housing. Forensic Psychology Program Deakin University Melbourne Campus. 2004.

62. Western Australia Office of the Inspector of Custodial Services. Report of an announced inspection of Roebourne Regional Prison / Office of the Inspector of Custodial Services, Western Australia. Perth, W.A : The Office; 2011.

63. Poroch N, Boyd K, Tongs J, Sharp P, Longford E, Keed S. We're struggling in here! The phase 2 study into the needs of Aboriginal and Torres Strait Islander People in the ACT Alexander Maconochie Centre and the needs of their families. Winnunga Nimmityjah Aboriginal Health Service, Narrabundah, ACT. 2011.

64. Trotter C, Sheehan R, Naylor B. Monash University Evaluation of Programs for Support of Prisoners and Ex-Prisoners. Melbourne: Monash University,Whitelion,Melbourne Citymission,Prison Network Ministries, Prison Fellowship Australia, Victoria., 2006.

65. Howell TM, Yuille JC. Healing and treatment of aboriginal offenders: A Canadian example. American Journal of Forensic Psychology. 2004;22 (4):53-76. PubMed PMID: 2004496603.

66. Howells K, Heseltine K, Sarre R, Davey L, Day A. Correctional offender rehabilitation programs: The national picture in Australia. Report for Criminology Research Council: Forensic Psychology Research Group, Centre for Applied Psychological Research, The University of South Australia. 2004.

67. Griffiths CT, Dandurand Y, Murdoch D. The social reintegration of offenders and crime prevention. Criminal Justice Policy. International Centre for Criminal Law Reform. 2007.

68. Howells K, Heseltine K, Sarre R, Davey L, Day A. Correctional offender rehabilitation programs: The national picture in Australia. Report for Criminology Research Council: Forensic Psychology Research Group, Centre for Applied Psychological Research, The University of South Australia. 2004.

69. Griffiths CT, Dandurand Y, Murdoch D, Reform ICfCL, Policy CJ. The social reintegration of offenders and crime prevention. 2007.

70. Baldry E. Women in transition: from prison to ... Current Issues in Criminal Justice. 2010;22(2):253-67.

71. Baker A, Ivers R, Bowman J, Butler T, Kay-Lambkin F, Wye P, et al. Where there's smoke, there's fire: high prevalence of smoking among some sub-populations and recommendations for intervention. Drug and Alcohol Review. 2006;25:85-96.

72. McEntyre E. Aboriginal Mental Health and Wellbeing Policy 2006-2010. In: Lloyd J, editor. NSW Ministry of Health has the AMH S&EWB Policy (2012) and there is no mention of AMHWs working in NSW prisons (they were known as workers then but the correct terminology now is practitioner) ed. North Sydney: NSW Health; 2013.

73. Geller A CM. A sort of homecoming: incarceration and the housing secuirty of urban men. Social Science Research. 2011;40:1196-213.

74. Maguire M, Raynor P. How the resettlement of prisoners promotes desistance from crime: or does it? Criminology and Criminal Justice. 2006;6(1):19-38.

75. Tousignant M, Sioui N. Resilience and Aboriginal communities in crisis: theory and interventions. Journal of Aboriginal Health. 2009;5(1).

76. National Aboriginal Health Strategy Working Party. A national Aboriginal health strategy. Canberra: Department of Aboriginal Affairs. 1989.